**AGENDA ITEM 8.1**

18 January 2011

REPORT TO CARDIFF AND VALE UNIVERSITY HEALTH BOARD ON MEDICAL AND DENTAL POSTGRADUATE TRAINING AND EDUCATION AND GMC NATIONAL TRAINEE SURVEY 2010

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<th>Report of</th>
<th>Medical Director</th>
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<tr>
<td>Paper prepared by</td>
<td>Assistant Medical Director – Workforce and Training</td>
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<tr>
<td>Executive Summary</td>
<td>This report provides information on the results of a UK wide survey to measure the experience in the UHB for medical trainees, and gives examples of actions taken to improve that experience. The UHB is responsible for 644 Medical trainees. There are 134 Foundation Trainees and 510 Higher/Core Trainees (including 27 GP Trainees). There was a response rate of 96% to the GMC Survey in 2010 from Trainees in Cardiff and Vale UHB. The report can be interpreted as a screening tool - to flag up possible strengths and possible areas of concern. Further local investigation is always required to inform any subsequent action. In addition to the National Trainee Survey other informative sources of data come from the Foundation Director Trainee feedback forms from end of placement, Postgraduate</td>
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Organiser’s direct trainees feedback sessions with each Specialty (twice per year) and meetings with the Deanery, Associate Dean and individual Head of Schools.

The process enables the UHB to identify strengths and weaknesses in the training provided for postgraduate medical trainees; in the future it will facilitate the use of longitudinal data to measure continuous improvement.

<table>
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<th>Action/Decision required</th>
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<table>
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<tr>
<th>Link to Board Committee (s)</th>
<th>Verbal Report to Workforce and OD Committee previously and further detailed written submissions regarding individual action plans to be discussed.</th>
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<td>Link to Standards for Health Services in Wales</td>
<td>The report supports Healthcare Standards 24,25 and 26</td>
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<td>Link to Public Health Agenda</td>
<td>The report addresses the issues of maintain quality training of future Medical Workforce</td>
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<td>Link to UHB Strategic Direction and Corporate Objectives / Legislative and Regulatory Framework</td>
<td>The report supports the UHB Strategic Direction in developing Flagship Status and the UHB Postgraduate Educational Strategy</td>
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<td>Link to relevant evidence base</td>
<td>Ensures adherence to Welsh Deanery QA programme and educational commissioning process</td>
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INTRODUCTION

The General Medical Council (GMC) National Training Surveys form an important part of the evidence that underpins the assurance of the quality of postgraduate medical education and training. They provide perceptions of training, subdivided into deanery, specialty and specialty training levels. The findings of the surveys require action by deaneries that the GMC will be monitoring. The findings also inform GMC visits, as do local responses. Next year will be the fifth year for the trainee survey and the GMC proposes to provide a longitudinal analysis in its National Report.

The Postgraduate Medical Education and Training Board (PMETB) conducted the annual National Survey of Trainers until 1 April 2010, when the GMC assumed responsibility for PMETB.

The survey data provides a snapshot of the perceptions of Doctors in Training and Trainers about postgraduate training at one point in time. The reports can be interpreted only as a screening tool - to flag up possible strengths and possible areas of concern. Further local investigation is always needed to inform any consequent action.

In addition to the valuable National Trainee Survey, other informative sources of data come from; the Foundation Director Trainee feedback forms from the end of placements; Postgraduate Organiser’s direct trainees feedback sessions with each Specialty (twice per year) and meetings with the Deanery, Associate Dean (Dr Sian Lewis) and individual Head of Schools.

The Wales Deanery uses the annual survey data to create “traffic light” reports, to indicate those areas that are working well and those that may require further attention.

The data from the surveys is triangulated with the other sources of evidence and the Deanery works with relevant specialty leads and local education providers to investigate issues further.
This process enables the UHB to identify strengths and weaknesses in the training provided for medical trainees and, in the future, will facilitate the use of longitudinal data to measure improvement for medical trainees as the National Training Surveys are published on an annual basis.

RESULTS.

The performance of different UHB areas is presented in table one; this combines satisfaction with each of the key elements of a training post and provides a global satisfaction score for all trainees in 2010 in the UHB.

Further data from the survey and detailed results are available via the GMC website.

In the 29 specialty areas reported, for overall satisfaction of trainees, the UHB scores above the median score in 11 areas, within 25% of the median score in another 12 areas, with six areas below this where action is required.

The following are detailed examples of results for groups of trainees where specific strengths and weaknesses have been identified and action taken between the UHB and Wales Deanery.

FOUNDATION PROGRAMME
(Doctors in year one or two directly following qualification, F1 or F2 respectively. F1 = 65, F2 = 69).

University Hospital Llandough (UHL)
Compared with the GMC Survey in 2009 there has been an improvement in several areas relating to F2 trainees in Obstetrics and Gynaecology. There has been some improvement in F1 trainees in Surgery and some deterioration in F2 trainees in Medicine. F2 trainees in Surgery continue to score less well on several indicators on the current GMC survey – these trainees are five in Trauma and Orthopaedics and one Breast Surgery trainee. The GMC survey does not permit differentiation of these responses. Further information is presented from additional sources.

F2 Medicine
The main issue is workload and intensity, particularly in respiratory medicine and gastroenterology. Workload factors include the high number of medical beds, the acute medical take and its impact on higher
trainees’ workload, together with the implications of the European Working Time Directive.

**Action**: The Workload Review is ongoing as part of UHL service reconfiguration – February 2011 (Lead; AMD Workforce)

F2 Obstetrics and Gynaecology
There has been an overall improvement in GMC Survey compared with 2009; the confidence intervals for 2010 are wide, with 4/5 trainees scoring highly and 1 less well across a wide range of domains. Face to face feedback with FPD indicated high levels of overall satisfaction.

**Action**: Positive feedback to CD and Consultants, continuing support from FPD & AMD.

F2 Surgery
The GMC Survey does not separate T&O trainees from the other surgical discipline but the responses cluster in a 5:1 split, in keeping with the number of Orthopaedic trainees on the rota. It has been recognised that there needs to be consideration of alternative ways in training these trainees.

**Action**: A working group (Lead; AMD Workforce) has been established to examine different patterns of service provision and its impact on Foundation trainees in consultation with the new Directorate Management team. (Meeting AMD/CD/FPD/DM - 7/1/2011)

F1 Surgery
The 2010 Survey indicated poor clinical experience. This has already been addressed and recent face to face feedback indicated improvement which will probably improve further after the reconfiguration of colorectal services.

**Action**: Monitor impact on training of transfer of colorectal surgery service – April 2011 (FPD).

**University Hospital of Wales (UHW)**

F2 Emergency Medicine
The GMC survey was poor in a number of areas already noted by the Deanery, Head of School and AMD. UHB action has already been taken to improve the situation, with additional senior staff appointments, Medical Director intervention to address issues of undermining and
enhanced College tutor activity to strengthen teaching. This improvement was acknowledged at a recent (December 2010) meeting in the Deanery. 

**Action:** Regular monitoring to ensure continuous improvement is in place with the AMD for EU as a whole and to address any additional issues arising.

**F1 & F2 Surgery**
The GMC Survey indicated good to adequate scores across most domains. Feedback to the Foundation Director indicated areas where further improvement could be made.

**Action:** FPD to lead continuous improvement programme with Division.

**F1 & F2 Medicine**
GMC Survey suggested good to adequate scores across most domains. Feedback to Foundation Director indicated areas where further improvement can be made.

**Action:** FPD to lead continuous improvement programme with Division. There will be specific work with the Cardiology Directorate to allow attendance at training days.

**CORE MEDICAL TRAINEES**

A number of good practices were identified, noticeably the induction process: UHL had the best score among all hospitals in Wales. Other areas of good practice included good clinical supervision, education supervision, local teaching programme, other learning opportunity, and handover before night shift and feedback from consultants at Llandough.

**Mental Health**

a. Core Psychiatric Trainees
The scores were below the bottom 25\textsuperscript{th} quartile in seven domains; Overall Satisfaction, Clinical Supervision, Work load, Adequate Experience, Educational Supervision, Internet Access, and Other Learning Opportunities.

Trainees' ranking of the training at Whitchurch Hospital compared with other Welsh hospitals was poor.

GMC Survey ratings were poor, with overall satisfaction rated low because of poor rates in workload and experience. Difficulties in recruitment to Non Consultant Career Grade staff impacted significantly
on these domains. This issue is being addressed currently and should improve trainee ratings.

**Action:** PGO/AMD Work with Directorate to facilitate recruitment of SAS staff and develop and implement action plan to address weaknesses (April 2011)

b. Old Age Psychiatry

The scores were below the bottom 25\textsuperscript{th} quartile in six domains: Overall Satisfaction, Clinical Supervision, Work Load, Adequate Experience, Feedback and Educational Resources.

**Action:** AMD/PGO to meet with Clinical Director to agree action plan to address problems (April 2011)

Emergency Medicine (EM)

There was considerable improvement in training in EM. Additional investment in senior staff and improved engagement of this staff with the College Tutor has demonstrated significant gains already.

**Action:** Positive feedback to CD and Consultants, continuing support from PGO/AMD.

**HIGHER TRAINEES**

Summary of Key issues (all specialities)

On average, satisfaction across all specialities was just below the median UK score for overall satisfaction. Workload was perceived as high, with issues around rotas and EWTD. Most trainees have an educational supervisor but close clinical supervision and feedback continues to be an issue.

Internet access remained a problem across the UHB and access to study leave was not uniform across the specialities. Introduction of on line approval of Study leave for trainees in 2011 will facilitate improved monitoring and consistency of approval for trainees.

Overall there was an improvement in the number of trainees complaining of undermining both from consultant and other staff and the absolute numbers that feel they have been undermined is very low.

**Action:** Action points addressed in specialty specific areas

Neurosurgery
The trainees were unhappy with low overall satisfaction, workload, EWTD and consider that they were not receiving adequate experience. Education supervision, opportunities for feedback, and access to the internet had improved. Deanery sponsored monitoring group in place – led by AMD. Upheaval and uncertainty caused by transfer of services from ABMU was a central theme. Informal feedback suggested that improvements were already in place following transfer of senior staff, and appointment of a transferring Consultant as educational lead.

**Action:** Continue to monitor process of continuous improvement and link with Associate Dean (Dr Sian Lewis).

Obstetrics and gynaecology
There was a reported improvement around rotas, workload and EWTD compliance, access to study leave and other learning opportunities. Overall satisfaction remained below the UK median score but the actual score has improved from 64 to 74 this year. Clinical supervision and feedback both improved markedly.

**Action:** Positive feedback to CD and Consultants, continuing offer of support from PGO/AMD.

Ophthalmology
There was considerable improvement across the board relating especially to overall satisfaction, adequate experience, clinical supervision, educational supervision and feedback. Access to local teaching, hours of education and access to study leave remained good.

**Action:** Positive feedback to CD and Consultants, continuing offer of support from PGO/AMD.

Paediatrics
Improvement across the board was noted, with increased overall satisfaction, improved clinical supervision, feedback and overall adequate experience. Workload was considered to be about right with good access to teaching, other education resources and study leave.

**Action:** Positive feedback to CD and Consultants, continuing offer of support from PGO/AMD.
CONCLUSION

The importance of the delivery of high quality postgraduate medical training to achieve Flagship status for the UHB cannot be underestimated. This report seeks to inform about, and to provide assurance of, systems used to measure the experience in the UHB for medical trainees and gives examples of actions taken to improve that experience, using the annual National Survey of Trainees.

Introduction of on line approval of study leave for trainees in 2011 will facilitate improved monitoring and consistency of approval for trainees. Improved monitoring and feedback arrangements to Directorate teams from the relevant PGO and AMD Workforce will improve responsiveness to feedback from trainees, and dissemination of good practice will improve performance in 2011/12.

Effective joint working with representatives of the Wales Deanery focusing on action points outlined in the report and working with them to ensure continuous improvement in training is essential.

RECOMMENDATION

The Board is asked to:

- NOTE the Report Contents
- SUPPORT the use of monitoring methods and systems as described to measure quality and improvement in Postgraduate Medical Training.
- REMIT the monitoring of the detailed action plans to the Workforce and OD Committee.
### IMPACT ASSESSMENT

<table>
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<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Health Improvement</td>
<td>Designed to improve trainees and patient experience by identifying improved ways of working and training experience for medical trainees.</td>
</tr>
<tr>
<td>Workforce</td>
<td>The report highlights a means of measuring workforce satisfaction with their training experience.</td>
</tr>
<tr>
<td>Education and Training</td>
<td>The report establishes a process of continuous improvement for Medical Postgraduate Training in the UHB</td>
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<tr>
<td>Financial</td>
<td>The report highlights the UHB performance and means of assessment of medical trainees training experience which is used to decide placements and financial support for training posts.</td>
</tr>
<tr>
<td>Legal</td>
<td>The report highlights statutory requirements for teaching and training as monitored by the GMC</td>
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<tr>
<td>Equality</td>
<td>No equality issues have been identified</td>
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<tr>
<td>Environmental</td>
<td>Indicates quality of facilities for trainees</td>
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### RISK ASSESSMENT

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<th>Category</th>
<th>Description</th>
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<tr>
<td>Clinical/Service</td>
<td>This report provides an update on the measures in place to ensure high quality medical training</td>
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<tr>
<td>Financial</td>
<td>High risk with loss of financial support from Wales Deanery if training posts are withdrawn as unsuitable for training</td>
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<tr>
<td>Reputational</td>
<td>High risks are associated with failure to ensure high standards of postgraduate training.</td>
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| Acronyms and abbreviations | PMETB - Postgraduate Medical Education and Training Board  
GMC-General Medical Council  
COPMED-Conference of Postgraduate Medical Deans  
EWTD – European Working Time Directive  
AMD – Assistant Medical Director, Workforce and Training  
PGO – Postgraduate Organiser  
FPD – Foundation Programme Director |

**CONSULTATION AND ENGAGEMENT**

Report refers to joint working with Wales Deanery.

**SOURCES OF INFORMATION**

GMC National Survey of Trainees 2010

Table 1. Comparison across selected group of providers: Cardiff and Vale University Health Board - University Hospital of Wales All 2010 vs. Teaching Hospitals

This indicator combines satisfaction with each of the key elements of a training post and provides a global satisfaction score.