Local Academic Boards and Local Faculty Groups

GEAR:
Graduate Education and Assessment Regulations
Gearing Up for Patient Safety

Second Edition
With effect from February 2009
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Second Edition</td>
<td>3</td>
</tr>
<tr>
<td>Guide to the Amendments to First Edition of GEAR</td>
<td>5</td>
</tr>
<tr>
<td>Local Academic Board GEAR</td>
<td>7</td>
</tr>
<tr>
<td>- Regulations</td>
<td></td>
</tr>
<tr>
<td>- LAB Annual Audit and Review</td>
<td>15</td>
</tr>
<tr>
<td>Local Faculty Group GEAR</td>
<td>27</td>
</tr>
<tr>
<td>- Regulations</td>
<td></td>
</tr>
<tr>
<td>LFG Handbook generic template</td>
<td>35</td>
</tr>
<tr>
<td>South Thames Foundation School Faculty Group Minute template</td>
<td>45</td>
</tr>
<tr>
<td>Annual Audit and Review templates and models</td>
<td>49</td>
</tr>
<tr>
<td>- Foundation</td>
<td></td>
</tr>
<tr>
<td>- Specialty</td>
<td>63</td>
</tr>
<tr>
<td>- General Practice</td>
<td>77</td>
</tr>
</tbody>
</table>

## APPENDICES

| Appendix 1: KSS Quality Management Overview                            | 93   |
| Appendix 2: Educational Supervision                                    | 101  |
| - QESP: Qualified Educational Supervisor Programme                     | 108  |
| - Application for ‘Grandparents’ Rights                                | 111  |
| Appendix 3: LAB GEAR Roles and Responsibilities of London Deanery and KSS Working Together | 113  |
| Appendix 4: LAB GEAR Mapping Document                                  | 115  |
| Appendix 5: LFG GEAR mapping against PMETB                             | 123  |
| *Generic Standards for Training (July 2008)*                          |      |
| Appendix 6: LFG GEAR mapping against PMETB                             | 135  |
| *Standards for curricula and assessment systems (July 2008)*           |      |
| Appendix 7: GUIDANCE FOR DOCUMENTATION:                               | 143  |
| Local Faculty Groups (Post Foundation)(Re. Handling of Trainees in Difficulty) Record Keeping |      |
| List of abbreviations and references                                   | 145  |
Introduction to Second Edition

These Graduate Education and Assessment Regulations (GEAR) are published as the Postgraduate Deanery for Kent, Surrey and Sussex’s response to the National Framework for Postgraduate Medical Education and Training.

Local Faculty Groups

Kent, Surrey and Sussex (KSS) Deanery’s response to the introduction of the Foundation Programme was to organise Local Faculty Groups (LFGs) in each Local Education Provider (LEP). All of the people involved in providing the new Foundation Programme in each LEP were brought together as a learning set, facilitated by a Deanery Education Adviser, for five half-day meetings. Their task was to write their local curriculum for the Foundation Programme, showing who would be teaching what, how assessment and supervision would be carried out, what the rights and responsibilities of learners were, and mapping the progress of the learner from first contact with their employer to leaving post. The focus for this work was the production of a local Student Handbook, and the creation of three annual LFG meetings, at which the progress of every Foundation doctor is reviewed, and the educational development needs of their teachers are considered.

As the new Modernising Medical Careers (MMC) national curriculum frameworks were produced by Royal Colleges, so a similar process was used to set up LFGs for Surgery, Medicine, and the other Specialties in turn. Up to that point, Deanery Education Advisers had attended LFG meetings to provide professional support and input. In phase 2 of the development of the KSS GEAR system of governance, Consultant Education Advisers have been appointed and allocated to LFGs. These educational specialists further support the consolidation of LFGs. The LFG then provides the first tier of local accountability for postgraduate medical education and an effective unit for its management in LEPs.

Local Academic Boards

Building on existing local Medical Education Committees, we developed the concept of a Local Academic Board (LAB) to which the LEP’s LFGs would report. The LAB also meets three times a year, and receives reports from each LFG. The LAB is the senior LEP forum for medical education, chaired by the Director of Medical Education (DME), and with the Medical Education Manager (MEM) performing the Registry function traditionally carried out by senior university professional staff. To ensure engagement with the LEP’s clinical and managerial agendas, the LAB includes the Medical Director, Library and Knowledge Services Manager, Human Resources Director and Director of Finance and IT in its membership, as well as a postgraduate doctor representative and a lay member. The efficiency of this unit of management means that it is possible for the Deanery to send an Education Adviser and a Dean to each LAB meeting, so that there is regional expertise on hand within the meeting to provide advice and to support problem solving. Reflecting the agenda of the LFGs, the LAB actions or signs off both the satisfactory progress of postgraduate doctors and the learning needs that Faculties have identified for themselves.

Governance structure

In practice, therefore, LFGs provide the first line of academic management for postgraduate doctors, and supply any additional support or remediation that is needed by their learners. The LAB oversees these activities, while providing an immediate point of referral for any special circumstances. Consideration of special circumstances, and decisions about the appropriateness of action to be taken, are carried out with the full knowledge and engagement of both the LEP’s senior management and the immediate advice of the Deanery. In this way, a local remedy can be applied to any problem area; the Deanery has immediate awareness of any unusual circumstances; and the Deanery Head of School for Foundation or a particular Specialty becomes involved only when it is necessary and appropriate. At all stages, everyone — learner, teacher,
employer, School – has a clear communication route and awareness of action taken.

GEAR

Once the principle of a LAB had been agreed with our DMEs and MEMs, in order to provide a coherent approach across the Deanery, and to ensure clarity of communication channels, we produced the GEAR, which are contained in this document. A detailed exercise was carried out to map the GEAR to the Standards for Training provided by the Postgraduate Medical Education and Training Board (PMETB) and by the General Medical Council (GMC); to the PMETB’s Quality Assurance of the Foundation Programme requirements; to the NHS Litigation Authority (NHSLA) Risk Management Standards for Acute Trusts; and to the Care Quality Commission’s (CQC) Annual Health Check. This provided the educational governance required by MMC, made an explicit link with clinical governance, and demonstrated the material benefits available to LEP Chief Executives who invest in high-quality education.

The title, GEAR, new to Postgraduate Medical Education and Training (PMET) but long-standing in mainstream higher education, reflects the document’s nature; it prescribes formal requirements for the local academic management of a graduate programme of study. The regulations thus provide a link into the language and processes of university education, reflecting a desire for better articulation between undergraduate and postgraduate medical education. However, it has also been written as a generic document, which could be applied to other, non-MMC areas of education, and some KSS LEPs have already created a LFG for undergraduate medical education, reporting to the LAB, as a means of streamlining and gathering together all of their medical education under one academic umbrella.

Financial and organisational implications

There are, of course, financial and organisational implications to introducing GEAR, and in particular, we have had to make provision for administrative support for LFGs, with their administrators being managed by MEMs. The cost of quality, however, is always less than the cost of no quality, and the benefits – ensuring that KSS patients, their families and their carers are attended by doctors who are competent to provide care; reducing clinical risk for LEPs; and making sure that our learners get the best possible education – provide rewards that far outweigh that investment.

We use the term ‘Postgraduate Doctors' to cover all those learners whose progress is managed by our LFG structures.

Acknowledgements

All of our work comes about through a collaborative process, in which many people, including the authors, participate. As GEAR has developed and embedded, we have benefited from the best practice developed by our GP Deanery and by our Foundation School. These contributions, the longer-term experience of the Foundation Programme, and the maturely developed contexts of Primary Care, have been invaluable in developing GEAR to a second edition and are gratefully acknowledged. We should also like to acknowledge the contribution of our academic colleagues, including David Wood, and the alumni of our Master of Arts (Clinical Education) programme, who provided the intellectual and professional debate that informed the creation of GEAR; our Dean Director, Professor David Black, our Deputy Dean Secondary Care, Dr Kevin Kelleher, and their teams of Deans and Heads of School, who supported this innovative trajectory of development; and above all, the MEMs and their DMEs, the ‘ancient reluctant conscripts’ of Carl Sandburg’s poem, who joined us willingly on another voyage, through another portal of discovery.

Professor Zoë Playdon, Head of Education
Dr Pam Shaw, Deputy Head of Education
Symon Quy, Education Adviser
Guide to the Amendments to First Edition of GEAR

This revised edition of the GEAR responds to the following PMETB publications, which collectively form the new National Framework for Postgraduate Medical Education and Training:

- Standards for curricula and assessment systems (July 2008)
- Generic standards for training (July 2008)
- Standards for deaneries (July 2008) (where appropriate)
- Standards for Foundation Training

LEPs across the region have successfully embedded the new system of educational governance proposed by the GEAR (2008) and this second edition will help to consolidate practice ‘in the field’ across the KSS region.

Furthermore, the Evaluation of GEAR (1/2009) undertaken by Professor Della Fish acknowledged the substantial strengths of GEAR as a quality management process. We have incorporated several of the recommendations from the Evaluation in this edition, such as providing guidance for areas colleagues may wish to comment upon in the Annual Audit and Review sections.

Key changes within this new version of GEAR are as follows:

- The inclusion of the KSS Quality Management Overview in the Appendices (page 93). This provides a fuller understanding of the requirements of various national regulatory bodies and details LEP and Deanery roles in relation to the National Quality System for PMET. This section is supplemented by a fuller explication of the KSS Deanery’s Principled Approach to Practice, which forms the foundation of the quality management and control of clinical and educational governance in our region.
- A re-designed LAB Annual Audit and Review template (page 15). This now includes a section that gathers LEP data for the Qualified Educational Supervisor Programme (QESP) in relation to Specialty. The template has been rationalised to include three sections of information, formulated around: notable practice, areas of concern/actions proposed and areas of improvement since the last report.
- There are now three separate LFG Annual Audit and Review templates: Foundation (page 49), Specialty (page 63), and GP (page 77), which gather required data for reporting to Specialty Schools and the Deanery. These are very similar in format, but include Specialty-specific fields.
- All mapping documents are updated in line with the revised PMETB standards including the new Standards for curricula and assessment systems (page 135).
- Each year every LFG must complete the LFG Annual Audit and Review. This is due at the Deanery at the latest by the date published by the Deanery for that current year, as is the LAB Annual Audit Review. These documents should be sent to the Quality Office at quality@kssdeanery.ac.uk
- We have incorporated a brief ‘Guide to Working with GEAR’.
- A List of Abbreviations and a References section have been added at the end of the document.
- An electronic copy of GEAR along with the LFG AAR and LAB AAR Templates can be found at: http://www.kssdeanery.org/documentwarehouse
A guide to working with GEAR

Colleagues in the field will find different ways of working with GEAR documentation, according to their role within the system of educational governance. The following, however, is a suggested timeline and guide to working with GEAR that will ensure that essential meetings and the generation of documentation follow the rhythm of the Postgraduate Doctors' academic year. Please note that there has been consistently good practice in agenda-setting and minute-taking within many LFGs and therefore we have not found it necessary to provide a template for these within this edition of GEAR. However, centres wishing to follow a model for agendas and minutes might wish to refer to those provided by the South Thames Foundation School, which all Foundation LFGs must employ within their meetings.

Educational Governance Academic Year (August to July)

<table>
<thead>
<tr>
<th>August:</th>
<th>LAB receives and finalises dates for LFG meetings</th>
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<tbody>
<tr>
<td></td>
<td>Dates of LAB meetings published</td>
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<tr>
<td></td>
<td>Postgraduate Doctors Handbooks distributed at induction</td>
</tr>
<tr>
<td></td>
<td>Postgraduate Doctors Representatives elected</td>
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<tr>
<td>November</td>
<td>LFG Meeting 1 sends minutes to LAB 1</td>
</tr>
<tr>
<td>December</td>
<td>LAB Meeting 1</td>
</tr>
<tr>
<td>March/April</td>
<td>LFG Meeting 2 sends minutes to LAB 2</td>
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<tr>
<td></td>
<td>LAB Meeting 2</td>
</tr>
<tr>
<td>May</td>
<td>LFG Meeting 3 sends minutes and LFG AAR to LAB 3</td>
</tr>
<tr>
<td>Late June</td>
<td>LAB Meeting 3 receives all LFG AARs for finalisation</td>
</tr>
<tr>
<td>By 15 July</td>
<td>LAB sends LAB AAR and LFG AARs to Quality Office</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:quality@kssdeanery.ac.uk">quality@kssdeanery.ac.uk</a></td>
</tr>
<tr>
<td>By end of July</td>
<td>Review and finalise actions to take forward from LAB and LFG AARs for the forthcoming academic year in relation to implementation of curricula</td>
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<td>Finalise handbooks for forthcoming academic year</td>
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</tbody>
</table>
Graduate Education and Assessment Regulations for Local Academic Boards

Purpose and scope

1.1 This document describes the arrangements (procedures, policies and organisation) within KSS LEPs (health authorities, NHS Trusts, GP practices, charitable and independent sectors), which ensure that Postgraduate Doctors receive education and training that meets local, national and professional standards for PMET\(^1\).

1.2 LABs fulfil the educational governance function for LEPs of postgraduate medical education in the KSS Deanery region. They undertake the quality control of postgraduate medical training programmes in order to ensure patient safety.

1.3 KSS LABs undertake their work in accordance with the following principles:

1. to serve the rights and interests of patients, their families and their carers;
2. to serve the rights and interests of KSS LEPs and other employers;
3. to uphold the rights, entitlements and interests of the doctor in training and of the faculty which educates them.

The principal functions of LABs – a summary

2.1 LABs monitor and oversee the quality of training programmes provided by LFGs, currently including Foundation/Specialty and educational structures as agreed. They are the centralised conduit of communication, about PMET and training, between NHS Acute or Community-based Trusts, the KSS Deanery and its Foundation/Specialty Schools, including mandated relationships with neighbouring Deaneries. Within their LEP, they are the locus both for quality control of PMET and for Local Foundation/Specialty Faculty development and quality enhancement.

2.2 LABs meet formally three times a year. They receive and consider audit and review and other regular reports on programmes of PMET from LFGs. They audit, accept them and offer advice before forwarding them to the Schools and Deanery. They have the authority to require changes in the local delivery of programmes of PMET in line with PMETB Generic standards for training (July 2008) and appropriate PMETB Standards for curricula and assessment systems (July 2008). They may initiate LEP internal reviews of programmes of PMET and may set up and monitor quality enhancement projects, establishing sub-committees and steering groups as appropriate.

2.3 LABs host and manage quality assurance and management visits to the LEPs, most notably KSS Deanery Centre Review, hospital visits, and also, as required, monitoring and visits on behalf of PMETB and as part of the Health Care Commission’s Annual Health Check\(^2\). In this last respect, the work of the LAB addresses;

Developmental Standard D1: Healthcare organisations continuously and systematically review and improve all aspects of their activities.

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\(^1\) PMETB Quality Framework (July 2008).

\(^2\) Health Care Commission’s Annual Health Check (September 2006). (Please note that as of 1\(^{st}\) April 2009 the Health Care Commission is now known as the Care Quality Commission (CQC)).
Core Standard C11: Healthcare organisations ensure that staff concerned with all aspects of healthcare a) are appropriately recruited, trained and qualified for the work they undertake; b) participate in mandatory training programmes; and c) participate in further professional and occupational development commensurate with their work throughout their working lives, as well as the NHSLA Risk Management Standards for Acute Trusts Standard 1.1.7 (Governance):

Responding to external recommendations specific to the organisation arising from external agency visits, inspections and accreditations.

2.4 The LAB’s day-to-day executive work is carried out by the LEP’s Academic Registrar (who, in a LEP, will normally be the MEM) and the LAB is normally chaired by the DME or equivalent clinician who is ultimately responsible for the probity of the LAB’s functions.

2.5 These LAB regulations adopt broadly the same format as those for LFGs. They are cross-referenced to the PMETB Domains and Standards and, where relevant, to the MMC Gold Guide 2nd edition (2008). The LAB GEAR are also mapped to the NHSLA Risk Management Standards for Acute Trusts (April 2007) and to the KSS Deanery’s GEAR for LFGs.

LAB Terms of reference

3.1 The LAB is subject to the quality control requirements of PMETB, the CQC, KSS Deanery and the relevant LEP.

3.2 Through the work of LFGs, the LAB ensures adherence to the curriculum requirements of the Royal Colleges via the GMC/PMETB and the Foundation/Specialty Schools. It has the following functions which are listed below:

Standards for quality control

The LAB’s role is to monitor, oversee and be responsible for all general issues of educational governance related to PMET in the LEP. This will require the LAB to meet the requirements of the PMETB Standards for curricula and assessment systems (July 2008) and PMETB Generic standards for training (July 2008) in conjunction with the workings of the LFGs within their remit. The LAB is therefore required:

S1. Curriculum

S1.i to satisfy itself that academic curricula meet the requirements and standards of the LEP’s Foundation and Specialty training programmes (see PMETB Standards for curricula and assessment systems (July 2008) and PMETB Generic standards for training (July 2008)); to make sure that all rotas that support the curricula are European Working Time Directive (EWTD) compliant and ensure patient safety;

S1.ii to receive and consider LFG four-monthly reports and annual programme audit and reviews, offering advice and referring issues to the relevant KSS Deanery Foundation/Specialty School and other Deaneries as agreed in Service Level Agreements between KSS and partner Deaneries, as appropriate;

S1.iii to monitor the academic and related policies and strategies of LFGs, including policy and procedures for the assessment and examination of postgraduate doctors’ academic performance and to keep these under review as required;
S1.iv  to conduct periodic internal programme reviews and host and manage external reviews of training programmes to ensure that they meet relevant standards;
S1.v   to audit its own LAB processes on an annual basis and to provide a short summative report to the Deanery;
S1.vi  to share good practice and learn from other LABs;
S1.vii to initiate quality enhancement projects and foster collaboration among training programmes;
S1.viii to advise on such other matters as the LEP or KSS Deanery may refer to the LAB;
S1.ix  to advise and liaise with other LEP Educational bodies.

S2. Resources for PMET (See also S7 of GEAR for LFGs)
S2.i   to advise on and make representations about the distribution of resources necessary to maintain PMET for all training grades and specific programmes (PMETB Domain 8: Educational resources and capacity) locally and to the Educational Commissioner;
S2.ii  to advise on and make representations about the distribution of resources necessary to maintain appropriate educational and clinical quality for locally-appointed Trust posts;
S2.iii to maintain, monitor, audit and develop the quality of teaching, clinical and educational supervision (PMETB Domain 1: Patient safety and Domain 6: Support and development of trainees, trainers and local faculty) and to monitor the LFG’s role in ensuring the appraisal of supervisors and their appropriate education and development, including qualifying Clinical and Educational Supervisors through the KSS programme and ensuring attendance at triennial diversity and equality training (PMETB Gold Guide 4.18);
S2.iv  to establish such sub-committees or steering groups as it considers necessary to enable it to fulfil its responsibilities.

S3. Careers advice
S3.i   to ensure that LFGs maintain Foundation/Specialty Careers leads who will make certain that postgraduate doctors receive career advice and support as appropriate;
S3.ii  to monitor the LEPs in maintaining, developing and appraising the Foundation/Specialty Careers leads.

S4. Standards for Educational Governance Compliance
S4.i   to ensure that all its processes are open and transparent in line with the Standards for deaneries established by PMETB;
S4.ii  to comply with PMETB’s statutory codes, policies, processes, domains and standards, specifically to exercise quality control of PMET in accordance with PMETB Domain 2, Standard: Postgraduate training must be quality managed locally by Deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible (see mandatory requirements);
S4.iii to oversee the LEP’s relationship with professional and statutory education and training bodies and agencies (such as Foundation/Specialty Schools and Royal Colleges) in relation to the quality of academic provision;
S4.iv to receive the action plan from KSS Deanery Centre Review and hospital visits;
S4.v to feed back and discuss all relevant information with the LEP’s management;
S4.vi to monitor the prevalence and progress of Trainees in Difficulty (TiD) through the LFG Reports and to monitor the prevalence of Less Than Full Time (LTFT) trainees by grade/Specialty.

S5. Membership of LABs/ Roles and responsibilities

Membership

- DME or equivalent clinician (Chair)
- Academic Registrar (in an LEP, normally the MEM)
- Library Services Manager
- Medical Director
- LEP Human Resources/IT Representative
- LEP Finance/IT Representative
- Senior Trust Pharmacist
- Representatives of LFGs as appropriate
- Representative of Postgraduate Doctors
- Representative of the KSS Education Department
- KSS Associate Dean
- Lay representative selected by LEP (see S6 & S7, para xiv)
- Co-optees at the Chair’s discretion

Roles and responsibilities

- **HR** – to advise on all aspects of HR as they affect PMET and the business of the LAB and contribute to its broader discussion and decision making.
- **IT** – to advise on all aspects of IT as they affect PMET and the business of the LAB and contribute to its broader discussion and decision making.
- **Finance** – to advise on all aspects of Finance as they affect PMET and the business of the LAB and contribute to its broader discussion and decision making.
- **Medical Director** – to advise on all aspects of Clinical Governance as they affect PMET and the business of the LAB and contribute to its broader discussion and decision making.
- **Education Adviser Role** – to provide Educational externality and to advise on all teaching, learning and educational management issues as they affect PMET and the business of the LAB and contribute to its broader discussion and decision making.
- **Associate Dean** – to provide Clinical externality and to advise on all medical workforce and school-based issues as they affect PMET and the business of the LAB and contribute to its broader discussion and decision making.
S6 & S7  Procedural Regulations for LABs
See next page for S6 & S7 Procedural Regulations for LABs.

S8  Postgraduate Doctors’ role
S8.i  to keep under review the quality of the trainee experience (see PMETB Generic standards for training (July 2008) Domain 1: Patient safety and Domain 6: Support and development of trainees, trainers and local faculty);
S8.ii  to ensure an appropriate level of trainee representation and induction to their role.

S9  Recruitment
S9.i  to monitor admission to training programmes, based on Deanery and National criteria (see PMETB Domain 4: Recruitment, selection and appointment) and including provision for diversity, equal opportunity and disability, through LFG reports;
S9.ii  to advise on, and make representations about, the distribution of training places in the LEP;
S9.iii  to note postgraduate doctors’ Out of Programme permissions, on the advice of LFGs/Schools (PMETB Gold Guide 6.91ff);
S9.iv  to monitor the LEPs in maintaining, developing and appraising the recruitment role within LFGs.

S10  Assessment
S10.i  in liaison with Foundation/Specialty Schools and the Deanery, to monitor academic appeals procedures and to monitor the conduct and outcomes of ARCP appeals conducted by Schools (see the PMETB Gold Guide 7.118 – 7.152); and PMETB Domain 5: to ensure that the requirement of the curricula set by Medical Royal Colleges/Faculties or others developing curricula are being met at local level.
S6 & S7 Procedural Regulations for LABs

The LAB retains the overall responsibilities defined in its terms of reference. However, it may delegate specific activities and authorities as it considers appropriate to enable it to fulfil its responsibilities.

Meetings and agendas

i. LABs will meet a minimum of three times a year. There must also be provision for convening extraordinary meetings (see below).

ii. Meetings must be convened by the Academic Registrar.

iii. The Academic Registrar should ensure that agendas and papers are circulated to all members to arrive at least three days before the meeting.

iv. The Chair, with the Academic Registrar, should plan an annual schedule of standing agenda items, so that the LAB can promptly manage and control the cycle of LFG Annual Audit and Reviews, Centre Review, production and monitoring of the Action Plan and of the Quality Manual. The annual schedule should be approved by the LAB. These documents feed in to the LAB Annual Audit and Review.

v. If a LAB agenda item, decision or discussion causes a conflict of interest for a member of the LAB, it is the absolute responsibility of the LAB member in question to declare that interest and, normally, to withdraw for the duration of the item.

vi. Because one LAB member is a representative of Postgraduate Doctors, there must be a LAB provision for ‘closed business’, i.e. items to be discussed and/or decided after the Representative has left at the end of the meeting.

vii. LABs may make provision for extraordinary meetings. Academic Registrars may convene these to discuss single urgent agenda items, which the LAB must discuss before its next scheduled meeting. For the Academic Registrar to convene an extraordinary meeting, either at least three LAB members must request this in writing or the Chair must request it. The Academic Registrar should ensure that notification of the date, time, venue and item to be discussed in the extraordinary meeting is circulated to all members to arrive at least three days before the meeting.

Minutes

viii. The Academic Registrar (or his/her nominee as agreed by the DME) should normally arrange for minutes of the meetings to be taken. These must include action points and timetables for action.

ix. Formal minutes of meetings must be taken and distributed to members within two working weeks of each meeting. Copies of the minutes must be sent electronically to the KSS Deanery via Schools.

x. When the LAB discusses an individual trainee, education provider or supervisor, a confidential minute must be taken and stored securely as an appendix to the minutes. This confidential appendix will be made available to LAB members. While confidential appendices will not routinely be made available to individuals themselves, LAB members should bear in mind that the individual may make a DPA request to obtain a copy, which will not be unreasonably withheld.

Membership

xi. A third of voting members shall constitute a quorum.

xii. The LAB Postgraduate Doctor Representative’s role is to represent the interests of all doctors in training. S/he will be elected from among the LFG representatives as soon as they are in place at the start of a Foundation or specialty programme, and in any case, prior to the first LAB meeting of the year. The Academic Registrar will annually notify the LFG that it may nominate a Postgraduate Doctor Representative
to the LAB. The Academic Registrar will conduct an email ballot among Postgraduate Doctors, in order to select a LAB representative from the nominees. If there is a single nominee the DME will appoint this individual to the LAB by default, informing LFGs to this effect. In the event of a tie in voting, the DME will exercise a casting vote. In the event of there being no nominee, the DME will identify a suitable representative.

xiii. Sub-committees or steering groups may be set up by the LAB; membership will be agreed by the LAB and an individual identified to lead and report back.

xiv. The LAB must annually elect a Vice Chair to undertake the duties of chair in the event of the Chair’s absence. Proxies for other members of the LAB may attend meetings with the permission of the Chair.

xv. The LAB should annually seek to identify from among its membership, individuals who can take responsibility for advising on TiD, LTFT training, careers and recruitment respectively. Such individuals will normally have an expertise or an interest in the specific area.

xvi. The LAB membership must include a lay member\textsuperscript{3} who will usually be selected and invited from local nominees. LAB lay members should be non-medical and will usually be drawn from employing bodies or postgraduate higher education. The role of the lay member is to represent patients and the public and to provide externality in the LAB’s exercise of consistent, robust and transparent decision making.

**Conducting LAB business**

xvii. The LAB can take various courses of action when it formally receives LFG audit and reviews or other formal reports from training programmes. It may:

- **ratify** the conclusions and action points arising from the report;
- **require conditions**, addressing issues raised in the report, to be met by specific dates;
- **make recommendations** or give advice in response to issues in the report;
- **require re-submission** of the report to include specific changes or additions in line with relevant policy requirements in place from time to time.

Each year the LAB must:

- formally acknowledge receipt and approval of Foundation/Specialty handbooks;
- formally acknowledge receipt and approval of the KSS Deanery Centre Review Action Plan; KSS Deanery Hospital Visit Reports;
- formally acknowledge receipt and approval of each LFG’s Annual Audit and Review;
- formally submit the LAB Annual Audit and Review to the Quality Management Group at the KSS Deanery.

All of the above courses of action should be consistent with PMETB, CQC, KSS Deanery, the relevant LEP, the Royal Colleges and the Foundation/Specialty Schools’ up-to-date curriculum requirements and policies.

xviii. Decisions of the LAB will normally be reached by consensus of opinion; voting may be resorted to in certain matters at the discretion of the Chair; on such occasions motions will be proposed and duly seconded by members of the LAB, and decisions will be reached by simple majority vote of members present. In the event of a split-vote, the Chair of the meeting will give a second (or casting) vote.

xix. The LAB should receive information – from LEPs, Specialty Schools or other bodies conducting enquiries as appropriate – about cases of TiD, poor performance, postgraduate doctor disciplinary proceedings or under-performance by Clinical or

\textsuperscript{3}See the Gold Guide paragraph 7.56 for the lay member’s recommended role in ARCP panels.
Educational Supervisors. This information allows the LAB to monitor the prevalence of such cases and the potential effect on quality in a training programme. This business must be conducted under the ‘closed business’ provision detailed above.

xx. Through the annual cycle of LFG reporting, the LAB must always be made aware of the resources available to each Foundation/Specialty programme for training.

xxi. LABs, through the Academic Registrar, should ensure that LEP employees – particularly Postgraduate Doctors and education providers and supervisors – are aware of the responsibilities, function and authority of the LAB. The Academic Registrar should thus ensure a wide distribution of information which explains the above.

xxii. The business of LABs must be conducted at all times in accordance with legislation about, and principles of, equality and diversity.

xxiii. Through the Academic Registrar, the LAB should seek periodically to peer benchmark its work against another similar LAB, possibly on a reciprocal basis.

xxiv. There must be provision for a LFG Postgraduate Doctor Representative to bring a Foundation/Specialty programme issue directly to the LAB for resolution, if s/he can demonstrate that the issue has not been addressed and/or resolved at LFG meetings. The LAB Chair may decide to grant the request or dismiss it on procedural grounds. If the LAB Chair receives and approves such a request, the Academic Registrar must inform the relevant LFG Chair of the Postgraduate Doctor Representative’s submission within two working days, and must require the LFG Chair’s written report of the issues within two working weeks. As a result of including this representative’s submission within a LAB agenda, the LAB may refer the issue back to the LFG, offer advice or require the LFG to take a course of action.

xxv. The LEP must ensure that the DME and Academic Registrar have sufficient time and support commensurate with undertaking and supervising the work of the LAB, in the ultimate interests of patient safety.

xxvi. Through the Chair, the LAB may make representations about resources to the LEP Board, either in respect of its own resources or in order to resolve a resource issue referred to the LAB from a LFG.

xxvii. LABs will note, from LFG reports, outcomes of Postgraduate Doctors’ appeals against decisions following their Annual Review of Competence Progression (ARCP).

xxviii. Academic Registrars must meet annually to review these regulations and to establish new provisions based on precedent and best practice.

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4 See PMETB’s Domain 3: *Equality, Diversity and Opportunity* and Standard: Postgraduate training must be fair and based on principles of equality.
KSS Local Academic Board (LAB)
Annual Audit and Review

This Annual Audit and Review is part of the Postgraduate Deanery for KSS GEAR for LABs (GEAR 4.iii). The Annual Audit and Review must be sent to the Deanery by the publicised date each year. Please send to Quality Office at: quality@kssdeanery.ac.uk

Regulation
Each year the LAB must agree and sign off an Annual Audit and Review against GEAR LAB standards S1-S10.

<table>
<thead>
<tr>
<th>LEP Name</th>
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</thead>
<tbody>
<tr>
<td>Location</td>
</tr>
<tr>
<td>LAB Chair (usually DME but if not DME please give job title)</td>
</tr>
<tr>
<td>Academic Registrar (usually MEM but if not MEM please give job title)</td>
</tr>
<tr>
<td>Number of LFGs</td>
</tr>
<tr>
<td>Local Academic Board (Please list place of meeting, membership and attendance on LAB and their roles and responsibilities) (GEAR LAB S.5)</td>
</tr>
<tr>
<td>Attendees</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td></td>
</tr>
<tr>
<td>DME or equivalent clinician (Chair)</td>
</tr>
<tr>
<td>Academic Registrar (in an LEP, normally the MEM)</td>
</tr>
<tr>
<td>Library Services Manager</td>
</tr>
<tr>
<td>Medical Director</td>
</tr>
<tr>
<td>LEP Human Resources/IT Representative</td>
</tr>
<tr>
<td>LEP Finance/IT Representative</td>
</tr>
<tr>
<td>Representative of LFGs as appropriate</td>
</tr>
<tr>
<td>Representative of Postgraduate Doctors</td>
</tr>
<tr>
<td>Senior Trust Pharmacist</td>
</tr>
<tr>
<td>Representative of the KSS Education Department</td>
</tr>
<tr>
<td>KSS Associate Dean</td>
</tr>
<tr>
<td>Lay Representative selected by LEP (see S6 &amp; S7 para xiv)</td>
</tr>
<tr>
<td>Co-optees at the Chair’s discretion</td>
</tr>
</tbody>
</table>

**Signature of Chair**

**Date Annual Audit and Review Completed**

**Date received by Core Specialty Schools Advisory Group (CSSAG) (Deanery to complete)**

**Date received by KSS Quality Office**
### QESP data

<table>
<thead>
<tr>
<th>Total number of Educational Supervisors by Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Trainees in Specialty</td>
</tr>
<tr>
<td>Ratio of Postgraduate Doctors to Educational Supervisors</td>
</tr>
<tr>
<td>Number of Educational Supervisors registered through Grandparents' Rights</td>
</tr>
</tbody>
</table>

#### QESP Part 1

<table>
<thead>
<tr>
<th>Number of Educational Supervisors currently enrolled on QESP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Educational Supervisors awarded QESP 1</td>
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</table>

#### QESP Part 2

<table>
<thead>
<tr>
<th>Number of Educational Supervisors currently enrolled on QESP 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Educational Supervisors awarded QESP 2</td>
</tr>
</tbody>
</table>
**Standard 1 Curriculum**

Each Section of the A&R is cross referenced to one or more of the nine Domains of PMETB’s Generic Standards for training.

The text boxes are designed so issues can be written up to meet the PMETB Quality Framework for ‘Exception Reporting’ (section 6), i.e. key areas of achievement and notable practice, past issues and problems resolved, key areas for improvement, action proposed/proposed dissemination of notable practice.

<table>
<thead>
<tr>
<th>S1.i To satisfy itself that academic curricula meet the requirements and standards of the LEP’s Foundation and Specialty Training Programmes and that all rota which support curricula are EWTD compliant and ensure patient safety: <strong>Domain 1,2,3,5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable practice</td>
</tr>
</tbody>
</table>

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Areas of concern/actions proposed

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Areas for improvement since last report

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<table>
<thead>
<tr>
<th>S1.ii To receive and consider LFG four-monthly reports and annual programme audit and reviews offering advice and referring issues to the relevant KSS Deanery Foundation/ Specialty School: <strong>Domain 2,6,7</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable practice</td>
</tr>
</tbody>
</table>

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Areas of concern/actions proposed

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Areas for improvement since last report
<table>
<thead>
<tr>
<th>S1.iii</th>
<th>To monitor the academic and related policies and strategies of LFGs, including policy and procedures for the assessment and examination of postgraduate doctors’ academic performance:</th>
<th>Domain 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable practice</td>
<td></td>
<td></td>
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</tbody>
</table>

Areas of concern/actions proposed

Areas for improvement since last report

<table>
<thead>
<tr>
<th>S1.iv</th>
<th>To conduct periodic internal programme reviews and host and manage external reviews of training programmes to ensure that they meet relevant standards:</th>
<th>Domain 2,5,7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Areas of concern/actions proposed

Areas for improvement since last report

<table>
<thead>
<tr>
<th>S1.v</th>
<th>To audit its own LAB processes on an annual basis and to provide a short summative report to the Deanery:</th>
<th>Domain 2,7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable practice</td>
<td></td>
<td></td>
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</tbody>
</table>

Areas of concern/actions proposed
Areas for improvement since last report

S1.vi To share good practice and learn from other LABs: **Domain 2,9**

Record any sharing of good practice activities here

S1.vii To initiate quality enhancement projects and foster collaboration among training programmes: **Domain 2,7**

Record any quality enhancement activities here

S1.viii, ix To advise on such other matters as the LEP or KSS Deanery may refer to the LAB; to advise and liaise with other LEP Educational bodies: **Domain 2,7,9**

Record any advice or liaison activities here

Standard 2 Resources for PMET

S2.i, ii To advise on and make representations about the distribution of resources necessary to maintain PMET for all training grades and specific programmes locally, including locally-appointed Trust posts: **Domain 7,8**

Notable practice

Areas of concern/actions proposed

Areas for improvement since last report
<table>
<thead>
<tr>
<th>Standard 3 Careers advice</th>
</tr>
</thead>
</table>

**S2.iii** To maintain, monitor, audit and develop the quality of teaching, clinical and educational supervision: **Domain 1,2,3,6**

**Notable practice**

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**Areas of concern/actions proposed**

---

**Areas for improvement since last report**

---

**Standard 3 Careers advice**

**S3.i, ii** To ensure that LFGs maintain Foundation/Specialty Careers Leads who will make certain that postgraduate doctors receive career advice and support as appropriate; to monitor the LEPs in maintaining, developing and appraising the Foundation/Specialty Careers Leads: **Domain 3,4,6**

**Notable practice**

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**Areas of concern/actions proposed**

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**Areas for improvement since last report**

---

**Confirm which LFGs have Careers Leads**
Standard 4 Standards for Educational Governance Compliance

**S4.i, ii** To ensure that all its processes are open and transparent in line with the Standards for deaneries established by PMETB; to comply with PMETB’s statutory codes, policies, processes, domains and standards, specifically to exercise quality control of PMET:

**Domain 2,7**

Confirm compliance or outline any issues affecting compliance

**S4.iii** To oversee the LEP’s relationship with professional and statutory education and training bodies and agencies (such as Foundation/Specialty Schools and Royal Colleges) in relation to the quality of academic provision:

**Domain 2,7**

Comment on any past issues resolved, and communication with any of the above bodies in the past year

**S4.iv** To receive the Action Plan from KSS Deanery Centre Review and Hospital Visits:

Notable practice

Areas of concern/actions proposed

Areas for improvement since last report

Monitor the number of LTFT Trainees by Specialty
## S4.v To feed back and discuss all relevant information with the LEP’s management:

### Domain 7.8

Notable practice

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### Areas of concern/actions proposed

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### Areas for improvement since last report

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### Standard 5 Membership of LABs/Roles and responsibilities

(List full membership on page 1)

Comment on any difficulties in securing full membership here

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### Standard 6 & 7 Procedural Regulations for LABs

Comment here on any issues relating to the LAB procedural regulations; difficulties, steps taken to resolve them

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### Standard 8 Postgraduate Doctors’ Role:

#### S8.i To keep under review the quality of the trainee experience: Domain 2

Notable practice

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### Areas of concern/actions proposed

---

### Areas for improvement since last report

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S8.ii To ensure an appropriate level of trainee representation and induction to their role:

**Domain 6**

Confirm that trainees are represented on LFGs and LAB. Describe and comment on their induction. Monitor attendance at the KSS Deanery Postgraduate Doctors Representatives Workshops.

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**Standard 9 Recruitment**

S9.i To monitor admission to training programmes, based on Deanery and National criteria and including provision for diversity, equal opportunity and disability, through LFG reports:

**Domain 3,4**

Notable practice

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Areas of concern/ actions proposed

---

Areas for improvement since last report

---

S9.ii To advise on, and make representations about, the distribution of training places in the LEP:

Comment here on any issues about distribution of training places
S9.iii  To note Postgraduate Doctors’ Out of Programme permissions, on the advice of LFGs/Schools:

Provide overall number of permissions

---

S9.iv  To monitor the LEPs in maintaining, developing and appraising the recruitment role within LFGs:

Notable practice

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Areas of concern/actions proposed

---

Areas for improvement since last report

---

Standard 10 Assessment

S10.i  In liaison with Specialty Schools and the Deanery, to monitor academic appeals procedures and to monitor the conduct and outcomes of ARCP appeals conducted by Schools:

Domain 4, 5, 9

Comment on any issues noted in the process of monitoring and steps taken to address them
Graduate Education and Assessment Regulations Standards for Local Faculty Groups

Purpose and scope

The purpose of these Graduate Education and Assessment Regulations for Local Faculty Groups (GEAR-LFG) is to ensure that LEPs provide high-quality PMET, for the Deanery’s Postgraduate Doctors, by:

a. prescribing standards for Curriculum Management, that is, the systems and processes through which learning programmes, teaching, assessment and awards must be developed, implemented and evaluated;
b. prescribing standards for Educational Governance, that is, the leadership, management and administrative systems and processes that underpin and provide high-quality learning environments;
c. relating both sets of standards to:

- national curriculum requirements; the GMC standards;
- PMETB Generic standards for training and Standards for curricula and assessment systems;
- Foundation and Specialty Schools’ policies, regulations and governance;
- and where appropriate to the NHSLA Risk Management Standards for Acute Trusts.

Thus, the GEAR-LFG describes:

a. the role of LFGs in Curriculum Management and Educational Governance;
b. coherent educational entitlement for Postgraduate Doctors in KSS;
c. standards for Quality Control by LFGs;
d. the evidence base against which the Deanery, GMC and PMETB will evaluate the local provision of PMET;
e. a framework against which LFGs can develop their practice.

Standards for Curriculum Management

S1 Curriculum and Handbook

The local curriculum must be appropriate for the National Foundation or Specialty programme curriculum framework and must enable Postgraduate Doctors to achieve the competences and professionalism required for them adequately to fulfill their present roles and future career intentions. All Postgraduate Doctors must have access to the GMC’s ‘Good Medical Practice’.

S2 Curriculum resources and progression

There must be sufficient resources to provide the opportunity for all Postgraduate Doctors to achieve the educational outcomes specified in the curriculum and to receive full teaching.

S3 Careers advice, guidance, support and referral

LFGs must establish effective mechanisms to provide high-quality career planning and counselling for Postgraduate Doctors.
Standards for Educational Governance

S4 Compliance with the Education Contract and LAB
Standards for Educational Governance for LFGs must comply with:
- the Education Contract signed between the Deanery and the LEP;
- the Deanery Action Plan agreed by the LEP at Centre Review;
- Action Plans produced by the LEP’s LAB.

S5 Membership of LFG
There must be a LFG in place to manage all aspects of the Foundation/ Speciality programme.

S6 Proceedings of LFG
The LFG must have clear, robust and transparent quality control processes and be able to evidence its practice in relation to Postgraduate Doctors’ progression.

S7 Resources for LFG
LFGs must demonstrate an appropriate infrastructure for curriculum, teaching and assessment.

S8 Postgraduate Doctors’ role on LFG
LFGs must ensure that the voice of Postgraduate Doctors is heard and taken into account in developing the programme.

S9 Recruitment role of LFG
There must be effective establishment of mechanisms to ensure clear, robust and transparent recruitment processes.

S10 Assessment role of LFG
Postgraduate Doctors (Foundation/Specialty) must have access to analysis of relevant outcomes of assessments, RITAs/ARCPs and exams for each programme and each location benchmarked against other programmes.

Specification for Standards for Curriculum Management

S1 Curriculum and Handbook
The local curriculum must be appropriate for the National Foundation or Specialty programme curriculum framework and must enable Postgraduate Doctors to achieve the competences and professionalism required for them adequately to fulfil their present roles and future career intentions.

1.1. A Local Foundation/Specialty programme Handbook must be accessible to all teachers and Postgraduate Doctors and must be updated and reviewed on an annual basis, taking into account teachers’ and Postgraduate Doctors’ feedback.

1.2 The Handbook must provide a timetable for appropriate teaching, which sets out the Postgraduate Doctors’ entitlement to time for teaching in an appropriate range of educational and clinical activities as set out in the curriculum, including appropriate involvement in clinical audit and exposure to academic opportunities available in their Speciality. There must be appropriate reference to equality and diversity in educational programmes.

1.3 The curriculum and timetable must take appropriate account of working hours including EWTD and issues such as avoiding sleep deprivation and providing an appropriate intensity of work in relation to learning.
1.4 The Handbook must show how the programme works in the local setting by mapping it to the national curriculum framework.

1.5 The curriculum must include opportunities to learn with other healthcare professionals. Where other healthcare professionals are required to act in a supporting/supervisory role, they must have their responsibilities and accountabilities clearly set out and must be trained for the role.

1.6 The Handbook must provide a clear statement, which immediately addresses any concern about patient safety arising from the training of doctors, and the roles and responsibilities of teachers, Postgraduate Doctors and the LFG.

1.7 The Handbook must provide formal policies and procedures for induction to LEPs, departments and clinical teams. Induction processes must be evaluated and must include follow-up of all those who fail to complete local induction.

1.8 The Handbook must have details of well-organised handover arrangements, ensuring continuity of patient care at the start and end of periods of day or night duties.

1.9 The Handbook must provide clear guidelines on taking consent.

1.10 The Handbook must provide a clear statement about Postgraduate Doctors’ entitlement to regular, detailed feedback on their progress and their performance within each post and at the end of the training year when they are signed off by the LFG, as appropriate.

1.11 The Handbook must describe an entitlement of Postgraduate Doctors to regular, ongoing educational supervision, including an agreed minimum allocation of time for educational supervision meetings and a timetable for clinical supervision meetings. The Handbook must also detail a named Education Supervisor for each trainee and a named Clinical Supervisor for each point of their training (where several Clinical Supervisors are working with a trainee in any particular post, one Clinical Supervisor should be identified as the point of liaison with the Education Supervisor).

1.12 The Handbook must describe the processes for regular, ongoing Clinical Supervision and review.

1.13 The Handbook must describe an entitlement of Postgraduate Doctors, throughout their careers, to induction and regular, ongoing educational training opportunities including study leave entitlements.

1.14 The Handbook must provide details of how educational handover processes take place between Educational and Clinical Supervisors.

1.15 The Handbook must describe a Postgraduate Doctor’s entitlement to LTFT training.

1.16 The Handbook must have a statement about the overall purpose of the assessment system, what its components are, and how it is being implemented locally in line with approved curricula; provide assessment targets and a timetable for assessment.

1.17 The Handbook must provide a clear statement about the purpose and operation of Foundation/Specialty Portfolios.

1.18 The Handbook must provide clear targets for progression in accordance with relevant Foundation/Specialty School Policies.

1.19 The Handbook must include a clear statement about the GMC ethical requirements and ensure the Postgraduate Doctor has an understanding of this.

1.20 The Handbook must include a clear and stated process for communicating changes in regulations and requirements in current year to Postgraduate Doctors, teachers and the LAB.

1.21 The Handbook must contain details of and directions to appeals information for Foundation and Specialty Postgraduate Doctors.
S2. Curriculum resources and progression

There must be sufficient resources to provide the opportunity for all Postgraduate Doctors to achieve the educational outcomes specified in the curriculum and to receive full teaching.

2.1 The educational resources and capacity of the Local Educational Provider (LEP) must be adequate to accommodate the practical experiences required by the curriculum, along with the educational requirements of all healthcare professionals in the same unit.

2.2 The curriculum must demonstrate a care-based approach using evidence and research to inform developments. All those responsible for learning must be aware of current developments in clinical theory and practice.

2.3 There must be a clear and coherent policy statement on how initial needs of Postgraduate Doctors are assessed and managed. This must be included in the Handbook.

2.4 Additional support must be provided for Postgraduate Doctors identified as vulnerable and all those who have additional needs in line with the Deanery TiD Guidelines. Those trainees with particular identified needs must have access to independent counselling services and Occupational Health Services as needed.

2.5 The LFG must demonstrate that its management of Postgraduate Doctors, who are failing to make progress, is in line with national GMC/PMETB standards.

2.6 The progress of all Postgraduate Doctors must be discussed by the LFG at its three meetings during the year, so that any problems are identified at the earliest possible opportunity and feedback given in a timely and constructive manner.

2.7 Postgraduate Doctors experiencing difficulty must receive written advice from the LFG detailing the action they must take to ensure satisfactory progress, the standards they must meet and the roles and responsibilities of those involved in supporting their progress.

2.8 The LFG must provide a process to ensure that all Educational and Clinical Supervisors are aware of the processes through which the Deanery and School support TiD.

2.9 All LFGs must adhere to the Deanery TiD Policy and be able to demonstrate how this works in practice.

2.10 All Postgraduate Doctors must be reminded about the need to have due regard to and to keep up to date with the Principles of Good Medical Practice and to have access to information about the processes through which the LFG, the School and the Deanery support TiD.

2.11 All Postgraduate Doctors must have access to information about their employer’s policy and procedures for Equal Opportunities and Diversity.

2.12 All Postgraduate Doctors must have access to information about their employer’s policy and procedures for Grievance and Disciplinary matters.

2.13 All Postgraduate Doctors must have access to information about their employer’s policy and procedures concerning bullying and harassment. LEPs must demonstrate that they are monitoring the implementation of such a policy and implementing action plans to address any identified deficiencies.

2.14 All Postgraduate Doctors must have access to information about the Procedure for Appealing against decisions affecting their educational progress, as outlined in the South Thames Foundation School appeals process against failure to gain certification for Foundation doctors and the Gold Guide (sections 7.118 – 7.152) for Specialty Training.

2.15 In line with the Disability Discrimination Act, it is the LEP’s responsibility to make reasonable adjustments to programmes for Postgraduate Doctors with disabilities in consultation with Foundation/Specialty programme Leads.
S3. Careers advice, guidance, support and referral

LFGs must establish effective mechanisms to provide high-quality career advice, guidance, support and referral for Postgraduate Doctors.

3.1 LFGs must demonstrate that they are aware of and adhere to the Deanery policy and process on careers guidance and referral.

3.2 Each Foundation LFG must identify a Faculty Careers Lead and Specialty LFGs must identify Careers Leads as appropriate. This must include responsibility for LTFT training.

3.3 All Postgraduate Doctors must have access to appropriate career advice.

3.4 The LFG must clearly define the infrastructure, processes and support for career support and must communicate these to teachers, Educational Supervisors and Postgraduate Doctors.

Specification for Standards for Educational Governance

S4. Compliance with the Education Contract and LAB

Standards for Educational Governance for LFGs must comply with:

- the Education Contract signed between the Deanery and the LEP;
- the Deanery Action Plan agreed by the LEP at Centre Review;
- Action plans produced by the LEP’s LAB.

S5. Membership of LFG

There must be a LFG in place to manage all aspects of the Foundation/Specialty programme.

5.1 The LFG must include:
   a. Foundation/Specialty local programme Director (Chair)*
   b. Foundation/Specialty local programme administrator
   c. Educational Supervisors teaching on the programme
   d. Postgraduate Doctor representatives from each year/Specialty

   and may also include:
   e. Medical staffing
   f. Library services
   g. Careers
   h. Other appropriate work and Specialty areas
   i. GP Lead as appropriate

* GP LFGs must be chaired by a GP Associate Dean or their Deputy and must include a GP programme Director in its membership.

5.2 Adequate resource to support their roles must be available to all LFG members.

5.3 Every Educational Supervisor and every Clinical Supervisor with a Postgraduate Doctor who is experiencing difficulty must attend the LFG or provide a signed, written statement including evidence.
S6. Proceedings of LFG

The LFG must have clear, robust and transparent quality control processes and be able to evidence its practice in relation to Postgraduate Doctors’ progression.

6.1 The LFG must meet a minimum of three times a year and may call additional extraordinary meetings at the requirement of the LFG Chair or the LAB Chair or the Head of School.

6.2 The LFG must ensure that all meetings have written Agendas, are minuted with action points and timescales for action, and are confidential.

6.3 The LFG must routinely send a copy of its minutes to the LAB and to the Head of the Foundation/Specialty School.

6.4 The LFG must produce a record of all Postgraduate Doctors’ progression at the end of each faculty meeting.

6.5 The LFG must notify the DME of any Postgraduate Doctor’s failure to make progress. The DME will then notify the LAB and Head of the Foundation/Specialty School.

6.6 Any Postgraduate Doctor who is failing to make progress must be managed by the LFG within the relevant national and Deanery guidelines.

6.7 The LFG must review and record attrition rates each year.

6.8 The LFG must ensure that all competency forms and other documentation relating to progression and awards are signed off formally, within Deanery and national guidelines and processes.

6.9 At least once a year, the LFG must make a summary of Educational and Clinical Supervisors’ feedback, outlining their main issues and showing how these have been addressed by the LFG.

6.10 At each of its meetings, the LFG must receive a summary of feedback from Postgraduate Doctors, outlining what they value in their programme and their main issues and concerns.

6.11 Each year the LFG must agree and sign off an Annual Audit and Review of the Foundation/Specialty programme, and send copies to the LAB and the Head of School.

S7. Resources for LFG

LFGs must demonstrate an appropriate infrastructure for curriculum, teaching and assessment.

7.1 LFGs must provide a clear plan and timescale for ensuring that all those undertaking teaching and Educational Supervision roles are appropriately qualified for their roles and meet the Standards for Trainers itemised in PMETB Domain 6 Mandatory requirements 6.25 - 6.35. (Also see Appendix 2 – Educational Supervision in KSS Deanery)

7.2 LFGs must provide a clear plan and timescale for ensuring that all those carrying out assessments on the programme have been trained appropriately.

7.3 LFGs must provide a clear plan and timescale for ensuring that all assessors have moderated their standards with each other and against national standards.

7.4 LFGs must provide a clear plan and timescale for ensuring that IT capabilities are sufficient to support the programme.

7.5 LFGs must ensure that educational facilities and resources, including meeting rooms, library and knowledge services, specialist resources such as ‘wet labs’ and clinical skills centres and access to internet in the workplace, are sufficient to enable Postgraduate Doctors to achieve curriculum outcomes.

7.6 Fitness for purpose of the facilities must be regularly renewed and recommendations made where appropriate.

7.7 LFGs must ensure that all teachers, Educational Supervisors and assessors have appropriate time to carry out their educational duties.
7.8 LEPs must ensure that there are clear processes and procedures for appraisal of Educational Supervisors and assessors.

7.9 All those supervising Postgraduate Doctors must provide honest and justifiable comments when giving references for or writing reports about them and include all relevant information which relates to the Postgraduate Doctor’s competence, performance and conduct.

7.10 Evidence used by any supervisor to provide references for Postgraduate Doctors must include the following sources of documented evidence:

- direct observations of the Postgraduate Doctor’s performance;
- reports from colleagues about Postgraduate Doctor’s performance;
- discussions with Postgraduate Doctor about their performance;
- Postgraduate Doctor’s personal portfolio.

Additional information may include patient feedback and outcomes of audits.

S8. Postgraduate Doctors’ role on LFG

LFGs must ensure that the voice of Postgraduate Doctors is heard and taken into account in developing the programme.

8.1 The LFG must produce and disseminate, to all Postgraduate Doctors and those involved in their education, a schedule setting out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges, Head of Foundation/Specialty School, Faculty, Specialty associations etc., other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes, and conforming to the PMETB template.

8.2 LFGs must establish a Postgraduate Doctor year group appropriate to the programme.

8.3 Postgraduate Doctor year groups must meet three times a year, in advance of the LFG meetings.

8.4 Each Postgraduate Doctor year group must elect one representative to sit on the LFG within six weeks of commencement of post.

8.5 Postgraduate Doctor year group representatives must compile a short report from their year group meetings for discussion at each LFG meeting.

8.6 Postgraduate Doctor year group representatives must feedback relevant responses and information from the LFG to their year group, thus closing the feedback loop.

8.7 All Postgraduate Doctor year group representatives must be inducted into their role using material provided by the Deanery at the trainee year group representative workshops.

8.8 LFGs must ensure that all Postgraduate Doctors are informed of and understand whistle-blowing procedures. Documentation must include reference to the processes for staff to raise concerns.

S9. Recruitment role of LFG

There must be effective establishment of mechanisms to ensure clear, robust and transparent recruitment processes.

9.1 In consultation with the DME, the LFG Lead must take responsibility for ensuring an appropriate level of recruitment support is provided by the Trust to the Deanery recruitment process proportionate to the number of Postgraduate Doctors in Foundation/the given Specialty.

9.2 The Recruitment Lead must receive appropriate training from the Deanery to carry out their roles effectively.

9.3 The LFG must have an accessible and transparent recruitment policy which outlines
requirements for fairness, objectivity and equality of opportunity in selection procedures.

9.4 The LFG must carry out an annual review and evaluation of their recruitment process.

9.5 Appointments to LFGs should be made against a set of defined and published criteria, which should be regularly reviewed to ensure quality.

S10. Assessment role of LFG

Postgraduate Doctors must have access to analysis of outcomes of assessments, RITAs/ARCPs and exams for each programme and each location, benchmarked against other programmes.

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Postgraduate Handbook Template
Kent Surrey and Sussex Postgraduate Deanery for Medical and Dental Education

X [Add Foundation or Specialty as appropriate] FACULTY HANDBOOK
A GUIDE FOR POSTGRADUATE DOCTORS AND STAFF IN
X Trust

This Handbook is mapped to the KSS Deanery’s
Graduate Education and Assessment Regulations (GEAR)

1. Recommended Handbook style

Front has logos of KSS Deanery/South East Coast/Trust
If this is a handbook for South Thames Foundation School (STFS), please add the STFS logo
Date of Handbook
Please write in Arial 11
Headings are in Arial 12
Throughout address the Handbook to you – i.e. the Postgraduate Doctor

2. Introduction

Welcome to the Kent, Surrey and Sussex (KSS) Postgraduate Deanery.
Welcome to [add X Postgraduate Centre in X Trust]. This Faculty Handbook is written for you as a Postgraduate Doctor and all who will be working with you during your time here at X. Its purpose is to give you information about how your programme works, and who the key people are who will be working with you. This Handbook contains generic information, but is specifically written to support those of you who are on X [add Foundation/Specialty] programme. It should be read in conjunction with your curriculum [found at www.]. This Handbook also includes a profile of the X Foundation/Specialty department [see below].

It also incorporates Foundation/Specialty specific information as appropriate [see below – The X Foundation/Specialty Curriculum].
This Handbook is updated annually based on feedback to the Faculty Group from you as a Postgraduate Doctor and from your Supervisors.

3. Location

During your time with us you will be based at [give location/s].
The Postgraduate Centre is at X.

4. Brief Profile of the X department

The X department [please add]

5. Key people

There are several key people who will support you during your time with us.
The Programme Lead is [add name and contact details].
The MEM is [add name and contact details].
A list of people directly involved in your Programme, e.g. Educational Supervisors, Clinical Supervisors, Administrative Staff, Faculty Group, Deanery Staff, Deanery Careers and Library Knowledge Service Staff with their contact details is given in Appendix A. [Add with telephone numbers and e-mails as appropriate] for Local Faculty Groups
6. Local programme administrative arrangements

The administrative arrangements for the local management of your programme are managed by the MEM/Faculty Administrator in conjunction with your Programme Lead. The national arrangements for the management of your programme are contained in your e-portfolio [add link] and [add any other docs/links to website, e.g. ISCP].

If you experience any local administration issues your first point of contact is the Postgraduate Centre.

7. The X [add Foundation/Specialty] Curriculum

(GEAR S1.2; S1.4; S1.5)

The curriculum for your X [add Foundation/Specialty] can be found at [add www.] and a hard copy is also in the PG Centre or Library. The Local X [add Foundation/Specialty] Faculty is responsible for ensuring that the X [add Foundation/Specialty] programme is such that it will enable you to meet specific competences required in any given year by your X curriculum. The local programme is thus mapped to the Foundation/Specialty national curriculum.

[Show how this is mapped to the national curriculum]

The X Curriculum also includes opportunities for you to work with other healthcare professionals, such as [add]. Please ensure that all trainees have access to ‘Good Medical Practice’. Also please ensure that at all stages training programmes are compliant with current Employment Law and Equality & Rights Legislation.

7.1 The aims and objectives of the X curriculum

(GEAR S1.4)

The aims and objectives of the X [add Foundation/Specialty] curriculum are [briefly state what the aims and objectives of curriculum are – take exactly from the relevant Specialty curriculum document online – no more than 5 bullet points].

7.2 How you complete X curriculum

This X curriculum is competence based and leads to [say what you gain at the end of it]. You will be supported during your time at X Trust by your Programme Lead, an allocated Educational Supervisor and Clinical Supervisors, all of whom will give you regular feedback about your progress. You should never be in any doubt about your progress and what you can do to improve this.

7.3 The X [add Foundation/Specialty] programme structure

(GEAR S1.4; S2.3)

This Faculty Handbook, however, gives you details of how the national curriculum for X is organised here at X Trust. It gives you details of your local programme, which has been devised to meet the requirements of the X curriculum and shows how this works locally. It will include ward-based, half day local teaching, regional study days, clinical audit and exposure to academic opportunities. The programme is structured to comply with the Generic standards for training (July 2008) of the Postgraduate Medical and Education Training Board (PMETB) and the Gold Guide or Standards for Training in the Foundation Programme.

[Add details of your local programme and how initial learning needs are assessed with details of your local generic teaching programme including topics to be taught during the year/for each year of the curriculum for which you have postgraduate doctors/on which site/times/topics/ Assessment points/Hand-in dates/ARCP dates/Submission of assessments.]
7.4 Induction/Handover/Taking consent

(GEAR S1.7; S1.8; S1.9)
You will be inducted to the Trust, your Foundation/Specialty Programme and your Foundation/Specialty Department [add link to Trust website and CD Rom].
The policy for handover to ensure patient care is [add].
The policy for taking consent is [add].

7.5 Relevant to Foundation Faculty Handbooks only:

The Foundation Programme
The Foundation Programme is a two-year training programme that forms the bridge between medical school and Specialty/General Practice training. All graduates of UK medical schools are required to complete the Foundation Programme before applying for Specialty training. During the Foundation Programme, trainees will have the opportunity to gain experience in a series of placements in a variety of specialties and healthcare settings.

Foundation Year 1 (F1)
The first year of the Foundation Programme builds upon the knowledge, skills and competences acquired in undergraduate training.

Foundation Year 2 (F2)
The second year Foundation Programme builds on the first year of training. In F2, the focus is on training in the assessment and management of the acutely ill patient. Training also encompasses the generic professional skills applicable to all areas of medicine – teamwork, time management, communication and IT skills.

7.6 Training days and study leave
Trainees must be able to access and be free to attend training days, tasters (relevant to Foundation Programme only), and any other courses or material that form an intrinsic part of their training programme. Please ensure that all trainees have access to the Deanery’s Study Leave Guidance.

8. Educational Supervision
The KSS approach to meeting the PMETB requirements for educational supervision are outlined in Appendix 2: Educational Supervision in KSS Deanery, GEAR.

8.1 Your Educational Supervisor – roles and responsibilities

(GEAR S1.6)
Your Educational Supervisor is responsible for overseeing your training and ensuring that you make the necessary clinical and educational progress. You should have regular feedback from your Educational Supervisor (Gold Guide or Foundation Programme). The responsibilities of an Educational Supervisor are given in the Gold Guide or Standards for Training in the Foundation Programme/or Operational Framework for Foundation.

8.2 Your Clinical Supervisor – roles and responsibilities

(GEAR S1.6; S1.12; S1.14)
Your Clinical Supervisor is responsible for your progress within each placement and for your day-to-day clinical progress. You should have regular feedback from your Clinical Supervisor. The process by which information about your progress is collated by your Educational Supervisor from your Clinical Supervisor is [add].

9. Your role as a learner
You are responsible for your own learning within the programme with the support of key people as above. You should ensure that you have regular meetings with your supervisors, that you maintain your portfolio, keep up to date with assessments as required and be signed off.
10. Local Faculty Groups
Local Faculty groups (LFGs) hold a Quality Control remit within the system of educational governance operational in KSS Deanery.

10.1 The Local X [add] Faculty Group
(GEAR S6.1-6)
The X Faculty Group’s remit is threefold: to ensure that the local X programme is fit for purpose and in line with X curriculum requirements, to quality control the local X programme and to ensure that trainee progression is tracked, supported and audited. The Local X Faculty meets three times a year, in March, June and November. The Local Faculty’s work is quality controlled by the KSS Deanery Standards for the Local Faculty GEAR.

10.2 Your Year Group
(GEAR S6.10)
Each Foundation/Specialty group needs to meet as a Year Group three times a year, to elect a Year Group Representative and to give feedback to the Faculty about the local programme.

10.3 Your Year Group Representative
(GEAR S6.10)
This is key part of the feedback process. This is a member of your cohort who will undertake to consult with the whole cohort (either face-to-face or by e-mail) to gather feedback about the local programme and to give this feedback at the thrice yearly meetings of the Local X Faculty Group. The feedback loop must be closed as relevant information/responses from the LFG need to go back to the cohort. This is the responsibility of the Year Group Representative.

11. The LAB
There is a LAB in each Trust whose responsibility it is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The LAB undertakes the quality control of postgraduate medical training programmes. It receives Annual Audit and Review Reports from LFGs.

12. Your Foundation/Specialty School
Details of your X School can be found at www.stfs.org.uk (for Foundation) and at http://cssag.kssdeanery.org (for Specialty School).

13. How will you learn in this programme?
In this programme we adopt a variety of learning approaches. These include web-based, CDs, ward-based clinical teaching, exposure to outpatients and theatres at the appropriate identified level, group learning, private study, courses, reflective practice, audit projects, regular teaching specific to year and Specialty, but also multi-Specialty if appropriate.

13.1 Curriculum development
Postgraduate Doctors are entitled to a voice in the implementation of national curricula and can actively contribute to its development at local and national levels.

13.2 Feedback
(GEAR S1.10; S1.11)
This is a crucial aspect of your programme. You can expect to receive detailed feedback on your progress from your Educational Supervisor and from your Clinical Supervisor. This will happen during on going review meetings with your Educational Supervisor. You should have a clear idea of your progress in the programme at any given time and what you have to do to move to the next stage.
13.3 Annual appraisal

In this Trust the arrangements for annual appraisal are [add] [the above must be explained with attention to time limits for annual appraisals to be returned]

13.4 Learning portfolio or e-learning portfolio

(GEAR S1.17)

This is a key aspect of your learning in the programme. It is your responsibility to maintain an e-portfolio [change if paper based]. This is an essential mandatory requirement as it provides an audit of your progress and learning. Further information on how to manage and complete the Foundation/Specialty e-portfolio can be found at your Royal College or STFS: www.stfs.org.uk e.g. (CMT: http://www.jrcptb.org.uk/assessment/Pages/default.aspx) (Surgery: http://www.iscp.ac.uk) (Foundation: www.stfs.org.uk)

13.5 How are you assessed?

(GEAR S1.16; 18)

This programme is competence based. The assessment tools are [add]. For further details please see [add www. link to Foundation/Specialty]. The assessments are recorded in (clarify whether paper-based/on-line/e-portfolios). It is your responsibility to undertake the assessment process in accordance with your Specialty curriculum guidance.

In this local programme relevant information about the local assessment process is [add how it works locally/the management of the process/deadlines/key assessment points in the year].

13.6 What meetings should you know about regarding assessment?

[Add signing off process] e.g. for Foundation will need to send FACD for the F2.

13.7 What is the appeals process?

(GEAR S2.14) [Add local appeals process – must be in accordance with the STFG appeals process against failure to gain certification for Foundation doctors and the Gold Guide (sections 7.118 – 7.152) for Specialty Training]

14. What if you need help?

(GEAR S2.4; 2.11; 2.12; 2.13)

Most Postgraduate Centres operate an ‘Open Door’ approach and here you can find information about local Trust policies, e.g. Grievance, Bullying and Harassment and Equal Opportunities [add online at].

KSS Deanery also offers support for trainees in difficulty (TiD). Details of the KSS Deanery Trainees in Difficulty Guide can be found on the KSS Deanery website.

Good examples are included in the Operational Framework for Foundation

14.1 How can you access career support?

(GEAR S3.1; 3.2; 3.3. 3.4)

Information about the KSS Deanery Career Service can be accessed at http://careers.kssDeanery.org

The Foundation Faculty has a designated Faculty Careers Lead. Specialty Schools are nominating a careers lead. Local careers information and support can be accessed by [add].

14.2 Personal job description

Service commitment, confirm that job description and rotas all comply and ensure that training time has been given.

14.3 Using educational resources

Add Library and educational resources in the PGC, study leave, IT/computer access.
14.4 How do you access other educational opportunities?
Various opportunities that may be able to be taken during normal working are [add].

14.5 How about study leave?
(GEAR S1.13)
[Add – the allowance and how to apply]

14.6 How do you apply for annual leave?
[Add – the allowance and how to apply]

14.7 GMC Ethical Guidelines
(GEAR S1.19)

14.8 How about less than full time training?
(GEAR S1.15)
[Add – how to apply]

15. Useful names and numbers
Local, regional and national
KSS Deanery Website – www.kssDeanery.ac.uk
KSS Deanery GEAR for LFGs
Add Specialty Links – www – as appropriate
Care Quality Commission – www.cqc.org.uk

15.1 Faculty Group educational support
The KSS Deanery offers a range of educational support/programmes
For details please go to http://education.kssDeanery.ac.uk/fac_dev-Accredited_Programmes.php

Appendix A

Here is a list with contact details of Education and Clinical Supervisors in the Trust who will be working with you.
Templates

**Template 1:**
South Thames Foundation School Faculty Group Minute Template

**Template 2:**
South Thames Foundation School Faculty Group Annual Audit and Review Template

**Template 3:**
KSS Specialty School Local Faculty Group Annual Audit and Review Template

**Template 4:**
KSS General Practice Programme Faculty Group Annual Audit and Review Template
NAME OF TRUST

FOUNDATION FACULTY GROUP

Minutes of the Meeting held on (insert date)

(NB: to be produced within four weeks of the meeting taking place)

Present:
Name Role

Apologies were received from

Minutes
Minutes of the Meeting held on (insert date)

1. Action:

Heading
Sub-heading
x. Text

Summary of trainee feedback
x. F1
x. F2

Any other business

Dates of future meetings

SUMMARY OF ACTION
Min  Action  Responsibility

See overleaf for Appendix 1 – Reserved items
APPENDIX 1

STRICTLY CONFIDENTIAL

NB:
- Copies of this document will be tabled at the meeting, collected at the end and then destroyed.
- A copy of this document will be circulated to only the DME, FTPD and STFS Director by confidential cover together with the minutes of the meeting.

RESERVED ITEMS

1. The progress of all Foundation doctors was reviewed (see overleaf):
   a. F1
   b. F2
GUIDANCE NOTES:
1. All F1 Doctors to be listed and discussed.
2. By the end of November, all F1s are expected to have successfully completed one-third of their assessments (usually 7).
3. By the end of January, all F1s are expected to have successfully completed 10 assessments in order to be eligible to rank F2 programmes.
4. STFS F1s are required to attend at least 70% of centrally organised teaching sessions.
5. The maximum permitted non-statutory leave (i.e. sickness/maternity leave but excluding study leave) during each of the F1 and F2 years is four weeks before it is necessary for a trainee to complete additional training in order to be signed off.
6. If ‘No’ entered for any trainee in the ‘on course for sign-off’ column, an appointment should be made with the FTPD to discuss the situation with the Foundation doctor. The meeting should be documented and a copy sent to both the trainee and the Foundation School.
7. Copies of this document will be tabled at the meeting, collected at the end and then destroyed.
8. A copy of this document will be circulated to only the DME, FTPD and STFS Director by confidential cover together with the minutes of the meeting.

<table>
<thead>
<tr>
<th>Name of Foundation Doctor</th>
<th>Educational Supervisor</th>
<th>Number of Assessments Completed</th>
<th>Comments/Concerns</th>
<th>Attendance at Core Teaching Sessions</th>
<th>No. of Sick Days</th>
<th>On course for sign-off at time of the meeting</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELIABLE, Amar</td>
<td>Parry, M Dr</td>
<td>DOPS 3 Cbd 3 CEX 2 Mini-PAT</td>
<td>Excellent progress, no concerns.</td>
<td>100%</td>
<td>0</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>AILING, Flora</td>
<td>Cottee, M Dr</td>
<td>DOPS 2 Cbd 2 CEX 1 Mini-PAT</td>
<td>Some time off required following broken leg. No educational concerns.</td>
<td>80%</td>
<td>15</td>
<td>Yes</td>
<td>Monitor sickness absence</td>
</tr>
<tr>
<td>ABSENT, Awol</td>
<td>Welch, J Dr</td>
<td>DOPS 0 Cbd 1 CEX 1 Mini-PAT</td>
<td>Concerns raised by clinical supervisors regarding performance.</td>
<td>20%</td>
<td>25</td>
<td>No</td>
<td>To see FTPD</td>
</tr>
</tbody>
</table>

DOPS
Cbd
CEX
Mini-PAT

DOPS
Cbd
CEX
Mini-PAT

DOPS
Cbd
CEX
Mini-PAT

DOPS
Cbd
CEX
Mini-PAT
**NAME OF TRUST**

**FOUNDATION FACULTY GROUP (insert date) – F2 PROGRESS REVIEW**

*Guidance Notes:*

1. **All** F2 Doctors to be listed and discussed.
2. By the end of November, all F2s are expected to have successfully completed one-third of their assessments (usually 7).
3. By the end of January, all F2s are expected to have successfully completed 10 assessments in order to be eligible to rank F2 programmes.
4. STFS F2s are required to attend at least 70% of centrally organised teaching sessions.
5. The maximum permitted non-statutory leave (i.e. sickness/maternity leave but excluding study leave) during each of the F1 and F2 years is 4 weeks before it is necessary for a trainee to complete additional training in order to be signed off.
6. If ‘No’ entered for any trainee in the ‘on course for sign-off’ column, an appointment should be made with the FTPD to discuss the situation with the Foundation doctor. The meeting should be documented and a copy sent to both the trainee and the Foundation School.
7. Copies of this document will be tabled at the meeting, collected at the end and then destroyed.
8. A copy of this document will be circulated to only the DME, FTPD and STFS Director by confidential cover together with the minutes of the meeting.

| Name of Foundation Doctor | Educational Supervisor | Number of Assessments Completed | Comments/Concerns | Attendance at Core Teaching Sessions | No. of Sick Days | On course for sign-off at time of the meeting | Action Required |
|---------------------------|------------------------|---------------------------------|------------------|-------------------------------------|-----------------|---------------------------------------------|-----------------
| Surname, Forenames        |                        | DOPS CbD CEX Mini-PAT            |                  |                                     |                 |                                             |                 |
|                           |                        | DOPS CbD CEX Mini-PAT            |                  |                                     |                 |                                             |                 |
|                           |                        | DOPS CbD CEX Mini-PAT            |                  |                                     |                 |                                             |                 |
|                           |                        | DOPS CbD CEX Mini-PAT            |                  |                                     |                 |                                             |                 |
|                           |                        | DOPS CbD CEX Mini-PAT            |                  |                                     |                 |                                             |                 |
|                           |                        | DOPS CbD CEX Mini-PAT            |                  |                                     |                 |                                             |                 |
South Thames Foundation School Faculty Group
Annual Audit and Review

This template is part of the Postgraduate Deanery for KSS GEAR for LFGs (GEAR 6.11)
To be used for:
  i. LFG Annual Audit and Review to LAB
  ii. Report to Foundation School

<table>
<thead>
<tr>
<th>LEP Name</th>
<th>Location</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Associate Dean</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Foundation Training Programme Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>(as appropriate)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LFG Chair</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Education Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LFG Administrator</th>
</tr>
</thead>
</table>
Summary Local Faculty Group Members and Activity

Local Faculty Group (Please list place of meeting, membership and attendance at LFG and the roles and responsibilities of the attendees)

<table>
<thead>
<tr>
<th>Attendees</th>
<th>Date of each meeting</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation Training Programme Director (Chair)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundation Programme Administrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Supervisors teaching on the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postgraduate Doctors representatives from each year of the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical staffing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Careers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP Lead as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other appropriate work and Specialty areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Educational Network

<table>
<thead>
<tr>
<th></th>
<th>F1</th>
<th>F2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Educational Supervisors (given as a proportion of the total number qualified for the role)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and percentage of Postgraduate Doctors at the start of programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and percentage of Postgraduate Doctors at the end of programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and percentage of Postgraduate Doctors referred to the Deanery for careers advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and percentage of Postgraduate Doctors referred to the Deanery Trainees in Difficulty committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and percentage of Postgraduate Doctors appointed locally (Headroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and percentage of Postgraduate Doctors who have appealed against educational decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff who took part in recruitment (scoring of applications for Foundation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary of Trainees Progress
See attached confidential spreadsheet

Summary of LFG Discussions

**Please provide a brief statement from LFG meetings related to:**

**Posts**

**You may wish to comment on:**

Induction processes

Clinical supervision in posts

Formal teaching in posts

Experience in the post relevant to a future Specialty career

**Assessments**

Out of hours experience

Study leave provision

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
Summary of LFG Governance

**Standards for Curriculum Management**

**S1 – Curriculum and Handbook**

The local curriculum must be appropriate for the National Foundation Programme curriculum framework and must enable Postgraduate Doctors to achieve the competences and professionalism required for them adequately to fulfil their present roles and future career intentions.

**PMETB Domain(s):**

- **Domain 1:** Patient safety
- **Domain 2:** Quality Management, review and evaluation
- **Domain 3:** Equality, diversity and opportunity
- **Domain 5:** Delivery of approved curriculum including assessment
- **Domain 6:** Support and development of trainees, trainers and local faculty
- **Domain 7:** Management of education and training
- **Domain 9:** Outcomes

**Areas you may wish to comment on:**

The LFG Handbook

How have you progressed on mapping the national curriculum to the local curriculum?

What opportunities are there for multidisciplinary working/learning in your rotations?

What workload issues have arisen? How have these been addressed?

**Foundation Doctor cohort**

Notable practice

**Areas of concern with time-bound targets for action with named responsibility**

**Areas of improvement since last report**
Standards for Curriculum Management

S2 – Curriculum resources and progression
There must be sufficient resources to provide the opportunity for all Postgraduate Doctors to achieve the educational outcomes specified in the curriculum and to receive full teaching.

PMETB Domain(s):
Domain 1: Patient safety
Domain 2: Quality Management, review and evaluation
Domain 3: Equality, diversity and opportunity
Domain 6: Support and development of trainees, trainers and local faculty
Domain 7: Management of education and training
Domain 8: Educational resources and capacity

Areas you may wish to comment on:
Are trainees gaining sufficient practical experience in their posts?
How has the LFG identified and managed TiD?
How have TiD been supported?
Have any issues around bullying arisen? How have they been handled?
How has the Equality/Diversity policy been used to support Postgraduate Doctors?

Foundation Doctor cohort

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
### Standards for Curriculum Management

**S3 – Careers advice, guidance, support and referral**

LFGs must establish effective mechanisms to provide high-quality career advice, guidance, support and referral for Postgraduate Doctors.

### PMETB Domain(s):

- **Domain 3:** Equality, diversity and opportunity
- **Domain 4:** Recruitment, selection and appointment
- **Domain 6:** Support and development of trainees, trainers and local faculty

### Areas you may wish to comment on:

- How do doctors get further careers advice?
- How has a doctor with career issues been supported?

### Foundation Doctor cohort

**Notable practice**

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
### Standards for Educational Governance

**S4 – Compliance with the education contract and the LAB**

Standards for Educational Governance for LFGs must comply with:

- The education contract signed between the Deanery and the LEP;
- The Deanery action plan agreed by the LEP at Centre review;
- Action plans produced by the LEP’s LAB.

### Areas you may wish to comment on:

How have you ensured that your processes on the LFG are in line with standards across other LFGs in the Trust?

Have you ensured that LFG action plans arising from reports to LAB and from Foundation School visits are acted upon?

### Foundation Doctor cohort

Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
<table>
<thead>
<tr>
<th>Standards for Educational Governance</th>
<th>PMETB Domain(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S5 – Membership of LFG</strong></td>
<td><strong>Domain 2: Quality Management, review and evaluation</strong></td>
</tr>
<tr>
<td>There must be a LFG in place to manage all aspects of the Foundation Programme.</td>
<td></td>
</tr>
</tbody>
</table>

**Areas you may wish to comment on:**

- How have you advised the members of the LFG of their role/and responsibilities?
- How have you recruited to the LFG?
- Have Lead responsibilities (for example, for Careers, Simulation, TiD, etc.) been allocated?
- Have these colleagues attended Deanery workshops to support their roles?
- How have you ensured representation on other faculty groups?
- How do you keep yourselves informed of activity in other faculty groups?

**Foundation Doctor cohort**

Notable practice

**Areas of concern with time-bound targets for action with named responsibility**

**Areas of improvement since last report**
Standards for Educational Governance
S6 – Proceedings of LFG
The LFG must have clear, robust and transparent quality control processes and be able to evidence its practice in relation to Postgraduate Doctors’ progression.

PMETB Domain(s):
Domain 2: Quality Management, review and evaluation
Domain 4: Recruitment, selection and appointment
Domain 6: Support and development of trainees, trainers and local faculty
Domain 7: Management of education and training

Areas you may wish to comment on:
How have you shared information about the LFG activities with Educational Supervisors?
How have you recorded and tracked TiD?
How have you arranged to review feedback from the PMETB survey and other feedback from trainees in their posts?
How have you arranged to receive feedback from Educational Supervisors and Clinical Supervisors?
What are your processes to ensure robust communication between Clinical and Educational Supervisors?

Foundation Doctor cohort
Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
Standards for Educational Governance

**S7 – Resources for LFG**
LFGs must demonstrate an appropriate infrastructure for curriculum, teaching and assessment.

**PMETB Domain(s):**
- **Domain 6:** Support and development of trainees, trainers and local faculty
- **Domain 7:** Management of education and training
- **Domain 8:** Educational resources and capacity

**Areas you may wish to comment on:**
- How have you supported Clinical Supervisors in training to undertake assessments?
- How have you supported Educational Supervisors in undertaking assessments and using the e-portfolio?
- How have you arranged calibration exercises?
- How is the educational appraisal of Educational Supervisors being managed?
- How do you support ongoing Educational Supervisors’ development?

**Foundation Doctor cohort**

Notable practice

**Areas of concern with time-bound targets for action with named responsibility**

**Areas of improvement since last report**
Standards for Educational Governance

S8 – Postgraduate Doctors’ role on LFG

LFGs must ensure that the voice of Postgraduate Doctors is heard and taken into account in developing the programme.

PMETB Domain(s):

Domain 2: Quality Management, review and evaluation
Domain 6: Support and development of trainees, trainers and local faculty

Areas you may wish to comment on:

- How have you ensured representation from each year of the Programme?
- How have you supported trainees when they have expressed concerns?
- How have you ensured trainees know how to report serious concerns?
- Have Postgraduate Doctors Representatives attended the Deanery workshops on their role?

Foundation Doctor cohort

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
Standards for Educational Governance
S9 – Recruitment role of LFG
There must be effective establishment of mechanisms to ensure clear, robust and transparent recruitment processes.

PMETB Domain(s):
Domain 2: Quality Management, review and evaluation
Domain 3: Equality, diversity and opportunity
Domain 4: Recruitment, selection and appointment

While recruitment is now centralised at the Foundation School, you may wish to comment on:
If there were vacancies at your LEP, how did you fill the posts?
Did you receive the STFS guidance on recruiting to vacant posts?
Are there any recruitment issues that you would like to advise the Foundation School about?

Foundation Doctor cohort
Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
Standards for Educational Governance

S10 – Assessment role of LFG
Postgraduate Doctors must have access to analysis of outcomes of assessments, completion of Foundation Programme for each year and each location, benchmarked against other programmes.

PMETB Domain(s):
Domain 4: Recruitment, selection and appointment
Domain 5: Delivery of approved curriculum including assessment
Domain 9: Outcomes

Areas you may wish to comment on:
How have your cohorts of trainees performed in assessments?
What have been the outcomes of F1 and F2 in terms of sign-off and successful completion rates?

Foundation Doctor cohort

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
**Signature of Local Faculty Lead** | **Date signed**
---|---

**Please tick to confirm that you have appended**

- Local Faculty Handbook
- GEAR Local Faculty Standards
- Quality Manual
- Centre Review Report

Please send to Quality Office at: quality@kssdeanery.ac.uk by the publicised date from the Deanery each year.
# KSS Specialty [add specialty name] Programme Local Faculty Group Annual Audit and Review

This template is part of the Postgraduate Deanery for KSS GEAR for LFGs (GEAR 6.11)

To be used for:

1. LFG Annual Audit and Review to LAB
2. Report to Specialty School

<table>
<thead>
<tr>
<th>LEP Name</th>
<th>Location</th>
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<tr>
<th>Associate Dean</th>
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<th>Specialty</th>
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<tr>
<th>Programme Director</th>
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<tbody>
<tr>
<td>(as appropriate)</td>
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<thead>
<tr>
<th>LFG Chair</th>
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<tr>
<th>Medical Education Manager</th>
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<tr>
<th>LFG Administrator</th>
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<table>
<thead>
<tr>
<th>Number of Postgraduate Doctors in the Specialty (by level of training)</th>
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<table>
<thead>
<tr>
<th>Number of Staff Grade Doctors in the Specialty</th>
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</thead>
</table>
Summary Local Faculty Group Members and Activity

**Local Faculty Group** (Please list place of meeting, membership and attendance at LFG and the roles and responsibilities of the attendees)

<table>
<thead>
<tr>
<th>Attendees</th>
<th>Date of each meeting</th>
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<th>3.</th>
</tr>
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<tbody>
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<td>GP Lead as appropriate</td>
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<tr>
<td>Other appropriate work and Specialty areas</td>
<td></td>
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</tr>
</tbody>
</table>

**Educational Network**

- Number of Educational Supervisors (given as a proportion of the total number qualified for the role)
- Number and percentage of Postgraduate Doctors at the start of programme
- Number and percentage of Postgraduate Doctors at the end of programme
- Number and percentage of Postgraduate Doctors referred to the Deanery for careers advice
- Number and percentage of Postgraduate Doctors referred to the Deanery Trainees in Difficulty committee
- Number and percentage of Postgraduate Doctors appointed locally (Headroom)
- Number and percentage of Postgraduate Doctors who have appealed against educational decisions
- Number of staff who took part in recruitment
### Summary of Trainees' Progress
See attached confidential spreadsheet

### Summary of LFG Discussions

**Please provide a brief statement from LFG meetings related to:**

#### Posts

**You may wish to comment on:**

- Have you captured the trainee’s experience of the posts?
- Are the posts meeting the requirements in practice of the national/local curriculum?
- Induction processes
- Clinical supervision in posts
- Formal teaching in posts
- Experience in the post relevant to a future Specialty career

#### Assessments

- Out of hours experience
- Study leave provision
- Notable practice

#### Areas of concern with time-bound targets for action with named responsibility

#### Areas of improvement since last report
Summary of LFG Governance

**Standards for Curriculum Management**

**S1 – Curriculum and Handbook**

The local curriculum must be appropriate for the National Specialty Programme curriculum framework and must enable Postgraduate Doctors to achieve the competences and professionalism required for them adequately to fulfil their present roles and future career intentions.

**PMETB Domain(s):**

- **Domain 1:** Patient safety
- **Domain 2:** Quality Management, review and evaluation
- **Domain 3:** Equality, diversity and opportunity
- **Domain 5:** Delivery of approved curriculum including assessment
- **Domain 6:** Support and development of trainees, trainers and local faculty
- **Domain 7:** Management of education and training
- **Domain 9:** Outcomes

**Areas you may wish to comment on:**

The LFG Handbook

How have you progressed on mapping the national curriculum to the local Specialty curriculum?

What opportunities are there for multidisciplinary working/learning in your rotations?

What workload issues have arisen? How have these been addressed?

**Postgraduate Doctor cohort**

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
### Standards for Curriculum Management

**S2 – Curriculum resources and progression**

There must be sufficient resources to provide the opportunity for all Postgraduate Doctors to achieve the educational outcomes specified in the curriculum and to receive full teaching.

#### PMETB Domain(s):
- **Domain 1:** Patient safety
- **Domain 2:** Quality Management, review and evaluation
- **Domain 3:** Equality, diversity and opportunity
- **Domain 6:** Support and development of trainees, trainers and local faculty
- **Domain 7:** Management of education and training
- **Domain 8:** Educational resources and capacity

### Areas you may wish to comment on:

- Are trainees gaining sufficient practical experience in their posts?
- How has the LFG identified and managed TiD?
- How have TiD been supported?
- Have any issues around bullying arisen? How have they been handled?
- How has the Equality/Diversity policy been used to support Postgraduate Doctors?

### Postgraduate Doctor cohort

Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
### Standards for Curriculum Management

**S3 – Careers advice, guidance, support and referral**

LFGs must establish effective mechanisms to provide high-quality career advice, guidance, support and referral for Postgraduate Doctors.

**PMETB Domain(s):**

- **Domain 3:** Equality, diversity and opportunity
- **Domain 4:** Recruitment, selection and appointment
- **Domain 6:** Support and development of trainees, trainers and local faculty

### Areas you may wish to comment on:

- How do doctors get further Specialty careers advice?
- How has a doctor with career issues been supported?

### Postgraduate Doctor cohort

**Notable practice**

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
**Standards for Educational Governance**

**S4 – Compliance with the education contract and the LAB**

Standards for Educational Governance for LFGs must comply with:

- The education contract signed between the Deanery and the LEP;
- The Deanery action plan agreed by the LEP at Centre review;
- Action plans produced by the LEP’s LAB.

**PMETB Domain(s):**

**Domain 2:** Quality Management, review and evaluation

**Domain 6:** Support and development of trainees, trainers and local faculty

**Domain 7:** Management of education and training

**Domain 8:** Educational resources and capacity

---

**Areas you may wish to comment on:**

How have you ensured that your processes on the LFG are in line with standards across other LFGs in the Trust?

Have you ensured action plans arising out of reports to/from the LAB from hospital visits by Specialty School are acted upon?

---

**Postgraduate Doctor cohort**

Notable practice

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**Areas of concern with time-bound targets for action with named responsibility**

---

**Areas of improvement since last report**
### Standards for Educational Governance

**S5 – Membership of LFG**
There must be a LFG in place to manage all aspects of the Specialty Programme.

### PMETB Domain(s):
**Domain 2:** Quality Management, review and evaluation

### Areas you may wish to comment on:
- How have you advised the members of the LFG of their role and responsibilities?
- How have you recruited to the LFG?
- Have Lead responsibilities (for example, for Careers, Simulation, TiD, etc.) been allocated?
- Have these colleagues attended Deanery workshops to support their roles?
- How have you ensured representation on other faculty groups?
- How do you keep yourselves informed of activity in other faculty groups?

### Postgraduate Doctor cohort
**Notable practice**

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
### Standards for Educational Governance

**S6 – Proceedings of LFG**

The LFG must have clear, robust and transparent quality control processes and be able to evidence its practice in relation to Postgraduate Doctors’ progression.

#### PMETB Domain(s):

- **Domain 2:** Quality Management, review and evaluation
- **Domain 4:** Recruitment, selection and appointment
- **Domain 6:** Support and development of trainees, trainers and local faculty
- **Domain 7:** Management of education and training

### Areas you may wish to comment on:

- How have you shared information about the LFG activities with Educational Supervisors?
- How have you recorded and tracked TiD?
- How have you arranged to review feedback from the PMETB survey and other feedback from trainees in their posts?
- How have you arranged to receive feedback from Educational and Clinical Supervisors?

### Postgraduate Doctor cohort

**Notable practice**

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
Standards for Educational Governance
S7 – Resources for LFG
LFGs must demonstrate an appropriate infrastructure for curriculum, teaching and assessment.

PMETB Domain(s):
Domain 6: Support and development of trainees, trainers and local faculty
Domain 7: Management of education and training
Domain 8: Educational resources and capacity

Areas you may wish to comment on:
How have you supported Clinical Supervisors in training to undertake assessments?
How have you supported Educational Supervisors in undertaking assessments and using the e-portfolio?
How have you arranged calibration exercises?
How is the educational appraisal of Educational Supervisors being managed?
How do you support ongoing Educational Supervisors’ development?

Postgraduate Doctor cohort
Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
<table>
<thead>
<tr>
<th>Standards for Educational Governance</th>
<th>PMETB Domain(s):</th>
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</thead>
<tbody>
<tr>
<td><strong>S8 – Postgraduate Doctors' role on LFG</strong></td>
<td><strong>Domain 2:</strong> Quality Management, review and evaluation</td>
</tr>
<tr>
<td>LFGs must ensure that the voice of Postgraduate Doctors is heard and taken into account in developing the programme.</td>
<td><strong>Domain 6:</strong> Support and development of trainees, trainers and local faculty</td>
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</tbody>
</table>

**Areas you may wish to comment on:**

- How have you ensured representation from ST1, ST2, ST3?
- How have you supported trainees when they have expressed concerns?
- How have you ensured trainees know how to report serious concerns?

**Postgraduate Doctor cohort**

- Notable practice

**Areas of concern with time-bound targets for action with named responsibility**

**Areas of improvement since last report**
Standards for Educational Governance
S9 – Recruitment role of LFG
There must be effective establishment of mechanisms to ensure clear, robust and transparent recruitment processes.

PMETB Domain(s):
Domain 2: Quality Management, review and evaluation
Domain 3: Equality, diversity and opportunity
Domain 4: Recruitment, selection and appointment

Areas you may wish to comment on:
Consultants availability
Can you access appropriate Recruitment Training?
Do you keep a record of Equality, diversity and opportunity Training?

Postgraduate Doctor cohort
Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
### Standards for Educational Governance

**S10 – Assessment role of LFG**

Postgraduate Doctors must have access to analysis of outcomes of assessments, RITAs/ARCPs and exams for each programme and each location, benchmarked against other programmes.

#### PMETB Domain(s):
- **Domain 4:** Recruitment, selection and appointment
- **Domain 5:** Delivery of approved curriculum including assessment
- **Domain 9:** Outcomes

### Areas you may wish to comment on:

- How have your cohorts of trainees performed in assessments?
- What have been the outcomes of the ARCP?
- How are you supporting trainees with outcome 2 or 3?

### Postgraduate Doctor cohort

Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
Signature of Local Faculty Lead

Date signed

Please tick to confirm that you have appended

Local Faculty Handbook   
GEAR Local Faculty Standards   
Quality Manual    
Centre Review Report

Please send to Quality Office at: quality@kssdeanery.ac.uk by the publicised date from the Deanery each year.
### KSS General Practice Programme
Local Faculty Group Annual Audit and Review

To be used for:
- LFG Annual Audit and Review to LAB
- Report to Specialty School

<table>
<thead>
<tr>
<th>LEP Name</th>
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<tbody>
<tr>
<td>Associate GP Dean</td>
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<tr>
<th>GP Programme Directors</th>
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<th>MEM</th>
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</table>

| LFG Administrator       |
Summary LFG and Activity

Local Faculty Group (Please list place of meeting, membership and attendance at LFG and the roles and responsibilities of the attendees)

<table>
<thead>
<tr>
<th>Attendees</th>
<th>Dates of each meeting</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1.</td>
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<td>Specialty Local Programme Director (Chair)</td>
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<td>☐</td>
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<tr>
<td>GP Lead/Representative as appropriate</td>
<td>☐</td>
</tr>
<tr>
<td>GP Trainers (Please list by name)*</td>
<td>☐</td>
</tr>
<tr>
<td>Clinical Supervisors of GP trainees (please list by name and Specialty)*</td>
<td>☐</td>
</tr>
<tr>
<td>Other appropriate work and Specialty areas</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Extend boxes as required

Educational Network

Number of Accredited GP Trainers

Number of FY2 Clinical Supervisors

Number of FY2 Community Educational Supervisors trained

Number of Trainer Retirements

Number of Trainer Overlaps
## Summary of Trainees

See GP spreadsheet

## Summary of LFG Discussions

<table>
<thead>
<tr>
<th>Please provide a brief statement from LFG meetings related to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Hospital Rotations</strong></td>
</tr>
<tr>
<td><strong>You may wish to comment on:</strong></td>
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<tr>
<td>Induction processes</td>
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<td>Experience in the post relevant to a career in GP</td>
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<tr>
<td>Assessments</td>
</tr>
<tr>
<td>Study leave provision</td>
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<tr>
<td><strong>General Practice Rotations</strong></td>
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<tr>
<td>Study leave provision</td>
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<tr>
<td>Notable practice</td>
</tr>
</tbody>
</table>

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
### Standards for Curriculum Management

**S1 – Curriculum and Handbook**

The local curriculum must be appropriate for the National Foundation or Specialty Programme curriculum framework and must enable Postgraduate Doctors to achieve the competences and professionalism required for them adequately to fulfil their present roles and future career intentions.

**PMETB Domain(s):**

- **Domain 1:** Patient safety
- **Domain 2:** Quality Management, review and evaluation
- **Domain 3:** Equality, diversity and opportunity
- **Domain 5:** Delivery of approved curriculum including assessment
- **Domain 6:** Support and development of trainees, trainers and local faculty
- **Domain 7:** Management of education and training
- **Domain 9:** Outcomes

### Areas you may wish to comment on:

- **The LFG Handbook**
  - How have you progressed on mapping the GP curriculum to individual specialties?
  - What opportunities are there for multidisciplinary working/learning in your rotations?
  - What workload issues have arisen? How have these been addressed?

### Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
### Standards for Curriculum Management

**S2 – Curriculum resources and progression**

There must be sufficient resources to provide the opportunity for all Postgraduate Doctors to achieve the educational outcomes specified in the curriculum and to receive full teaching.

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</tbody>
</table>

### Areas you may wish to comment on:

- Are trainees gaining sufficient practical experience in their posts?
- How has the LFG identified and managed doctors in difficulty?
- How have doctors in difficulty been supported?
- Have any issues around bullying arisen? How have they been handled?
- How has the Equality/Diversity policy been used to support Postgraduate Doctors?

#### Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
### Standards for Curriculum Management

**S3 – Careers advice, guidance, support and referral**

LFGs must establish effective mechanisms to provide high-quality career advice, guidance, support and referral for Postgraduate Doctors.

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<td><strong>Domain 6:</strong> Support and development of trainees, trainers and local faculty</td>
</tr>
</tbody>
</table>

### Areas you may wish to comment on:

- How do doctors wishing to be GPs get career advice from the team?
- How have you supported a doctor wishing to change careers?

### Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
Standards for Educational Governance

S4 – Compliance with the Education Contract and LAB

Standards for Educational Governance for LFGs must comply with:
- the Education Contract signed between the Deanery and the LEP;
- the Deanery action plan agreed by the LEP at Centre Review;
- Action plans produced by the LEP’s LAB.

PMETB Domain(s):

Domain 2: Quality Management, review and evaluation
Domain 6: Support and development of trainees, trainers and local faculty
Domain 7: Management of education and training
Domain 8: Educational resources and capacity

Areas you may wish to comment on:

How have you ensured your processes on the LFG are in line with standards across other LFGs in the Trust?
How have you ensured action plans arising out of reports to the LAB and GP School are acted on?

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
**Standards for Educational Governance**

**S5 – Membership of LFG**

There must be a LFG in place to manage all aspects of the Foundation/Specialty Programme.

**PMETB Domain(s):**

**Domain 2:** Quality Management, review and evaluation

### Areas you may wish to comment on:

- How have you advised the members of the LFG of their role and responsibilities?
- How have you recruited to the LFG?
- How have you ensured representation on other faculty groups?
- How do you keep yourselves informed of activity in other faculty groups?

**Notable practice**

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
Standards for Educational Governance

S6 – Proceedings of LFG

The LFG must have clear, robust and transparent quality control processes and be able to evidence its practice in relation to Postgraduate Doctors’ progression.

PMETB Domain(s):

Domain 2: Quality Management, review and evaluation
Domain 4: Recruitment, selection and appointment
Domain 6: Support and development of trainees, trainers and local faculty
Domain 7: Management of education and training

Areas you may wish to comment on:

How have you shared information about the LFG activities with trainers?
How have you recorded and tracked TiD?
How have you arranged to review feedback from the PMETB survey and other feedback from trainees in their posts?
How have you arranged to receive feedback from trainers and Clinical Supervisors?

Notable practice

Areas of concern with time-bound targets for action with named responsibility

Areas of improvement since last report
### Standards for Educational Governance

**S7 – Resources for LFG**

LFGs must demonstrate an appropriate infrastructure for curriculum, teaching and assessment.

### PMETB Domain(s):**
- **Domain 6**: Support and development of trainees, trainers and local faculty
- **Domain 7**: Management of education and training
- **Domain 8**: Educational resources and capacity

### Areas you may wish to comment on:

How have you supported Clinical Supervisors in training to undertake assessments?

How have you supported trainers in undertaking assessments and using the e-portfolio?

How have you arranged calibration exercises?

How have you reviewed the provision of resources in the Trust relevant to a career in GP?

How is the educational appraisal of trainers being managed?

How do you support trainer development?

### Notable practice

### Areas of concern with time-bound targets for action with named responsibility

### Areas of improvement since last report
Standards for Educational Governance

S8 – Postgraduate Doctors’ role on LFG
LFGs must ensure that the voice of Postgraduate Doctors is heard and taken into account in developing the programme.

PMETB Domain(s):
Domain 2: Quality Management, review and evaluation
Domain 6: Support and development of trainees, trainers and local faculty

Areas you may wish to comment on:
How have you ensured representation from ST1, ST2, ST3?
How have you supported trainees when they have expressed concerns?
How have you ensured trainees know how to report serious concerns?

Notable practice

Areas of concern with time-bound targets for action with named responsibility

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</tbody>
</table>

**Areas you may wish to comment on:**
We recognise that GP recruitment is organised nationally. However, if there are any areas that you wish to comment on locally, please do so.

Notable practice

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**Areas of concern with time-bound targets for action with named responsibility**

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**Areas of improvement since last report**
Standards for Educational Governance

<table>
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<tbody>
<tr>
<td><strong>S10 – Assessment role of LFG</strong></td>
<td><strong>Domain 4</strong>: Recruitment, selection and appointment</td>
</tr>
<tr>
<td>Postgraduate Doctors must have access to analysis of outcomes of assessments, RITAs/ARCPs and exams for each programme and each location, benchmarked against other programmes.</td>
<td><strong>Domain 5</strong>: Delivery of approved curriculum including assessment</td>
</tr>
<tr>
<td></td>
<td><strong>Domain 9</strong>: Outcomes</td>
</tr>
</tbody>
</table>

**Areas you may wish to comment on:**

- How have your cohorts of trainees performed in assessments?
- What have been the outcomes of the ARCP?
- How are you supporting trainees with outcome 2 or 3?

Notable practice

---

**Areas of concern with time-bound targets for action with named responsibility**

---

**Areas of improvement since last report**

---

**Signature of Local Faculty Lead**

**Date signed**
Appendices

Appendix 1:
KSS Quality Management Overview

Appendix 2:
Educational Supervision in KSS Deanery
Educational and Clinical Supervisor Job Planning Tariff
The KSS Qualified Educational Supervisor Programme (QESP) Overview
QESP ‘Grandparents’ Rights’ Overview and Application

Appendix 3:
Roles and Responsibilities of London and KSS Deaneries

Appendix 4:
LAB GEAR Mapping Document against PMETB Standards for Deaneries (July 2008), PMETB Generic standards for training (including Foundation standards) (July 2008) and PMETB Standards for curricula and assessment systems (July 2008) and other key documentation (as appropriate)

Appendix 5:
LFG GEAR Mapping Document against PMETB Generic Standards for Training (July 2008)

Appendix 6:
LFG GEAR Mapping Document against PMETB Standards for Curricula and assessment systems (July 2008)

Appendix 7:
GUIDANCE FOR DOCUMENTATION: Local Faculty Groups (Post Foundation) (Re. Handling of Trainees in Difficulty) Record Keeping
Appendix 1

KSS Quality Management Overview

Regulatory Requirements

National regulatory bodies

1. UK PMET is quality assured by the PMETB, which began operations on 30 September 2005 with the purpose of developing a single, unifying framework for PMET. It took over the responsibilities of the Specialist Training Authority of the medical Royal Colleges and the Joint Committee on Postgraduate General Practice Training. PMETB is accountable to Parliament, and acts independently of government as the UK competent authority.

2. PMETB is responsible for:
   a. certifying doctors for the GP and specialist registers;
   b. prospective approval of all training posts that lead to the award of a Certificate of Completion of Training (CCT);
   c. approving specialist training curricula and assessments which are devised and submitted to PMETB by the medical Royal Colleges;
   d. quality assurance and evaluation of the management of postgraduate training;
   e. setting the overarching principles under which selection into specialist training must operate;
   f. providing policy development for the sector.

3. To achieve these aims, PMETB works closely and regularly consults with:
   a. medical Royal Colleges and Faculties;
   b. the four UK departments of health;
   c. Postgraduate Deaneries;
   d. strategic health authorities, Trusts and hospitals;
   e. trainees;
   f. patient groups;
   g. professional bodies;
   h. other healthcare regulatory bodies;
   i. the general public.

4. PMETB and the GMC both have responsibilities for Foundation Programmes and separate but linked responsibilities for registration. Following a recommendation from Sir John Tooke’s inquiry into ‘Modernising Medical Careers’, PMETB and the GMC will be merged no later than April 2010.

Deanery and LEP roles

5. The Deanery operates as the regional arm of the NHS, providing quality management for PMET for all LEPs, in accordance with the regulatory requirements of PMETB ans GMC. It performs this function in collaboration with the medical Royal Colleges, to provide a single Visiting Body for LEPs. Whereas in the past, LEPs were subject to multiple visits, now the only requirement for Visiting with which they must comply is a Deanery Visit.

6. LEPs may, of course, invite developmental or pastoral visits from other external agencies where their Chief Executives find a cost benefit in doing so.

7. As figure 1 shows, in formal terms, PMETB/GMC is responsible for Quality Assurance and thus for setting Standards; Deaneries are responsible for Quality Management by implementing a Regulatory function; and LEPs are responsible for Quality Control by providing an Audit process. All three have a responsibility for ensuring that their quality processes support the development and improvement of PMET.
Contractual relationships

1. The basis for any quality system is a formal Contract, that is, a document that describes ‘an exchange of considerations’. Typically, a commissioner or purchaser exchanges funding in consideration for services from a provider. The Contract specifies precisely what each party will give and receive.

2. In KSS, an Education, Training and Development Contract is signed each year between the Deanery and the Chief Executive Officer (CEO) of its LEP. This provides the basis for payment from the Deanery to the LEP, in consideration of which the LEP contracts to provide PMET of the specified standard. The detailed Specifications to the Contract then provide the standards against which each party judge whether or not the other has met their agreement.

3. That contractual relationship then extends from the CEO of the LEP to its clinical and non-clinical staff, through their Contracts of Employment. In an LEP, for example, the CEO contracts hospital consultants to provide teaching and educational supervision. That agreement is then demonstrated through an individual’s Job Plan, which includes those responsibilities as part of their formal employment role. If an individual hospital consultant decides that they do not want to provide teaching or educational supervision then that, too, will be reflected in their Job Plan. Figure 2 illustrates these relationships.

Figure 1: National Quality System for PMET

Figure 2: Contractual Relationships ‘An exchange of considerations’
The KSS Quality Management System

Educational governance and clinical governance

1. KSS Deanery ensures a close relationship between Educational Governance and Clinical Governance. We believe that excellent teaching and excellent educational supervision produces excellent patient care.

2. In the same way that standards for clinical practice are ultimately ethically decided, we recognise education as fundamentally a morally charged activity. It is from this standpoint that the KSS Quality Management System (QMS), and the processes associated with it, have been developed.

A principled approach to practice

3. All of the work of the Education Department is informed by the approach that we advocate – A Principled Approach to Practice (see Figure 3). Its starting point is an explicitly ethical stance, summarised as Kant’s Categorical Imperative: ‘treat others as you would wish to be treated yourself.’ With those principles foregrounded, we move directly into the real-life, complex, problematic world of everyday clinical practice. Our intention is to develop practical solutions to practical problems, drawing on a wide range of theoretical perspectives.

4. This means that our QMS is:
   a. highly collaborative: we design it in collaboration with the people who are going to have to implement it at local level;
   b. developmental for both sides: we aim to learn more about each other’s contexts and needs;
   c. flexible: we hope to encourage local diversity and creativity within regional and national guidelines.

The professional conversation

5. At the heart of our collaborative practice is what we term ‘the Professional Conversation’, an ongoing discussion with stakeholders about principles, processes and patients. It is through this dialogue that we invite change in PMET, across the range of our working contexts (see Figure 3).

6. At present, the contexts in which professional conversations take place include:
   a. one-to-one discussions with hospital consultants to develop their teaching in real-life clinical settings;
   b. open-invitation meetings to consult DMEs and MEMs about the Specifications for the Education, Training and Development Contract;
   c. advisory roles with LABs and LFGs;
   d. collaborative meetings with Heads of Schools to share operational issues and identify strategic routes ahead;
   e. e-discussions to arrange, manage and discuss the results of the PMETB survey;
   f. internal Deanery meetings to integrate its four key work areas – Education, Schools, Workforce, and Operations – as part of the process of developing an appropriate KSS QMS.

Key elements of the QMS

7. The QMS contains five key elements:
   a. Centre Review: an annual visit to LEPs to verify their Quality Manual, agree progress on their Education Strategy, and sign the Education Contract.
   b. Academic Development Programmes: through which educational expertise and capacity is grown in the region. This includes:
      i. Qualified Educational Supervisor Programme (QESP);
      ii. MA Education in Clinical Settings;
      iii. Postgraduate Certificate Managing Medical Careers;
iv. Co-mentoring for new consultants;

v. KSS Simulation Strategy;

vi. KSS School of Clinical Leadership.

c. GEAR, which set out the operational requirements for LEP LABs and LFGs. It provides structure, process and standards to implement PMETB Domains.

d. KSS School Development, including:

i. LEP Visiting;

ii. Responding to the annual PMETB questionnaires;

iii. Developing shared practice with undergraduate medical schools and the medical Royal Colleges;

iv. Developing the academic role of Schools.

e. Medical Workforce Management, especially:

i. Creating common quality management processes for recruitment and workforce management across all Schools;

ii. Developing appropriate IT structures to support workforce data management and communications;

iii. Providing administrative support to Schools’ Committees;

iv. Providing administrative support to the LEP Visiting Process;

v. Advising and supporting workforce functions in LEPs.

8. The QMS is supported by:

a. The KSS internal Committee structure, especially:

i. The Quality Management Steering Group, chaired by the Dean Director;

ii. The Quality Management Operations Group, co-ordinated by the KSS Quality Manager.

b. The KSS School, LAB and LFG structure, which provide local Quality Control for all PMET functions (see Figure 4).

c. Mapping to national standards, including GMC standards; PMETB Domains and Standards; MMC Gold Guide; Foundation and Specialty Schools’ policies, regulations and governance; NHSLA Risk Management Standards.

d. Best practice from other mainstream quality systems for Education, Training and Development, especially the QAA; Investors in People; LSCs; ISO 9000; and Ofsted.

e. Partnership processes to develop, manage and control quality participatively with our LEPs.

f. Strong, regular Deanery presence in LEPs to provide ongoing support and development.

From practice to policy

9. The QMS reflects the operational needs of LEPs to provide excellent PMET in real-life clinical settings. It describes standards and processes for supporting and operating a values-based curriculum in practice.

10. Effectively, therefore, it integrates and operationalises the domains, standards and mandatory requirements described by PMETB in its Generic Standards for Training; Standards for Curricula and Assessment Systems; and Standards for Deaneries. In this way, it draws a line of continuity from the individual teacher and learner in the clinical setting to the national policy development reflected in PMETB’s documentation.

11. In this way the QMS stabilises the necessary tension between the local clinical environment’s need to provide continuity of care and of education, and national requirements for change in the organisation and management of PMET.

5 The rapid change in policy development and implementation for PMET is well described in PMETB (2008) The State of Postgraduate Medical Education and Training: a changing landscape. London: PMETB.
12. The QMS, therefore, is deliberately organised in a way that reflects the everyday practice of teaching, learning, curriculum development and education management in real-life clinical settings. This is reflected, for example, in the organisation of GEAR into ‘standards for practice’.

13. A particular role and task of the Deanery, therefore, is to translate LEP reports, which are made against ‘standards for practice’, into its Annual Audit and Review (AAR) report to PMETB, which is organised as ‘Domains of Policy’. This is carried out by the Education Department, which uses qualitative research methodologies to provide a meta-analysis of LEP AARs and to organise those data into PMETB Domains.

14. This approach is considered important to:
   a. enable LABs and their LFGs to develop their new local curricula out of best clinical practice;
   b. make a clear relationship between the management roles of providing a strong educational infrastructure and the leadership roles of developing excellent teaching and educational supervision;
   c. support individual practitioners in developing their practice, in a period of intense change in governance;
   d. reduce turbulence and maintain focus on teaching and learning in practice;
   e. enable precision in thinking about the needs of a values-based curriculum;
   f. ensure that the best practice, which has always typified PMET, is ‘held in transition’, not ‘lost in translation’.
**A Principled Approach to Practice**

Coherent ethical framework for all Education Department work  
Relates Educational Governance to Clinical Governance  
Operates through the Professional Conversation

<table>
<thead>
<tr>
<th>Centre Review</th>
<th>Academic Development</th>
<th>GEAR</th>
<th>School Development</th>
<th>Medical Workforce</th>
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<td>Annual exercise</td>
<td>QESP</td>
<td>Structure, Process and Standards to implement PMETB Domains</td>
<td>LEP Visiting Annual PMETB Questionnaire</td>
<td>Recruitment and Workforce Management</td>
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<td>Local Educational Infrastructure</td>
<td>MA Clinical Education</td>
<td>Local Academic Boards</td>
<td>Developing academic role</td>
<td>Data Management &amp; Communication</td>
</tr>
<tr>
<td>Verify Quality Manual</td>
<td>PG Cert Careers</td>
<td>Local Faculty Groups</td>
<td>Sharing practice with Royal Colleges and Medical Schools</td>
<td>School administrative support</td>
</tr>
<tr>
<td>Agree Education Strategy</td>
<td>Mentoring</td>
<td>Supports local ownership</td>
<td></td>
<td>LEP Support</td>
</tr>
<tr>
<td>Sign Contract</td>
<td>Simulation</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Leadership</td>
<td></td>
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</tr>
</tbody>
</table>

**Provide data for:**  
Hospital Visiting  
Deanery Annual Audit and Review report to PMETB

**Managed by:**  
Deanery Quality Management Steering Group  
Deanery Quality Management Operations Group

**Figure 3: A Principled Approach to Practice**
Deanery Schools

Acute Care Common Stem, Anaesthetics, Foundation, General Practice, Medicine, Obstetrics & Gynaecology, Paediatrics, Psychiatry, Surgery.

Heads of Schools are members of Deanery Quality Management Steering Group

LEP Local Academic Board

Director of Medical Education (Chair); Medical Education Manager; Library Services Manager; Medical Director; Human Resources Director; Finance & IT Director
Trainee Representative and Lay Representative
Deanery Education Adviser & Associate Dean

Meets three times a year to:
Approve Reports from Local Faculty Groups;
Manage Quality Control;
Oversee Local Faculty Development;
Produce Annual Audit and Review.

Reports to:
Deanery Quality Management Steering Group
LEP Senior Executive Committee

Local Faculty Groups

Everyone involved in providing the programme
LFG Lead relates to relevant Deanery Head of School

Produces, reviews and updates local curriculum and trainee handbook
Manages QESP throughput
Identifies LFG Lead on key roles e.g. Careers

Meets three times a year to:
Review and report to LAB on progress of every learner;
Review Faculty members’ own development needs.

Reports to:
Local Academic Board

Figure 4: KSS School, LAB and LFG Structure
Appendix 2:

Educational Supervision in KSS Deanery

1.0 Overview

1.1. The purpose of this document is to outline the role and responsibilities of Educational Supervisors working in postgraduate medical education in the KSS Deanery in relation to Foundation and Specialty Training.

1.2 This guidance may also support Trusts, LFGs and LABs in their quality control as they educationally support, manage, audit and resource the educational role of Educational Supervisors within KSS Trusts.

1.3 This guidance is mapped to the Gold Guide to Specialty Training (June 2007); Postgraduate Medical and Education Training Board (PMETB) Standards for Curricula: Standard 5; PMETB Standards for Trainers (PMETB, January 2008); the Foundation Programme; the KSS Deanery GEAR for LFGs and for LABs (PMETB SFT 3.2; 4.1; 4.2).

1.4 Education and training for all consultants who wish to qualify as Educational Supervisors, offered by the KSS Educational Department, is outlined.

1.5 The role of Educational Supervisor is supported by the Local Faculty group and Local Academic Board infrastructure within KSS and the KSS Deanery GEAR. The requirements of the PMETB Generic Standards for Training and KSS GEAR are mapped.

2.0 Scope of the role in KSS

2.1 The approach taken in KSS is to educate and train all hospital consultants as Educational Supervisors and on a long-term programme, which promotes those currently in the role. We see the role of Educational Supervisor as distinct from, but having points of overlap with, that of Clinical Supervisor. By educating and training all consultants as Educational Supervisors, we ensure the robustness of education and training for all clinical supervisors, while ensuring that those who wish to take on a more expanded role of Educational Supervisor are also equipped to do so. Organisationally the formal roles of Clinical Supervisor and Educational Supervisor are disaggregated for the purposes of job planning.

3.0 Definitions

These have been updated from the PMETB Quality Framework Operational Guide

3.1 Educational supervision

The revised definition of Educational Supervisor is:
‘A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee’s Educational Agreement.’

3.2 Clinical supervision

The revised definition of Clinical Supervisor is:
‘A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee’s clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.’
4.0 Educational Supervisor role and responsibilities

This is a complex role which spans the areas of educational management, educational supervision and feedback, clinical supervision, an understanding of the role of assessment in learning, the use of portfolios as a learning and assessment tool, an understanding of how to identify, support and manage a trainee in difficulty, and of supporting trainee career decision making.

The PMETB Standards for Trainers (Jan 2008) are met in the outline of role and responsibilities of trainers as given below. These Standards are also met in the KSS GEAR for Local Faculty Groups.

The PMETB Standards for Trainers (SFT) are:

**Standard 1:** trainers must provide a level of supervision appropriate to the competence of the trainee.

**Standard 2:** trainers must be involved in and contribute to a learning culture in which patient care occurs.

**Standard 3:** trainers must be supported in their role by a postgraduate education team and have a suitable job plan with an appropriate work load and time to develop trainees.

**Standard 4:** trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

4.1 The Educational Supervisor (Educational Management)

The Educational Supervisor:

4.1.1 enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety (PMETB Generic Standards for Training Mandatory requirement 6.25 and LAB GEAR 1.1 and LFG GEAR S1.6);

4.1.2 understands and demonstrates ability in the use of the approved in-work assessment tools and is clear as to what is deemed acceptable progress (PMETB Generic Standards for Training Mandatory requirement 6.26 and LAB GEAR S1.1);

4.1.3 regularly reviews the trainee’s progress through the training programme, adopts a constructive approach to giving feedback on performance, advises on career progression and understands the process for dealing with a trainee whose progress gives cause for concern (PMETB Generic Standards for Training Mandatory requirement 6.27 and LFG GEAR S1.10; S1.11);

4.1.4 ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision (PMETB Generic Standards for Training Mandatory requirement 6.28 and LFG GEAR S1.10; S1.11);

4.1.5 liaises 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 (PMETB Generic Standards for Training Mandatory requirement 6.29 and LAB GEAR 4);

4.1.6 is responsible for the educational progress of a trainee over an agreed period of training (in KSS this is normally of a year’s duration) set against knowledge of a mandated curriculum (LFG GEAR S1.11);

4.1.7 undertakes supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of the trainee (LFG GEAR S1.11; S1.12);

4.1.8 undertakes or delegates assessment of trainees as appropriate, has been trained in assessment and understands the generic relationship between learning and assessment and particularly that within a specific curriculum (LFG GEAR S7.1);
4.1.9 meets with trainees at agreed, specified times in accordance with the requirements of foundation or Specialty curricula (LFG GEAR S1.11; S1.12; S1.14);

4.1.10 liaises with Clinical Supervisors to gain an overview of trainee progression (LFG GEAR S2.6);

4.1.11 attends Local Faculty Group meetings as required and disseminates relevant information to Clinical Supervisors and trainees as appropriate (LFG GEAR S2.6);

4.1.12 liaises with the appropriate Training Programme Director (Foundation or Specialty) over trainee progression (LFG GEAR S2.6);

4.1.13 liaises with the postgraduate centre about requested information regarding trainee progression (LFG GEAR S2.6);

4.1.14 ensures appropriate training opportunities in order for trainees to gain the required competences (LFG GEAR S1.2);

4.1.15 acts as a first port of call for trainees who have concerns or issues about their training and manages this in accordance with the KSS TiD Guide (LFG GEAR S2.8, S2.9 and 5.3);

4.1.16 participates in any visiting processes as required (LAB GEAR 2.3);

4.1.17 discusses career intentions as appropriate, and offers support either individually or via KSS Faculty Career Lead/Specialty School career structure (LAB GEAR 3.1.11).

5.0 Educational meetings: initial

The Educational Supervisor arranges to meet trainees at the beginning of each rotation to:

5.1 check that the trainee has received a local induction;

5.2 ensure that competence check lists have been completed;

5.3 ensure that the trainee has relevant Handbooks; Specialty, Faculty etc.;

5.4 discuss trainee learning needs, how these will be developed and which assessment methods will be used to evaluate whether the trainee is meeting required competences;

5.5 record all meetings, outcomes of meetings as required and communicate these to trainee, Faculty Group, Training Programme Director as appropriate;

5.6 discuss the range of evidence that might contribute to the building of a portfolio of trainee progression;

5.7 review the trainee’s portfolio at each meeting and adapt/monitor learning needs in relation to curricula requirements.

6.0 Education meetings: mid point

The Educational Supervisor meets the trainee at the mid point of each rotation to:

6.1 discuss progress to date, and review progress. If necessary amend learning outcomes;

6.2 discuss taster opportunities if appropriate and ensure that these are relevant and appropriate to career intentions;

6.3 review learning portfolio and support trainee development of evidence of competence;

6.4 ensure that the trainee is appropriately engaging in the assessment process, learning from this and achieving the expected competences for the stage and level of training;

6.5 negotiate remedial efforts if required.

7.0 Education meetings: end point of rotation

The Educational Supervisor meets the trainee at the end of each rotation to:

7.1 review progress to date in relation to the requirements of the curriculum;

7.2 ensure that all appropriate assessments have been completed, review with the trainee which competences have been met; and amend professional development plan as appropriate, noting what needs to be carried forward to the next rotation and forward plan future trainee learning needs;
7.3 ensure that all relevant documentation has been completed.

8.0 ARCP appraisal, assessment and annual planning (Gold Guide 7.8 ff; Gold Guide page 70 and Appendix 4)

8.1 The Educational Supervisor is responsible for bringing together the structured report which looks at evidence of progress in training and for undertaking work-based appraisals with their trainees (NHS Appraisal). In the Foundation Programme the Educational Supervisor signs off the Foundation Achievement of Competency Document (FACD), which is then countersigned by the Training Programme Director.

9.0 Appraisal and revalidation

9.1 The Education Supervisor appraises trainees annually as appropriate using the NHS Appraisal Documentation, which can be found at:

www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/DH_4031937

10.0 Educational supervision and local faculty development

10.1 The KSS Deanery offers a range of professional development programmes. Specifically it offers the QESP, Part One: the Certificate in Teaching and Part Two: the Certificate in Educational Supervision. This two-part programme is the KSS Deanery’s qualification for those undertaking the Educational Supervisor role. Details of this and other professional development programmes for Local Faculty and Educational Supervisors, such as the MA in Clinical Education, the Postgraduate Certificate in Managing Medical Careers, and Supporting Trainees in Difficulty can be found at:

http://education.kssdeanery.ac.uk/fac_dev-AccreditedProgrammes.php

Copies of GEAR for LFGs and LABs have been distributed to NHS Trusts in the KSS region. If you would like copies, please contact Judith Mason at KSS Deanery:
jmason@kssdeanery.ac.uk or 020 7415 3454.
Educational and Clinical Supervisor Job Planning Tariff

**Background**

The expectations on those undertaking educational roles have increased enormously in the last few years. There is now a requirement to properly induct, plan, assess, deliver specific curriculum objectives and, vitally, record many aspects of doctors’ performance during training. To do this takes time and training of the trainers. KSS Deanery has currently started the first three of a five-year programme to offer training in teaching and educational supervision to every Consultant in KSS. However, time and, by implication, resource, must also be made available through the job planning process as part of the new Consultant contract. It is also an expectation of every Trust, as set out in the Deanery’s annual education contract with every Trust.

The following typical allocation sets out our view, after wide consultation, of the usual contractual requirements to undertake the common education roles.

<table>
<thead>
<tr>
<th>Job</th>
<th>Description</th>
<th>Typical Allocation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor</td>
<td>Providing safe clinical oversight of trainees during routine ward rounds, out-patients, operating sessions or other clinical sessions. Undertaking a small number per year of workplace-based assessments (less than 10 a year) and contributing to 360° feedback.</td>
<td>0.25 PAs per week maximum</td>
<td>Not dependent on number of trainees. If operating lists are extended, or clinic lists extended because of supervision of trainees, or if undertaking assessments, then the number of patients in that clinic or list, should reflect that, thus allowing the time for education within the standard working week. Optional but preferred to undertake KSS QESP.</td>
</tr>
<tr>
<td>Educational Supervisor</td>
<td>Responsible for a named trainee for all aspects of personal development planning, appraisal, attending faculty meetings, completing reports and helping the trainee complete workplace-based assessment. Completing relevant sections of e-portfolios and offering help for careers guidance and TiD.</td>
<td>0.25 PAs per week, per trainee</td>
<td>This would usually be planned as part of routine SPA time. However, an Educational Supervisor, by agreement in a Department, might have a significantly higher than average number of trainees, and SPA time must also cover other governance activities on educational activities for all Consultants. On occasion extra PA time may be needed. However, this might well be by agreement within a Department, still maintaining on average 2.5 SPAs per Consultant. Must have undertaken Deanery training in teaching and educational supervision. This sessional time is also needed for those consultants who are active hospital supervisors of GP trainees – including completing all assessments and full use of the e-portfolio.</td>
</tr>
</tbody>
</table>
College Tutor (Local Trust Specialty Training Programme Director)

Roles:
- Represents the Trust on the KSS Core Training Committee.
- Leads the LFG in their Specialty, and represents it on the Trust Education Academic Board.
- Ensures the delivery of the PMETB/College curriculum within the Trust.
- Monitors the number and type of posts and their educational opportunities.
- Works with the Educational Supervisors and Programme Directors.
- Helps undertake workplace assessments and 360° feedback.
- Ensures systems are in place for each trainee to have an annual RITA/ARCP in their Specialty.
- Ensures that induction process is in place in each Department.
- Ensures that all trainees have a signed and completed learning agreement with their Educational Supervisor.
- Co-ordinates QESP within the Department.
- Provides support in the use of e-portfolios etc.
- Provides Specialty career advice.
- Provides advice on access to study leave opportunities.
- Supports the Deanery Quality Control arrangements, including the GEAR process and provides an annual report to the Local Trust Academic Board.
- Co-ordinates local recruitment within the appropriate school.

Typical Allocation
- 1 PA for up to 20 trainees in Specialty (excluding Foundation).
- 1.5 PAs for 20 to 40.
- 2 PAs for more than 40.

Comment
For all future appointments the Deanery expects College Tutors to be jointly appointed by the Trust DME (or MD) and the relevant Deanery Head of Specialty School. In the past, the role of College Tutor was not terribly taxing, with very little responsibility attached, and certainly none to the Deanery or the Trust. The role has changed enormously in the last 18 months. Although part of the time for the College Tutor role may be able to come out of SPA time, many people undertaking such roles also have multiple Educational Supervisor responsibilities and other governance responsibilities. We expect that for many Consultants some time, if not all, will need to come out of PA time. Foundation Training Programme Directors are separately remunerated.

A College Tutor or deputy will be needed on each major clinical site, a minimum of 1 PA per site.
### Recruitment Support (on top of other)

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<tr>
<th>Job Description</th>
<th>Typical Allocation</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Shortlisting and specialty interviewing for both KSS and London Deaneries. For core training, this will be once or twice a year. For Specialty training, this will be two or three times a year. For Foundation allocation this will be once a year. It is an expectation that every Foundation Educational Supervisor will spend time on this once a year.</td>
<td>0.25 to 0.5 PA, usually SPA time, or 1 to 6 days exceptional leave per annum.</td>
<td>Shortlisting and interviewing load tends to be significantly greater for core training recruitment than Specialty training currently. Overall, recruitment being centralised to Deaneries is far more efficient in Consultant time, but much more obvious when it occurs on an annual basis. Recruitment is particularly onerous in Core Medicine and Core Surgery, requiring the equivalent of 1 day for shortlisting and up to 3 days for interviewing for each recruitment round. It is significantly less onerous in other specialties, and for Foundation is a maximum of 1 day’s scoring per annum.</td>
</tr>
</tbody>
</table>

### STC members

- Provides representation on Specialty Training Committees.
- Helps advise on rotations, LTFT training and other administrative matters.
- Undertakes Quality Management roles within the STC.

<table>
<thead>
<tr>
<th>STC members</th>
<th>Usually nil for Committee members. Variable for Programme Directors, STC Chairs.</th>
<th>The more onerous role of Programme Director is now receiving some direct remuneration from the London/KSS Deaneries. While STC Chairs receive a small sum towards administrative support, this does not cover all the time required to undertake the role. Both roles may need local discussion about PA or SPA time, up to 1 PA per week.</th>
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The KSS Qualified Educational Supervisor Programme (QESP)

The KSS QESP meets the PMETB generic standards for training, July 2008.

The PMETB has made it a mandatory requirement for Deaneries to ensure that trainers are adequately trained and qualified to carry out five key educational roles:

i. teaching;
ii. assessment;
iii. educational supervision;
iv. careers advice;
v. supporting TiD.

A key feature of the QESP is that highly experienced Education Advisers work with candidates in their clinical settings to develop their educational practice.

The QESP comprises two parts:

i. **Part one** focuses on principles of teaching and learning and develops the participant’s ability to support learning in clinical settings. It requires attendance at a half-day workshop followed by a minimum of three observational visits and one-to-one ‘professional conversations’ between the participant and an Education Adviser. This part of the programme was formerly known as the Certificate in Teaching. The observation visits take place in the candidate’s real-life work settings, such as theatres, clinics, ward rounds, seminars.

ii. **Part two** focuses on the principles and practice of assessment, supervision, careers advice and supporting TiD. It builds on the learning in part one, to apply its principles and practice to the specific contexts of educational supervision. It requires attendance at a workshop followed by a minimum of two visits and one-to-one ‘professional conversations’ between the participant and an Education Adviser, and one (optional) peer observation. This part of the programme was formerly known as the Certificate in Educational Supervision.

A certificate is awarded for successful completion of each part of the QESP.

For a full list of the QESP FAQs please see the following link:

http://admin.kssdeanery.org/files/education.kssdeanery.ac.uk/qespfaqsversion25pub27nov08.pdf
QESP: ‘Grandparents’ Rights’

Background
1. The KSS Deanery recognises and values the work historically undertaken by consultants within our region in providing high levels of educational supervision and involvement in PMET. We are committed to supporting and extending this provision through the QESP, which meets the PMETB mandatory requirements that appear in Generic Standards for Training Domain 6: Support and development of trainees, trainers and local faculty (Standards for trainers):
   6.30 Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role;
   6.31 Deaneries must have structures and processes to support and develop trainers;
   6.32 trainers with educational roles must be selected and demonstrate ability as an effective trainer.

‘Grandparents’ Rights’
2. Existing Educational Supervisors may be permitted initial accreditation as an Educational Supervisor for a maximum of three years, from July 2009 onwards, on the basis of:
   a. their contribution to their LFG;
   b. their existing practice as Educational Supervisors;
   c. enrolment on QESP in order to complete the programme by December 2012.

3. After 2012, consultants who do not hold QESP will not be able to be Educational Supervisors.

Evidence required
4. Candidates who wish to claim ‘Grandparents’ Rights’: are required, by 1 July 2009, to:
   a. register for a place on QESP;
   b. provide evidence that they are currently carrying out the role of Educational Supervisor or that they have carried out that role in the last two years. Evidence must include:
      i. a record that regular Educational Supervision meetings have taken place at least at the start of the Supervisee’s post, at mid-term, and at the end of their post;
      ii. a record that workplace-based learning assessments have been carried out by the candidate.
   c. provide evidence that they are currently contributing to the development and operation of their LFG. Evidence must include:
      i. a short statement about their contribution to the LFG (for example, presented information on the progress of trainees in their Specialty);
      ii. a record of attendance at LFG meetings.

5. Evidence must be verified by the LFG Lead and signed off by the LAB – please see attached form (as required by KSS Graduate Education Assessment Regulations).
Process for claiming ‘Grandparents’ Rights’

To claim ‘Grandparents’ Rights’, each candidate needs to:

a. complete an Application form for ‘Grandparents’ Rights’ (attached, also available on the KSS Deanery Website);

b. send the Application to the LFG Lead to verify and complete.

6. The LFG Lead sends the verified Application to the LAB for sign-off.
7. The LAB provides the Deanery with a list of signed-off candidates and copies of their Application, by 1 July 2009.
8. The Deanery registers candidates on QESP on receipt of the completed Application.
9. Subsequently, candidates will be notified of dates and venues of QESP Workshops in order to begin the QESP.

Exemption from QESP via Accreditation of Prior Experience and Learning (APEL)

10. KSS Deanery provides an APEL route for candidates who hold equivalent prior experience and learning to that provided by QESP. APEL applications provide a direct substitute for completing all or part of QESP if prior experience and learning meet the following criteria:

a. observation of work-based educational practices in clinical settings followed by feedback;

b. observation by an appropriately qualified person i.e. by a recognised learning provider (which would include university departments of teacher education, but may not include private training organisations);

c. appropriate supporting documentation (i.e. a recognised certificate), which includes the equivalent of the QESP observation record and record of professional conversation.

11. In the first instance, please direct queries about APEL applications to Steven Wallace, Education Department Office Manager (swallace@kssdeanery.ac.uk).
**QESP: ‘Application for Grandparents’ Rights’**

**ALL FIELDS MUST BE COMPLETED IN BLOCK CAPITALS**

### Personal details

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
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<td>Forenames</td>
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### Contact numbers

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### Work email

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### Evidence of Educational Supervision

(please select two to three trainees currently supervised or supervised within the past two years)

<table>
<thead>
<tr>
<th>Trainee Name</th>
<th>Trainee Grade</th>
<th>Date of Meetings (minimum of three per trainee)</th>
<th>Location of Records</th>
</tr>
</thead>
<tbody>
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</table>

### Record of Workplace-Based Learning Assessments

<table>
<thead>
<tr>
<th>Trainee Name</th>
<th>Type of WBLA</th>
<th>Date of Assessment</th>
<th>Location of Records</th>
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**GEAR: Graduate Education and Assessment Regulations - Gearing up for Patient Safety**

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**QESP**

**Qualified Educational Supervisor Programme**

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**South East Coast**

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**NHS**

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**Postgraduate Deanery for Kent, Surrey and Sussex**

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**Medical School**
### Record of Workplace-Based Learning Assessments

Statement describing the contribution you have made to your LFG (for example, presented information on the progress of trainees in their Specialty)

### Record of Attendance at LFG Meetings

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Location of Records (MEM to complete)</th>
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### Applicant’s Signature and Data Protection Consent

I wish to apply for ‘Grandparents’ Rights’ and certify that the information I have provided on this Application Form is a true and accurate record.

In accordance with the Data Protection Act 1998, I consent to my personal data being processed manually or on a computer database for the purpose of registering for the Qualified Educational Supervisor Programme.

Name
Signature
Date

### Verification by LFG Lead

I verify that the information contained in this Application is a true and accurate record.

Name
Signature
Date

### Sign-Off by Chair of LAB

This application for ‘Grandparents’ Rights’ has my formal support

Name
Signature
Date (by 1 July 2009 at the latest)
Appendix 3:

Roles and Responsibilities of London and KSS Deaneries

1. London Deanery has two roles in quality management for KSS:
   a. the Foundation Programme;
   b. Higher Specialty Training.

2. Foundation Programme
   a. Trainees at South London LEPs are part of KSS Deanery’s South Thames Foundation School.
   b. The Head of the South Thames Foundation School is appointed jointly by KSS Deanery and London Deanery and reports to the Dean Director of KSS Deanery.
   c. London Deanery does not sub-contract any aspect of quality management of the posts for the Foundation Programme in South London LEPs to KSS Deanery. Thus KSS Deanery does not have any authority to take action beyond informing London of issues that come to the Foundation School or KSS attention.
   d. London Deanery quality manages the Foundation posts in South London LEPs.

3. Higher Specialty Training
   a. KSS Deanery sub-contracts management of programmes of Higher Specialty Training and their trainees to London Deanery. However, the quality of training provided to HST trainees employed by KSS LEPs remains the responsibility of KSS Deanery and their training must be compliant with KSS GEAR for LFGs and for LABs.
   b. The quality of training of HST trainees in a KSS LEP is the responsibility of the LEP’s LFG. Reports on their training must be sent to the LEP LAB. The LAB will then forward a Report to the appropriate London Deanery School to which KSS Deanery has sub-contracted that work.
   c. Copies of Reports to London Deanery Schools must be sent at the same time to the relevant KSS Head of School and to the KSS Deputy Postgraduate Dean for Secondary Care.
   d. London Deanery Schools may only act in KSS Trusts with the agreement of KSS Deanery. For example, a London School may not decide on its own initiative to visit a KSS Trust, and it may not decide on its own initiative to set up new or additional quality control or quality management processes in a KSS Trust. All action in KSS Deanery LEPs by London Deanery Schools must be authorised formally and directly by the KSS Deputy Postgraduate Dean for Secondary Care.
## Appendix 4:

### LAB GEAR Mapping Document

This document maps the LAB terms of reference, as developed from the PMETB Standards for Deaneries (July 2008), against the PMETB Generic standards for training (including Foundation standards) (July 2008) and PMETB Standards for curricula and assessment systems (July 2008) and other key documentation (as appropriate).

<table>
<thead>
<tr>
<th>LAB Terms of Reference</th>
<th>PMETB Generic Standards for Training</th>
<th>CQC Annual Health Check</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 1 Curriculum</strong></td>
<td><strong>Domain 2: Quality Management, review and evaluation</strong> &lt;br&gt; 2.1: Employment law &lt;br&gt; 2.2: Quality management</td>
<td><strong>Domain 6: Support and development of trainees, trainers and local faculty</strong> &lt;br&gt; 6.15 Access to education</td>
</tr>
<tr>
<td><strong>S1.i</strong> to satisfy itself that academic curricula meet the requirements and standards of the LEP's Foundation and Specialty training programmes (see PMETB Standards for curricula and assessment systems Standard 14: Curriculum review and updating) as well as providing for equality and diversity;</td>
<td><strong>Domain 3: Equality, diversity and opportunity</strong> &lt;br&gt; 3.1: Employment law inc. EWTD &lt;br&gt; 3.2: Information about training programmes &lt;br&gt; 3.3: Flexible working &lt;br&gt; 3.4: Reasonable adjustments for disabilities</td>
<td><strong>Domain 7: Management of education and training</strong> &lt;br&gt; 7.1: Maintenance of a management plan</td>
</tr>
<tr>
<td><strong>S1.ii</strong> to receive and consider LFG four-monthly reports and annual programme audit and reviews, offering advice and referring issues to the relevant KSS Deanery Foundation/Specialty School and other Deaneries as agreed in Service Level Agreements between KSS and partner Deaneries, as appropriate;</td>
<td><strong>Domain 5: Delivery of approved curriculum including assessment</strong> &lt;br&gt; 5.1: Practical experience/acquisition of competence &lt;br&gt; 5.5 – 5.8: Appropriate assessment</td>
<td><strong>Domain 4: Access to education</strong> &lt;br&gt; 7.4: Recruit an executive or non-executive director at LAB level</td>
</tr>
<tr>
<td></td>
<td><strong>Domain 2: Quality Management, review and evaluation</strong> &lt;br&gt; 2.1: Employment law including EWTD &lt;br&gt; 2.2: Quality management and review &lt;br&gt; 2.3: Curriculum fit for purpose re. PMETB standards for training, assessment and curricula</td>
<td><strong>Domain 5: Delivery of approved curriculum including assessment</strong> &lt;br&gt; 5.1: Practical experience/acquisition of competence &lt;br&gt; 5.5 – 5.8: Appropriate assessment</td>
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</table>

*Note: The table format is not perfectly aligned due to the nature of the content provided.*
<table>
<thead>
<tr>
<th>LAB Terms of Reference</th>
<th>PMETB Generic Standards for Training</th>
<th>CQC Annual Health Check</th>
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<tbody>
<tr>
<td><strong>Standard 1 Curriculum</strong></td>
<td><strong>Domain 5</strong>: Delivery of approved curriculum including assessment</td>
<td><strong>Developmental Standard D1</strong>: Healthcare organisations continuously and systematically review and improve all aspects of their activities.</td>
</tr>
<tr>
<td><strong>S1.iii</strong> to monitor the academic and related policies and strategies of LFGs, including policy and procedures for the assessment and examination of Postgraduate Doctors’ academic performance and to keep these under review as required;</td>
<td><strong>5.1</strong>: Sufficient practical experience</td>
<td><strong>Domain 7</strong>: Management of education and training</td>
</tr>
<tr>
<td><strong>S1.iv</strong> to conduct periodic internal programme reviews and host and manage external reviews of training programmes to ensure that they meet relevant standards;</td>
<td><strong>5.4</strong>: Access to training</td>
<td><strong>7.1</strong>: Maintenance of a management plan</td>
</tr>
<tr>
<td><strong>S1.v</strong> to audit their own LAB processes on an annual basis and to provide a short summative report to the Deanery;</td>
<td><strong>Domain 7</strong>: Management of education and training</td>
<td><strong>7.1</strong>: Maintenance of a management plan</td>
</tr>
<tr>
<td><strong>S1.vi</strong> to share good practice and learn from other LABs;</td>
<td><strong>Domain 9</strong>: Outcomes</td>
<td><strong>Core Standard C6</strong>: Healthcare organisations co-operate with each other.</td>
</tr>
<tr>
<td><strong>S1.vii</strong> to initiate quality enhancement projects and foster collaboration among training programmes;</td>
<td><strong>Domain 2</strong>: Quality Management, review and evaluation</td>
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<tr>
<td><strong>S1.viii</strong> to advise on such other matters as the LEP or KSS Deanery may refer to the LAB;</td>
<td><strong>Domain 7</strong>: Management of education and training</td>
<td></td>
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<tr>
<td><strong>S1.ix</strong> to advise and liaise with other LEP Educational bodies.</td>
<td><strong>Domain 9</strong>: Outcomes</td>
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**Domain 9**: Outcomes 9.1: Benchmarking 9.2: Roles and responsibilities
<table>
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<tr>
<th>LAB Terms of Reference:</th>
<th>PMETB Generic Standards for Training</th>
<th>CQC Annual Health Check</th>
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<tbody>
<tr>
<td><strong>Standard 2 Resources for PMET</strong></td>
<td></td>
<td><strong>Core Standard C7 b:</strong> efficient and effective use of resources</td>
</tr>
<tr>
<td><strong>S2.i</strong> to advise on and make representations about the distribution of resources necessary to maintain PMET for all training grades and specific programmes locally and to the Educational Commissioner (see PMETB Standards for curricula and assessment systems Standard 15: Resources and infrastructure will be available to support trainee learning and assessment at all levels (national, Deanery and LEP))</td>
<td>Domain 7: Management of education and training 7.5: Adequate resources</td>
<td></td>
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<tr>
<td><strong>S2.ii</strong> to advise on and make representations about the distribution of resources necessary to maintain appropriate educational and clinical quality for locally-appointed Trust posts;</td>
<td>Domain 8: Educational resources and capacity 8.1: Overall educational capacity</td>
<td></td>
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<tr>
<td><strong>S2.iii</strong> to maintain, monitor, audit and develop the quality of teaching, clinical and educational supervision and to monitor the LFG’s role in ensuring the appraisal of supervisors and their appropriate education and development, including qualifying Clinical and Educational Supervisors through the KSS programme; and ensuring attendance at triennial diversity and equality training (PMETB Gold Guide 4.18);</td>
<td>Domain 1: Patient safety 1.1: First concern for patients 1.2: Supervision Domain 3: Equality, diversity and opportunity 3.1: Compliance with employment law 3.3: Flexible working 3.4: Reasonable adjustments for disabilities Domain 6: Support and development of trainees, trainers and local faculty 6.1: Induction 6.2: Initial meeting 6.3: Educational Supervisor 6.6: Regular meetings 6.30: Training of supervisors</td>
<td><strong>Core Standard C5 b:</strong> Clinical care and treatment are carried out under supervision and leadership. <strong>Core Standard C11:</strong> Healthcare organisations ensure that staff concerned with all aspects of health care a) are appropriately recruited, trained and qualified for the work they undertake; b) participate in mandatory training programmes; and c) participate in further professional and occupational development commensurate with their work throughout their working lives.</td>
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<tr>
<td><strong>S2.iv</strong> to establish such sub-committees or steering groups as it considers necessary to enable it to fulfil its responsibilities;</td>
<td>Domain 2: Quality Management, review and evaluation 2.2: Capacity for quality management, review and evaluation</td>
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<tr>
<td>LAB Terms of Reference:</td>
<td>PMETB Generic Standards for Training</td>
<td>CQC Annual Health Check</td>
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**Standard 3 Careers advice**

**S3.i** where appropriate, to ensure that LFGs maintain Foundation/Specialty Careers Leads* who will make certain that Postgraduate Doctors receive career advice and support as appropriate; *in some specialties, the Careers Lead will sit at School level

**Domain 3**: Equality, diversity and opportunity  
3.1: Compliance with employment law  
3.3 Flexible working  
3.4: Reasonable adjustments for disabilities  
3.5: Access to evidence on trainee recruitment  

**Domain 4**: Recruitment, selection and appointment  
4.3: Information about selection criteria

**Domain 6**: Support and Development of Trainees, trainers and local faculty  
6.8: Careers advice

**S3.ii** to monitor the LEPs in maintaining, developing and appraising the Foundation/Specialty Careers Leads; particularly in relation to the KSS Deanery Postgraduate Certificate in Managing Medical Careers

**Standards for Educational Governance**

**Standard 4 Standards for Educational Governance Compliance**

**S4.i** to ensure that all its processes are open and transparent in line with the principles established by PMETB;

**Domain 7**: Management of education and training  
7.5: Clear accountability

**S4.ii** to comply with PMETB’s statutory codes, policies, processes, domains and standards, specifically to exercise quality control of PMET in accordance with PMETB Standards for Deaneries Standard 3;

**Domain 7**: Management of education and training  
7.1: Management plan  
7.2: Responsibilities  
7.5: Accountability

**S4.iii** to oversee the LEP’s relationship with professional and statutory education and training bodies and agencies (such as Foundation/Specialty Schools and Royal Colleges) in relation to the quality of academic provision;

**Domain 7**: Management of education and training  
7.2: Responsibilities  
7.5: Accountability
<table>
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<th>LAB Terms of Reference:</th>
<th>PMETB Generic Standards for Training</th>
<th>CQC Annual Health Check</th>
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<tr>
<td><strong>Standard 4 Standards for Educational Governance Compliance</strong></td>
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<tr>
<td>S4.iv to receive the Action Plan from KSS Deanery Centre Review and hospital visits;</td>
<td><strong>Domain 2:</strong> Quality Management, review and evaluation 2.2: Capacity for quality management 2.3: Local quality management processes</td>
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<tr>
<td>S4.v to feed back and discuss all relevant information with the LEP’s management;</td>
<td><strong>Domain 7:</strong> Management of education and training 7.5: Adequate resources <strong>Domain 8:</strong> Educational resources and capacity 8.1: Educational capacity 8.4: Specialty-specific resources</td>
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<tr>
<td>S4.vi to monitor the prevalence and progress of TiD through the LFG Reports;</td>
<td><strong>Domain 7:</strong> Management of education and training 7.3: Robust processes for trainees who give rise to concern</td>
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<td><strong>Standard 5 Membership of LABs/Roles and responsibilities</strong></td>
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<tr>
<td>S5.i to ensure that LAB Membership is appropriately constituted;</td>
<td><strong>Domain 2:</strong> Quality Management, review and evaluation 2.2: Capacity for quality management 2.3: Local quality management processes</td>
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<td><strong>Standard 6 &amp; 7 Procedural regulations for LABs</strong></td>
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<tr>
<td>S6 &amp; 7.1 to ensure that Procedural regulations are met;</td>
<td><strong>Domain 2:</strong> Quality Management, review and evaluation 2.2: Capacity for quality management 2.3: Local quality management processes</td>
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<tr>
<td>LAB Terms of Reference:</td>
<td>PMETB Generic Standards for Training</td>
<td>CQC Annual Health Check</td>
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<td><strong>Standard 8 Postgraduate Doctors’ role</strong></td>
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<tr>
<td><strong>S8.i</strong> to keep under review the quality of the trainee experience;</td>
<td><strong>Domain 2:</strong> Quality Management, review and evaluation 2.2: Capacity for quality management 2.3: Local quality management processes Maintaining a rigorous overview of the standards and mandatory requirements of Domain 6 Support and development of trainees, trainers and local faculty</td>
<td><strong>Core Standard C11:</strong> Healthcare organisations ensure that staff concerned with all aspects of healthcare a) are appropriately recruited, trained and qualified for the work they undertake; b) participate in mandatory training programmes; and c) participate in further professional and occupational development commensurate with their work throughout their working lives.</td>
</tr>
<tr>
<td><strong>S8.ii</strong> to ensure an appropriate level of trainee representation and induction to their role;</td>
<td><strong>Domain 6:</strong> Support and Development of trainees, trainers and local faculty 6.1: Induction 6.7: Trainee feedback arrangements</td>
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</table>

<p>| <strong>Standard 9 Recruitment</strong> | | |
| <strong>S9.i</strong> to monitor admission to training programmes, based on Deanery and National criteria and including provision for diversity, equal opportunity and disability, through LFG reports; | <strong>Domain 3:</strong> Equality, diversity and opportunity 3.1: Compliance with employment law 3.3: Flexible working 3.4: Reasonable adjustments for disabilities 3.5: Access to evidence on trainee recruitment <strong>Domain 4:</strong> Recruitment, selection and appointment 4.3: Information about selection criteria | <strong>Core Standard C11:</strong> Healthcare organisations ensure that staff concerned with all aspects of healthcare a) are appropriately recruited, trained and qualified for the work they undertake. |
| <strong>S9.ii</strong> to advise on, and make representations about, the distribution of training places in the LEP; | <strong>Domain 4:</strong> Recruitment, selection and appointment 4.3: Information about selection criteria | |
| <strong>S9.iii</strong> to note Postgraduate Doctors’ Out of Programme permissions, on the advice of LFGs/Schools; | <strong>Domain 3:</strong> Equality, diversity and opportunity 3.1: Compliance with employment law 3.3: Flexible working 3.4: Reasonable adjustments for disabilities | |
| <strong>S9.iv</strong> to monitor the LEPs in maintaining, developing and appraising the recruitment role within LFGs; | <strong>Domain 2:</strong> Quality Management, review and evaluation 2.2: Capacity for quality management 2.3: Local quality management processes | |</p>
<table>
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<tr>
<th>LAB Terms of Reference:</th>
<th>PMETB Generic Standards for Training</th>
<th>CQC Annual Health Check</th>
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| **Standard 10 Assessment** | **S10.i** in liaison with Specialty Schools and the Deanery, to monitor academic appeals procedures and to monitor the conduct and outcomes of ARCP appeals conducted by Schools (see the PMETB Gold Guide 7.118 – 7.152); | **Domain 4**: Recruitment, selection and appointment  
4.3: Appeals system  
**Domain 9**: Outcomes  
9.1: Monitoring outcomes in relation to Specialty curricula |
Appendix 5:

LFG GEAR: Mapping against PMETB Generic Standards for Training (July 2008)

**Domain 1. Patient safety**

**Purpose:** This domain is concerned with the essential safeguards on any action by trainees that affect the safety and well-being of patients.

**Responsibility:** Training providers (hospitals and other institutions where training takes place), trainers, trainees.

**Evidence:** Surveys, Deanery quality management data, data from healthcare regulators, e.g. PMETB visits, data from other healthcare regulators.

**Standard:** The duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

**Foundation standard:** There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

**Mandatory requirements**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>LFG GEAR</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Trainees must make the needs of patients their first concern.</td>
</tr>
<tr>
<td>1.2</td>
<td>Trainees must be appropriately supervised according to their experience and competence.</td>
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<tr>
<td>1.3</td>
<td>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.</td>
</tr>
<tr>
<td>1.4</td>
<td>Trainees must be expected to obtain consent only for procedures which they are competent to perform.</td>
</tr>
<tr>
<td>1.5</td>
<td>Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation.</td>
</tr>
<tr>
<td>1.6</td>
<td>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.</td>
</tr>
</tbody>
</table>
Domain 2. Quality Management, Review and Evaluation

**Purpose:** This domain deals with governance issues and how the PMETB standards will be used in PMETB quality assurance. It refers to the QMSs and procedures of Postgraduate Deaneries and will be applicable to the current and future arrangements in all four UK countries.

**Responsibility:** Postgraduate Deans within an overall local QMS, and drawing on the resources of local representatives of medical Royal Colleges/Faculties and others as appropriate.

**Evidence:** Data from Deanery, College/Faculty, LEP, or other data and visits to Deaneries.

**Standard:** Postgraduate training must be quality managed locally by Deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

### Mandatory requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Programmes, posts, associated management, and data collection concerning trainees and local faculty must comply with the EWTD, Data Protection Act and Freedom of Information Act.</td>
<td>S4</td>
</tr>
<tr>
<td>2.2 Deaneries must show that they are developing their capacity for quality control, review and evaluation to meet PMETB’s standards.</td>
<td>6.1, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11</td>
</tr>
<tr>
<td>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 PMETB’s standards for training, assessment and curricula are met.</td>
<td>GEAR Document</td>
</tr>
</tbody>
</table>

Domain 3. Equality, Diversity and Opportunity

**Purpose:** This domain deals with the equality and diversity matters pervading the whole of the training — widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.

**Responsibility:** Postgraduate Deans and institutions providing training, trainers and trainees, other colleagues working with training and local faculty.

**Evidence:** Surveys, demographic data, Deanery quality management data and visits.

**Standard:** Postgraduate training must be fair and based on principles of equality.

### Mandatory requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 At all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.</td>
<td>1.2, 1.6, 1.19, 2.9, 2.11, 2.12, 2.13, 2.14, 2.15, 3.1, 3.3</td>
</tr>
<tr>
<td>3.2 Information about training programmes, their content and purpose must be publicly accessible either on or via links on Deanery and PMETB websites.</td>
<td>1.1, 1.2, 1.4</td>
</tr>
<tr>
<td>Mandatory requirements</td>
<td>LFG GEAR</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>3.3</strong> Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full time to work flexibly within the requirements of PMETB Standards’ Rules. Deaneries must take appropriate action to encourage Trusts and other training providers to accept their fair share of doctors training flexibly.</td>
<td>1.2, 1.15, 2.15</td>
</tr>
<tr>
<td><strong>3.4</strong> Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.</td>
<td>1.2, 2.2, 2.3, 2.14</td>
</tr>
<tr>
<td><strong>3.5</strong> Trainees should have access to appropriate evidence on trainee recruitment, appointment, and satisfaction, and on RITA panel results analysed by ethnicity, place of qualification, disability, gender and part-time training/working.</td>
<td>S4, S10</td>
</tr>
</tbody>
</table>

**Domain 4. Recruitment, selection and appointment**

**Purpose:** The purpose of this domain is to ensure that the processes for entry into postgraduate training programmes are fair and transparent.

**Responsibility:** Postgraduate Deans.

**Evidence:** Deanery data and trainee surveys.

**Standard:** Processes for recruitment, selection and appointment must be open, fair and effective.

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
</table>
| **4.1** Candidates will be eligible for consideration for entry into a specialist training programme if they:  
  - are a fully registered medical practitioner or hold limited registration with the GMC or are eligible for any such registration;  
  - are fit to practise. | 1.6, 6.4 |
| **4.2** to be eligible for consideration for entry into a specialist training programme, candidates must be able to demonstrate the competences required to complete Foundation Training. (This covers candidates who have completed Foundation Training, candidates who apply before completion, and those who have not undertaken Foundation Training, but can demonstrate the competences in another way). | 6.4 |
Mandatory requirements

| 4.3 | 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. |

| 4.4 | Selection panels must consist of persons who have been trained in selection principles and processes. |

| 4.5 | Selection panels must include a lay person. |

### Domain 5. Delivery of approved curriculum including assessment

**Purpose:** This domain is concerned with ensuring that the requirement of the curricula set by medical Royal Colleges/Faculties or others developing curricula, and approved by PMETB, are being met at the local level and that each post enables the trainee to gain competence as envisaged in the given approved curriculum.

**Responsibility:** Postgraduate Deans in partnership with LEPs, medical Royal Colleges/Faculties/Specialty associations and employers.

**Evidence:** Approvals, surveys, Deanery data, visits.

**Standard:** The requirements set out in the approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose.
### (i) Education and training

**Mandatory requirements**

| 5.1 | Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the curriculum. | 1.2 |
| 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. | 1.4 |
| 5.3 | Trainees must be reminded about the need to have due regard to, and to keep up to date with, the principles of Good Medical Practice. | 1.16, 2.10 |
| 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. | 1.1, 1.13, 3.3, 3.4 |

### (ii) Assessment

**Mandatory requirements**

| 5.5 | The overall purpose of the approved system must be documented and in the public domain and must be implemented. | 1.16 |
| 5.6 | The purposes of each and all components of the approved assessment system must be specified and available to the trainees, trainers, professional bodies including the regulatory bodies, and the public. | 1.16 |
| 5.7 | The sequence of approved assessments must match the progression through the career pathway. | 1.16 |
| 5.8 | Individual approved assessments within the system should add unique information and build on previous assessments. | 1.16 |

### (iii) Appraisal

**Mandatory requirements**

| 5.9 | Trainees must have regular feedback on their performance within each post. | 1.10 |

### Domain 6. Support and development of trainees, trainers and local faculty

**Purpose:** This domain covers the structures and support, including induction, available to trainees.

**Responsibility:** Local faculty, LEPs, employers and trainees.

**Evidence:** Surveys, Deanery quality management data, visits.

**Standard:** Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

**Foundation standard:** Support, training and effective supervision must be provided for Foundation doctors.
### (i) Induction

#### Mandatory requirements

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Every trainee starting a post or 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.</td>
</tr>
<tr>
<td>6.2</td>
<td>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.</td>
</tr>
</tbody>
</table>

### (ii) Educational Supervision

#### Mandatory requirements

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3</td>
<td>Trainees must have a designated Educational Supervisor.</td>
</tr>
<tr>
<td>6.4</td>
<td>Trainees must sign a training/learning agreement at the start of each post.</td>
</tr>
<tr>
<td>6.5</td>
<td>Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their Educational Supervisor (or representative).</td>
</tr>
<tr>
<td>6.6</td>
<td>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.</td>
</tr>
<tr>
<td>6.7</td>
<td>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.</td>
</tr>
<tr>
<td>6.8</td>
<td>There must be ready access to career advice.</td>
</tr>
</tbody>
</table>

### (iii) Training

#### Mandatory requirements

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.9</td>
<td>Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy).</td>
</tr>
<tr>
<td>6.10</td>
<td>Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.</td>
</tr>
<tr>
<td>6.11</td>
<td>Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.</td>
</tr>
<tr>
<td>6.12</td>
<td>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.</td>
</tr>
<tr>
<td>6.13</td>
<td>Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.</td>
</tr>
</tbody>
</table>
### (iii) Training

**Mandatory requirements**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Requirement</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.14</td>
<td>Access to Occupational Health services for all trainees must be assured.</td>
<td>1.7</td>
</tr>
<tr>
<td>6.15</td>
<td>Trainees must be able to attend relevant, timetabled, organised educational meetings or other events of educational value to the trainee, as agreed with the Educational Supervisor, and have time protected for this activity.</td>
<td>1.2, 1.13</td>
</tr>
<tr>
<td>6.16</td>
<td>Trainees must be able to access training in generic professional skills at all stages in their development.</td>
<td>1.2, 1.13</td>
</tr>
<tr>
<td>6.17</td>
<td>Trainees must have the opportunity to learn with other healthcare professionals.</td>
<td>1.5</td>
</tr>
<tr>
<td>6.18</td>
<td>Access to confidential counselling services should be available to all trainees when needed.</td>
<td>1.7, 3.3</td>
</tr>
</tbody>
</table>

### (iv) Study leave

**Mandatory requirements**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Requirement</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.19</td>
<td>Trainees must be made aware of how to apply for study leave and be guided as to what courses would be appropriate and what funding is available.</td>
<td>1.13</td>
</tr>
<tr>
<td>6.20</td>
<td>Trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service.</td>
<td>1.13</td>
</tr>
<tr>
<td>6.21</td>
<td>The process for applying for study leave must be fair and transparent, and information about a Deanery-level appeals process must be readily available.</td>
<td>1.13</td>
</tr>
</tbody>
</table>

### (v) Academic training

**Mandatory requirements**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Requirement</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.22</td>
<td>Trainees should be exposed during their training to the academic opportunities available in their Specialty.</td>
<td>1.2</td>
</tr>
<tr>
<td>6.23</td>
<td>Trainees who recognise that their particular skills and aptitudes are well-suited to an academic career should be encouraged and guided in that endeavour.</td>
<td>1.2, 1.8</td>
</tr>
<tr>
<td>6.24</td>
<td>Trainees who elect and who are competitively appointed to follow an academic path, must be sited in flexible approved programmes of academic training that permit multiple entry and exit points throughout training (from standard training programmes).</td>
<td>1.15, 1.18, 3.3, 3.4</td>
</tr>
</tbody>
</table>
Standards for trainers
All doctors who have completed specialist training can and do act as supervisors, many doctors develop the role to become educational supervisors. These standards apply to all such doctors; however the requirements may specify where they apply only to educational supervisors or others with educational responsibilities.

**Standard:** Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.25 Trainers must enable trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.26 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.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.27 Trainers must regularly review the trainee’s progress through the training programme, adopt a constructive approach to giving feedback on performance, advise on career progression and understand the process for dealing with a trainee whose progress gives cause for concern.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
</tbody>
</table>

**Standard:** Trainers must be involved in and contribute to the learning culture in which patient care occurs.

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.28 Trainers must ensure that clinical care is valued for its learning opportunities; learning and teaching must be integrated in to service provision.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.29 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.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
</tbody>
</table>

**Standard** Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.30 Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.31 Deaneries must have structures and processes to support and develop trainers.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.32 Trainers with educational roles must be selected and demonstrate ability as an effective trainer.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.33 GP trainers must be trained and selected in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
</tbody>
</table>
**Standard:** Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.34 Trainers must have knowledge of, and comply with, the PMETB regulatory framework for medical training.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
<tr>
<td>6.35 Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme.</td>
<td>1.11, 1.12, 1.13, 1.14, 7.1</td>
</tr>
</tbody>
</table>

**Domain 7. Management of education and training**

**Purpose:** This domain covers organisational management at administrative and executive level.

**Responsibility:** Postgraduate Deans, Royal Colleges/Faculties/Specialty associations, LEPs, employing organisations and others as appropriate.

**Evidence:** Deanery and LEP’s data, surveys.

**Standard:** Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Training programmes must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of PMETB standards in the arrangement and content of training programmes.</td>
<td>1.20, 2.1, 2.3, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 7.1, 7.7</td>
</tr>
<tr>
<td>7.2 The schedule must set out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges/Faculty/Specialty associations etc., other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes. PMETB will publish a template for such a schedule following consultation.</td>
<td>8.1</td>
</tr>
<tr>
<td>7.3 There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.</td>
<td>2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 6.5, 6.6</td>
</tr>
<tr>
<td>7.4 It is highly desirable that all employing organisations, providing PMET, have an executive or non executive director at Board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in medical training.</td>
<td>4.1</td>
</tr>
<tr>
<td>7.5 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 DMEs and Board level directors with executive responsibility, such as Medical Director, Finance Director and Director of Clinical Governance.</td>
<td>GEAR</td>
</tr>
</tbody>
</table>
## Domain 8. Educational resources and capacity

**Purpose:** This domain addresses both the physical requirements for facilities to support training and also the service, workload, management, supervisory and educational capacity of the organisation providing the training.

**Responsibility:** Employers to meet requirements, Postgraduate Deans to secure involvement of Royal Colleges, Facilities and others in developing curricula.

**Evidence:** Deanery and LEP/other organisation data, data from regulators, surveys, visits.

**Standard:** The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum

### Overall capacity

<table>
<thead>
<tr>
<th>Mandatory requirements</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 healthcare professionals in the same unit.</td>
<td>2.1</td>
</tr>
<tr>
<td>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.</td>
<td>7.4, 7.5</td>
</tr>
<tr>
<td>8.3 There must be a suitable ratio of trainers to trainees and in due course Specialty specific standards will make reference to this. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (e.g. undergraduate medical students, undergraduate and postgraduate healthcare professionals and non-training grade staff). With regard to trainers, including Clinical Supervisors, adequate time for training must be identified in their job plans (see also 1.3).</td>
<td>7.1, 7.2, 7.3, 7.7</td>
</tr>
<tr>
<td>8.4 Relevant Specialty specific educational resources must be available and accessible where these are stipulated in PMETB-approved curricula, e.g. clinical skills centres, ‘wet labs’.</td>
<td>7.5</td>
</tr>
<tr>
<td>8.5 Trainees must have access to meeting rooms and audio-visual aids.</td>
<td>7.5</td>
</tr>
</tbody>
</table>
## Domain 9. Outcomes

**Purpose:** This domain will track the effects of meeting or exceeding the PMETB standards on the outcomes achieved by the trainees.

**Responsibility:** PMETB, Postgraduate Deans, LEPs, medical Royal Colleges/Faculties/Specialty associations.

**Evidence:** Trainee progression data, e.g. assessment and examination results.

**Standard:** The impact of the standards must be tracked against trainee outcome and clear linkages should be reflected in developing standards.

**Foundation standard:** The outcomes for F1 and competences for the Foundation Programme are published. All doctors should meet these outcomes and competences before successfully completing the Foundation programme.

### Mandatory requirements

| 9.1 | Trainees must have access to analysis of outcomes of assessments, RITAs and exams for each programme and each location benchmarked against other programmes. (PMETB, working with Royal Colleges/Faculties and others as appropriate, will be developing this analysis over the next three years to be available to trainees by Deanery and College.) |

*S10*  

*NB Additional Foundation standards are indicated in red bold print in domains 1, 6 and 9*
Appendix 6:

LFG GEAR: Mapping against PMETB Standards for Curricula and assessment systems (July 2008)

This mapping identifies the sections of GEAR that address the standards that are appropriate to Deanery and LEPs/NHS Trusts and those that are formed by the National Curriculum for Foundation and Specialty developed by the Royal Colleges.

### Planning: Standards 1 and 2

#### Curriculum purpose and development

**Standard 1** The purpose of the curriculum must be stated, including linkages to previous and subsequent stages of the trainee’s training and education. The appropriateness of the stated curriculum to the stage of learning and to the Specialty in question must be described.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong></td>
<td><strong>S1.i (LAB)</strong></td>
</tr>
<tr>
<td>The curriculum must state how it was developed and consensus reached on:</td>
<td></td>
</tr>
<tr>
<td>- how content and teaching/learning methods were chosen;</td>
<td></td>
</tr>
<tr>
<td>- how the curriculum was agreed and by whom;</td>
<td></td>
</tr>
<tr>
<td>- the role of teachers and trainees in curriculum development.</td>
<td></td>
</tr>
<tr>
<td><strong>1.2</strong></td>
<td><strong>S1.iv (LAB)</strong></td>
</tr>
<tr>
<td>There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective training programme.</td>
<td></td>
</tr>
<tr>
<td><strong>1.3</strong></td>
<td><strong>2.1 (Ed. Sup)</strong></td>
</tr>
<tr>
<td>Subject areas of the curriculum must be taught by staff with relevant specialist expertise and knowledge.</td>
<td></td>
</tr>
</tbody>
</table>

#### The assessment system must be fit for purpose

**Standard 2** The overall purpose of the assessment system must be documented and in the public domain.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
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</thead>
<tbody>
<tr>
<td><strong>2.1</strong></td>
<td><strong>Specialty Curriculum and LFG Handbooks</strong></td>
</tr>
<tr>
<td>The functions of each and all components of the assessment system must be specified and available to trainees, educators, employers, professional bodies including the regulatory bodies, and the public.</td>
<td></td>
</tr>
<tr>
<td><strong>2.2</strong></td>
<td><strong>Specialty Curriculum and LFG Handbooks</strong></td>
</tr>
<tr>
<td>The sequence of assessments must match the progression through the approved curriculum</td>
<td></td>
</tr>
<tr>
<td><strong>2.3</strong></td>
<td><strong>Specialty Curriculum and LFG Handbooks</strong></td>
</tr>
<tr>
<td>Individual assessments within the system should add unique information and build on previous assessments.</td>
<td></td>
</tr>
</tbody>
</table>
Content: Standards 3 and 4

Content of the Curriculum

**Standard 3** The curriculum must set out the general, professional, and Specialty-specific content to be mastered, including:
- the acquisition of knowledge, skills, and attitudes demonstrated through behaviours and expertise;
- the recommendations on the sequencing of learning and experience should be provided, if appropriate;
- the general professional content should include a statement about how *Good Medical Practice* is to be addressed.

Mandatory requirements:

<table>
<thead>
<tr>
<th>3.1</th>
<th>The curriculum should:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>cover both generic professional and Specialty-specific areas;</td>
</tr>
<tr>
<td></td>
<td>be a description of the training structure (entry requirements, length and organisation of the training programme including its flexibilities and assessment systems);</td>
</tr>
<tr>
<td></td>
<td>have a description of expected methods of learning, teaching, feedback and supervision;</td>
</tr>
<tr>
<td></td>
<td>enable safe and effective practice by the integration of theory and practice which must be central to the curriculum;</td>
</tr>
<tr>
<td></td>
<td>remain relevant to current practice;</td>
</tr>
<tr>
<td></td>
<td>assist autonomous and reflective thinking and evidence-based practice through the delivery of the curriculum;</td>
</tr>
<tr>
<td></td>
<td>ensure that the range of learning and teaching approaches used are appropriate to the subjects within the curriculum.</td>
</tr>
</tbody>
</table>

Specialty Curriculum and LFG Handbooks

<table>
<thead>
<tr>
<th>3.2</th>
<th>Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>to include what the trainee will know, understand, describe, recognise, be aware of and be able to do at the end of the course.</td>
</tr>
</tbody>
</table>

**Standard 4** Assessments must systematically sample the entire content, appropriate to the stage of training, with reference to the common and important clinical problems that the trainee will encounter in the workplace and to the wider base of knowledge, skills and attitudes demonstrated through behaviours that doctors require.

Mandatory requirements:

| 4.1 | The blueprint detailing assessments in the workplace and national examinations will be referenced to the approved curriculum and *Good Medical Practice* and must be available to trainees and trainers in addition to assessors/examiners. |

Specialty Curriculum and LFG Handbooks
Delivery: Standards 5, 6, 7 and 8

Managing curriculum implementation

**Standard 5** Indication should be given of how curriculum implementation will be managed and assured locally and within approved programmes.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 This should include:</td>
<td>Specialty Curriculum and LFG Handbooks</td>
</tr>
<tr>
<td>- intended use of the curriculum document by Programme Directors, trainers and trainees;</td>
<td>8. Handbook section</td>
</tr>
<tr>
<td>- means of ensuring curriculum coverage;</td>
<td>9. Handbook section</td>
</tr>
<tr>
<td>- recommended roles of the LEP in curriculum implementation;</td>
<td>S4.ii (LAB), S1.(LFG)</td>
</tr>
<tr>
<td>- responsibilities of trainees for curriculum implementation;</td>
<td>S1 (LFG)</td>
</tr>
<tr>
<td>- curriculum management in posts and attachments within approved programmes;</td>
<td></td>
</tr>
<tr>
<td>- curriculum management across programmes as a whole.</td>
<td></td>
</tr>
</tbody>
</table>

Model of learning

**Standard 6** The curriculum must describe the model of learning appropriate to the Specialty and stage of training.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 To be achieved through a general balance of work-based experiential learning, independent self-directed learning and appropriate ‘off-the-job’ education.</td>
<td>Royal College</td>
</tr>
</tbody>
</table>

Learning experiences

**Standard 7** Recommended learning experiences must be described which allow diversity of methods covering, at a minimum:

- learning from practice;
- opportunities for concentrated practice in skills and procedures;
- learning with peers;
- learning in formal situations inside and outside the department;
- personal study;
- specific trainer/supervisor inputs.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 To be achieved through developing educational strategies that are suited to work-based experiential learning and appropriate education.</td>
<td>Royal College</td>
</tr>
<tr>
<td>7.2 The duration of the training programme must be appropriate to the achievement of the learning outcomes.</td>
<td>Royal College</td>
</tr>
</tbody>
</table>
Assessment system methods

**Standard 8** The choice of assessment method(s) should be appropriate to the content and purpose of that element of the curriculum.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Methods will be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback and impact on learning.</td>
<td>Royal College</td>
</tr>
<tr>
<td>8.2 The rationale for the choice of each assessment method will be documented and evidence-based.</td>
<td>Royal College</td>
</tr>
<tr>
<td>Large scale competence tests (e.g. MRCP, MRCGP, MRCPsych):</td>
<td></td>
</tr>
<tr>
<td>• Approaches to the development and piloting of test items/clinical skills assessments for national tests of competence will be documented and available for external quality assurance. Studies to establish the validity of new methods will be undertaken.</td>
<td></td>
</tr>
<tr>
<td>• Systematic data collection will support the routine reporting of the reliability of tests of competence in high stakes pass/fail examinations. These statistics will be in the public domain.</td>
<td></td>
</tr>
<tr>
<td>Workplace-based assessments (e.g. direct observation of consulting, 360° assessment and case-based discussions):</td>
<td></td>
</tr>
<tr>
<td>• must be subject to reliability and validity measures;</td>
<td></td>
</tr>
<tr>
<td>• evidence must be collected and documented systematically;</td>
<td></td>
</tr>
<tr>
<td>• evidence must be judged against pre-determined published criteria where available;</td>
<td></td>
</tr>
<tr>
<td>• the weight placed on different sources of evidence must be determined by the blueprint and the quality of the evidence;</td>
<td></td>
</tr>
<tr>
<td>• the synthesis of the evidence and the process of judging it must be made explicit.</td>
<td></td>
</tr>
<tr>
<td>Methods for workplace-based assessment e.g.:</td>
<td></td>
</tr>
<tr>
<td>• systematic observation of clinical practice;</td>
<td></td>
</tr>
<tr>
<td>• Direct Observational Procedure;</td>
<td></td>
</tr>
<tr>
<td>• video;</td>
<td></td>
</tr>
<tr>
<td>• judgements of multiple assessors;</td>
<td></td>
</tr>
<tr>
<td>• consulting with simulated patients;</td>
<td></td>
</tr>
<tr>
<td>• Case Record Review, including OPD letters;</td>
<td></td>
</tr>
<tr>
<td>• case-based discussions;</td>
<td></td>
</tr>
<tr>
<td>• oral presentations;</td>
<td></td>
</tr>
<tr>
<td>• 360° peer assessment;</td>
<td></td>
</tr>
<tr>
<td>• patient feedback surveys;</td>
<td></td>
</tr>
<tr>
<td>• audit projects;</td>
<td></td>
</tr>
<tr>
<td>• critical incident review.</td>
<td></td>
</tr>
<tr>
<td>8.3 The LEP must maintain a thorough and effective system for delivery and monitoring of all assessment systems for which they have responsibility.</td>
<td>S6(LFG) S2.3(LFG)</td>
</tr>
</tbody>
</table>
## Outcomes: Standards 9, 10, 11, 12 and 13

### Supervision of the trainee

**Standard 9** Mechanisms for supervision of the trainee should be set out.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9.1</strong></td>
<td>The learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning and professional conduct of the doctor and safety of the patient.</td>
</tr>
<tr>
<td><strong>Ed. Sup 7.1, 7.7, 7.8</strong></td>
<td></td>
</tr>
<tr>
<td><strong>9.2</strong></td>
<td>Unless other arrangements are agreed, trainers, supervisors, assessors and examiners must:</td>
</tr>
<tr>
<td></td>
<td>• have relevant qualifications and experience;</td>
</tr>
<tr>
<td></td>
<td>• undertake appropriate training.</td>
</tr>
<tr>
<td><strong>Ed. Sup 7.1, 7.7, 7.8</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Role of the Assessor

**Standard 10** Assessors/examiners will be recruited against criteria for performing the tasks they undertake.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.1</strong></td>
<td>The roles of assessors/examiners will be clearly specified and used as the basis for recruitment and appointment.</td>
</tr>
<tr>
<td><strong>Handbook 13.1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10.2</strong></td>
<td>Assessors/examiners must demonstrate their ability to undertake the role.</td>
</tr>
<tr>
<td><strong>Royal College</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10.3</strong></td>
<td>Assessors/examiners should only assess in areas where they have competence.</td>
</tr>
<tr>
<td><strong>Handbook 10.1, S2.6, S2.7 (LFG)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10.4</strong></td>
<td>The relevant professional experience of assessors should be greater than that of candidates being assessed.</td>
</tr>
<tr>
<td><strong>Handbook 13.1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10.5</strong></td>
<td>Equality and diversity training will be a core component of any assessor/examiner training programme.</td>
</tr>
<tr>
<td><strong>Handbook 10.1, S2.6, S2.7 (LFG)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Assessment feedback to the trainees

**Standard 11** Assessments must provide relevant feedback to the trainees.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11.1</strong></td>
<td>The policy and process for providing feedback to trainees following assessments must be documented and in the public domain.</td>
</tr>
<tr>
<td><strong>Handbook 13.1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11.2</strong></td>
<td>The form of feedback to the trainees must match the purpose of the assessment.</td>
</tr>
<tr>
<td><strong>Royal College</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11.3</strong></td>
<td>Outcomes from assessments must be used to provide feedback to the trainees on the effectiveness of the education and training where consent from all interested parties has been given.</td>
</tr>
<tr>
<td><strong>Handbook 13.1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11.4</strong></td>
<td>The measurement of trainee performance and progression must be an integral part of the wider process of monitoring and evaluation, and use objective criteria.</td>
</tr>
<tr>
<td><strong>Handbook 10.1, S2.6, S2.7 (LFG)</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Standards for classification of trainees’ performance/competence

**Standard 12** The methods used to set standards for classification of trainees’ performance/competence must be transparent and in the public domain.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Standards in tests of competence, such as national Royal College examinations, will be set using recognised methods based on test content and the judgments of competent assessors.</td>
<td>Royal College</td>
</tr>
<tr>
<td>12.2 Where the purpose of the test is to provide a pass/fail decision, information from the performance of reference groups of peers should inform, but not determine, the standard.</td>
<td>Royal College</td>
</tr>
<tr>
<td>12.3 The precision of the pass/fail decision must be reported on the basis of data about the test. The purpose of the test must determine how the error around the pass/fail level affects decisions about borderline candidates.</td>
<td>Royal College</td>
</tr>
<tr>
<td>12.4 Reasons for choosing either pass/fail or rank ordering should be described.</td>
<td>Royal College</td>
</tr>
<tr>
<td>12.5 Standards for determining successful completion of training to CCT level should be explicit.</td>
<td>Royal College</td>
</tr>
</tbody>
</table>
| 12.6 Assessment regulations must clearly specify requirements for:  
  - trainee progression and achievement within the approved programme;  
  - the procedure for the right of appeal for trainees. | Royal College |

### Documentation will be standardised and accessible nationally

**Standard 13** Documentation will record the results and consequences of assessments and the trainee’s progress through the assessment system.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1 Information will be recorded in a form that allows disclosure and appropriate access, within the confines of data protection and freedom of information.</td>
<td>Royal College</td>
</tr>
<tr>
<td>13.2 Uniform documentation will be suitable not only for recording progress through the assessment system but also for submission for purposes of registration and performance review.</td>
<td>Royal College</td>
</tr>
<tr>
<td>13.3 Documentation should provide evidence for revalidation and compliance with <em>Good Medical Practice</em>.</td>
<td>Royal College</td>
</tr>
<tr>
<td>13.4 Documentation should be transferable and accessible as the trainee moves location.</td>
<td>Royal College</td>
</tr>
<tr>
<td>13.5 Documentation should be comprehensive and accessible to both the trainee and to those responsible for training.</td>
<td>Royal College</td>
</tr>
</tbody>
</table>
### Review: Standards 14, 15, 16 and 17

#### Curriculum review and updating

**Standard 14** Plans for curriculum review, including curriculum evaluation and monitoring, must be set out.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1 The schedule for curriculum updating, with rationale, must be provided including reference to governance arrangements where appropriate.</td>
<td>Royal College</td>
</tr>
<tr>
<td>14.2 Mechanisms for involving trainees, patients and lay people in curriculum updating must be in place and operational.</td>
<td>Royal College</td>
</tr>
</tbody>
</table>

#### Resources

**Standard 15** Resources and infrastructure will be available to support trainee learning and assessment at all levels (national, Deanery and LEP).

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1 Resources will be made available for the proper training of assessors, trainers and examiners.</td>
<td>S2 (LAB) S7 (LFG)</td>
</tr>
<tr>
<td>15.2 The facilities and resources needed to ensure the welfare and well-being of trainees must be both adequate and accessible, and must support the required learning and teaching activities of the curriculum and assessments.</td>
<td>S2 (LAB) S7 (LFG)</td>
</tr>
<tr>
<td>15.3 Resources and expertise will be made available to develop and implement appropriate assessment methods.</td>
<td>S2 (LAB) S7 (LFG)</td>
</tr>
<tr>
<td>15.4 Resources will support the assessment of trainees at national and local levels.</td>
<td>S2 (LAB) S7 (LFG)</td>
</tr>
<tr>
<td>15.5 Appropriate infrastructure at national, Deanery and LEP levels will support the assessment process.</td>
<td>ALL GEAR</td>
</tr>
</tbody>
</table>

#### Lay and patient involvement

**Standard 16** There will be lay and patient input in the development and implementation of assessments.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1 Lay and patient/carer opinion will be sought in relation to appropriate aspects of the development, implementation and use of assessments for the classification of candidates.</td>
<td>Royal College</td>
</tr>
<tr>
<td>16.2 Lay people may act as assessors/examiners for areas of competence they are capable of assessing for which they will be given appropriate training.</td>
<td>Royal College</td>
</tr>
</tbody>
</table>
Equality and diversity

Standard 17 The curriculum should state its compliance with equal opportunities and anti-discriminatory practice.

<table>
<thead>
<tr>
<th>Mandatory requirements:</th>
<th>LFG GEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.1 LEPs, Deaneries and Colleges/Faculties must have equal opportunities and anti-discriminatory policies in place in relation to trainees and trainers, together with an indication of how these will be implemented and monitored.</td>
<td>2.11 (LFG) xxii (LAB)</td>
</tr>
<tr>
<td>17.2 LEPs, Deaneries and Colleges/Faculties must ensure necessary information is publicly available for all stakeholders.</td>
<td>2.11 (LFG) xxii (LAB)</td>
</tr>
<tr>
<td>17.3 A range of learning and teaching methods that enables the rights and needs of patients and colleagues to be respected.</td>
<td>Handbook 7.4, 14.1</td>
</tr>
</tbody>
</table>
Appendix 7

GUIDANCE FOR DOCUMENTATION: Local Faculty Groups (Post Foundation) (Re. Handling of Trainees in Difficulty) Record Keeping

Introduction

The following is guidance on recording information relating to handling of trainees in difficulty by Local Faculty Groups (LFGs) based upon good practice. This must be used in conjunction with Trainees in Difficulty Guide published by KSS Deanery and Graduate Education and Assessment Regulations (GEAR).

Documentation of meetings of the Faculty Groups must be in line with guidance provided by the Data Protection Act in relation to processing, retention and security of records. The possibility is that recording of processes relating to handling of a trainee in difficulty may subsequently form part of regulatory proceedings. Therefore recording of information must be of a standard and character where undue legal challenges could be avoided. The Freedom of Information Act (2005) allows the right of access to information held about practitioners/trainees (subject to exemptions where appropriate) and any documentation by faculties could be assessed through this.

Principles

1. Record place of meeting/time/length/names of those present

2. Record notes promptly after any meetings/event and agree it with those present as soon as possible (within two weeks).

3. Information being presented to the Faculty Groups regarding a trainee should be recorded in a ‘standard concern form’, completed by the Educational Supervisor and the chair of the Faculty Groups.

4. The LFGs may discuss the matter in detail but the minutes should only contain a factual summary. (The individual supervisor concerned should hold detailed notes of training etc but this must not form part of the minutes).

5. Confidentiality of the trainee concerned must be protected. Also confidentiality of others involved e.g. patients and work colleagues must be preserved.

6. Details of documentation may depend on the stage the problem has reached but there must be consistency.

7. Principles of equality and diversity must be observed.

8. Do not record third party statements in the minutes.

9. Exclude information about aspects of the trainee’s life not directly related to his or her work even if discussed during the course of the meeting for other reasons.
10. Record discussions in a balanced way. The minutes should be objective and unbiased, written in an accurate and concise style. Once written, they should be checked for accuracy and distributed to the members as soon as possible. The minutes of trainee in difficulty should be recorded in bullet points as follows:
- Issues raised
- Conclusions
- Action points and time lines
- Review date

11. At the end of formal the LFG meetings confidential information sheets should be returned to the responsible officer to be shredded in line with local Trust policy.

12. In recording, keep to facts only not suppositions/hypotheses discussed during meetings.

13. Minutes of notes will need to be retained for 7 years. At the end of a case file being closed, agree final notes with trainee/trainees representative if available.

14. The sharing of information recorded must be with permission of the LFG Chair and is in keeping with other guidance regarding this. E-mailing notes to a third party by members for any other purpose should be avoided.

A practical approach to record keeping

- The Chair of the LFG/DME may choose to refer to the individual trainee in the minute through a coding process and they will be responsible to keep the key to coding confidential. The trainee in the note might be referred to as follows: Trust code/numerical number/the year. For example John Smith is the first trainee who has been discussed in the faculty that year. The minutes will show the Trust code/1/08.

- The minutes will refer to all factual issues raised. For example, not taking part in DoP’s assessments.

- The conclusion of the LFG. For example, a formal letter to trainee giving them reasonable times scale to complete the assessment. Or refer to the school board.

- The review period to indicate when and what the LFG will review in the case of the 3456/1/08.
List of Abbreviations and References

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>Annual Audit and Review</td>
</tr>
<tr>
<td>APEL</td>
<td>Accreditation of Prior Experience and Learning</td>
</tr>
<tr>
<td>ARCP</td>
<td>Annual Review of Competence Progression</td>
</tr>
<tr>
<td>CCT</td>
<td>Certificate of Completion of Training</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>CSSAG</td>
<td>Core Specialty Schools Advisory Group</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DME</td>
<td>Director of Medical Education</td>
</tr>
<tr>
<td>DPA</td>
<td>Data Protection Act</td>
</tr>
<tr>
<td>EWTD</td>
<td>European Working Time Directive</td>
</tr>
<tr>
<td>FACD</td>
<td>Foundation Achievement of Competency Document</td>
</tr>
<tr>
<td>FTPD</td>
<td>Foundation Training Programme Director</td>
</tr>
<tr>
<td>GEAR</td>
<td>Graduate Education Assessment Regulations (GEAR)</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>GP</td>
<td>General Practice</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>ISO</td>
<td>International Organisation for Standardization</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>KSS</td>
<td>Kent, Surrey and Sussex</td>
</tr>
<tr>
<td>LAB</td>
<td>Local Academic Board</td>
</tr>
<tr>
<td>LEP</td>
<td>Local Education Provider</td>
</tr>
<tr>
<td>LFG</td>
<td>Local Faculty Group</td>
</tr>
<tr>
<td>LSC</td>
<td>Learning and Skills Council</td>
</tr>
<tr>
<td>LTFT</td>
<td>Less Than Full Time</td>
</tr>
<tr>
<td>MEM</td>
<td>Medical Education Manager</td>
</tr>
<tr>
<td>MMC</td>
<td>Modernising Medical Careers</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHSLA</td>
<td>NHS Litigation Authority</td>
</tr>
<tr>
<td>OPD</td>
<td>Out Patients Department</td>
</tr>
<tr>
<td>PA</td>
<td>Professional Activities</td>
</tr>
<tr>
<td>PMET</td>
<td>Postgraduate Medical Education and Training</td>
</tr>
<tr>
<td>PMETB</td>
<td>Postgraduate Medical Education and Training Board</td>
</tr>
<tr>
<td>QAA</td>
<td>Quality Assurance Agency</td>
</tr>
<tr>
<td>QESP</td>
<td>Qualified Educational Supervisor Programme</td>
</tr>
</tbody>
</table>
GEAR: Graduate Education and Assessment Regulations - Gearing up for Patient Safety

QMS – Quality Management System
RITA – Record of In-Training Assessment
SEC – South East Coast
SFT – Standards for Trainers
SHA – Strategic Health Authority
SPA – Supporting Professional Activities
STC – Specialty Training Committee
STFS – South Thames Foundation School
TiD – Trainees in Difficulty
WBLA – Workplace Based Learning Assessments

References

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