

East of England October 2012 Deanery Report

Deanery Name:	East of England Multi-Professional Deanery
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ACTION PLAN (This action plan will be published on the GMC website)																		
Item number	Deanery-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: month/year)	Concerns ONLY RAG at the time the concern was identified	How was the concern/good practice identified? I.e. GMC Visit, Deanery Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deanery encouraged the sharing of this good practice, locally and/or deanery-wide?	Monitoring, evidence and outcomes	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EOE0112-3	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	5	EOE797	Obstetrics and Gynaecology	All	Concern	The conditions of the recent visit by the School of Obstetrics and GynaecologyThe conditions of the visit were as follows: 1. Consider establishing 'faculty group' or similar (eg education committee) with trainee involvement to improve training locally. 2. Develop trainee forum plus lead trainee 3. Management training for senior trainees 4. Develop local teaching programme with protected time to include FY2s 5. Allow release for regional teaching programme 6. Encourage educational supervisors to attend local training 7. Improve departmental induction: consent training, skills training for FY2s 8. Involve trainees in Rota design 9. Develop existing forum where trainers can discuss progress of trainees – early warning system for 'trainees in difficulty'.	January 2011	Amber	School Visit 19 January 2011	These conditions have now been fulfilled. Action plan proceeding as outlined with regard to: establishment of O&G Forum, management training for senior trainees; local teaching and induction programmes. Trainees appropriately engaged in making changes within the department.	School Re-Visit to O&G Department to take place on 30 May 2012. GMC Trainee Survey confirms progress in this area with no outliers in this specialty. There has been continued improvement within the Department.	The School of O&G revisit showed improvements in the Department including good clinical support and handover, improvements to induction programmes and the rota - including trainee led changes. The GMC Trainee Survey 2012 shows one negative outlier for this specialty relating to local teaching. An action plan was requested by 28.09.12. Monitoring will continue through the Deanery quality management framework.	Issue resolved June 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of O&G	Royal College of Obstetrics and Gynaecology 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College.
EOE0112-4	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1	EOE958, EOE959, EOE2070	Core Medical Training, General (Internal) Medicine, Acute Internal Medicine	All	Concern	The safe tracking of patients in particular of "medical outliers" must be addressed. (6 months)	March 2011	Amber	Deanery Visit 17 March 2011	Issue raised at Trust Executive Board. Director of Performance & Informatics exploring appropriate electronic bed management systems to facilitate the tracking of patients. Trust expecting business case to be approved by July 2011 and keen to install system before the winter. Update on current position provided on 1 December 2011. The Trust invited the Emergency Care Intensive Support Team (ECIST) to visit the Trust on 6 October 2011. The ECIST report includes a number of recommendations to aid the trust improve the care and flow of emergency patients. The use of tracking systems is one aspect of this overall wider plan.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	The School of Medicine revisited on 13.03.12 and reported that the processes for patient handover are particularly effective and handover is consistently a positive outlier in the GMC Trainee surveys. The quality of training of both educational and clinical supervisors is of an exceptionally high standard.	Issue resolved May 2012	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Director of Medical Education/ Chief Executive/ Medical Director of QEHKL Trust	Royal College of Physicians 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College.
EOE0112-5	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1, 5	EOE938	General Surgery	Higher	Concern	Curriculum provision within general surgery must be reviewed including access to induction, access to regional training and maximising surgical training opportunities such as appropriate operating list access.	March 2011	Amber	Deanery Visit 17 March 2011	In December 2011, a thorough review of surgical training at the Trust showed that the issues regarding surgery and the release of Registrars to surgical training had been resolved.	Monitoring will occur through School visits, action plan updates and local and GMC surveys.	The GMC survey 2012 shows that general surgery is a red outlier for local and regional teaching and that overall satisfaction in surgery F1 is also a negative outlier. This is being monitored through the School's visiting programme. A Deanery Quality Improvement visit to the Trust will take place in May 2013 when progress will be reviewed. The deanery is awaiting a response from the Trust via its College Tutor's QM1 report.	June 2012	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Green	Head of School of Surgery / College Tutor and Director of Medical Education	Royal College of Surgeons Tutor and Head of School 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0112-14	Bedford Hospital NHS Trust	6	N/A	N/A	N/A	Concern	All educational and clinical supervisors must receive appropriate training (faculty development). It should be further noted that any supervisor not meeting this condition within the agreed timescale should not have doctors in training attached to them. (one year)	May 2011	Amber	Deanery Visit 12 May 2011	Minimum requirements for education supervisors' training to be tabled at Medical and Dental Education Committee (MDEC) in June-11, to be re-presented at the next MDEC for reiteration of ownership and responsibilities. Training (mostly online) to be completed by December 2011. College Tutors to determine who the educational supervisors are. Dates finalised for more training sessions. Final session to be held late October. Consultants who have not completed training will have their trainees withdrawn.	Monitoring will occur through School visits, action plan updates and local and GMC surveys. The Deanery will also revisit the Trust on 10 May 2012.	The Trust has now achieved 100% training in equality and diversity and new consultant staff routinely undertake this training. There is also a programme of educational and faculty development within the Trust with additional training on topics such as underpinning provided in conjunction with the University of Bedfordshire. All clinical supervisors now have the required training.	Issue resolved August 2012	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Director of Medical Education College Tutors	N/A
EOE0112-15	Bedford Hospital NHS Trust	6	All	All	All	Concern	The Trust should take steps to achieve effective trainee engagement and be able to provide evidence of the effectiveness of this. (one year)	May 2011	Amber	Deanery Visit 12 May 2011	Trainee representatives invited to attend Medical and Dental Education Committee meetings. Clinical Tutor Fora re-launched.	Monitoring will occur through School visits, action plan updates and local and GMC surveys. The Deanery will also revisit the Trust on 10 May 2012.	This remains a continuing condition. Trainees have been informed of the Senior Resident programme and encouraged to apply. Faculty groups to be established. The Deanery will continue to monitor this via its quality management processes and updates from the Trust.	May 2012	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	DME and Deputy Clinical Tutor	N/A
EOE0112-16	Bedford Hospital NHS Trust	8	N/A	N/A	N/A	Concern	The Trust should address the need for consistent strategic leadership of education and training with board level engagement. (one year)	May 2011	Amber	Deanery Visit 12 May 2011	New Organisational and Development Directorate (ODD) structure. Medical Education & Training to be tabled on Trust Board and EMB agendas. Chief Executive is fully engaged and developing more senior medical education post across the Trust.	The Deanery will revisit the Trust in May 2012.	There is strong leadership of education and training within the Trust with specific engagement of the Chief Executive. In particular, of the Trust's 10 Board objectives, there is a specific objective pertaining to education. The Trust is also planning to strengthen the delivery of education by reinforcing the Education team and job planning and by its monthly Medical Education Committee meetings. The Clinical Tutor is now Director of Medical Education.	May 2012	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	DME / Medical Director / Director of Organisational Development / Chief Executive	N/A
EOE0112-19	Norfolk and Norwich University Hospitals NHS Foundation Trust	6	N/A	N/A	N/A	Concern	The Trust must formalise processes for the selection, appraisal and recognition of educational supervisors. (6 months)	June 2011	Red	Deanery Visit 28 June 2011	Proposal for the selection, appraisal and recognition of educational supervisors put forward by the Trust.	The Trust has implemented the appropriate selection and training of educational supervisors and as at 31/12/12, 298 consultants had been trained. The Trust is also rolling out appraisal of educational supervisors within their enhanced appraisal system to support revalidation of consultants and, as part of this, job planning to recognise the necessary time for educational supervision will be included. Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust has put forward a proposal to be implemented from the next job planning/appraisal cycle to run 2012/13: 1. the selection of educational supervisors will be performed by the Specialty Tutor/Educational Lead within each department. 2. appraisal of educational supervisors will take place within the annual consultant appraisal including a specific section in the appraisal preparation form about educational supervision. 3. clear guidance has been received that consultants undertaking educational supervision should be allocated 0.125PA per trainee within their job plan subject to satisfactory appraisal of the role. The deanery has provided guidance as part of the educational equity and excellence programme. The Deanery will be conducting a Quality Improvement Visit to the Norfolk & Norwich University Hospital in June 2013 to review progress on these actions.	January 2012	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Green	Trust Senior Management Team including Clinical Tutor and College Tutor	N/A
EOE0112-20	Basildon and Thurrock University Hospitals NHS Foundation Trust	5	EOE928	Emergency Medicine	All	Concern	The levels of non-Registrar middle grade support for doctors in training in the Emergency Department continue to cause concern, particularly for the Foundation trainees. A visit by the School of Emergency Medicine is due soon and will report further. The Trust is required to thoroughly investigate the reported concerns within the Emergency Department and develop an action plan if appropriate. (3 months)	July 2011	Red	Deanery Visit 28 July 2011	The Trust has reviewed the levels of staffing and approved an increase in consultant and middle grade numbers. Following visit, Trust sought immediate feedback from FY2s/GPST trainees undertaking night shifts who reported supervision as good/adequate. Comprehensive feedback also sought from all doctors in A&E including middle grades and night shift doctors in Sept/Oct 2011 confirming that supervision is good despite heavy workload. Following actions undertaken: Planned increase in A&E staffing numbers including 4 additional middle grades. Review of night middle grade cover. FY2 and GPSTs not left unsupervised in A&E at any time. Actions to be monitored at next School of EM visit.	Trust to provide confirmation and evidence that these actions have occurred and have resolved the issue. Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust has confirmed the progress made in EM and the appointment of 2 new full time consultants with 2 additional middle grades in A&E from 1900 to 2200 thus increasing the clinical supervision in this department at its busiest. The Trust has confirmed that FY2/GPST trainees are not left unsupervised in the A&E at any time. This is substantiated by the positive report from the GP School visit in February 2012.	January 2013	Stage 3c: Concerns over Progress - The action plan has fallen behind or is likely to fall behind.	Red	Trust Senior Management Team including Clinical Tutor and College Tutor	College of Emergency Medicine 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College.

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EOE0112-22	West Hertfordshire Hospitals NHS Trust	1	EOE938, EOE966	General Surgery, Core Psychiatry Training	All	Concern	Patient tracking in particular of surgical outliner patients must be addressed (Action plan to be provided within one month and full implementation of plan to be assessed at the April 2012 visit).	October 2011	Red	Deanery Visit 10 October 2011	Trialling of clinical portal to address patient tracking in Surgery. System to be introduced in early 2012.	Dean's revisit will take place in April 2012 with GMC representation. Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust confirmed the following actions: - Issue addressed immediately by the Trust - Handover policy being reviewed - Plans to restructure junior doctors' firms - Trust expanding bed capacity by 48 beds See further details below in Dean's revisit section.	April 2012	Amber	Medical Director, Clinical Tutor and College Tutors	1)The Regional Advisor sits on the Specialty Training Committee. 2) The annual specialty report from the School to the College.	
EOE0112-23	West Hertfordshire Hospitals NHS Trust	1	EOE928	Emergency Medicine	Foundation, Core	Concern	The lack of middle grade/senior cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards – Immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deanery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	October 2011	Red	Deanery Visit 10 October 2011	1) GMC informed of patient safety issues and Deanery concerns. 2) Trust recruited short term middle grade locum cover with immediate effect. 3) Visit by John Heyworth on 27 November 2011 recommended expansion of consultant numbers in Emergency Medicine to 10 whole time equivalents which was accepted by the Trust and was to be supported by substantive middle grade support. Trust planning to offer attractive in house training programmes for specialty doctors to enhance the quality of middle grade staff supervision at all times, especially at night.	Dean's revisit will take place in April 2012 with GMC representation. Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	See Dean's revisit below.	April 2012	Green	Medical Director, Clinical Tutor and College Tutors	1)The Regional Advisor sits on the Specialty Training Committee. 2) The annual specialty report from the School to the College. North West Thames Foundation School Director attended the visit.	
EOE0112-24	West Hertfordshire Hospitals NHS Trust	2	N/A	N/A	N/A	Concern	To support the engagement of all College Tutors, the Trust are required to review the appointment of all tutors as part of their planned review in conjunction with appraisal by the relevant Head of School. (One year)	October 2011	Amber	Deanery Visit 10 October 2011	Current recommendation of 0.125 SPA per trainee being met. Associate Medical Director planning to introduce system of appraisals for ES by CTS, FTPDs and Clinical Tutor - to be embedded within next 6 months.	Dean's revisit will take place on 26 April 2012 with GMC representation.	See Dean's revisit below.	April 2012	Green	Clinical Tutor	N/A	
EOE0112-25	West Hertfordshire Hospitals NHS Trust	3	N/A	N/A	N/A	Concern	E&D training – the figures provided are currently unacceptable. The Trust must either provide more accurate audit data to show training levels nearing 100% or, if not, address the levels of this training. (3 months)	October 2011	Amber	Deanery Visit 10 October 2011	Provision of e-learning module by Medical Education Centre has improved compliance. Current level of compliance included in quality matrix at 94% on 30 November 2011.	This will be monitored through the Dean's revisit which will take place in April 2012 with GMC representation.	See Dean's revisit below.	April 2012	Green	Medical Director / Clinical Tutor	N/A	
EOE0112-26	West Hertfordshire Hospitals NHS Trust	1	EOE922	Clinical Radiology	Higher	Concern	The repeatedly reported Radiology culture could not be sufficiently triangulated during this visit but is sufficiently concerning to be included. The Medical Director or his nominated Deputy must investigate this and report findings, and if required an action plan. (Investigation 1/12 if required action plan in 3 months)	October 2011	Red	Deanery Visit 10 October 2011	Trust's internal reviews have not identified a problem. Need for further evidence. Divisional Lead has written to all junior doctors and has informed them that concerns can be reported to himself or via the Medical Education Centre (Appendix 4 of Action Plan).	This will be monitored through the Dean's revisit which will take place in April 2012 with GMC representation.	See Dean's revisit below.	April 2012	Green	Clinical Director of Radiology and Medical Director	N/A	
EOE0112-27	Cambridge University Hospitals NHS Foundation Trust	1, 5	EOE914, EOE941, EOE951	Endocrinology and Diabetes Mellitus, Histopathology, Plastic Surgery	All	Concern	Whilst recognising the positive response to the suggestion of consultant undermining, the Deanery requires evidence of the actions taken as a result of the review, the outcomes and re-evaluation. (3 months)	November 2011	Amber	Deanery Visit 10 November 2011	Action plan to be received by 10-Feb-12	Monitoring will occur through School visits, review of action plans and local and GMC surveys.	The Trust has taken specific steps to address undermining which is no longer a red outlier in the GMC survey 2012 for the 3 specialties of endocrinology/diabetes, histopathology and cardiology. Plastic surgery however remains a red outlier. The Trust is taking steps to address this through a series of measures led by the Director of Medical Education and the Clinical Director in this specialty, including trainee feedback and meetings with consultants. The School of Surgery will visit the Trust in early 2013 when it will review the outcome of these initiatives. The Deanery will continue to monitor in the meantime should any problems arise.	February 2012	Green	Medical Director / Clinical Tutor / DME	N/A	
EOE0112-28	Cambridge University Hospitals NHS Foundation Trust	1, 5	EOE951	Plastic Surgery	All	Concern	The concerns in Plastic Surgery year on year are sufficient that the Deanery requires a formal action plan of how these will be addressed and follow up. (3 months)	November 2011	Amber	Deanery Visit 10 November 2011 and GMC Trainee Survey 2011	Action plan to be received by 10-Feb-12.	Monitoring will occur through School visits, review of action plans and local and GMC surveys.	The Trust is taking these concerns very seriously and has made a series of changes which have led to the reduction in the number of outliers in plastic surgery from 8 in 2011 to 5 in 2012. The School of Surgery will continue to monitor further progress through its quality management processes. A School visit to the Trust is planned for early 2013 (see above).	February 2012	Red	Medical Director / Clinical Tutor / DME / Head of School of Surgery / Royal College of Surgeons Tutor and TPD for Plastic Surgery	1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
EOE0112-29	Southend University Hospital NHS Foundation Trust	1	All	All	All	Concern	Departmental induction within all departments must occur in a timely manner. [Domain 1] (6 months)	December 2011	Amber	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan.	Hospital and departmental induction are monitored by the Medical Education Placement Manager. The GMC survey 2012 shows 3 green outliers for induction with only 1 red outlier in paediatrics. A School of Paediatrics visit to the Trust in July 2012 indicated that work is in progress to fine tune the induction programme. The School will continue to monitor the situation and is planning a revisit early in 2013 to review progress.	March 2013	Green	Clinical Tutor/DME	N/A	
EOE0112-30	Southend University Hospital NHS Foundation Trust	1, 5	EOE934, EOE889, EOE797	Clinical Oncology, Respiratory Medicine, Obstetrics and Gynaecology	All	Concern	The concerns regarding training in clinical oncology, respiratory medicine and O&G must all be addressed as a matter of priority and will be formally reviewed through School visits. [Domain 1 & 5] (6 months)	December 2011	Amber	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan.	Clinical oncology continues to experience problems but there are positive indicators of progress. Respiratory Medicine has improved significantly although it is still a red outlier for workload and work intensity in the GMC survey 2012. Undermining is no longer an outlier. The issues in O&G remain problematic. The Head of School is liaising with the Trust and will be organising a visit within the next few months to review progress.	January 2013	Amber	Clinical Tutor/DME Head of School	1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
EOE0112-31	Southend University Hospital NHS Foundation Trust	3	N/A	N/A	N/A	Concern	E&D training must be 100% for educational and clinical supervisors. [Domain 3] (6 months)	December 2011	Amber	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan.	The Trust has now achieved 100% compliance to E&D training. This will continue to be monitored by the Medical Education Placement Manager to ensure renewal of the training at appropriate intervals.	June 2012	Green	Senior Trust Team including Medical Director	N/A	
EOE0112-32	Southend University Hospital NHS Foundation Trust	1, 5	N/A	N/A	Foundation	Concern	Consent. The Trust must address the concern that trainees are undertaking patient consent for procedures they are not competent to perform, or have not received appropriate training to undertake consent for that procedure. Specifically, the Trust should address the concern raised that Foundation Year 1 Trainees are required to consent for procedures within Trauma and Orthopaedics.	December 2011	Amber	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan.	Two audits were conducted separately by the Associate Medical Director for governance and by the FTPD as well as internal investigations by the orthopaedic unit and all three sources confirmed the following: 1. there were no other areas of consenting violations within surgery. 2. provision of training on consenting procedures is now a robust part of training. 3. follow up audits will be carried out to ensure compliance but all recent inspection visits have not revealed any issues. All findings are reported and discussed at the Medical Education Board in the presence of the Medical Director. This will be monitored at the next Foundation School visit to the Trust in 2013.	June 2012	Green	Clinical Tutor/DME/ Medical Director and Clinical Director for Surgery and T&O	N/A	

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EOE0112-33	Deanery-Wide	1, 5	EOE920, EOE946, EOE952, EOE930, EOE921, EOE963	Core Psychiatry Training, Old Age Psychiatry, Psychiatry of Learning Disability, Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry	All	Concern	GMC Trainee Survey 2011 confirmed School of Psychiatry concerns regarding the quality and outcomes of the training programmes. In particular, it identified high levels of negative outliers across all domains and training programmes. Overall satisfaction with training in Psychiatry was amongst the lowest in the UK.	2011	Red	GMC Trainee Survey 2011 and Deanery Quality Management Framework	The Head of School of Psychiatry undertook a specialty specific end of post survey confirming the areas of concern, in particular concerns around structured educational supervision and the quality of the academic training programme. The Head of School therefore: 1) requested action plans from appropriate College Tutors/TPDs to address negative outliers in their Trust/programme. 2) A specialty specific faculty development programme will be implemented in the early part of 2012 aimed at clinical and educational supervisors including good practice in supervision and feedback, the conduct of ARCPs and familiarity with the Royal College's new e-portfolio. 3) The School will develop a mentoring scheme for all trainees. 4) The School will further develop a psychiatry specific end of post e- survey. In addition, the Deanery has brought forward its timetable to carry out Deanery Performance and Quality Reviews of its Mental Health Trusts commencing with South Essex Partnership NHS Trust in November 2012.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	1. All PDs (core and advanced) submitted Scheme- specific action plans. These were discussed at the School's Board meetings and all actions were monitored and completed. 2. Post and Scheme specific survey carried out at the point of ARCPs. Findings mitigated GMC survey scores in part. 3. School organised (with Deanery funding) Royal College's Educational and Clinical Supervisors' Courses between April and June 2012. 4. Mentoring scheme implemented for CT1s across the School (completed Sept 2012) with trained mentors. Roll out across CT2/3 underway during autumn 2012. 5. All educational supervisors are required to act as ARCP panel members at least once every three years. 6. Deanery visits are being scheduled with first one due to take place in November 2012.	February 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Psychiatry / TPDs / College Tutors Postgraduate Dean and Deputy Dean for Psychiatry	Royal College of Psychiatry through Head of School (joint appointment between Deanery and College). Engagement with College Tutors and Mental Health Trusts.
EOE0112-34	Deanery-Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE914, EOE939, EOE935, EOE951, EOE953, EOE947, EOE948	Endocrinology and Diabetes Mellitus, Geriatric Medicine, Clinical Pharmacology and Therapeutics, Plastic Surgery, Rheumatology, Otolaryngology, Paediatrics	All	Concern	The GMC Trainee Survey 2011 identified a significant excess of negative outliers in these specialties across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Amber	Deanery Quality Management Framework and GMC Trainee Survey 2011	Relevant Heads of School and TPDs requested to investigate these findings and provide the Deanery with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	Analysis of NTS outcomes 2012 and reports from School visits indicate improved performance in all these specialties other than: 1. Geriatric Medicine where the results are skewed by findings at Walford both through deanery visit outcomes and NTS results 2. Plastic Surgery School of Surgery visits are planned to review all surgical training including Plastic Surgery at the two principal units – Addenbrooke's and the Norfolk and Norwich early in 2013. The Lister Hospital which also has Plastic Surgery Trainees will be visited in November 2012.	June 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Heads of School and TPDs	Relevant Royal Colleges through Heads of School / Regional Advisors / College Tutors 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0112-35	Deanery-Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE958	Core Medical Training	Core	Concern	The GMC Trainee Survey 2011 identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Amber	Deanery Quality Management Framework and GMC Trainee Survey 2011	Head of School of Medicine requested to investigate these findings and provide the Deanery with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	The Head of School has carried out a programme of School visits to Trusts and is addressing through the School's quality management processes.	Ongoing	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Medicine	Royal College of Physicians / Regional Advisors / College Tutors
EOE0112-36a	Deanery-Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE966	Core Surgical Training	Core	Concern	The GMC Trainee Survey 2011 again identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK. The Deanery had already been actively addressing concerns regarding the size and quality of its core surgical training programme as a result of national requirements.	2011	Amber	GMC Trainee Survey 2011	The Deanery through its School of Surgery and Specialty Training Committee in Surgery is in the process of recommending the reduction of core surgery posts in line with national recommendations. This review of the training programme is being informed by outcomes of the Deanery Quality Management Framework and the Royal College of Surgeons SMART criteria. It is anticipated that this process together with improved rotations should lead to improvements in the overall quality of our core surgical training programme.	Monitoring will continue through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	The situation has improved based on quality measures (SMART criteria). However although the overall number of posts has been reduced there are still problems with some posts in achieving the SMART criteria despite these being widely publicised and promulgated (including a letter to all chief executives, medical directors, directors of medical education and surgical tutors). A further local trainee survey aimed specifically at the SMART criteria is planned for the core programme. Visits are also planned to the two largest trusts.	April 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School / TPD Core Surgery	Royal College of Surgeons / Regional Advisors / College Tutors 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0112-36b	Papworth Hospital NHS Foundation Trust	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE966	Core Surgical Training	Core	Concern	In view of the unexpected and high number of negative outliers contained within the preliminary report of the GMC Trainee Survey which did not triangulate with existing Deanery evidence, the Deanery identified this as an area of concern.	2011	Amber	GMC Trainee Survey 2011	The Head of School of Surgery carried out an inspection visit to the Trust on 3 October 2011 at which the issues raised in the GMC Survey were explored and were found to have been addressed.	Monitoring will continue through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	Core Surgery is no longer a red outlier at Papworth in the GMC Survey 2012.	October 2011	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School / TPD Core Surgery	Royal College of Surgeons / Regional Advisors / College Tutors
EOE0112-37	Deanery-Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE797	Obstetrics and Gynaecology	All	Concern	The GMC Trainee Survey 2011 identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Amber	Deanery Quality Management Framework and GMC Trainee Survey 2011	Head of School of O&G developed action plan in response to the GMC Survey 2010 which included: 1) Awareness raising at medical director and clinical tutor level in LEPs where undermining identified. Local action plans requested. 2) Commissioned educational module focussing on feedback. 3) Establish functional trainees' committee and increase trainee representation at board and STC level. 4) QA of above via Deanery School visits.	Deanery and School visits and annual surveys. Feedback module delivered as a pilot to College Tutors in April 2011. Further dates for delivery of feedback module arranged January - May 2012. Evaluation of module in progress.	There have been improvements in the GMC Survey results since 2011 from 39 red outliers to 23 red outliers. The Head of School of O&G has written to each Trust with a red/pink outlier for undermining in the GMC Survey 2012 requesting an action plan by the end of October. These will be monitored by the Head of School reporting to the Deputy Postgraduate Dean for Quality. The RAG status was upgraded to Red in line with the GMC guidelines determining the new RAG ratings. The School of O&G continues to liaise with its faculty to address these issues. A further report on progress will be available for the April DR.	January 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Red	Head of School of O&G	Royal College of Obstetrics and Gynaecology Head of School has presented talk on bullying and undermining to RCOG College Tutors' meeting and has written an article for the RCOG Trainee newsletter. RCOG has major concerns over issue as nationally a problem for the specialty.
EOE0112-38	Hinchingbrooke Health Care NHS Trust	1, 5, 6	EOE928	Emergency Medicine	All	Concern	A significant amount of GMC Trainee Survey 2011 red outliers in Emergency Medicine at the Trust.	2011	Red	GMC Trainee Survey 2011	Deanery Targeted Visit with GMC representation took place on 11 January 2012.	Deanery Targeted Visit including GMC representation took place on 11 January 2012. Draft report and recommendations received by Deanery from Head of School of Emergency Medicine on 16 January 2012 (awaiting ratification).	The January visit identified areas of good practice and areas of concern. The Trust has put in place measures to address the latter. A School revisit took place on 17 July 2012 with the following outcomes: - improvements in staffing levels but clinical supervision remains inadequate. - the teaching programme needs to be improved to match the regional norm and trainees released to attend this. - study leave must be granted - handover needs to improve - protocols should be easily accessible. - There must be a clearly defined membership of the trauma team and team leadership must be provided by experienced ATLS qualified medical staff. An action plan was due by 1 October 2012 which will be monitored by the Head of School. The Dean's Visit to the Trust will take place on 29 November 2012.	November 2012	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber	Postgraduate Dean and Head of School of Emergency Medicine	Royal College of Emergency Medicine 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.

ACTION PLAN (This action plan will be published on the GMC website)																		
Item number	Deanery-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: month/year)	Concerns ONLY RAG at the time the concern was identified	How was the concern/good practice identified? i.e. GMC Visit, Deanery Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deanery encouraged the sharing of this good practice, locally and/or deanery-wide?	Monitoring, evidence and outcomes	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EOE0112-39	Hinchingbrooke Health Care NHS Trust	1, 5, 6	EOE938, EOE966	General Surgery	All	Concern	Concerns identified in colorectal surgery at this Trust for Foundation, Core Surgical and Higher Surgical trainees	January 2012	Red	Foundation trainees have written a letter, anonymously, to raise clinical concerns in colorectal surgery at the Trust. Contemporaneously concerns have also been raised by the local Coroner. The Deanery also ensured the following: - Direct engagement with Medical Director, Clinical Tutor, and FTDP - Liaison with SHA Medical Director and Director of Nursing The Higher Surgical Trainee had already been moved from colorectal surgery.	The Deanery conducted a Significant Event Review into its handling of training concerns at Hinchingbrooke. The following points were agreed at an extraordinary meeting of the Quality Management Board: 1) When Trusts inform the Deanery informally of concerns, the Deanery will henceforth request formal notification and ensure that its actions and responses to that are formal. 2) This will ensure an audit trail of concerns, evidence and actions. 3) These will be formally considered by the Deanery Quality Management Board, as will review and follow-up action. 4) Given the GMC's new Cause for Concern Procedure, the Deanery would also inform the GMC of these concerns as appropriate.	Deanery Targeted Visit including GMC representation took place on 11 January 2012. Draft report and recommendations received by Deanery from Head of School of Surgery on 24 January 2012 (awaiting ratification).	It was recommended following the visit that higher surgical colorectal trainees should not be placed in this Unit. It was also recommended that more formal arrangements for consultant level support for the Foundation trainees needed to be put into place. As a result, the Foundation School Director received confirmation of the appointment of a supervisor for the foundation trainees in the colorectal department. The trainee in colorectal surgery has been moved to another Trust and the post has been left in abeyance from August 2012 for one year subject to review in 2013 by the Head of School of Surgery. Progress will be monitored at the DPQR to the Trust on 29 November 2012.	October 2012	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Postgraduate Dean and Head of School of Surgery	1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0112-41	Basildon and Thurrock University Hospitals NHS Foundation Trust	1, 5, 6	EOE931	Anaesthetics	Core, Higher	Concern	The GMC Trainee Survey identified a substantial number of negative outliers from anaesthetic trainees of all grades with particular concern around clinical supervision, feedback, undermining and departmental induction.	2011	Red	GMC Trainee Survey 2011	These findings had also been identified by the Trust itself and their action plan included: 1) further training of all educational and clinical supervisors; 2) the establishment of an anaesthetic educational faculty group to quality control training and 3) the introduction of competency assessments.	The East of England School of Anaesthesia will undertake a targeted visit to the Department of Anaesthetics within six months to assess the impact of the Trust action plan and to make further recommendations if necessary. This visit will require appropriate representation from the London School of Anaesthetics since all anaesthetic trainees at Basildon Hospital are on London Deanery training programmes.	There have been improvements in anaesthetics at Basildon as this specialty is no longer an outlier at this Trust in the GMC Survey 2012. However, the Head of School of Anaesthesia is planning to undertake a visit to the Trust in 2013 to monitor progress against these outcomes and address any issues through its quality management processes.	April 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Anaesthesia	Royal College of Anaesthetics Externality for this visit will be sought from the Royal College of Anaesthetics.
EOE0112-43	Deanery-Wide	9	N/A	N/A	All	Concern	The GMC ARCP/RITA Outcomes Survey Report 2011	2011	Amber	GMC ARCP/RITA Data Collection 2011	The report appears to indicate that the Deanery has a low level of overall "adverse" outcomes compared to the rest of the UK. The Deanery undertook an in-depth analysis in those specialties that had either a "positive" or "negative" outlier. This demonstrated no evidence of any systematic failure of adherence to national or deanery guidance on the conduct of ARCPs/RITAs or the criteria for the award of a given outcome. However, the Deanery is in the process of developing and rolling out of a programme of specialty specific training in the conduct of ARCPs/RITAs for all panel members across all specialties. This programme will now be enhanced and accelerated through the Deanery's new Equality and Excellence Initiative. The Deanery is also enhancing its own internal quality control procedures to reduce the numbers of ARCP outcomes 5.	Monitoring will occur through quarterly data returns to the Quality Management Team. This will also be monitored through the GMC ARCP/RITA Outcome Survey.	The Deanery awaits the outcome analysis of the data submitted to the GMC and will respond appropriately. The Deanery will also seek to improve the quality and relevance of the feedback received from the external assessors attending its ARCP/RITA panels and their review of outcomes by the introduction of a standard reporting form for external assessors.	November 2012	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	Senior Management Team Quality Management / Secondary Care and Community Care Teams / Associate Postgraduate Dean for Faculty Development	All Colleges - through the provision of externality to the ARCP/RITA process.
EOE0102-01	Mid Essex Hospital Services NHS Trust	1, 6	EOE931, EOE938, EOE959, EOE947	Anaesthetics, Emergency Medicine, General (internal) Medicine, Otolaryngology	Foundation, Higher	Concern	The Trust has reported actions to investigate and address the reported undermining by consultants across a number of specialties. The Trust is asked to provide a formal report on their actions to ensure that this issue has been sufficiently investigated and addressed, and ongoing monitoring is in place. [domains 1 & 6] (2 months)	January 2012	Amber	Deanery Visit 19 January 2012	The Trust has taken steps to address undermining as follows: 1. all training leads have been made aware of this issue and asked to share with their department. They have been asked to ensure undermining behaviour is discussed with new trainees at local induction checklist. 2. It was raised in the Clinical Tutor's welcome to new trainees during corporate induction and has been included in the Clinical Tutor's welcome to FTs during PIPP and reiterated by the FTDPs in their welcome to each foundation year. 3. Audit of induction (due September 2012) will include questions as to whether or not this was covered. Monitoring remains ongoing.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan and action plan update received in March 2012 and August 2012 respectively.	August 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Senior Management Team	All relevant Colleges/Heads of School 1) The Regional Advisors sit on the Regional Specialty Training Committee. 2) The Heads of School provide an annual specialty report to their respective Colleges. 3) Deanery reports on updates to the Heads of School.
EOE0102-02	Mid Essex Hospital Services NHS Trust	1, 5	N/A	N/A	N/A	Good practice	The Trust demonstrates a culture of positive action on patient safety led by the Medical Director, including Medical Director's walkabouts and trainee engagement in patient safety committees.	January 2012	Green	Deanery Visit 19 January 2012	Active engagement of trainees explicitly identified within the Trust patient safety governance structure.	The Deanery disseminates and promotes areas of good practice identified through its quality management framework via its Heads of School and Clinical Tutors' forum, specialty training committees and through its Deanery events such as its Annual Deanery Conference and Celebration of Success days.	As previously			Green	N/A	N/A
EOE0102-03	Mid Essex Hospital Services NHS Trust	1, 5		Anaesthetics, All	Higher, Foundation	Good practice	There are a number of examples of good practice within the Foundation Programme at Mid Essex Hospital Services NHS Trust including the 'Theatre week', portfolio reviews and end of placement surveys. A further exemplar is training under the auspices of the Anaesthetics Department, including Critical Incident Training.	January 2012	Green	Deanery Visit 19 January 2012	High levels of trainee satisfaction identified through trainee surveys and School and Deanery visits.	The Deanery disseminates and promotes areas of good practice identified through its quality management framework via its Heads of School and Clinical Tutors' forum, specialty training committees and through its Deanery events such as its Annual Deanery Conference and Celebration of Success days.	As previously			Green	Heads of School and College Tutor	All relevant Colleges 1) The Regional Advisors sit on the Regional Specialty Training Committee. 2) The Heads of School provide an annual specialty report to their respective Colleges. 3) Deanery reports on updates to the Heads of School.
EOE0102-04	James Paget University Hospitals NHS Foundation Trust	7	All	All	All	Concern	The Trust must urgently consider how to better harness the trainee voice and engage better with the Senior Residents (Recommendation in April 2011 report).	January 2012	Amber	Deanery Visit 20 January 2012	The Trust is committed to increasing the involvement of the Senior Residents with the intake to the local programme including matching the Senior Resident with an appropriate Divisional Director. This will be monitored by the DME. Confirmation was also received that there are many opportunities for trainees to meet within the Trust and that the Medical Director will in future attend open fora.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan received in March 2012. The Deanery will continue to monitor through its quality management framework.	March 2012	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	Trust Senior Management Team	N/A
EOE0102-05	James Paget University Hospitals NHS Foundation Trust	1, 5, 6	EOE923	Rehabilitation Medicine	All	Concern	The Trust must urgently review the utilisation of their Rehabilitation Ward and Ward 9 and ensure that the clinical supervision of trainees working on these wards is appropriate (New Condition)	January 2012	Amber	Deanery Visit 20 January 2012	The Director of Medical Education visits Ward 9 on a regular basis as part of Medicine's management audit. Admission criteria continue to be enforced. The Trust has reviewed the nursing team make up for Ward 9. A very experienced senior nurse has been seconded to the ward and is being proactive about maintaining and improving quality and ensuring high standards of care. Trainee feedback has been positive. The Rehabilitation Ward now has twice weekly consultant ward rounds and the consultant is available outside these visits for urgent queries.	The Deanery will continue to monitor progress via its quality management framework. Monitoring will also occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan received in March 2012. The Deanery will continue to monitor through its quality management framework.	March 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Senior Management Team & Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0102-06	Colchester Hospital University NHS Foundation Trust	3	N/A	N/A	N/A	Concern	The Trust must ensure 100% current E&D training for trainees and be able to provide evidence of this. [domain 3] (3 months)	March 2012	Red	Deanery Visit 01 March 2012	The Trust has implemented an e-learning package to deliver this training to all trainees.	The e-learning package is being rolled out.	Monitoring will occur through update of the action plan.	January 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Senior Management Team including Director of Medical Education	N/A
EOE0102-07	Colchester Hospital University NHS Foundation Trust	1	EOE934, EOE958, EOE905	Clinical Oncology, Core Medical Training, General Practice	Foundation, Core, Higher, ST3+, GP	Concern	The Trust must urgently review the placement of trainees at Essex County Hospital and the provision of safe clinical services and also ensure the safety of staff and trainees. [domain 1] (Safety of staff and trainees must be completed within 7 days); (placement review must be completed within 3 months). A joint Foundation School and School of Medicine visit will take place within the next 3 months to review progress on these issues raised at the visit. If these not been resolved consideration may have to be given to the withdrawal of educational recognition for training at Essex County Hospital.	March 2012	Amber	Deanery Visit 01 March 2012	The Trust conducted an urgent review of the placement of trainees at Essex County Hospital and immediate steps to improve security and access to senior medical help were taken. Relocation of this unit to a purpose-built radiotherapy unit on the Colchester Hospital site are in the advanced stages. The joint School of Medicine/Foundation School visit to Essex County Hospital on 12 June 2012 found no specific concerns and established that the incident reported at the visit was an isolated incident. The Deanery is reassured that trainee safety is not endangered.	The Deanery will continue to monitor the situation through its quality management processes and will address any issues appropriately.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	June 2012	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Medicine	1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.

ACTION PLAN (This action plan will be published on the GMC website)																			
Item number	Deanery-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: month/year)	Concerns ONLY RAG at the time the concern was identified	How was the concern/good practice identified? i.e. GMC Visit, Deanery Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deanery encouraged the sharing of this good practice, locally and/or deanery-wide?	Monitoring, evidence and outcomes	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)	
EOE1012-08	Colchester Hospital University NHS Foundation Trust	3	N/A	N/A	N/A	Concern	All consultants involved in the front line care of children (including paediatrics and EM) must have valid level 3 safeguarding training, and be facilitated to access this. [domain 3] (3 months)	March 2012	Red	Deanery Visit 01 March 2012	The Trust has reviewed the training status of trainers regarding Safeguarding children and evidence of compliance with this. As of October 2012, three consultants were identified as not having current training and these have been contacted individually by the Medical Director so that their training can be updated.	Update of these consultants' training.	Action plan update from the Trust.	January 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Senior Management Team including Medical Director	N/A	
EOE1012-09	West Hertfordshire Hospitals NHS Trust	1, 6	EOE928	Emergency Medicine	All, Foundation	Concern	The following concerns were identified at a DPQR to the Trust in October 2011: The lack of middle grade/senior cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards – Immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deanery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this. Actions undertaken: 1) GMC informed of patient safety issues and Deanery concerns. 2) Trust recruited short term middle grade locum cover with immediate effect. 3) Visit by John Heyworth on 27 November 2011 recommended expansion of consultant numbers in Emergency Medicine to 10 whole time equivalents which was accepted by the Trust and was to be supported by substantive middle grade support. 4) The Deanery to survey all other EM departments across the Deanery regarding the supervision of foundation trainees working in EDs. Trust planning to offer attractive in house training programmes for specialty doctors to enhance the quality of middle grade staff supervision at all times, especially at night.	October 2011	Red	Deanery Visit	The Deanery with representation from the GMC and North Thames Foundation School revisited in April 2012. The visit outcomes were as follows: 1) The staffing levels required to ensure patient safety were achieved. 2) Trainees were appropriately supervised. 3) The teaching programme was being developed. 4) On-call access to other specialty registrars for the EM Department was readily available. The Deanery survey of EDs across the deanery confirmed that no other concerns regarding the supervision of foundation trainees in EDs were a cause for concern.	This will continue to be monitored by the School of Emergency Medicine, the Foundation School and the Deanery.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	April 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Emergency Medicine and Foundation School Director	Royal College of Emergency Medicine 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School. The North West Thames Foundation School Director attended the visit.	
EOE1012-10	West Hertfordshire Hospitals NHS Trust	1	EOE2070, EOE959	Acute Internal Medicine, General (Internal) Medicine	All	Concern	Original Condition 15.2: Patient tracking in particular of surgical outpatients patients must be addressed (action plan to be provided within one month and full implementation of plan to be assessed at the April 2012 visit). Ongoing condition: Whilst the tracking of surgical outpatients has been addressed, there continue to be significant concerns with regard to medicine in general. This condition continues to be extant [domain 1]. An updated action plan is required within one week of receipt of this report. N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	April 2012	Amber	Deanery Visit 26 April 2012	The Trust has taken immediate steps regarding the transfer of patients from the AAU. The handover policy is being revised with a streamlining of handover in that Unit. There are also plans to restructure the junior doctors' firms and the Trust is expanding its capacity by 48 beds requiring a detailed review of the facilities and staffing levels. Progress will be monitored by the Deanery. The Trust has been asked to provide a formal update on its action plan by the end of October.	A School of Medicine visit is planned for 23 November 2012 to monitor progress against the action plan, paying particular attention to issues identified in relation to the AAU.	To be determined after the School visit.	To be determined after School visit.	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Red	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
EOE1012-11	West Hertfordshire Hospitals NHS Trust	1	EOE922	Clinical Radiology	Core, Higher	Concern	Condition 15.6. The continued reporting of a culture of undermining in the Radiology Department is a serious concern. [Domain 1]. The Medical Director is asked to investigate urgently and report his findings directly to the Postgraduate Dean. An action plan is required in accordance with paragraph 6.2.	April 2012	Amber	Deanery Visit 26 April 2012	The Trust has put in place a series of measures to address undermining in the Department of Radiology including open sessions with the juniors and a mandatory training programme on bullying and harassment. The message continues to be reinforced via the various fora and monitoring of the situation is ongoing. However, in the light of the GMC survey outliers results 2012, the action plan implemented by the Trust will be monitored closely to determine progress.	An update will be provided to the Deanery by the end of October. The Deanery will continue to monitor this via School visits and its quality management framework.	To be determined	To be determined on receipt of action plan due at the end of October.	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Amber	Trust Senior Management including Medical Director and Director of Medical Education	N/A	
EOE1012-12	West Hertfordshire Hospitals NHS Trust	3	N/A	N/A	N/A	Concern	Condition 15.5. E&D Training. Original condition: The figures provided are currently unacceptable. The Trust must either provide more accurate audit data to show training levels nearing 100% or, if not, address the levels of this training. Finding: The Trust has the evidence base to confirm that 96% of educational supervisors and 95% of clinical supervisors have current valid training in E&D. The national standard is 100%. This should be achieved within 3 months.	October 2011	Amber	Deanery Visit 26 April 2012	The Trust has now provided evidence that 100% of its educational and clinical supervisors have completed E&D training.	Monitoring will continue through the Deanery's Quality Matrix and Quality Management reporting mechanisms.	Monitoring will continue through the Deanery's Quality Matrix and Quality Management reporting mechanisms.	April 2012	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Senior Deanery Team	N/A	
EOE1012-13	West Hertfordshire Hospitals NHS Trust	2	N/A	N/A	N/A	Concern	Condition 15.4 remains extant as it was a 12-month condition. Engagement of College Tutors. To support the engagement of all College Tutors, the Trust is required to review the appointment of all tutors as part of their planned review in conjunction with the appraisal by the relevant Head of School.	April 2012	Amber	Deanery Visit 26 April 2012	The Trust's Medical Education Department continues to carry out its Departmental Education Reviews with the current College Tutors. The Trust will provide an update on this condition in its action plan by the end of October 2012.	An update will be provided to the Deanery by the end of October. The Deanery will continue to monitor this via School visits and its quality management framework.	Monitoring will continue through the Deanery's Quality Matrix and Quality Management reporting mechanisms.	To be determined on receipt of progress report at the end of October.	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Amber	Trust Medical Director, Director of Medical Education and Clinical Tutor	N/A	
EOE1012-14	Bedford Hospital NHS Trust	1	EOE959	General (Internal) Medicine	All	Concern	Condition 14.3. The identified confidentiality (privacy and dignity) issues at handover and ward-rounds should be addressed. [domain 1]	May 2012	Amber	Deanery Visit 10 May 2012	The Trust has taken steps to ensure that all consultant physicians including AAU conduct ward rounds and handover in a confidential manner. The importance of this has been stressed to all physicians and has been discussed at their monthly meetings as well as with the new cohort of trainees in August 2012.	The Deanery will continue to monitor the situation through its quality management processes and address any further concerns appropriately. A School of Medicine visit to the Trust to review progress with this action plan will take place in November 2012.	To be determined upon receipt of progress report at the end of November 2012.	To be determined upon receipt of progress report at the end of November 2012.	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Amber	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
EOE1012-15	Bedford Hospital NHS Trust	5	EOE959, EOE938, EOE948, EOE928	General (Internal) Medicine, General Surgery, Paediatrics, Emergency Medicine	All	Concern	Condition 14.5. Trainees should be able to access educational opportunities in line with their approved curricula. [domain 5]	May 2012	Amber	Deanery Visit 10 May 2012	The Trust will continue to encourage all trainees to attend educational sessions where possible, and keep a record of attendance. Bleep free time for this activity must be implemented.	The Trust has been asked to provide an update to the Deanery by 10 November 2012.	To be determined upon receipt of progress report at the end of November 2012.	To be determined upon receipt of progress report at the end of November 2012.	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Amber	Director of Medical Education & all Clinical and Educational Supervisors	N/A	
EOE1012-16	Bedford Hospital NHS Trust	6	All	All	All	Concern	Condition 14.7. The Trust should take steps to achieve effective trainee engagement and be able to provide evidence of the effectiveness of this. [domain 6]	May 2012	Amber	Deanery Visit 10 May 2012	The Trust has informed its trainees of the Senior Resident programme and encouraged them to apply. Invitations and interviews were held in August. It is also looking into the establishment of faculty groups by October 2012.	The Deanery will continue to monitor this through the Trust's action plan update of November 2012 (as above).	To be determined upon receipt of progress report at the end of November 2012.	To be determined upon receipt of progress report at the end of November 2012.	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Amber	Director of Medical Education	N/A	
EOE1012-17	Bedford Hospital NHS Trust	1	EOE948	Paediatrics	All	Concern	The findings of the recent School of Paediatrics visit are of sufficient concern that they must form part of the conditions of the overall Deanery visit. In particular, there must be no outpatient clinics where trainees are not supported by a consultant present (the Trust reports that this has ceased as of this week) [domain 1 - patient safety]. Furthermore, the conditions regarding the children's assessment unit, handover and paediatric resuscitation are key patient safety issues. An action plan has been received. There must be monthly updates on this action plan with a further School visit in August 2012. The Trust should be aware that if that visit is not satisfactory, the Deanery may move trainees to other hospitals and ask the GMC to consider the appropriateness of continued approval of the paediatric unit as a training environment.	May 2012	Red	Deanery Visit 10 May 2012	A School of Paediatrics revisit took place on 31.07.12. Although there was some evidence of progress with the Trust's action plan and good leadership from the College Tutor, it is clear that major concerns remain and the Deanery has significant anxieties regarding paediatric training at Bedford. If there is no sustained progress with the Action plan and a definite long term vision for training, the Head of School will be recommending to the Dean that Paediatric trainees be withdrawn from the Trust from March 2013. The School of Paediatrics conducted a further visit to the Trust on 19.12.12. This demonstrated considerable progress with: 1. more engagement of consultants across the department 2. robust handovers supervised by the consultants 3. enhanced presence of the Consultant of the Week in the department 4. robust consultant support and supervision of the outpatient clinics.	In view of the significant improvements in the delivery of paediatric training at Bedford, the Deanery will continue to send trainees to this Unit. However, the Department must sustain progress which will be monitored at the next School of Paediatrics visit in Summer 2013.	To be determined following Paediatric re-visit in Summer 2013	To be determined following Paediatric re-visit in Summer 2013	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Amber	Head of School of Paediatrics	Royal College of Paediatrics and Child Health 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
EOE1012-18	Bedford Hospital NHS Trust	1	EOE959	General (Internal) Medicine	All	Concern	The consistent longstanding issues within the Department of Medicine, reinforced by the GMC Trainee Survey 2011, must be addressed as a matter of priority including consultant supervision, outpatient learning opportunities and access to educational opportunities. An action plan to consider these issues should be received in line with this report which will be followed up by a School of Medicine visit.	May 2012	Red	Deanery Visit 10 May 2012	The Trust has put in place steps to address the concerns raised at the Dean's Revisit to the Trust in May 2012. The action plan provided by the College Tutor is satisfactory. However, the School of Medicine will review the outcomes of these initiatives at its monitoring visit to the Trust on 13 November 2012 and will update the Dean on progress. Monitoring will continue.	A School of Medicine visit to the Trust will take place on 13.11.12.	To be determined after the School visit.	November 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	

ACTION PLAN (This action plan will be published on the GMC website)

Item number	Deanery-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: month/year)	Concerns ONLY RAG at the time the concern was identified	How was the concern/good practice identified? i.e. GMC Visit, Deanery Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deanery encouraged the sharing of this good practice, locally and/or deanery-wide?	Monitoring, evidence and outcomes	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EOE1012-19	West Suffolk NHS Foundation Trust	1, 5	EOE904	Cardiology	Higher	Concern	The significant concerns in both service delivery and education provision within the Cardiology department as outlined in the School of Medicine report of 06/07/12 must be addressed and the conditions consequent upon that visit are a requirement within the action plan of this visit. (12 months) [domains 1 & 5].	July 2012	Red	Deanery Visit 09 July 2012	An action plan is being prepared by the Trust in response to the report from the School of Medicine. A higher level action plan built on current service change action will be prepared by the Trust and sent to the Deanery by the end of November 2012.	Implementation and delivery of this action plan will be monitored through a further visit from the School of Medicine focussing on cardiology training (date to be determined).	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	November 2012	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Red	Head of School of Medicine	Royal College of Physicians 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE1012-20	West Suffolk NHS Foundation Trust	6	N/A	N/A	N/A	Concern	The current inadequate development and support of educators (other than foundation programme educational supervisors) should be addressed as a matter of priority. (6 months) [domain 6].	July 2012	Red	Deanery Visit 09 July 2012	The Trust has provided an action plan to address this concern which includes: 1) arranging regular meetings for educational supervisors (non Foundation) 2) Ref Terms of Reference of the PETB, formalising the structure for feedback and action to encompass a diagrammatic representation of relationship between PETB, Educational Supervisors, Clinical Supervisors and trainees. This is set to commence at the beginning of November 2012 with a target for completion of January 2013.	The Deanery will review the situation upon receipt of the Trust's formal action plan update which is due on 18.01.13.	Monitoring will continue through the Deanery's Quality Matrix and Quality Management reporting mechanisms.	January 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Senior Management Team	N/A
EOE1012-21	West Suffolk NHS Foundation Trust	1, 5, 6	All	All	Foundation	Good practice	The Preparation for Professional Practice (PIPP) programme is identified as an area of strength for the Trust, with initiatives that may be shared across the Deanery.	July 2012	Green	Deanery Visit 09 July 2012	The Deanery disseminates and promotes areas of good practice identified through its quality management framework via its Heads of School and Clinical Tutors' forum, specialty training committees and through its Deanery events such as its Annual Deanery Conference and Celebration of Success days.	The Deanery will continue to disseminate good practice through its various for a.	As previously			Trust Senior Management Team	N/A	
EOE1012-22	West Suffolk NHS Foundation Trust	1, 5, 6	All	All	All	Good practice	The development of a 24/7 specialist nurse-led outreach service is to be commended as an example of best practice that could be shared across the deanery	July 2012	Green	Deanery Visit 09 July 2012	The Deanery disseminates and promotes areas of good practice identified through its quality management framework via its Heads of School and Clinical Tutors' forum, specialty training committees and through its Deanery events such as its Annual Deanery Conference and Celebration of Success days.	The Deanery will continue to disseminate good practice through its various for a.	As previously			Trust Senior Management Team	N/A	
EOE1012-23	Hinchingbrooke Health Care NHS Trust	1, 5, 6, 7	EOE938	General Surgery	ST3+	Concern	Foundation trainees had written a letter, anonymously, to raise clinical concerns in colorectal surgery at the Trust. The Deanery conducted a Significant Event Review into its handling of training concerns at Hinchingbrooke in January 2012. The following points were agreed at an extraordinary meeting of the Quality Management Board: 1) When Trusts inform the Deanery informally of concerns, the Deanery will henceforth request formal notification and ensure that its actions and responses to that are formal. 2) This will ensure an audit trail of concerns, evidence and actions. 3) These will be formally considered by the Deanery Quality Management Board, as will review and follow-up action. 4) Given the GMC's new Cause for Concern Procedure, the Deanery would also inform the GMC of these concerns as appropriate. The Deanery also ensured the following: - Direct engagement with Medical Director, Clinical Tutor, and FTPD - Liaison with SHA Medical Director and Director of Nursing The Higher Surgical Trainee had already been moved from colorectal surgery.	August 2011	Red	Anonymous trainee feedback	A triggered School of Surgery visit with GMC representation was carried out in January 2012 which ratified the decision to withdraw trainees from the colorectal posts pending the appointment of two new permanent colorectal surgeons and a repeat visit by the School of Surgery to carry out a review of training opportunities.	Further review by the School of Surgery after the appointment of 2 new consultant colorectal surgeons.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	February 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Surgery and Deanery Senior Team	Royal College of Surgeons 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE1012-24	Hinchingbrooke Health Care NHS Trust	1, 5, 6, 7	EOE904	Cardiology	ST3+	Concern	Serious concerns regarding the clinical supervision of cardiology trainees at this Trust had been raised. A School of Medicine visit to assess progress in relation to this took place on 20 July 2012. The Head of School made a number of recommendations and requirements which must be met by the next visit to the Trust on 29 November 2012. Failure to meet these requirements will result in a recommendation to the Dean for the immediate withdrawal of both training posts and their associated funding as the Department of Cardiology is currently not a suitable environment for cardiology ST3+. The Deanery will continue to monitor the situation in the meantime.	July 2012	Red	School of Medicine Visit & Deanery's assessment processes	The Deanery will review progress against the requirements of the visit report at a revisit to the Trust on 29 November 2012. There has been demonstrable improvement in the delivery of the cardiology curriculum since the last School of Medicine visit and it is now appropriate for trainees at this level. The action plan provided by the Trust in response to the recommendations of the School of Medicine visit was met in full. The Trust's constructive response to, and delivery of, the requirements of the Cardiology visit is commendable.	To be determined after School visit in November 2012.	To be determined after School visit.	December 2012	Stage 3a: Progress not yet apparent – there is no change as of yet, but there continuing monitoring and evaluation of actions	Green	Head of School of Medicine	Royal College of Physicians 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE1012-25	Deanery-Wide	1, 6	All	All	All	Concern	The GMC Trainee Survey 2012 identified a significant number of negative outliers for undermining across a number of specialties and a number of LEPs and programmes making the East of England Deanery a red outlier.	July 2012	Red	NTS data	The Deanery has contacted all its LEPs and programmes asking them to address their negative outliers in particular those relating to undermining by the consultant in their annual report to the Deanery. Moreover, in specialties such as O&G where undermining was identified (both in terms of red and pink outliers), the Head of School has written to the Trusts' Medical Directors asking them to produce an action plan within six weeks. The Deanery will analyse the responses received and will address any remaining concerns through its quality management processes. The Deanery also ensures that undermining is discussed at the Deanery Performance and Quality Review visits to Trusts and, where problems are identified, they form part of the conditions of the visit report. Monitoring remains ongoing.	Monitoring occurs through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	The Deanery will analyse the responses received and will address any remaining concerns through its quality management processes.	June 2013	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Red	All relevant Heads of School & Deanery Senior Management Team	All relevant Colleges 1)The Regional Advisor for each specialty sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE1012-26	Specialty-Wide	1, 6	EOE797	Obstetrics and Gynaecology	All	Good practice	The School of Obstetrics and Gynaecology has put in place an educational module entitled "Difficult Conversations" developed by the University of Bedford and the Head of School of O&G to address the concerns raised by trainees in the GMC Survey around bullying and undermining. This module has been delivered on 3 occasions to date.	August 2012	Green	Action plan from School of O&G	This module has now been utilised in other specialties and LEPs to address issues around bullying and undermining where they have been identified. Although initial impressions have been favourable, the Deanery will need to continue to gain feedback on the effectiveness of this intervention. The Deanery disseminates and promotes areas of good practice identified through its quality management framework via its Heads of School and Clinical Tutors' forum, specialty training committees and through its Deanery events such as its Annual Deanery Conference and Celebration of Success days.	The Deanery will continue to disseminate good practice through its various Fora.	As previously			Head of School of O&G	The Head of School provides an annual specialty report to the College.	