2014 Self-Assessment Report (SAR)

(Reporting period 1 August 2013 to 31 July 2014)

Postgraduate Medical & Dental Education

Organisations details:

Trust's name:	**South Tees Hospitals NHS Foundation Trust**
Trust Chief Executive's name:	**Professor Tricia Hart**
Director of Medical Education's name (or equivalent, please state job title):	**Professor Richard Bellamy**
Report compiled by:	**Mr David Macafee, Louise Campbell, Richard Bellamy**
Report signed off by:	**Professor Robert Wilson (Medical Director and Deputy CEO)**
Date signed off:	**4th August 2014**

1 Organisation overview

This section should be used to document a high level summary of the successes your organisation is most proud of achieving during the reporting period and highlight any challenges or important issues you would like HENE to be aware of now. Please keep detail to a minimum; cross referencing should be used to the area within the SAR where the reader can review the full detail.
We recommend organisations complete this section following completion of the full report.

Successes the organisation is most proud of achieving during the 2013-2014 reporting period:

1. With the support and input of the School of Medicine at HENE, our CMT and GIM training experience is vastly improved and now leads the organisation in a range of areas (e.g. robust educational handover processes and MEDSTAT training for thrombolysis in stroke) (see SAR domain 1 standard 1 page 7 section 1.6).

2. We believe that trainees now feel more involved and valued within our organisation. Communication with trainees has improved and their opinion on a range of issues is sought at earlier time points and incorporated within planned organisational changes (eg. consent; improving clinical and educational supervision). (See SAR domain 5 standard 6 page 26 new information section 5.4). Our website for trainees is continually updated and improved - http://www.info4docs.org/about-us (see SAR domain 7 standard 12 page 48 new information section 7.1).

3. We believe that the Postgraduate department are one of the most responsive in the organisation to any patient safety issue (eg. disseminating lessons learnt rapidly, reviewing Datix forms involving trainees, sharing best practice amongst trainees, regularly requesting feedback from trainees on patient safety issues etc). (see SAR domain 1 standard 1 page 8 new information section 1.6 and SAR domain 4 standard 6 page 24 new information section 5.4).

Challenges or important issues HENE should be aware of:
1. There is limited middle grade cover at FHN, creating challenges in ensuring foundation doctors and junior specialty trainees are adequately supported (see QIP Foundation ref. 1).

2. We were an outlier in YSYS 2014 for foundation doctors reporting that they had been requested to make unsupervised DNA CPR decisions (see QIP Foundation ref. 4).

3. We are endeavouring to ensure that high quality educational opportunities are sustained and improved upon during the reconfiguration of FHN services (see QIP specialty ref. 10 and QIP Organisation-wide ref. 1).

4. We need to improve access to IT facilities particularly for trainees in clinical areas (see QIP Organisation-wide ref. 12).

2 Faculty of Postgraduate Medical and Dental Education

2.1 Faculty roles, organisation and accountability

If there have been any changes to your organisations educational governance structures since the previous SAR please detail this here, otherwise please state 'no changes'.

The current Postgraduate senior team are as follows (changes highlighted):
Professor Richard Bellamy – Director of Medical Education, Chief of Academic Directorate, Associate Medical Director.
Mrs Sheila Barsoum – Deputy Chief of Academic Directorate.
Mr David Macafee – Director of Postgraduate Medical and Dental Education.
Mrs Louise Campbell – Postgraduate Medical and Dental Education Manager.
Dr David McIntosh – Foundation Tutor.
Mrs Angela Burton - Foundation Programme Lecturer.
Mr Paul Clarke - Foundation Programme Lecturer.
Dr Vijayaraman Arutchelvam – General Internal Medicine tutor.
Mr Ian Nichol – Quality Lead and Surgical Tutor.
Dr John Williams – Core Medical Training Tutor.
Dr Ian Hunter – Academic Lead for Simulation and Human Factors.
Dr Shankar Ganesh – SAS Tutor.
Dr James Dunbar – Educational lead for Friarage Hospital.
Each speciality listed has an educational lead. A range of our consultants also have TPD or Quality management roles within HENE – and we actively encourage involvement and support of all HENE, HEE and GMC activities. We have a range of speciality educational leads for GP trainees. The postgraduate team also includes administration support staff – Mrs Mandy Bruce, Mrs Christine Fox, Mrs Wendy Buch, Mrs Gina Wattis, Mrs Amy Allen.

2.2 Faculty development (non-consultant colleagues only)

Please provide answers to the following questions.

Questions	Trust's answer

1. Please describe the process by which the development needs of SASG doctors within your organisation were individually and collectively identified and priorities for the use of the additional funding allocated for SASG development were decided	We carry out an annual training needs analysis for all SAS doctors. The results determine the development programme for the forthcoming year.
2. Please give details of how the additional funding was used	We fund an SAS tutor 1 PA. We have organised the following externally delivered courses: • Powerful conversation (Psychometric testing, Personalities, Negotiation, Communication skills). • Revalidation / Personal Development Plan (PDP). • Job Planning. • Career Support training. • Negotiating and influencing. • Assertiveness in the workplace. To assist revalidation CFEP registration has been purchased for all SAS doctors. In addition, we have funded various development opportunities for specific individuals including: • Postgraduate diploma in Diabetes. • Postgraduate certificate in clinical education. • MSc Master of Surgery. • Medico-Legal conference. • FRCS revision course. • Leadership and management.

2.3 List of specialties

Please highlight specialties/programmes which your organisation contributes to or directly manages.

ACCS Acute Medicine	Immunology	Urology
ACCS Anaesthetics	Infectious Diseases	
ACCS Emergency Medicine	Intensive Care Medicine	
ACCS General	Medical Microbiology and Virology	
ACCS Intensive Care	Medical Oncology	
Acute Internal Medicine	Medical Ophthalmology	
Anaesthetics	Medical Psychotherapy	
Audiological Medicine	Medical Virology	
Cardiology	Neurology	
Cardio-thoracic Surgery	Neuropathology	
Chemical Pathology	Neurosurgery	
Child and Adolescent Psychiatry	Nuclear Medicine	
Clinical Cytogenetics & Molecular Genetics	Obstetrics	
Clinical Genetics	Obstetrics and Gynaecology	
Clinical Neurophysiology	Occupational Medicine	
Clinical Oncology	Old Age Psychiatry	
Clinical Pharmacology and Therapeutics	Ophthalmology	
Clinical Physiology	Oral and maxillo-facial Surgery	
Clinical Radiology	Oral Medicine	
Community Health Services Dental	Oral Microbiology	
Community Sexual and Reproductive Health	Oral Pathology	
Core Anaesthetics	Oral Surgery	
Core Medical Training	Orthodontics	
Core Psychiatry Training	Otolaryngology	
Core Surgical Training	Paediatric Cardiology	
Dental & Maxillofacial Radiology	Paediatric Dentistry	
Dental Medicine Specialties	Paediatric Surgery	
Dental Public Health	Paediatrics	
Dermatology	Palliative Medicine	
Emergency Medicine	Periodontics	
Endocrinology and Diabetes Mellitus	Plastic Surgery	
Endodontics	Prosthodontics	
Forensic Psychiatry	Psychiatry of Learning Disabilities	
Gastroenterology	Public Health Medicine	
General (Internal) Medicine	Rehabilitation Medicine	
General Pathology	Renal Medicine	
General Practice	Respiratory Medicine	
General Psychiatry	Restorative Dentistry	
General Surgery	Rheumatology	
Genito-urinary Medicine	Sport and Exercise Medicine	
Geriatric Medicine	Stroke Medicine	**Number of specialties: 53**
Gynaecology	Surgical Dentistry	
Haematology	Trauma and Orthopaedic Surgery	
Histopathology		

3 Self-Assessment against the nine GMC domains and 14 GMC standards

For each section we have cross-referenced the nine GMC domains and 14 GMC standards to the standards for postgraduate training mandated in the GMC document "The Trainee Doctor". Where we believe one or more of our specialties cannot demonstrate that they are achieving the training standards we have stated this and cross-referenced the resulting actions in the 2014/2015 Quality Improvement action Plan (QIP).

Under good practice we have not listed every example which our specialties' self-assessment reports have included, for reasons of clarity and brevity. Instead we have focused on initiatives which we believe to be particularly important or initiatives which could find wider application throughout our Trust or throughout the North East.

This SAR and QIP in conjunction with the GMC survey results are scheduled for presentation at Formal Management Group on August 19th 2014, Trust Board review on August 26th 2014 and submission to HENE in September 2014. Following this the Trust SAR and QIP will be readily available to all consultants, divisional and directorate managers, corporate directors, senior nurses and clinical matrons via the intranet. The essential action points will be distilled and circulated via email. The GMC survey results have already been widely circulated. Throughout this document strikethrough has been used to indicate anything deleted from last year's report. Background highlighting has been used to indicate all additions.

Domain 1 – Patient Safety **Standard 1 : The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care** **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.13-15**	
Please describe how your organisation meets this standard and its mandatory requirements.	
1.1 Trainees must make the care of patients their first concern.	1.1 The first of our Trust's core values states "We put the needs of patients at the centre of everything we do". This message is stressed at induction training and mandatory training and is regularly emphasised in clinical meetings. Our core values are advertised on our intranet and in many strategic locations in the Trust. This principle is a part of the GMC's "Good Medical Practice" and all trainees must sign a probity declaration on their eportfolio indicating they have accepted this principle. This is reviewed by educational supervisors when they take up a post. The Datix critical incident reporting system is used to capture any examples of staff members not making

	the care of patients their first concern. The Trust's governance structure emphasises the need for patients to be our first concern.
1.2 Trainees must be appropriately supervised according to their experience and competence.	1.2 All trainees are assigned an Educational Supervisor (ES) and a clinical supervisor (CS). At the start of each post an induction meeting occurs between the ES and the trainee and between the CS and the trainee. This includes the agreement of a personal development plan (PDP) and learning agreement (LA) for the trainee for that post. The PDP/LA establishes the learning needs of the trainee and their baseline knowledge and experience. This enables the ES and CS to plan supervision appropriate to the individual trainee's requirements. Every patient treated by our Trust has a named consultant responsible for their care and that consultant retains responsibility for the clinical practice of trainees involved in the patient's care. Throughout this document dental trainees have the same processes of supervision as are in place for other doctors in training. Any reference to trainees therefore includes dental trainees working in the Trust (at Foundation and ST1/ST2 level as we do not have higher specialty trainees in dentistry).
1.3 Those supervising the clinical care provided by trainees must be clearly identified, competent to do so, accessible and approachable by day and by night, with time for these responsibilities clearly identified within their job plan.	1.3 Every trainee has a named ES and named CS. All named ES and CS have been accredited by the current DME and have a certificate to confirm their accreditation. All ES and CS have time allocated in their job plans as part of SpA activity. This is 0.25 SpA per week for educational supervision of 2 trainees and 0.125 SpA per week for clinical supervision of 2 trainees. On call arrangements for consultants mean that there is always a consultant available for advice for each specialty in the Trust. Foundation trainees on community placements have an accredited educational supervisor who is based within our Trust. Departments who have GP specialty trainees are visited annually by the GP scheme coordinator, who has given positive feedback on the training provided.
1.4 Trainees must be expected to obtain consent only for procedures which they are competent to perform.	1.4 The Trust has a policy on consent which emphases this principle. This policy is subject to audit to ensure that consent is not being taken by inappropriately junior staff. The Datix system is available to report any example of consent being obtained by an inexperienced staff member. All trainees are informed at induction training that they must not take consent for procedures that they are unfamiliar with. The medical director has written to all consultants emphasising that junior doctors must not take consent for procedures they are unfamiliar with. The DME has fed back results from 'Your School Your Say 2013' to all consultants and all senior nursing and managerial staff indicating that Foundation trainees have reported that they have taken consent for procedures they are unfamiliar with. He has emphasised that this must not occur under any circumstances. Two surgical ST trainees undertook this year's Trust audit on consent across 9 specialities in the acute Trust. They found no obvious cases of inappropriate consent being taken by a trainee. Consent was usually by consultants or ST trainees - with none having been undertaken by an F1. The Trust plans to request individual specialities to undertake future consent audits - so that local changes can be rapidly identified and actioned. The PG department will include a question on "inappropriate consent" into the monthly survey sent to all trainees - in this way we can have an additional mechanism to exclude inappropriate consent.

1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation.	1.5 All of our rotas are monitored against and shown to be compliant with the European Working Time Directive. This is one area which is reviewed as part of our internal quality review visits.
1.6 Trainees in hospital posts must have well-organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties.	1.6 Handover arrangements are in place throughout the Trust. Rotas are designed to ensure that handovers occur. The trainees' perceptions of the quality of our handover arrangements are monitored in the GMC national trainee survey. Dr Arut has led a very successful program on handover in Medicine at JCUH. The principles of this system are now being extended to acute medicine at FHN as concerns about handover at FHN were raised by trainees. We have been gathering information on handover in other specialties so we can identify other priority areas for improvement (see QIP Organisation-wide ref. 4). In the GMC 2014 trainee survey we have 2 outliers for handover, ENT and Urology (see QIP Specialty ref. 5 and ref. 6). This will be addressed as part of the work lead by Dr Arut.
Please add any new information below for 2014 (if there is no additional information then this section can be left blank).	1.2 Every month, all trainees at South Tees are invited to complete a questionnaire which asks trainees to comment if they had any concerns in relation to patient safety. This questionnaire is highlighted to trainees at induction and they are encouraged to complete it. We also ask them to report any patient safety concern as soon as it occurs.

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

In the 'Your School Your Say' survey Foundation doctors have reported that they have taken consent for procedures which they are not familiar with. In 2012, 3% of respondents stated that this happened daily, 1% weekly, 1% monthly and 7% yearly. In 2013 this had fallen to 1% daily, 1% weekly, 1% monthly and 3% yearly. In 2014 this had fallen to 3% of trainees overall. This issue was highlighted in our 2012 SAR feedback and discussed at our 2013 ADQM and our Foundation School visit 2013. Our Datix and audit data have not shown us where the taking of inappropriate consent was occurring. A major audit of consent has been undertaken by the DPME (see QIP completed action ref. 4).

Concerns were raised in the GMC trainee survey about the adequacy of Foundation doctor supervision at Friarage Hospital in Acute Medicine. Concerns were concentrated on the lack of middle grade cover. It is unlikely that the Trust will get additional specialty trainees to cover the middle grade rota. Therefore we are exploring solutions such as employing additional consultants to provide a more robust consultant-led service as part of a comprehensive review of front-of-house services using an RPIW methodology. This issue is still ongoing and is the focus of both the wider organisational reconfiguration and a local trainee focussed range of changes that we hope to introduce rapidly from June 2014. (See QIP Foundation ref. 1).

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

1.6 . We have 2 outliers for handover, in ENT and Urology, this will be addressed as part of the handover work lead by Dr Arut (QIP Organisation-wide ref. 4 and QIP Specialty ref. 5 and ref. 6).

1.6 The postgraduate team are actively involved in disseminating the lessons learnt from cases such as serious untoward incidents related to Handover. Taking the experience of improving Handover in Acute Medicine and applying it to other specialities is something that Dr Arut our GIM tutor is taking

forward throughout the organisation. Specific lessons learnt are shared with trainees at a variety of learning opportunities such as hospital induction, local departmental induction, postgraduate training or lessons learnt circulated via email (as appropriate for each incident).			
Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
1.1	Accreditation system for ES and CS was introduced in 2012.	In order to be accredited a trainer must have time in his job plan, have attended equality and diversity training in the last 3 years and attended a Good Practice in Educational Supervision or equivalent course in the past. A limited probationary accreditation is offered to those who do not adequately fulfil all criteria with a requirement to meet the standards being set within a specified time frame. This process will be reviewed annually. This is an important quality initiative to ensure the adequacy of supervision.	Richard Bellamy, DME
1.2	~~Training the Trainers course has been accredited by HENE.~~	~~This process demonstrates that the course covers the 7 competencies that the GMC state that a trainer must possess to be accredited as a named supervisor. This means that the course can be used as evidence for trainer accreditation. The system of accreditation HENE have introduced ensures consistency across the region and enables cross-recognition of training.~~ A new course has been developed (see QIP Organisation-wide, ref. 5).	~~Angela Burton~~
1.3	OTEC course in obstetrics	Specific training over 3 days which includes mandatory training with blood transfusion, safeguarding, screening, adult and neonatal	Helen Simpson/ Sally Evans

		resuscitation and drills on obstetric emergencies, breast feeding and sepsis. All trainees are given a date to attend and this is protected time.	
1.4	Ultrasound Training in obstetrics and gynaecology	All specialty trainees are given 3-5 days protected time in the ultrasound department to complete basic ultrasound modules and update their skills. This ensures trainees are all trained in the use of ultrasound equipment and keep updated with skills. An SOP for scanning for trainees ensures competence.	Karen Lincoln
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
1.5	Robust consenting processes and policies	David Macafee, Louise Campbell and David McIntosh have undertaken a further consent questionnaire of all Foundation doctors in relation to the consent they have ever undertaken in this Trust or others – this will educate us as we revise the Consent policy for the Trust and provide guidance to trainees and trainers at South Tees. Our current position is "Ensure Foundation 1 doctors do not take consent. A Foundation 2 doctor can take consent as long as they have been trained to take consent, can undertake the procedure, describe the range of potential complications related to that procedure and this is acceptable to the named consultant"	David McIntosh
1.6	Reporting, acting and reflecting on incidents / events	We send a copy of all Datix forms involving a trainee to the Educational Supervisor (ES). Trainees are then encouraged following those discussions to place reflective practice within their portfolios and if	Louise Campbell

		appropriate to include the incident on their Form R's each year. ESs through formal (educational forums) and informal discussions are advised to confirm the Datix discussions, reflections and any ongoing concerns within their supervisor reports through the year.	

Domain 1 – Patient Safety **Standard 2 - There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors** **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.13-15**	
Please describe how your organisation meets this standard and its mandatory requirements. **~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~**	
1.7 There must be robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern.	1.7 All trainees have a named ES and CS. Multi-source feedback and workplace-based assessments are used to identify trainees in difficulty. Anyone in clinical contact with a trainee whom they have concerns about raises their concerns with the ES. The ES is the first point of contact for the trainee in difficulty. The ES should assist the trainee to develop an appropriate action plan to overcome any difficulties. If the ES requires support or guidance with this he has the support of the foundation nurse lecturers, foundation tutors and other members of the postgraduate faculty as appropriate for the grade of trainee. The occupational health service is available for trainees with health problems. The trainee support service run by HENE is also available for doctors in difficulty.
1.8 Immediate steps must be taken to investigate concerns about a trainee's performance, health or conduct to protect patients.	1.8 Trust policies are in place to deal with foundation trainees who have problems with performance, health or conduct. If there is a serious threat to patient safety the policies specify that the trainee is excluded from the workplace during the investigation. This initial investigation is completed within 2 weeks. For specialty trainees the LET policies are applicable.
1.9 Those responsible for training must share information with relevant individuals and bodies… that is relevant to their development as doctors.	1.9 Trainees have an eportfolio which is accessible to relevant individuals and bodies. It is a confidential area which cannot be accessed by those who do not need to access it. The eportfolio is the primary location for recording any relevant information about a trainee's performance and factors affecting it.
1.10 All those who teach, supervise, give counselling to, provide reports or references about, employ or work with foundation doctors must protect patients by providing explicit and accountable supervision, and honest and justifiable reports.	1.10 The quality of the educational supervision given to our foundation trainees is monitored by the ARCP panels, Foundation tutors, DPME and DME. Named supervisors need to be accredited by the DME. Foundation trainees on community placements have an accredited educational supervisor who is based within our Trust. If a supervisor were deemed to be providing inadequate supervision he/she would not be allocated further trainees.
1.11 Foundation doctors must always have access to a senior colleague who can advise them in any clinical situation.	1.11 On call arrangements mean that there is always a consultant on call in each specialty for a Foundation doctor to speak to. Middle grade trainees are also available as further support for Foundation doctors.

1.12 Foundation doctors who are a risk to patients must not be allowed to continue training and must not be signed off for full registration with the GMC.	1.13 We have a strict ARCP process which ensures that patients will only get an ARCP outcome 1 at the end of the first Foundation year if they have shown satisfactory achievement of competencies including all of the mandated core procedures. Any doctor found to be a risk to patient safety would be dealt with immediately according to Trust policy. Where applicable the medical director notifies the GMC of concerns about trainees.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

1.7 We have developed new systems of communication between the Postgraduate department and the medical director's office and the clinical centres to address situations where a trainee has an issue that may involve the GMC or LET or the police. We are producing revised guidance to ensure clarity, transparency and timely support of trainees in this situation (QIP, Organisation-wide, ref. 6).

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

1.11 Due to gaps in recruitment and reductions in posts on the FHN site, there is sometimes a lack of middle tier support, but there is consultant level support by phone. A range of mechanisms to strengthen junior trainee support both on wards, and throughout the 24 hour on call period are being trialled as we recognise that this is a serious issue (QIP, Foundation, ref. 1).

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
2.1	Foundation programme nurse lecturers and foundation programme tutors work closely with trainees.	This means that we have an additional source of information about potentially failing trainees rather than being solely dependent on problems being recognised by CS and ES. The Foundation team act as an additional source of support for the doctor in difficulty. This probably explains why a high proportion (82%) of trainees reported they are likely to meet the	David McIntosh/ Angela Burton/ Paul Clarke

		learning outcomes for Foundation training (YSYS 2013).	
2.2	Monthly survey of trainees' concerns of patient safety using survey monkey.	Following the release of the Francis report we added questions on patient safety to our monthly survey of trainees. Previously this survey focussed on concerns about bullying and harassment. All concerns are reviewed by the DPME or DME. Where appropriate the DPME/DME contacts the relevant clinical director to investigate the concern raised. If appropriate the concern would be escalated to the medical director or through the appropriate governance channels. This system has been included in our Trust's response to the GMC on actions following the Francis report.	Louise Campbell (Postgraduate Medical and Dental Education Manager)
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
2.3	Foundation ARCPs are chaired by only two people to increase consistency. Any trainee with an adverse outcome is met face-to-face before uploading the outcome.	We believe we achieve greater consistency by limiting the number of ARCP chairs. We minimise trainee stress by ensuring personalised feedback is given with any adverse outcome.	David McIntosh/ Angela Burton/ Paul Clarke

Domain 2 – Quality Management, review and evaluation

Standard 3 – Training must be quality managed, monitored, reviewed, evaluated and improved

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.16

Please describe how your organisation meets this standard and its mandatory requirements.
~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~

2.1 Programmes, posts, associated management, and data collection concerning trainees and local faculty comply with the European Working Time Directive, Data Protection Act and Freedom of Information Act.	2.1 All of our posts are compliant with the European Working Time regulations. Our Trust has policies to ensure that we are fully compliant with the Data Protection Act and Freedom of Information Act. We comply with LET policies when dealing with specialty trainees employed by the LET.
2.2 Deaneries must show that they are developing their capacity for quality control, review and evaluation to meet the GMC's standards.	2.2 We have many trust employees who have HENE roles including training programme directors and quality management leads. In this way we help HENE with quality control, review and evaluation.
2.3 Deaneries, working with others as appropriate, must have processes for local quality control of all postgraduate posts and programmes designed to ensure that the requirements of GMC's standards for training assessment and curricula are met.	2.3 We have many trust employees who have HENE roles including training programme directors and quality management leads. In this way we help HENE with quality control of all postgraduate posts and programmes across the North East. As a Trust we fully cooperate with HENE visits and recommendations.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

~~Please add any new information below for 2014 (if there is no additional information then this section can be left blank).~~

2.3 All specialities with red outliers have developed action plans to address these (see QIP, Specialty, ref. 4 to ref. 9)

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
3.1	Internal educational quality peer review visits.	These peer review visits involve inspection of the training in one specialty by the training in	David Macafee (DPME)/ Richard Bellamy/ Postgraduate

		another specialty. This visit involves an interview with the educational lead by two assessors followed by confidential interviews with trainees. The visit brings exchange of ideas between the participants and the assessors and is of mutual benefit. The written report is produced for the DME/DPME and the findings are discussed at postgraduate faculty meetings.	Faculty
3.2	Postgraduate faculty meetings every fortnight	The postgraduate faculty meet every two weeks to discuss topical educational issues. This is an extremely useful forum for quality management. The regular frequency of the meetings ensures that we can respond rapidly to any concern or new initiative and trouble-shoot solutions where appropriate.	Louise Campbell
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
3.3	DPME visits to individual directorate meetings	David Macafee attended directorates to talk about SAR/QIP, postgraduate roles, changes to education – and to encourage increased involvement and engagement with undergraduate and postgraduate educational activities.	David Macafee

Domain 3 – Equality, diversity and opportunity **Standard 4 – Training must be fair and based on principles of equality** **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.17-18**	
Please describe how your organisation meets this standard and its mandatory requirements. **Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.**	
3.1 At all stages training programmes must comply with employment law, the Equality Act 2010, the Human Rights Act and any other relevant legislation that may be enacted and amended in the future, and be working towards best practice. This will include compliance with any public duties to eliminate discrimination, promote equality and foster good relations.	Our Trust has a policy on Equality and Diversity to ensure compliance with the Equality Act 2010 and other employment law. To be a named supervisor it is necessary to have completed Equality and Diversity training within the last 3 years. Doctors who are not named supervisors must also complete Equality and Diversity training and this is monitored at annual appraisal.
3.2 Information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and GMC websites.	3.2 This is not directly applicable to our Trust as HENE provides this information via its website. However we do encourage trainees to look at the available information on the HENE website. Some of our consultants hold HENE positions such as TPDs and contribute to the information on training programmes on HENE websites.
3.3 Deaneries must take all reasonable steps to adjust programmes for trainees with well-founded individual reasons for being unable to work full time, to enable them to train and work less than full time within GMC's standards and requirements. Postgraduate deaneries must take appropriate action to encourage LEPs and other training providers to provide adequate opportunity for trainees to train less than full time.	3.3 We cooperate with HENE in providing less than full-time placements for specialty trainees. We adapt these posts to maximise the training opportunities. We also provide less than full-time training for Foundation doctors where appropriate.
3.4 Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.	3.4 Trainees with disabilities or special educational needs should be identified at the induction meeting with ES/CS if information has not been made available in advance to us. The Trust has policies on discrimination which ensure that managers understand that they must make reasonable adjustments to meet the needs of trainees with disabilities, special educational or other needs.
3.5 Equality and diversity data, including evidence on trainee recruitment, appointment, and satisfaction must be collected and analysed at recruitment and during training and the outcome of the	3.5 Specialty trainees are recruited and appointed by the LET who collect data on ethnicity and sex. For Foundation trainees we do collect equality and diversity data for recruitment and appointment. We collect data on ARCP outcomes by sex and ethnicity for Foundation

	analysis made available to trainees and trainers.	doctors.
3.6	Data about training medical staff in issues of equality and diversity should be collected routinely and fed into the quality management system.	3.6 Completion of Equality and Diversity training by all staff is a performance review target for each division and directorate. Chiefs of service and clinical directors are sent lists of staff members who have not completed this training so that they can ensure they do so.
3.7	When drafting or reviewing policy or process the deanery and LEPs must consider the ramifications of such action for trainees and applicants and ensure they are fair to all.	3.7 When every Trust policy is written or revised it is subject to a formal equality impact assessment.

~~Please add any new information below for 2014 (if there is no additional information then this section can be left blank).~~

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
4.1	All Foundation ARCP assessors receive specific ARCP training prior to the ARCPs taking place.	It ensures that there is consistency of approach for all those conducting ARCP assessments.	David McIntosh/ Angela Burton/ Paul Clarke
4.2	All Foundation trainees are reviewed in detail by two independent ARCP assessors before the ARCP using a checklist of criteria which must be attained.	It ensures that there is consistency of approach for all those conducting ARCP assessments.	David McIntosh/ Angela Burton/ Paul Clarke
4.3			

Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**

Domain 4 – Recruitment, selection and appointment

Standard 5 - Processes for recruitment, selection and appointment must be open, fair and effective

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.19-20

Please describe how your organisation meets this standard and its mandatory requirements.
~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable~~.

Recruitment and Selection Mandatory 4.1 Candidates will be **eligible** for consideration for entry into a specialist training programme if they: a. are a fully registered medical practitioner or hold limited registration with the General Medical Council or are eligible for any such registration; b. are fit to practise.	4.1 Recruitment and selection of Specialty trainees is conducted by the LET on behalf of HENE. Many of our consultants participate in the recruitment and selection process and some of them lead on this for specific specialties. In all cases the LET and HENE policies are adhered to and these policies are in accord with GMC guidance.
4.2 The **selection** process (which may be conducted by interview or by other process) must: • ensure that information about places on training programmes, eligibility and selection criteria and the application process is made widely available in sufficient time to doctors who may be eligible to apply; • use criteria and processes which treat eligible candidates fairly; • select candidates on the basis of open competition; • have an appeals system against non-selection on the grounds that the criteria were not applied correctly, or were unfairly discriminatory; • seek from candidates only such information (apart from information sought for equalities monitoring purposes) as is relevant to the published criteria and which potential candidates have been told will be required	4.2 Recruitment and selection of Specialty trainees is conducted by the LET on behalf of HENE. Many of our consultants participate in the recruitment and selection process and some of them lead on this for specific specialties. In all cases: • The application process is made widely available in sufficient time for eligible doctors to apply. • Criteria and processes treat candidates fairly as all involved have up-to-date recruitment and selection training. • Competition is open and in many specialties is part of a national process. The person leading the selection process (usually TPD) is responsible for ensuring all of the selection panel are trained and competent. • There is an appeals process as specified in LET policy. All those involved in selection must have up-to-date equality and diversity training. • The selection processes are now carefully regulated to ensure that all candidates have the same interview process and that the process matches the person specification criteria.
4.3 Selection panels must consist of persons who have been trained in selection principles and processes.	4.3 Recruitment and selection of Specialty trainees is conducted by the LET on behalf of HENE. Many of our consultants participate in the recruitment and selection process and some of them lead on this for specific specialties. In all cases those on selection

	panels must have up-to-date recruitment and selection training.
4.4 Selection panels must include a lay person	4.4 Recruitment and selection of Specialty trainees is conducted by the LET on behalf of HENE. Many of our consultants participate in the recruitment and selection process and some of them lead on this for specific specialties.
4.5 There must be comprehensive information available for those within postgraduate programmes about choices in the programme and how they are allocated.	4.5 For Specialty trainees this is the responsibility of the TPD and STC. Many of our consultants participate in STCs and some are TPDs. They ensure that they adhere to HENE policies with regard to fair allocation of choices. Foundation programme choices are the responsibility of the Trust. The information about Foundation posts is held by the postgraduate department and made available to all foundation trainees. We attempt to allocate Foundation doctors the choices they want. The process is fair as prioritisation for choice is based upon performance and Foundation doctors are informed of this. For GP trainees the choices in our Trust available in the training programme are determined by the GP scheme rather than our Trust. We have educational leads in our Trust from whom GP specialty trainees can get advice.
4.6 The appointment process should demonstrate that foundation doctors are fit for purpose and able subject to an appropriate induction and ongoing training, to undertake the duties expected of them in a supportive environment.	4.6 Foundation doctors eligibility was assessed via a national process based on situational judgement tests. We provide an induction assessment which complements the national process. Although it is not used for selection it is used to identify trainees who may have additional learning needs or who may need additional support when they take up their post.

~~**Please add any new information below for 2014 (if there is no additional information then this section can be left blank).**~~

4.6 During F2 stand alone HENE recruitment in 2014, South Tees fielded 5 members of postgraduate staff, helping run, coordinate or interview. They later provided written and verbal feedback to help support and improve the recruitment process. We aim to maintain this strong support for foundation recruitment in future years.

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

~~**Please add any new information below for 2014 (if there is no additional information then this section can be left blank).**~~

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**	**Please describe what makes this notable including its impact on trainees and training**	**Contact person**

5.1	DME and DPME have stressed at Management group and Chiefs of Service meeting and Clinical Directors meeting and Directorate meetings that all consultants should be encouraged to be involved in HENE/ LET processes.	It is hoped that this will encourage our consultants to take up positions such as TPDs and quality management leads and to participate in ARCPs, selection processes and STC meetings.	Richard Bellamy/ David Macafee
5.2			
5.3			
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**

Domain 5 – Delivery of approved curriculum including assessment **Standard 6 - The requirements set out in the approved curriculum and assessment system must be delivered and assessed** **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.21-24**	
Please describe how your organisation meets this standard and its mandatory requirements. **Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.**	
5.1 Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the curriculum.	5.1 Currently trainees demonstrate ability to gain competence across a wide range of S. Tees specialties, as evidenced by competency documents, ARCPs, exams, the GMC national trainee survey, Your School Your Say survey etc. For Foundation posts experience is available in a wide range of areas including psychiatry and general practice.
5.2 Each programme must show how the posts within it, taken together, will meet the requirements of the curriculum and what must be delivered within each post.	5.2 For specialty training this is the responsibility of TPDs, quality management leads and STCs. Most specialties have conducted competency mapping to indicate what experience can be gained in each unit. Our educational leads have cooperated with this competency mapping. Many of our consultants have also participated in this process as TPDs, quality management leads or STC participants. For Foundation we have developed programmes which all meet the requirements of the curriculum. All of the Foundation programmes are checked as suitable by the foundation tutors, postgraduate manager and DPME. This is supported by evidence from the Your School Your Say Survey (2014) which showed that 85% of trainees believed foundation training had given them the skills they need to work as a medical professional as defined by the GMC good medical practice. It is also evidenced by our ARCP outcomes and GMC survey feedback. For GP trainees this is the responsibility of the GP scheme rather than our Trust.
5.3 Trainees must be reminded and have due regard to and keep up-to-date with the principles of Good Medical Practice.	5.3 This is specified at induction training. It is also necessary to sign a probity statement on eportfolio for Foundation doctors and the vast majority of specialty training programmes.

5.4 Trainees must be able to access and be free to attend training days, courses and other material that forms an intrinsic part of the training programme.	5.4 In all specialties trainees are encouraged to attend relevant North East or Trust training appropriate to their programme. For Foundation doctors and most specialty trainees attendance at training is a mandatory requirement of a successful ARCP outcome.
5.5 In organised educational sessions Foundation doctors must not be on duty and should give their pagers to someone else so they can take part.	5.5 Our Trust adheres to this regulation by encouraging trainees to hand on a pager where possible. We also deliver identical training on two separate days in Foundation and encourage trainees to swap amongst themselves to attend mandatory regional and local educational teaching. Attendance at training is a mandatory requirement of a successful ARCP outcome.
Assessment and appraisal 5.6 The overall purpose of the assessment system must be documented and in the public domain.	5.6 Assessment systems are national documents and they are all publicly available for Foundation doctors and Specialty trainees. We adhere rigorously to the correct use of all assessment tools. All assessors have been trained in the use of the tools in order to be accredited as named trainers. For GP trainees annual assessments of progress are carried out by the GP scheme rather than our Trust, although we do perform WPBAs and provide clinical supervisor reports for these trainees.
5.7 Assessments must be appropriately sequenced and must match progression through the career.	5.7 Assessment systems are national documents. We adhere rigorously to the correct use of all assessment tools. All assessors have been trained in the use of the tools in order to be accredited as named trainers.
5.8 Individual approved assessments should add unique information.	5.8 Assessment systems are national documents. Most work-place based assessment tools have been validated before their implementation. We adhere rigorously to the correct use of all assessment tools. All assessors have been trained in the use of the tools in order to be accredited as named supervisors.
5.9 Trainees must only be assessed by someone with the appropriate expertise in the area to be assessed.	5.9 All assessors have been trained in the use of the WPBA tools in order to be accredited as named supervisors. There are explicit roles as to which grade of staff can complete each type of workplace-based assessment. This is monitored by educational supervisors and ARCP panels who will advise trainees if they have obtained WPBAs from the wrong grade of staff. For Foundation ARCPs, assessors on panel are strongly encouraged to attend yearly updates and are regularly sent email updates from the Foundation team For specialty trainees the ARCP chair must have HENE ARCP training. The ARCP chair ensures that all those on the specialty ARCP panel have the appropriate expertise. For GP trainees annual assessments of progress are carried out by the GP scheme rather than our Trust.
5.10 For Foundation training assessments must be carried out to the same standard….Those applying the assessments must be aware of and show good practise relating to the assessment of those with a disability.	5.10 All of our Trust consultants must have up-to-date equality and diversity training. This is assessed at annual appraisal.
5.11 For Foundation training there must be a clear documented and published system for dealing with trainees who have not completed training successfully, including appeals, processes and counselling.	5.11 The Foundation School has a clear appeals policy and our Trust adheres to this.

5.12 For Foundation the systems and processes must be in place to ensure that the responsibility for signing the certificate of experience is clear.	5.12 This system is dependent on the outcome of the Foundation ARCP. The Foundation panel must have all had Foundation ARCP training that year. The checklist for FY1 trainees includes the requirement that all of the core procedures have been completed. This ensures consistency between ARCP panels.
5.13 The person responsible for confirming that the foundation doctor has met all of the requirements of training must ensure they have been met and that the trainee adheres to the principles of Good Medical Practice.	5.13 The evidence for sign off comes from our rigorous Foundation ARCP process. The Foundation panel must have all had Foundation ARCP training that year. The checklist for FY1 trainees includes the requirement that all of the core procedures have been completed. This ensures consistency between ARCP panels.
5.14 A named representative of the university (normally the postgraduate dean) must be responsible for signing the certificate of experience.	5.14 We fully cooperate with the postgraduate dean and the Foundation school. We ensure that our assessments adhere to the requirements of the Foundation school and that our ARCP process is robust. This enables them to sign the certificate of experience with confidence.
5.15 There must be valid methods for assessing Foundation doctors suitability for full GMC registration.	5.15 We rely on our robust ARCP process which assesses the adequacy of evidence on eportfolio including the clinical supervisor and educational supervisor reports. All of our named clinical and educational supervisors have been accredited as trainers.
5.16 A range of methods of assessment should contribute to the overall judgement about the performance of a Foundation doctor.	5.16 Our ARCP checklists ensure that a range of assessments are considered at ARCP and that this is consistent between different panels. The mandatory Foundation ARCP training before the panels take place also ensures that the judgements are consistent.
5.17 The evidence on which the certificate of experience and the achievement of F2 competence document is based must be clearly identified…	5.17 The necessary F2 outcomes are assessed by the ARCP panel. The Foundation panel must have all had Foundation ARCP training that year. The checklist for FY2 trainees includes the requirement that all of the core procedures have been completed. This ensures consistency between ARCP panels.
5.18 Trainees must have regular feedback on their performance.	5.18 Our previous Training the Trainers 1-day course included extensive training on giving useful feedback, as will our revised course. All accredited named trainers have had training on giving feedback. The Your School Your Say 2014 survey shows that 71% of foundation trainees agreed that they had appropriate feedback on their performance. In the GMC trainee survey 2013 and 2014 we had no red triangles for feedback.
5.19 All doctors and health and social care professionals have an opportunity to provide constructive feedback about the doctor's performance.	5.19 For Foundation doctors, feedback can be given as part of the placement supervisory group. This is a group of people whom the clinical supervisor consults at the end of a post. Feedback is also available via the MSF/TAB for Foundation and specialty trainees.
5.20 Trainees must maintain a personal record of educational achievement to describe and record their experiences, and to identify strengths and weaknesses.	5.20 All Foundation trainees keep this record on eportfolio as do the majority of specialty trainees. There are a small number of specialty trainees who have a paper portfolio. The portfolio is reviewed at the ARCP.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

5.1 With the success of the HENE simulation bid, we have purchased a range of simulators to aid "shop floor" delivery of training / education / human factors work.

5.1 Our range of practical courses increase year on year – from Foundation through to Consultant; examples include Suturing for Foundation doctors,

Acute illness management including central lines and chest drains F1 and F2 (and planned for Trust doctors), MSK examination, Basic surgical skills and ATLS, Home Laparoscopic surgical training equipment (loaned from Ethicon to D Macafee x10), Advanced (videod) communication skills training Foundation, “Theatre 13” simulation for Theatre staff (Dr I Hunter), Major trauma scenario simulation (Dr Ian Blain), Major fire evacuation exercise Friarage 2013, Neonatal resuscitation training (Dr S Garg).

5.1 Dr Gillian Ingram has expanded the Medstat training to all interested GIM, CMT and EM trainees. This covers the evidence for thrombolysis in acute stroke, different types of stroke, inclusion/exclusion criteria and information on process and care pathway. There are then interactive cases. This is followed by a section on TIA and recognition of TIA, risk stratification, management, patient advice and how to refer to the TIA clinic. This dovetails with the revised acute assessment unit departmental induction which will occur on the first morning of the September 2014 intake (Dr Raj Mishra, Dr Hamad) and which includes Medstat training in the afternoon.

5.2 In last year’s SAR, a lack of CMT attendance in clinic was highlighted. Following a very successful action plan for CMT and GIM trainees, there has been much improved outpatient clinic attendance. This will be sustainable as we are highlighting it as an essential part of CMT training.

5.2 Within Foundation, the FP Faculty (FP Lecturers and FP Tutor) have developed the curriculum-based teaching programme which enables FP trainees in South Tees to acquire appropriate generic and clinical skills knowledge. We set clear standards of competency to be achieved and ensure that these standards are accurately assessed and documented in the trainee’s eportfolio.

5.3 Hospital induction for trainees occurs on a monthly basis, which has improved timely attendance for trainees.

5.4 We have increased the use of video-conferencing for a range of areas including regional CMT teaching. This has been well received by trainees and HENE. Trainees are invited from anywhere in the region so we could serve as an educational hub in the future. Similarly we would like to use the video-conferencing at FHN (successful Yorkshire and Humber bid) as a hub for GP training in North Yorkshire.

5.4 We also video-conference Trauma M&M meetings, Postgraduate CPD Thursday lectures, MDT’s, certain corporate discussions e.g. McKinsey meetings and “lesson learnt” lectures between JCUH and FHN.

5.4 We rapidly disseminate information to trainees that will benefit patient care or improve trainees educational experience including local feedback from General Practitioners to our organisation (eg. on E-discharge letter quality), lessons learned from serious incidents and never events, information from national bodies (e.g. NICE CG174 Intravenous fluid therapy in adults in hospital) or advice from educational bodies (e.g. HENE information to trainees and trainers e.g. launch of SCRIPT).

5.11 We have streamlined our foundation ARCP feedback process for any trainees with an adverse outcome (i.e. 3, 4 or 5). With these trainees, all our spoken to face to face prior to the outcome becoming available on their E-portfolio. Therefore, by the time that this information is available, they have knowledge of the cause of the adverse outcome and a clear plan for rectifying this with appropriate supervisor, and foundation team support.

5.13 To ensure consistency between panels and to support “best practice” as recommended by Dr Jon Scott, FP director, only two Foundation ARCP panel chairs convened the reviews of all 92 Foundation trainees

5.13 Our current Train the Trainers course (1 day) has been re-designed to meet the current needs of our trainers and is due to go live in Jan 2015 (with a pilot in December 2014 where all educational leads are invited). The new course will be named "Trainer update". Once the course has been fully developed we will apply for HENE accreditation as we did with our previous course.

5.18 The new "Trainer update" will continue to include information on best practice in supervision and constructive feedback. Trainees continue to get regular feedback informally, complete formal WPBA assesments with trainers familiar with these assessment tools and documented supervisory meetings (with clinical and educational superisors).

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
5.1	All Foundation ARCP assessors receive specific ARCP training prior to the ARCPs taking place.	It ensures that there is consistency of approach for all those conducting ARCP assessments. Over the past 3 years the number of adverse ARCP outcomes within Foundation has decreased.	David McIntosh/ Angela Burton/ Paul Clarke
5.2	All Foundation trainees are reviewed in detail by two independent ARCP assessors before the ARCP using a checklist of criteria which must be attained.	It ensures that there is consistency of approach for all those conducting ARCP assessments.	David McIntosh/ Angela Burton/ Paul Clarke
5.3	In Emergency Medicine consultants have protected time in which to carry out workplace-based assessments.	This ensures that workplace-based assessments can be done regularly and that consultants have time to do them properly and to provide adequate feedback. This was acknowledged as good practice by the GMC in their targeted check on the Emergency Department in December 2012. It is valued by	Alex Johnston

		trainees as Emergency Medicine had several green triangle outliers in the GMC trainee survey 2013 and 2014.	
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
5.4	A responsive, proactive Generic Skills programme within Foundation.	The FP Faculty proactively respond to development needs highlighted by trainees and from Trust, regional and national surveys and incorporate these within the Generic skills training programme. E.g. The FP Lecturers have designed and delivered training on assertiveness (to address undermining), advanced communication skills to address FP Curriculum outcomes, incorporating specific scenarios on DNAR/EoLCP, medical error, breaking bad news and psychiatric risk assessment, reflective practice, e-portfolio and ARCP training. Feedback from NFS Quality visit 2014 stated "The monthly full day FP teaching aligned to the curriculum was praised by trainees. Trainees were able to give feedback and could give examples of when the content had been changed to accommodate their requests/suggestions."	David McIntosh/ Angela Burton/ Paul Clarke
5.5	Improved GIM trainee support and advice via GIM tutor to achieve better ARCP results.	Reacting to the difficulties some of our trainees had at GIM ARCP last year, Dr Arutchelvam Vijayaraman has created the GIM forum, provided advice and guidance to trainees through the year and produced a GIM ARCP checklist to support the trainee and educational supervisors. Due to his complementary role as diabetes/endocrinology TPD, he is also an excellent contact point with HENE, working closely with Dr Colin Doig & Dr Brian Wood.	Dr Arutchelvam Vijayaraman

Domain 6 – Support and development of trainees, trainers and local faculty

Standard 7 - Trainees must be supported to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.25-29

Please describe how your organisation meets this standard and its mandatory requirements.
~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~

Induction 6.1 Every trainee following a programme must attend a departmental induction to ensure they understand the curriculum, how their post fits within the programme, their duties and reporting arrangements, to ensure they are told about departmental policies and to meet key staff.	6.1 Trust induction for trainees is delivered every month and all trainees are expected to attend. Non-attenders are followed up by the postgraduate team. Local induction is also mandatory as part of Trust policy. In Your School Your Say 2014, 90% of trainees remembered that they had had local departmental induction. This is monitored by our clinical governance systems and reported back to clinical directors and chiefs of service. We were not a red triangle outlier for induction in any specialty in the GMC national trainee survey for the past 2 years. Foundation trainees on community placements receive a local induction from the general practice they are placed in or from Tees Esk Wear Valley NHS Foundation Trust (TWVE Psychiatry).
6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives for the trainee to achieve in the post.	6.2 All named educational and clinical supervisors have been trained and accredited by the DME or DPME. Therefore they are all aware of the requirement to set objectives with the trainee at the start of each post. This usually takes the form of a personal development plan on e-portfolio. Foundation trainees on community placements have an accredited educational supervisor who is based within our Trust.
6.3 Trainees must have a designated educational supervisor.	6.3 All trainees have a designated educational supervisor. We have had one red triangle for educational supervision in the GMC survey over the last 3 years (see below and QIP specialty ref. 9). Foundation trainees on community placements have an accredited educational supervisor who is based within our Trust.

6.4 Trainees must sign a training/learning agreement at the start of each post.	6.4 This occurs for Foundation and specialty trainees and is captured on eportfolio.
6.5 Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative)	6.5 Eportfolio is used to capture all relevant information for Foundation and specialty trainees. The information which must be collected is specified by national training programmes. The surgical trainees use an ISCP log book and any deficiencies are fedback from the ARCPs.
6.6 Trainees must have further meetings with their educational supervisor (or representative) at least three-monthly, to discuss their progress, outstanding learning needs and how to meet them.	6.6 Regular meetings for Foundation and Specialty trainees are mandatory and are captured on eportfolio and assessed as part of the ARCP process. We have had one red triangle for educational supervision in the GMC survey over the last 3 years (see below and QIP specialty ref. 9). In Your School Your Say 2014, 92% of Foundation doctors reported that they met with their ES at the appropriate frequency.
6.7 Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of local faculty. 6.8 There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of trainees between placements.	6.7 There are numerous mechanisms for reporting concerns. They can do so to their CS or ES or to the TPD (specialty trainees) or the Foundation tutors or Foundation nurse lecturers (Foundation doctors). They can also speak to the DPME or DME. 6.8 Process of review is specified for each specialty according to national guidance. This usually takes the form of one or more clinical supervisor and/or educational supervisor reports. As these are uploaded onto the trainee's eportfolio they are automatically transferred between placements.
6.9 There must be ready access to career advice	6.9 Career advice is available from a wide range of sources including the CS, ES, other consultants, TPD, Foundation tutors, postgraduate office in the Trust and the HENE website as well as HENE careers days and careers training as part of Foundation training. GP trainees based in the Trust can get educational advice from the educational lead for GP trainees as well as from the GP scheme. In Your School Your Say 2014, 68% of our Foundation trainees had had useful advice on career planning from their educational supervisor, which was the highest rate in the region.
6.10 Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy).	6.10 All of our rotas are European Working Time regulation compliant. However some of our posts are very busy. This has been noted in Acute Medicine and in the Foundation program in particular and this is part of our acute medicine ongoing review (see below and QIP specialty section reference number 3).
6.11 Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.	6.11 All clinical situations are capitalised on as an opportunity for teaching and training. This is evidenced by favourable ARCP outcomes, exam results and favourable GMC trainee survey findings and Your School Your Say findings. For example in Your School Your Say 2014, 93% said that they would recommend the

	trust for educational opportunities. In the GMC trainee survey 2014 there were 3 green triangle outliers for overall satisfaction compared to 2 red triangle outliers.
6.12 Training programmes must include placements which are long enough to allow trainees to become members of the team and allow team members to make reliable judgements about their abilities, performance and progress. 6.13 While trainees must be prepared to make the needs of the patient their first concern, routine activities of no educational value should not present an obstacle to the acquisition of the skills required by the curriculum.	6.12 Duration of training posts is 4 months for Foundation trainees as specified by the Foundation school. The duration of each specialty post is determined by the TPD and STC. 6.13 Generally the training provided across the specialties in our Trust is high. There was one red outlier for adequate experience in the GMC trainee survey 2014 (F2 surgery) (see below for this issue and associated QIP actions). In Your School Your Say 2014 57% of Foundation doctors reported that they did not have to carry out routine activities which prevented them from acquiring routine skills (favourable compared to other North East trusts).
6.14 Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.	6.14 All Foundation and Specialty trainees must participate in audit and quality improvement as specified in the appropriate curriculum. This is monitored at ARCP. The Trust has an active audit department which can assist trainees in doing audit. Training in audit is available. Trainees are given a certificate from the audit department as evidence that they have completed an audit once they have completed a report and submitted it.
6.15 Access to Occupational Health services for all trainees must be assured.	6.15 Our Occupational Health Department is available for all specialty and Foundation trainees and GP trainees based in the Trust.
6.16 Trainees must be able to access training in generic professional skills at all stages in their development.	6.16 When trainees start at the Trust they receive induction training which covers this. New Foundation year 1 trainees also have a shadowing programme which includes this.
6.17 Trainees must have the opportunity to learn with other healthcare professionals.	6.17 Inter-professional learning is strongly encouraged by the Trust. Good examples include learning on the job, the Trust's Annual Patient Safety conference, mandatory training such as life support courses, morbidity and mortality meetings etc.
6.18 Trainees must not be subjected to, or others subject to, behaviour that undermines their professional confidence or self-esteem.	6.18 The Trust is strongly opposed to all forms of bullying and harassment. The Trust has policies stating that they must not occur and the policy specifies the actions which are taken against anyone who engages in this behaviour. These policies are followed and have resulted in staff members' employment being terminated (including consultants). Where bullying is detected by surveys actions are taken to prevent it recurring. For example when bullying was reported in the Northern Deanery survey 2009 in Obstetrics and Gynaecology actions were taken to prevent it. This problem did

	not recur in the future surveys indicating the effectiveness of the intervention. Despite these measures we have not completely eradicated bullying which was reported in plastic surgery in the GMC trainee survey 2014 (QIP specialty section ref. 1). In Your School Your Say 2014, 32% of Foundation trainees stated they had witnessed behaviour which may have eroded the professional confidence or self-esteem of others (similar to other trusts in the region).
6.19 Access to confidential counselling services should be available to all trainees when needed	6.19 Confidential counselling can be obtained by referral via occupational health. In the North East it can also be accessed by the HENE programme for supporting doctors in difficulty.
6.20 Information must be available about less than full time training, taking a break, or returning to training following a career break.	6.20 For specialty trainees we adhere to the LET/ HENE policies and regulations which are available from the HENE intranet pages. For Foundation trainees we follow the guidance of the Foundation School. For GP trainees this is available from the GP scheme. The educational lead for GP trainees can also provide information.
6.21 Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty.	6.21 For specialty trainees we adhere to the LET/ HENE policies and regulations which are available from the HENE intranet pages. For Foundation trainees we follow the guidance of the Foundation School. For GP trainees the GP scheme manages and supports doctors in difficulty.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

6.1. In directorate meetings, David Macafee, the DPME, has highlighted that local induction is an essential part of a trainee's introduction to a unit. He has given examples of good practice and made suggestions for improvements.

6.1 As an organisation, we re-affirm the key tenets of professional practice as defined by the GMC and highlighted as crucial by the Francis report (e.g. working together for patients, respect and dignity, a commitment to quality of care and compassion). We as an organisation, seek out and act on feedback, both positive and negative and ensure we listen to our patients and their carers / families. These qualities we instill and re-affirm with all our trainees and interprofessional staff and challenge if we find it not occurring.

6.2 Easy access to foundation trainees' eportolios by the foundation faculty ensures high quality supervision and monitoring of trainees' progress. However, a lack of access to speciality eportfolios, has made it difficult for the postgraduate faculty to assure standardised high quality supervision and monitoring across the whole trust. It will be one of the focuses of the new "Trainer Updates" as this role must be taken by all educational supervisors. (see QIP, Organisation-wide, ref. 5).

6.5 We encourage Trust doctors (NTGs) to utilise the electronic portfolios provided for specialty trainees in their own specialty. We have provided financial support for this access to NTG doctors who have requested this. We have set minimum standards for NTG doctors' appraisals and we are working with the responsible officer for South Tees to ensure all SAS and NTG doctors provide comparable evidence to trainees and consultants (e.g. 360 degree feedback, patient survey, e-portfolios, MAG-3 forms, robust annual appraisal etc.) (see QIP, organisation-wide, ref. 7).

6.7 Any negative feedback from trainees via YSYS or the GMC trainee survey are referred to the specialty in question to produce an action plan which is then included in our QIP.

6.7 In order to address the specific training needs of military trainees we are appointing an educational lead for them (see QIP, organisation-wide ref. 2).

6.11 Dr Ian Hunter has been appointed as our Postgraduate lead for Simulation and Human Factors. He coordinated our successful bid for simulation equipment. Under his leadership, there has already been a marked increase in the availability, use of and interest in simulation. With the support of the Anaesthetic department, a Theatre Multi-professional training area (ironically named "Theatre 13"), has been created. This is used for simulated scenario training which we can video using SMOTS camera technology. Other clinical areas where simulation is commonly used are the Emergency Department (Dr Ian Blain), High Dependency Unit (HDU consultant staff) and Neonatal Unit (Dr Shalabh Garg). This builds on the many courses that already use simulation (e.g. ILS, ALS, APLS, ATLS, BSS etc) which are hosted at South Tees. The postgraduate team is strongly represented on the trust's recently formed Human Factors working group which aims to embed Human Factors training including learning from critical incidents in all aspects of the organisation (see QIP ref. 14).

6.13 In response to previous trainee survey feedback the organisation has tried to reduce the amount of service work with minimal educational value by employing additional phlebotomy and cannulation technicians and training nursing staff in additional skills.

6.17 Interprofessional learning is being widely promoted by the postgraduate faculty in conjunction with the Directorate of Quality Assurance. This includes Lessons learnt lectures, Simulation and Human factors team working reviews, Schwartz rounds, Trauma and other MDT meetings, Specialty meeting with the full range of allied health professionals (Physio, OT, Dietician, Speech and Language, Case management / complex discharge advisors, Community nurses, Specialist nurses, IMCA representatives) etc.

6.18 The issue of bullying and undermining is highlighted at the monthly hospital inductions. The range of people potentially available to discuss with is specifically highlighted (e.g. CS, ES, Postgrad faculty, TPD, Trust confidential advisor). On a monthly Postgraduate survey, trainees are specifically asked regarding this issue. We constantly reiterate that such behaviour is unacceptable. We have confirmed this is our position to the GMC who received a report in the GMC trainee survey 2014 that one trainee had felt bullied by another trainee (this has been investigated and is now being closely monitored).

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
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Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

Limited middle-grade cover at FHN has caused concerns about the support available for foundation doctors and core medical trainees. Following a detailed

investigation by David Macafee, an educational lead for FHN has been appointed (see QIP organisation-wide ref. 1) and an action plan has been produced (see QIP foundation ref. 1).

Emergency medicine F2 had a red triangle outlier for work intensity in the GMC trainee survey 2014 (see QIP foundation ref. 2).

General surgery F2 had red triangle outliers for overall satisfaction, adequate experience and access to educational resources (see QIP foundation ref. 3).

In YSYS 2014, we were an outlier for foundation trainees reporting that they were being asked to make unsupervised DNA CPR decisions (see QIP foundation ref. 4).

Undermining was reported in plastic surgery in the GMC trainee survey 2014 (see QIP specialty ref. 1).

Intensive care medicine had red triangle outliers for workload and overall satisfaction in the GMC trainee survey 2014 (see QIP specialty ref. 4).

ENT had red triangle outliers for handover and study leave in the GMC trainee survey 2014 (see QIP specialty ref. 5).

Urology had red triangle outliers for workload and handover in the GMC trainee survey 2014 (see QIP specialty ref. 6).

Plastic surgery had a red triangle outlier for local teaching in the GMC trainee survey 2014 (see QIP specialty ref. 7).

Ophthalmology had red triangle outliers for access to educational resources and local teaching in the GMC trainee survey 2014 (see QIP specialty ref. 8).

Diabetes and endocrinology had a red triangle outlier for educational supervision in the GMC trainee survey 2014 (see QIP specialty ref. 9).

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
7.1	Internal review visits programme	The internal review visits programme involves two faculty members or educational leads visiting an unrelated specialty and interviewing the educational lead for that specialty. Prior to the meeting the host educational lead completes a detailed self-assessment form which facilitates the interview. The interview is followed by interviews with trainees of different grades from that specialty. A report including	Richard Bellamy/ David Macafee

		an action plan is written and submitted to the DME/DPME. Any useful learning points are discussed at postgraduate faculty meetings and disseminated if appropriate.	
7.2	Monthly survey of trainees' concerns about undermining issues.	This survey is carried out via survey monkey and is anonymous. On a monthly basis trainees are sent a message with a link to the survey and asked to raise any concerns they have about bullying and harassment. They are now also asked to report any patient safety concerns. The reports are considered by the DPME and DME who take appropriate action depending on the nature and seriousness of the concern (eg contacting the clinical director or medical director).	Louise Campbell
7.3	Trainees are strongly encouraged to fill in feedback forms for GMC national trainee survey.	The GMC national trainee survey is an extremely important aspect of the quality assurance of training. The data is not reliable unless very high response rates are achieved. We had an exceptionally high response rate this year by sending a series of messages to trainees with gradual escalation of the strength of the message. Those who ignored the initial requests were eventually sent a personal email (ie not generic) by the DME stressing that we were aware that they had not completed the survey and that it was a professional duty to do so.	Louise Campbell/ Richard Bellamy
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
7.4	Helping students and trainees move smoothly from 5th year medical school to Foundation.	FP Lecturers work across undergraduate and postgraduate medical education to facilitate and	David McIntosh, Angela Burton, Paul Clarke

		support the transition from 5th year medical students to F1 and the transition from F1 to F2. They collaborate with and develop effective working partnerships with senior medical and nursing staff, academic staff and management to deliver key aspects of the medical curriculum. Feedback from NFS Quality visit 2014 stated “The accessibility and pastoral support provided by the Academic Centre staff at the Trust was recognised by the trainees, in particular, Angela Burton and Paul Clarke (FP Lecturers) for providing regular updates and eportfolio support.” “Trainees described enjoying their FP training at the Trust and all would recommend South Tees” … “commended on the excellence of the undergraduate provision from the student course evaluation and students; a number of whom were so positively influenced by their undergraduate experience they chose to return as trainees. In particular, the students praised the links between Final Year and Foundation training which are facilitated and directed by Paul Clarke and this is considered to be an area of good practice.”	
7.5	Shadowing at JCUH for Core Dental Trainees	We are delighted to support the work of Mr Malcolm Smith, Postgraduate Dental Dean at HENE, as he sets up a one week shadowing programme for Foundation Dentists to shadow existing Core Dental Trainees, which mirrors the programme for medical students entering Foundation year 1 (see QIP dental ref. 1).	Richard Langford

Domain 6 – Standards for trainers

Standard 8 -Trainers must provide a level of supervision appropriate to the competence and experience of the trainee **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.30**	
Please describe how your organisation meets this standard and its mandatory requirements. **Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.**	
6.29 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.	6.29 All named supervisors have been accredited and the Good Practice in Educational Supervision or equivalent course (which they need for accreditation) covers this. Evidence supporting this trainee satisfaction with adequate experience comes from Your School Your Say and GMC national trainee survey as previously referred to. Foundation trainees on community placements have an accredited educational supervisor who is based within our Trust and a GP clinical supervisor who is accredited as a trainer by the GMC. GP specialty trainees who are based in the Trust have a GP who is accredited as a trainer by the GMC as their educational supervisor and an accredited clinical supervisor who is based in our Trust.
6.30 Trainers must understand and demonstrate ability in the use of the approved in-work assessment tools and be clear as to what is deemed acceptable progress.	6.30 All named supervisors have been accredited and the Good Practice in Educational Supervision or equivalent course (which they need for accreditation) covers this. In the GMC national trainee survey 2014 we were not a red triangle outlier for any aspect of clinical supervision but we were a red triangle outlier for educational supervision in diabetes and endocrinology (see QIP specialty ref. 9). In Your School Your Say 2014 84% of trainees said that their clinical supervisor showed a clear understanding of the foundation programme. In Your School Your Say 2014 90% of trainees said that their educational supervisor showed a clear understanding of the foundation programme.
6.31 Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance and advice on career progression and understand the process for dealing with a trainee whose progress gives cause for concern.	6.31 All named supervisors have been accredited and the Good Practice in Educational Supervision or equivalent course (which they need for accreditation) covers this. In the GMC national trainee survey 2014 we had no red outliers for feedback and 2 green outliers. In Your School Your Say 2014 71% of trainees said that their clinical supervisor provided appropriate levels of feedback. In Your School Your Say 2014, 88% of trainees said that their educational supervisor provided advice and feedback appropriate to their needs.
Please add any new information below for 2014 (if there is no additional information then this section can be left blank).	
Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future. ***Please note - By not listing a specialty here you are confirming that it fully meets this standard.***	

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

In the GMC national trainee survey 2014 we had a red triangle outlier for educational supervision in diabetes and endocrinology (see QIP specialty ref. 9).

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
8.1			
8.2			
8.3			
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**

Domain 6 – Standards for trainers

Standard 9 - Trainers must be involved in, and contribute to, the learning culture in which patient care occurs

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.31

Please describe how your organisation meets this standard and its mandatory requirements.
~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~

6.32 Trainers must ensure that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.	6.32 The Trust is strongly committed to exploiting every learning opportunity available during the clinical provision of care. This is taught as a principle in our Training the Trainers' course which all accredited ES/CS must have (or equivalent). The Trust is demonstrating its commitment to teaching by agreeing to all divisional and directorate meetings having the SAR /QIP as an agenda item to make them active documents.

6.33 Trainers must liaise as necessary with other trainers both in their clinical departments and within the organisation to ensure a consistent approach to education and training and the sharing of good practice across specialties and professions.	6.33 We have a large number of educational meetings which aim to educate clinicians across different specialties. These occur at FHN and JCUH. We also have postgraduate faculty meetings every two weeks to discuss current topical issues and to share good practice. We also have quarterly meetings for educational leads to share good practice, discuss concerns and topical issues. Many of our consultants participate in HENE and Newcastle University educational events. Many consultants also participate in their own specialty regional meetings. Many consultants are members of STCs or national SACs or are TPDs or quality leads. We also have many consultants attending national college or specialty meetings. Many consultants are examiners and members of exam boards for Newcastle University or for national colleges.

~~Please add any new information below for 2014 (if there is no additional information then this section can be left blank).~~

6.32 Our current "Train the Trainers" course will be replaced with "Trainer Update" from Jan 2015 (see QIP, organisation-wide, ref. 5)

6.33 We will review the roles of the educational specialty leads this year. (see QIP, organisation-wide, ref. 9).

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Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
9.1	Postgraduate faculty meetings take place every two weeks.	This allows sharing of information rapidly between DPME, postgraduate manager, foundation tutors and clinical nurse lecturers and other key faculty members. It also enables us to share any concerns regarding patient safety, the quality of any training programme or the outcome of any external or internal quality review visit.	Louise Campbell

Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
9.2	Expansion of Postgraduate Faculty	We have expanded our faculty to meet the changes in educational needs of our trainees. We now have a Simulation and Human Factors lead, CMT and GIM tutors and an FHN lead. We plan to appoint a lead for military trainees.	David Macafee
9.3	PGCERT and other formal educational qualifications	We continue to encourage and provide financial support to those interested in taking formal postgraduate qualifications. We plan to fund 5 this year with bursary support to one person undertaking a Diploma.	Louise Campbell

Domain 6 – Standards for trainers
Standard 10 - Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.31-32**
Please describe how your organisation meets this standard and its mandatory requirements. **~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~**

6.34 Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role.	6.34 The Trust's postgraduate team are very experienced and provide the first port of call for trainers with a question or problem. The DME and DPME both have Masters degrees in medical education. They are both available for advice and support for trainers. The postgraduate faculty provide advice and guidance on specific issues (eg Quality lead, Foundation tutors, NTG lead, SAS tutor, GP trainee lead etc). The Trust provides in-house educational training such as the Training the Trainers course. The Trust has an excellent medical library service which conducts an annual user survey and gets excellent results. All ES and CS are accredited as named trainers by the DME. Each year the Trust pays for several consultants and SAS doctors and on occasions nurse lecturers to undertake the Cert Med Ed.
6.35 Deaneries must have structures and processes to support and develop trainers.	6.35 HENE has a wide range of courses available. All of our consultants, SAS doctors and trainees are encouraged to participate in these courses. To become an accredited trainer it is mandatory to have done so.
6.36 Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer.	6.36 All ES and CS have been accredited as trainers by the DME. The process for accreditation involves having time specified in job plan (0.25 PA for being ES to 2 trainees and 0.125 PA for being CS to 2 trainees) plus having done Equality and Diversity training in the last 3 years, plus having done Good Practice in Educational Supervision or equivalent course. Most of our trainers vastly exceed these minimum standards.
6.37 GP Trainers must be trained and selected in accordance with the Medical Act 1983.	6.37 All Foundation trainees who attend general practice placements are supervised by GPs who meet this criterion.

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6.34 A survey was conducted for trainers who undertook a funded PGCERT in the last three years. This has determined its usefulness and has assured us regarding the completion of the course 16/16 (100%) passed (including one merit and one honours). This has provided us with the reassurance to continue

that funding this qualification in 2014/2015 is worthwhile. We have re-defined our criteria for funding and our expectations for the successful applicants' future involvement in postgraduate activities after completion.

6.34 The Foundation Programme Faculty support and train FP Educational and Clinical Supervisors in FP Curriculum and eportfolio:

- they deliver regular lunchtime forums throughout the year and also provide individual supervisors with training where needed.
- they have designed specific step-by-step eportfolio navigation guides which have been adopted regionally and nationally (ARCP guide on UKFPO website, ARCP guidance and Placement Supervision Group guides , eportfolio training video for 5th year medical students and F1 doctors on South Tees, NFS website).

6.34 The postgraduate faculty share educational documents from a range of professional bodies and discuss them at Postgraduate directorate meetings. The DPME and other faculty members regularly summarise the key points from these documents and share the summaries with trainers throughout South Tees. These professional developments in training will be included in the future Trainer Update programme.

6.36 We have two FP Lecturers who are from nursing and midwifery backgrounds who are qualified and experienced in medical education. Having two permanent FP Lecturers has provided continuity in the design and delivery of training programmes for final year medical students and Foundation doctors.

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
10.1	~~The Trust's Training the Trainers course has been officially approved by HENE.~~	~~This means that the course can be used to satisfy one of the criteria to be a named ES/CS. The HENE approval system helps to ensure consistency across the North East. It demonstrates that the course covers the 7 competencies necessary to be a named supervisor specified by the GMC.~~ This has been replaced by the new Trainer Update programme (see QIP, organisation-wide ref. 5).	~~Angela Burton~~
10.2	The DME has accredited the named ES and CS in the Trust	This provides a useful minimum standard for named trainers and ensures that they meet the GMC criteria. In addition the approval system will be used to motivate trainers to make a greater commitment to maintaining and improving their educational competencies in	Richard Bellamy/ David Macafee/ Louise Campbell

		the future. The list is reviewed annually.	
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
10.3	Feedback for Foundation Educational Supervisors after ARCP	Written feedback is now provided for Foundation educational supervisors after ARCP. The content of the feedback is determined by the ARCP panel based on their perceived quality of the educational supervision and the usefulness of the reports provided.	David McIntosh

Domain 6 – Standards for trainers **Standard 11 - Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees** **Mandatory Requirements – please refer to 'The Trainee Doctor' document p.32**	
Please describe how your organisation meets this standard and its mandatory requirements. **Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.**	
6.38 Trainers must have knowledge of and comply with the GMC's regulatory framework for medical training.	6.38 The named ES and CS in the Trust are all accredited as named trainers by the DME. The training they must complete to be accredited covers this. Although all of our named ES and CS have accreditation this only demonstrates their general competence to be a named supervisor. It does not demonstrate specific competence to be a supervisor in a specific specialty. For example our Trust does not have good evidence that supervisors of infectious diseases trainees have good knowledge of the infectious diseases curriculum or infectious diseases eportfolio requirements (note this is a hypothetical example). This is because currently the STC and TPD select the ES for most specialties (from our accredited named trainers). The ARCP could detect problems with the quality of supervision but this is generally not fed back to us. We ask all of our named educational

	supervisors to provide us with feedback from the ARCPs of their trainees but we cannot oblige them to do this.
6.39 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.	6.39 For Foundation trainees we have good evidence we achieve this. The Foundation educational supervisors must attend annual training and this training covers the requirements of the programme. They must also provide adequate support and supervision of Foundation trainees. This is determined at ARCP and unsupportive supervisors are de-selected. In Your School Your Say 2014, 81% of Foundation trainees said that their clinical supervisor provided the support they needed to progress towards their learning goals and 84% said that their clinical supervisor demonstrated a clear understanding of the Foundation programme. In Your School Your Say 2014 90% of Foundation doctors said that their educational supervisor demonstrated a clear understanding of the Foundation programme. What is more difficult to be certain of is that trainers for specific specialty programs have a good understanding of that specialty curriculum as this knowledge is more likely to be held at STC level. Some reassurance is provided by the GMC trainee survey 2014 as there was only one red outlier for educational supervision (diabetes and endocrinology; see QIP specialty ref. 9) and no red outliers for clinical supervision.

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Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
11.1	In Emergency Medicine each trainer specialises in supervision of a single grade of trainee.	The benefits of this are that each trainer can ensure he has detailed knowledge of a specific curriculum and training programme (eg Foundation, CMT, ACCS, EM specialty trainees etc). Emergency medicine has 6 green outliers in the GMC trainee survey 2014.	Alex Johnston

Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
11.2	Review of Foundation Educational Supervisor training status	Dr McIntosh has generated a database of Foundation ARCP participation, Foundation educational supervisor forum attendance and ARCP assessor update training records form 2012-14. This will allow us to identify individual supervisors who are not complying with school policy and to deliver targeted training to those individuals.	Dr McIntosh
11.3	Foundation Programme Lecturers are involved in the sharing of best practice regionally and nationally	FP Lecturers are actively involved in national and regional groups, representing and promoting South Tees Hospitals and the Northern Foundation School (NFS). This includes: • National NES eportfolio User Group for undergraduates. • Regional Student Development Tools working Group (where Angela Burton has been praised for her excellent work including production of a video for undergraduates). • National UKFPO Curriculum delivery group. • National Foundation eportfolio team advisory group.	Angela Burton and Paul Clarke

		• Regional eportfolio user group.	

Domain 7- Management of education and training

Standard 12 - Education and training must be planned and maintained through transparent processes which show who is responsible at each stage

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.33-34

Please describe how your organisation meets this standard and its mandatory requirements.
~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable~~.

Mandatory 7.1 Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes.	7.1 For specialty trainees the management plan is the responsibility of the STC and TPD. The Trust complies with each specialty to fulfil its requirements under the plan. For Foundation trainees this is the responsibility of our Trust. Our Trust follows a plan in accordance with guidance from the Foundation school.
7.2 All employing organisations, as LEPs of postgraduate training, must consider postgraduate training programmes at board level.	7.2 Our Trust SAR and QIP was presented to Formal Management Group on 19th August 2014 and to our Trust Board of Directors on 26th August 2014 along with the GMC trainee survey results 2014.
7.3 There must be clear accountability, a description of roles and responsibilities, and adequate resource available to those involved in administering and managing training and education at institutional level, such as Directors of Medical Education and Board level directors with executive responsibility, such as Medical Director, Finance Director, Director of Clinical Governance	7.3 We have clear lines of accountability. The Director of Medical Education is the Chief of Academic Directorate and he is directly accountable to the Chief Executive and Deputy Chief Executive (who is the Medical Director at present). The DME is in charge of several directorates including postgraduate and undergraduate directorates. Those employed by the postgraduate directorate are accountable to the DPME and those employed by the undergraduate directorate are accountable to the undergraduate director. The DPME and undergraduate director are accountable to the DME. The majority of on-the-job teaching and training occurs in clinical divisions rather than from staff in the undergraduate or postgraduate directorates. The trainers in the clinical divisions are directly accountable to their clinical director and

	each clinical director is accountable to the chief of service. The chiefs of service are directly accountable to the Chief Executive and they have performance management meetings every 3 months. Teaching is included in the performance management review for each chief of service.
7.4 Foundation programme year one doctors must have written approval from their university to accept a programme which completes their basic medical education, evidenced either through the national recruitment foundation programme process or by a letter from the medical school concerning approval. If a LAT is appointed who is provisionally registered with the GMC, the Foundation school must be involved in the appointment process.	7.4 We adhere to this regulation. If we wish to appoint a LAT who is provisionally registered with the GMC we seek the approval of the head of the Foundation school.
Please add any new information below for 2014 (if there is no additional information then this section can be left blank). 7.1 We are in the process of compiling a list of meetings and other activities of potential educational benefit that happen on a daily basis within South Tees. This will be available to view on the trust's intranet and info4docs (see QIP, organisation-wide, ref. 11).	

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Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
12.1	Directorate and divisional governance meetings now include teaching as an agenda item.	This means that the SAR and QIP become active documents facilitating the continuous development of teaching and training across the Trust.	Richard Bellamy/ David Macafee

Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		Please describe what makes this notable including its impact on trainees and training	Contact person
12.2	FY2 recruitment by Northern Foundation School	Our Postgraduate team was involved in the new FY2 recruitment process undertaken by the NFS in May 2014. We were involved in all stages of the process and some material used in our local process was incorporated into assessment stations.	Dr McIntosh, Angela Burton, Paul Clarke

Domain 8 – Educational resources and capacity

Standard 13 - The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.35-36

Please describe how your organisation meets this standard and its mandatory requirements.
~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~

8.1 The overall educational capacity of the institution and any unit offering training posts within it must be adequate to accommodate the practical experiences required by the curriculum, along with the educational requirements of all health care professionals in the same unit.	8.1 South Tees Hospitals is a large NHS Foundation Trust providing a wide range of secondary and tertiary care. In the vast majority of specialties we could train far more doctors than we do. This is clearly apparent if you look at the ratio of consultants to trainees at our trust and compare it to the ratio of consultants to trainees in other large tertiary hospitals such as Newcastle University Teaching Hospitals.
8.2 There must be access to educational facilities (including a library), and resources (including access to the Internet in all workplaces) of a standard to enable trainees to achieve the outcomes of the programme as specified in the curriculum	8.2 We have an excellent library which conducts user surveys and gets excellent feedback. The library has satisfactory internet access with a large number of computer terminals. There is internet access in all ward and outpatient clinic environments. For access to educational resources we were a dark green outlier in 4 specialties in the GMC national trainee survey 2014. We were a red outlier in F2 surgery and in ophthalmology (see QIP Foundation ref. 3 and specialty ref. 8).
8.3 There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of other (e.g. undergraduate medical students, undergraduate and postgraduate health care professionals and non-training grade staff).	8.3 We have a high ratio of consultants to trainees compared to other large teaching hospitals. We could train more doctors if enabled to do so. We also train undergraduates and other health care professionals. We see this as an advantage as it facilitates multi-disciplinary learning. We do not feel that training of multiple groups adversely affects training opportunities as there is a lot of clinical experience available. In the GMC survey we had a red triangle outlier for adequate experience in F2 surgery (see QIP foundation ref. 3).
8.4 Trainers, including clinical supervisors and those involved in medical education must	8.4 Educational supervisors have 0.25 PA for 2 trainees and clinical

have adequate time for training identified in their job plans	supervisors have 0.125 PA for 2 trainees. This level has been agreed with the medical director and applies across the Trust.
8.5 Educational resources relevant to, and supportive of, the training programme must be available and accessible, for example, technology enhanced learning opportunities.	8.5 Multiple technology enhanced learning opportunities are available. We have a large teaching centre which includes a simulated ward environment and a large amount of simulation equipment.
8.6 Trainees must have access to meeting rooms, teaching accommodation and audiovisual aids.	8.6 We have a large teaching centre with excellent facilities including audiovisual aids. Other teaching facilities are also available within clinical areas across the hospital as teaching is often merged with service.
8.7 Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills labs, wet labs and simulated patient environments. Foundation doctors must have these opportunities supported by clinical teachers before using these skills in clinical environments.	8.7 We have a large teaching centre with a mock ward and a lot of simulation equipment in James Cook. This is widely used by trainers with their trainees. It is used by medical students and Foundation doctors during induction training and during specific clinical skills teaching.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

8.2 We replaced the PC and purchased an additional laptop for radiology in response to a previous red triangle outlier for access to educational resources in the GMC trainee survey 2013.

8.2 We are in the process of purchasing laptops for the medical wards and we are working closely with the trainees in terms of location (see QIP, organisation-wide, ref. 12)

8.5 We were successful in a bid for £238,000 for various simulation equipment including 3 mobile SMOTS machines, larger child (1 yr, 5yr) resuscitation models and IT updates for current SimMan models. A new 3G SimMan model was also funded for the Undergraduate department.

8.5 We were successful in a £55,832.20 bid for new video-conferencing equipment at Friarage Hospital. This equipment was installed in the main FHN postgraduate lecture room with recording facilities also inserted in the Cleveland Room at JCUH.

8.5 Dr Hunter (Academic Lead for Simulation and Human Factors) has with the support of his Anaesthetic department, created an inter-professional simulation room within the theatre complex (ironically named “Theatre 13”). He was previously running similar simulation scenarios within the HDU department for the last 18 months.

8.5 Mr Macafee with support from Ethicon provides Home “task-kit’ trainers to ten trainees each year.

8.7At Friarage Hospital, we have library facilities and teaching rooms plus (by Sept 2014) three teaching rooms with video-conference facilities connected to James Cook and beyond (see QIP, organisation-wide, ref. 13).

8.7 Dr Turley and colleagues in Friarage Hospital plan to convert the old Coronary Care Unit into an inter-professional Critical incident and Medical

Emergency training room. An Adult SimMan from the successful bid to HENE will be utilised in this facility.

8.7 In accordance with the Keogh review, we actively support and offer our trainees opportunities to get involved in quality improvement projects and to help develop policies within the hospital (e.g. on consent and escalation of abnormal test results). We recognise their enthusiasm, wide-ranging IT skills and influence with other trainees.

Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future.
Please note - By not listing a specialty here you are confirming that it fully meets this standard.

Please add any new information below for 2014 (if there is no additional information then this section can be left blank).

8.2 We had red outliers in F2 surgery for access to educational resources and adequate experience (see QIP foundation ref. 3).

8.2 We had a red triangle outlier in ophthalmology for access to educational resources (see QIP specialty ref. 8).

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
13.1	Gasclass is a twitter-based educational resource.	This enables rapid learning using technology which is a part of daily life for trainees. It extends training beyond our own region enabling discussions between a large number of users. This means that specific experts can give comments as well as trainees over a wide geographical area. It enables rapid discussion and debate. Talks have been delivered on Gasclass in the Trust-wide Postgraduate lecture to try to inspire other departments to introduce similar initiatives.	Sean Williamson
13.2	Dental/oral surgery trainees meet the Postgraduate Dental Dean on a 3-monthly basis	This demonstrates that the dental Dean is aware of any problems which trainees experience at a very early stage.	David Farr

Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
13.3	Dental/Oral Surgery HENE visit Nov 2013	In the first visit of its kind by HENE, South Tees dental and oral surgery training was inspected in November 2013. The Trust was commended for holding the Basic Surgical Skills (BSS) course and for ensuring inexperienced dental trainees are not placed on call until they have completed the BSS course. The overall feedback was that there was a consistently high standard of training and the Trust was commended.	Mr Richard Langford
13.4	Improved utilisation of existing Videoconferencing equipment	We have expanded our usage of our videoconferencing facilities enabling many more educational events to be shared between the James Cook and Friarage sites. We have also been a "hub" for CMT trainees in the Southern part of the region attending regional training by teleconference, reducing travel time, cost and hopefully ease of attendance. This augments the range of successful Courses and Conferences at South Tees that have enabled international collaboration e.g. the urology master class linking between our own theatres and America, Germany and France. This gained BBC news coverage. On several occasions speakers in London have provided their lecture via video link at our conferences.	Ann Sanson, John Pulling, Zoe Holland

Domain 9 – Outcomes

Standard 14 - The impact of the standards must be tracked against trainee outcomes and clear linkages should be made to improve the quality of training and the outcomes of the training programme

Mandatory Requirements – please refer to 'The Trainee Doctor' document p.36-37	
Please describe how your organisation meets this standard and its mandatory requirements. **~~Your 2013 submission is below. Please strike through (do not delete) any which are no longer applicable.~~**	
9.1 Organisations providing postgraduate training must demonstrate they are collecting and using information about the progression of trainees to improve the quality of training.	9.1 A variety of information is collected and used including ARCP outcomes for Foundation doctors, GMC trainee survey results, Your School Your Say results, feedback from trainees at the end of placements, ADQM, school visits, GMC visits, Care Quality Commission visits etc. Generally these results are favourable. Where they are less then satisfactory we develop action plans and incorporate these into future QIPs.
9.2 Trainees must have access to analysis of assessments and exams for each programme and each location benchmarked against other programmes.	9.2 This is made available via HENE rather than our trust. We encourage all trainees to use the HENE website regularly and to consider the information available on their own specialty.
Please add any new information below for 2014 (if there is no additional information then this section can be left blank).	
Please list specialties which are not fully meeting the standard. For these specialties please include an action in your QIP to support them fully meeting the standard in the future. ***Please note - By not listing a specialty here you are confirming that it fully meets this standard.***	
Please add any new information below for 2014 (if there is no additional information then this section can be left blank).	

Please describe any Good Practice *(please add rows if necessary)* **For information, the 2013 return is listed below**		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
14.1	Our SAR 2012/2013 and 2013/2014 has been mapped to the standards in the Trainee Doctor.	This makes it easier to see what evidence we have that we are achieving each of the required standards. It also makes it clear where we do not have sufficient evidence and helps with construction of an appropriate QIP.	Richard Bellamy

14.2	SAR produced by the specialty of ophthalmology is of exceptionally high quality.	The specialty of ophthalmology produce a detailed SAR of exceptionally high quality. This reflects their strong commitment to training. We have used their SAR as a 'gold standard' example of how a SAR should be produced when asked for an example of a good SAR by educational leads in other specialties in the Trust.	Christine Ellerton, educational lead for ophthalmology
Please describe any Good Practice that is new for 2014 *(please add rows if necessary)*		**Please describe what makes this notable including its impact on trainees and training**	**Contact person**
14.1	Mr Ian Nichol, Postgraduate Faculty Quality Management lead for has developed a detailed Quality Outcomes measure.	This QM measure (available to HENE on request) has been integrated into internal visits and the annual departmental speciality self assessment report. We have rationalised our departmental self-assessment reporting tool to mirror an internal visit so providing each directorate with the opportunity to review the educational strength of their department. This is discussed at each directorate's monthly meeting. It is easier to plan and monitor improvements using this tool than using the rigid format of the GMC domains.	David Macafee