Schedule 4b

Postgraduate Medical Education

DRAFT - WITHOUT PREJUDICE

1.0 The Domains and standards within this schedule are those of the PMETB, incorporating additional, local East Midlands Healthcare Workforce Deanery (EMHWD) standards. These standards apply to all postgraduate medical and dental training in secondary care settings, including Foundation Programme placements, specialty training posts, and GP StR placements. Service Provider Organisations are required to ensure compliance with these standards.

Domain 1: Patient safety	
Standards: The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care. **Standard specific to Foundation training: There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.**	
Mandatory requirements	
1.1 Trainees must make the needs of the patient their first concern (*PMETB 1.1; GP 1.1).*	• Doctors in training must only undertake tasks in which they are competent in, or are learning to be competent in, with adequate supervision. • Doctors should be sufficiently supervised and assessed to ensure they are competent to undertake the tasks allocated to them.
1.2 Trainees must be appropriately supervised according to their experience and competence (*PMETB 1.2; GP 1.3 & 6.4*).	• Each trainee must have an identified lead clinical supervisor. Information regarding lead clinical supervisor allocations shall be shared between the Service Provider Organisation and Postgraduate Specialty Schools. • Trainees must have senior support available at all times and know how to access it. • Rotas should show the responsible senior support on duty; departmental induction should include information on the procedure for accessing senior support.

DRAFT - WITHOUT PREJUDICE

1.3 Those supervising the clinical care provided by trainees must be clearly identified, competent to do so, accessible and approachable by day and by night, with time for these responsibilities clearly identified within their job plan (*PMETB 1.3; GP 1.4, 6.4 & 7.8*).	• Each trainee must have an identified lead clinical supervisor. Information regarding lead clinical supervisor allocations shall be shared between the Service Provider Organisation and Postgraduate Specialty Schools. • Trainees must have senior support available at all times and know how to access it. • Rotas should show the responsible senior support on duty; departmental induction should include information on the procedure for accessing senior support. • Clinical supervisors' job plans should include time for clinical supervision duties.
1.4 Before seeking consent both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so they should have access to a supervisor with the required knowledge. Trainees must act in accordance with GMC guidance Consent: patients and doctors making decisions together (2008) (*PMETB 1.4*).	• There should be a written consent policy and trainees informed about this policy at induction.
1.5 Shift and on-call rota patterns must be designed so as to minimise the adverse effects of sleep deprivation. In particular, following national evidence and guidance from the Royal College of Physicians (supported by the Royal College of Surgeons), doctors in training should not be required to work an extended block of seven or more consecutive night shifts. Ideally, the maximum number of consecutive nights worked should be four (*PMETB 1.5 & Local EMHWD Standard; GP 1.5*).	• Rotas must be New Deal compliant. • Rotas must be WTD compliant at 56 hours prior to August 2009 and 48 hours by August 2009. • The Service Provider Organisation must have a robust, accurate six monthly working hours monitoring system validated by junior medical staff in line with contractual requirements. • There should be adequate feedback and publication of monitoring results at both Directorate and Service Provider Organisation level detailing contracted hours, actual hours, intensity and return rate.

DRAFT - WITHOUT PREJUDICE

	• All rotas should ensure no doctors work more than four consecutive nights.

DRAFT - WITHOUT PREJUDICE

1.6 Trainees in hospital posts must have well organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties (*PMETB 1.6; GP 1.6*).	• There should be a handover policy for all departments; handover time should be included in the rotas.
1.7 Trainees must have undertaken resuscitation training (*Local EMHWD standard*).	• Trainees must be able to attend resuscitation training and records of attendance kept.

DRAFT - WITHOUT PREJUDICE

Domain 2: Quality assurance, review and evaluation	
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	
2.1 Programmes, posts, associated management, data collection concerning trainees and local faculty[1] must comply with the European Working Time Directive (EWTD), Data Protection Act and Freedom of Information Act (*PMETB 2.1*).	• Freedom of Information and Data Protection policies must be in place.
2.2a Deaneries must show that they are demonstrating their capacity for quality management, review and evaluation to meet PMETB's standards (*PMETB 2.2*). 2.2b Service Providers, 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 (*Local EMHWD Standard adapted from PMETB 2.3*).	• EMHWD has a quality management framework and robust process in place, as outlined in Schedule 3 of the LDA. • The Service Provider Organisation should have quality control mechanisms in place to ensure training is fit for purpose. • There should be executive level support within the Service Provider Organisation for quality control of education and training strategy and implementation i.e. quality outcomes feed into Board/Executive level. • Information about roles and responsibilities of all those involved in postgraduate training should be available and clearly disseminated. • Quality Control and Quality Management systems must take into account the views of doctors in training and local faculty. • The Service Provider Organisation will provide timely and accurate information to comply with quality process requirements as described in Schedule 3 of the LDA and contract management requirements as

[1] PMETB uses the term 'local faculty' to denote those involved in the delivery of postgraduate medical education locally; training programme directors, directors of medical education, clinical tutors, GP trainers, college tutors, and others with specific roles in educational supervision.

DRAFT - WITHOUT PREJUDICE

	described in Schedule 5 of the LDA.
2.3 The Service Provider must comply with the requirements of all Deanery quality management processes, including visits (*Local EMHWD Standard*).	• The Service Provider Organisation will allow the Dean Director, or designated representatives, access to any part of its operations for quality management monitoring at any reasonable time with prior notice. • The Service Provider Organisation will provide meeting room accommodation for EMHWD visitors (including PMETB visitors where appropriate) as part of the Quality Management process.

DRAFT - WITHOUT PREJUDICE

Domain 3: Equality, diversity and opportunity	
Standard: Postgraduate training must be fair and based on principles of equality.	
Mandatory requirements	
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 (*PMETB 3.1; GP 3.1*).	• Data about equality and diversity issues should be collected routinely, analysed, recommendations developed, implemented, monitored and outcomes disseminated appropriately by the Service Provider Organisation. • Data about training in equality and diversity should feed into the QM system and outcomes should be disseminated by the Service Provider Organisation. • The Service Provider Organisation should have a written equal opportunities policy.
3.2 Information about training programmes, their content and purpose must be publicly accessible either on, or via links to, postgraduate deaneries and PMETB websites (*PMETB 3.2; GP 3.2*).	• EMHWD, in collaboration with Specialty Schools, will publish programme information on relevant websites. • The Service Provider Organisation will contribute accurate and timely information as required.
3.3 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 (less than full time (LTFT)) within the requirements of PMETB standards rules. For GP StRs, LTFT programmes must comply with COGPED guidance. Deaneries must take the appropriate action to encourage Service Providers and other training providers to accept their fair share of doctors	• EMHWD has transparent policies and processes in place for trainees wishing to work flexibly. • EMHWD and the Service Provider Organisation should ensure opportunities for working flexibly are communicated to trainees. • The numbers of applicants and acceptances for flexible training are routinely collected by EMHWD.

DRAFT - WITHOUT PREJUDICE

training flexibly (*PMETB 3.3 & GP 3.3*).	
3.4 Appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs (*PMETB 3.4; GP 3.4*).	• The Service Provider Organisation and EMHWD should have processes identified and documented to consider adjustments necessary for trainees with specific needs (e.g. disabilities).
3.5 Trainees should have access to appropriate evidence on trainee recruitment, appointment, and satisfaction with the results analysed by ethnicity, place of qualification, disability, gender and part-time training/working (*PMETB 3.5; GP 3.6 & 3.7*).	• EMHWD should have processes in place to ensure relevant data are captured and accessible. • The Service Provider Organisation will contribute accurate and timely information as required.

DRAFT - WITHOUT PREJUDICE

DRAFT - WITHOUT PREJUDICE

Domain 4: Recruitment, selection and appointment

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

Mandatory requirements

4.1 – 4.2 Recruitment selection and appointment must comply with national guidelines (*adapted from PMETB 4.1 & 4.2*)

4.3 - 4.5 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;
- use selection panels which consist of persons who have been trained in selection principles and processes;
- include lay representation on interview panels;
- 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 (*PMETB 4.3; 4.4 & 4.5*).

- Information about selection procedures should be published.
- Those involved in selection should be trained in equality and diversity, and consistent and fair practice in recruitment.
- Clinicians participating in selection panels should, wherever possible, be representative of the rotation(s) to which the appointment(s) is being made.
- All those with lead responsibility for recruitment should verify that the selection panel has undergone such training as above and feed back the information to the EMHWD lead for recruitment.
- There must be transparent information about training programmes, selection and allocation.
- Appointments to local faculty (educators) should be against a set of defined and published criteria.

Recruitment and Employment Contracts for Doctors and Dentists in Training.

- As outlined in MD 1/01 [7 February, 2001] and other applicable requirements, the Service Provider Organisation will use the national model contract, providing national Terms and Conditions of Service for doctors in training.
- All NHS employing bodies should comply with national and local policies for recruitment of doctors and dentists in training.
- The Service Provider Organisation's Medical Staffing/Personnel Departments will be appropriately staffed and necessary training will be provided in order to fulfil the requirements in terms of the management of the recruitment process and employment contracts of

	doctors and dentists in training. This includes activities such as advertising, short listing and organising interviews. • The Deanery, through the Secondary Care Team, shall notify the Service Provider Organisation of any trainee requests to work less than full-time. Postgraduate Speciality Schools shall notify the Service Provider Organisation of any changes relating to training appointments, including details about starters, leavers and rotations for all specialties in a timely fashion based on available information. *Appointment of Training Grade Posts in line with Department of Health and EMHWD guidance.* • Service Provider Organisations must request approval from the Dean Director's Office for advertising any posts within the training grades. As part of this request Service Provider Organisations will provide information identified by the Dean Director's Office including evidence of current PMETB, GMC or other requisite approval • A detailed job description for the placement that includes the educational arrangements, (both formal and informal, including GP educational contract), which may have to be modified according to the experience of the holder. Study leave arrangements should be included. • Employment contracts that comply with the National Terms and Conditions of Service should be received by trainees within 10 Business Days of starting the placement. Completion of these should be within 40 Business Days of starting the placement. *Workforce Approval.* • Applications to establish new medical training placements must be made to the Dean Director. Applications will be considered in discussion with Specialty Schools taking account of national workforce requirements. • HSC 1998/229 and other applicable documentation clarify which

DRAFT - WITHOUT PREJUDICE

	placements are eligible for approval ***In summary*** **For Foundation placements to be supported, the Dean Director will need:** • Funding available for the post. • Placements in complementary specialties to form a coherent and comprehensive Foundation Year 1 programme. **The Service Provider will need**: • Funding for the out of hours payments if required. Service Provider Organisations will be required to provide funding for the banding multiplier component of the salary. • Educational Supervision available within the Service Provider Organisation for the placement. • To indicate the elements of training that would be unique, or of special educational value, from the proposed placement. • To confirm that any additional placement will not diminish the experience available to existing trainees. • To confirm that the placement is fully compliant with the New Deal, WTD and other applicable requirements. • For the remainder of the Service Provider Organisation's placements to be accredited in terms of the New Deal, WTD and other applicable requirements. **For SpR/STR placements to be supported, the Dean Director will need:** • A National Training Number to be available.

DRAFT - WITHOUT PREJUDICE

	• Funding available for the post whether from the Service Provider Organisation or from central funding. **The Service Provider will need**: • EMHWD confirmation of educational approval from PMETB, GMC, the appropriate College and any other requisite bodies. • Educational Supervision available within the Service Provider Organisation for the placement. • Funding for any out of hours payments. Service Provider Organisations will be required to provide funding for the banding multiplier component of the salary. • To indicate the elements of training that would be unique, or of special educational value, from the proposed placement. • To confirm that any additional post will not diminish the experience available to existing trainees. • To be accredited in terms of the New Deal, WTD and other applicable requirements. Allocations of SpR/STR placements will be made by the Dean Director using advice provided by the appropriate Specialty Schools. *Establishment Validation:* • The Service Provider Organisation to confirm with East Midlands Healthcare Workforce Deanery, after the quarterly financial adjustments, their current establishment of full-time, flexible, honorary and other posts funded by MADEL are correct. • The Service Provider Organisation to provide information to EMHWD regarding flexible trainees taking maternity leave, including the date on which the trainee commences unpaid leave and the expected date of return to work

DRAFT - WITHOUT PREJUDICE

Domain 5: Delivery of curriculum including assessment	
Standard: The requirements set out in the curriculum must be delivered and assessed (to standards defined by Royal Colleges (and the GMC) and approved by the PMETB). **Standard: The approved assessment system must be fit for purpose.**	
Mandatory requirements	
Education & training	
5.1 Sufficient practical experience must be available within the programme to support acquisition of competence as set out in the curriculum (*PMETB 5.1; GP 5.2*).	• A clear programme description should be documented outlining how the competences will be covered in the placements including information, for example, about teaching lists and clinics. • The Service Provider Organisation will ensure that the posts provide the opportunities as described in the programme description. • The percentage of doctors in training achieving the required competency standards should be collected by EMHWD with the Specialty Schools, as well as examination results and ARCP outcomes, and a summary published on relevant websites. • The Service Provider Organisation will contribute accurate and timely information as required.
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 (*PMETB 5.2; GP 5.3*).	• The Service Provider Organisation must ensure that their posts meet the expectations as outlined in the programmes.
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 (PMETB 5.3)*	• The Service Provider Organisation should include details of the principles of *Good Medical Practice* as part of the induction process.

DRAFT - WITHOUT PREJUDICE

5.4 Trainees must be able to access and be free to attend training days, courses and other learning opportunities that form an intrinsic part of the training programme (*PMETB 5.4*).	• The Service Provider Organisation must provide a formal documented programme of in-house educational activities relevant to delivering the curriculum with 12 month forward planning. • The Service Provider Organisation will provide essential training required for service delivery, e.g. Life Support training, Breakaway training appropriately to ensure compliance with this requirement. • Postgraduate Specialty Schools will ensure that appropriate timescales are identified to inform Service Provider Organisations of teaching curriculum requirements and regional training programmes. • While service demands will impact on teaching attendance, Service Provider Organisations must ensure that trainees achieve minimum attendance requirements as defined by Postgraduate Specialty Schools.
Assessment	
5.5a The overall purpose of the approved assessment system must be documented and in the public domain and must be implemented *(PMETB 5.5).* 5.5b GP StRs must be supported in preparing for all components of the MRCGP and provided with the necessary facilities, assessments, support and feedback in all primary and secondary care placements *(GP 5.8).*	• The Service Provider Organisation will provide regular in-training assessment as required by training programmes. • The Service Provider Organisation will contribute accurate and timely information as required.
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 *(PMETB 5.6).*	• EMHWD together with the Specialty Schools, will lead on this requirement. • The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.

DRAFT - WITHOUT PREJUDICE

5.7 The sequence of approved assessments must match the progression through the career pathway *(PMETB 5.7).*	• EMHWD, together with the Specialty Schools, will lead on this requirement. • The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
5.8 Individual approved assessments within the system should add unique information and build on previous assessments *(PMETB 5.8).*	• EMHWD, together with the Specialty Schools, will lead on this requirement. • The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
Appraisal	
5.9 Trainees must have regular feedback on their performance within each post (*PMETB 5.5; GP 5.9*).	• The Service Provider Organisation should ensure that feedback to trainees is given on a day to day basis as well as more formalised through educational supervision. • The Service Provider Organisation should ensure that Trainers, Supervisors and other educators have been trained in giving feedback.

DRAFT - WITHOUT PREJUDICE

Domain 6: Support and development of trainees, trainers and local faculty	
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. **Standard specific to Foundation training: Support, training and effective supervision must be provided for foundation doctors.**	
Mandatory requirements	
Induction	
6.1a 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; and their duties and reporting arrangements to ensure they are told about departmental policies and to meet key staff (*PMETB 6.1; GP 6.1 & 6.2*). 6.1b Trainees should have received a contract of employment and job description within 10 Business Days of starting a post (ideally they should be in receipt of a job description before they begin their post) (*Local EMHWD standard*).	• The Service Provider Organisation should ensure that a formal induction programme is documented for: ➢ Induction to the Service Provider Organisation; ➢ Induction to the Specialty; ➢ Induction to the Ward/place of work; ➢ Induction to the training aspects of the post. • In the interest of patient safety, alternative arrangements must be made by the Service Provider Organisation to accommodate those trainees who are unable to attend formal induction courses or meetings. • Arrangements will be made by the Service Provider Organisation to release trainees, as required, to attend GP induction training. The Deanery's Primary Care Team shall work in collaboration with the Service Provider Organisation to minimise induction timetable clashes. • Training in hours monitoring and New Deal issues should be included in induction processes for new staff. • Induction material should include how to access career advice, occupational health services and counselling services. • Contracts and job descriptions must be received by trainees no later than within 10 Business Days of starting in post.

DRAFT - WITHOUT PREJUDICE

6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve in the post (*PMETB 6.2*).	• The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement
Educational supervision	
6.3 Trainees must have a designated educational supervisor (*PMETB 6.3*).	• The Service Provider Organisation should maintain an accurate record of educational supervisors and their trainees.
6.4 Trainees must sign a training/learning agreement at the start of each post (*PMETB 6.4*).	• EMHWD or their nominated representative should ensure that learning agreements are issued, signed and returned by the trainees.
6.5 Trainees must have a logbook and/or a learning portfolio relevant to their current programme, which they discuss with their educational supervisor (or representative). GP StRs must use the RCGP's e-portfolio, which they must discuss with the educational and/or clinical supervisor for the placement at the start of each placement (*PMETB 6.5 & GP 6.5*).	• The Service Provider Organisation should ensure that Individual learning plans for trainees are agreed, written and monitored through appropriate means, e.g. Log books/Portfolios.
6.6 Trainees must have further meetings with their educational supervisor (or representative) at least every three months to discuss their progress, outstanding learning needs and how to meet them (*PMETB 6.6; GP 6.6 & 6.9*).	• A programme of documented educational supervision for each trainee should be in place. • Records of educational supervision meetings (including evidence of personal development plans, learning objectives etc.) should be kept

DRAFT - WITHOUT PREJUDICE

6.7 Trainees must have a means of feeding back in confidence their concerns and views about their training and education experience to an appropriate member of local faculty (*PMETB 6.7; GP 6.14*).	• Systems should be in place for trainees to raise immediate and longer term issues regarding education provision/learning opportunities. • Feedback forums for trainees within the Service Provider Organisation are recommended for all grades of medical trainees.
6.8 There must be ready access to career advice and support (*PMETB 6.8; GP 6.15*).	• Guidelines for accessing careers advice should be in place and communicated to trainees through the induction process.
Training	
6.9 Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy) (*PMETB 6.9*).	• The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
6.10 Trainees must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics (*PMETB 6.10*).	• The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
6.11 Trainees must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem (*PMETB 6.11; GP 6.16*).	• The Service Provider Organisation must have a written harassment and bullying policy clearly stating responsibilities for action. • Staff within the Service Provider Organisation environment should be aware of 'zero tolerance' policies.
6.12 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	• Clinical experience for trainees must be of sufficient educational value to meet the needs of the curriculum i.e. sufficiently varied and of an appropriate level.

DRAFT - WITHOUT PREJUDICE

skills required by the curriculum (*PMETB 6.12; GP 6.11*).	
6.13 Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis (*PMETB 6.13; GP 6.12*).	• There should be a Directorate portfolio of audit projects.
6.14 Access to Occupational Health services for all trainees must be assured (*PMETB 6.14; GP 1.9*).	• Access to Occupational Health should be described in the induction materials.
6.15a 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 (*PMETB 6.15*). 6.15b In secondary care settings, GP StRs should be given four hours of protected teaching time per week during normal working hours. This could be GP-specific teaching or specialty-specific teaching. The clinical supervisor may, with adequate planning and supervision, delegate this responsibility to other appropriate members of the secondary healthcare team *(GP 6.17)*.	• There must be protected educational time with bleep free arrangements during educational sessions. • Education and training programmes should be published and publicised. • Attendance at formal education sessions should be monitored and recorded to ensure at least 70% attendance with documented follow-up for poor attendance. • For Foundation trainees, time for formal education and training must be provided as stipulated by the local Foundation School in accordance with GMC / PMETB requirements and the Foundation curricula. • The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
6.16 Trainees must be able to access training in generic professional skills at all stages in their development (*PMETB 6.16; GP 6.12*).	• The Service Provider Organisation should encourage trainee attendance in accordance with normal study leave and education attendance procedures.

DRAFT - WITHOUT PREJUDICE

6.17 Trainees must have opportunities to teach others (*Local EMHWD Standard*).	• The Service Provider Organisation should ensure all posts provide opportunity for trainees to teach others either on-the-job or in more formal settings.
6.18 Trainees must have the opportunity to learn with other healthcare professionals (*PMETB 6.17; GP 6.13*).	• Opportunities should be available for trainees to learn on the job as part of a multi-professional team.
6.19 There should be opportunities for trainees to gain management and administration exposure (for example, through shadowing) as appropriate for their level of training (this is particularly important at ST3 level and beyond to prepare trainees for future consultant roles) (*Local EMHWD Standard developed from PMETB 6.16).*	• The Service Provider Organisation should facilitate trainees' access to management and administration experiences, especially at grades ST3 and above.
6.20 Access to confidential counselling services should be available to all trainees when needed *(PMETB 6.18).*	• The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
Study leave	
6.21 Trainees must be made aware how to apply for study leave and be guided as to appropriate courses and what funding is available (*PMETB 6.19; GP 6.18*).	• A clear, equitable written study leave policy for all grades, including an appeals process, should be in place and communicated throughout the Service Provider Organisation; • Use of study leave monies should be recorded.
6.22 Trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service (*PMETB 6.20; GP 6.19*).	• A clear, equitable written study leave policy for all grades, including an appeals process, should be in place and communicated throughout the Service Provider Organisation;

DRAFT - WITHOUT PREJUDICE

	• Use of study leave monies should be recorded.
6.23 The process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available (*PMETB 6.21; GP 6.20*).	• A clear, equitable written study leave policy for all grades, including an appeals process, should be in place and communicated throughout the Service Provider Organisation; • Use of study leave monies should be recorded.
Academic Training	
6.24 Trainees should be exposed during their training to the academic opportunities available in their speciality (*PMETB 6.22*).	• The Service Provider Organisation should provide opportunities for trainees to take part in audit, research and teaching and opportunities to gain training in audit, research and teaching where appropriate.
6.25 Trainees who recognise that their particular skills and aptitudes are well-suited to an academic career should be encouraged and guided in that endeavour (*PMETB 6.23*).	• EMHWD, Specialty Schools and the Service Provider Organisation should make academic advice and support available for trainees interested in pursuing an academic career.
6.26 Trainees who elect and 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) (*PMETB 6.24*).	• The Service Provider Organisation shall ensure that the clinical element of the academic post is fit for purpose. • The Service Provider Organisation shall work in collaboration with the academic provider to ensure that the academic element of the post is fit for purpose.
Standards for trainers	
6.27 - 6.29 All Trainers must provide a level of supervision appropriate to the competence and experience of the trainee: • Trainers must enable trainees to learn by taking	• Consultant trainers should be adequately trained for the role of educational and clinical supervisor. • By 2010, 100% of clinical supervisors should have been trained for their educational role within the last 3 years.

DRAFT - WITHOUT PREJUDICE

responsibility for patient management within the context of clinical governance and patient safety; • 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; • Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance, and advise on career progression and understand the process for dealing with a trainee whose progress gives cause for concern (*PMETB 6.25 - 6.27).*	• Consultant trainers should have been trained in using all relevant work-based assessments. • Consultant trainers should have awareness of Service Provider Organisation and EMHWD policies and procedures for dealing with performance problems. • Service Provider Organisations must keep and maintain an accurate record of which consultants have been formally trained for their education role as a clinical supervisor and which have received formal training for their role as educational supervisor (including identification of the course and dates of completion)
6.30 - 6.31 Trainers must be involved in and contribute to the learning culture in which patient care occurs: • Trainers must ensure that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision; • 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; • Clinical supervisors of GP StRs must be in regular contact with the trainee's designated educational supervisor (*PMETB 6.28 - 6.29 & GP 6.4 (adapted))*.	• Consultant trainers should contribute to the promotion of a teaching and learning ethos. • Clinical and educational supervisors should meet and communicate on a regular basis to ensure consistency and sharing of good practice. • The Service Provider Organisation will contribute appropriately to ensure compliance with this requirement.
6.32 - 6.35 Trainers must be supported in their role by a postgraduate education team and have a suitable job plan with	• The Service Provider Organisation should ensure that specific, fixed education sessions and educational/clinical supervisor training are in job plans and contracts for Trainers, Supervisors and other

DRAFT - WITHOUT PREJUDICE

an appropriate workload and time to develop trainees: • Organisations providing postgraduate medical education must ensure that trainers have adequate support and resources to undertake their training role; • Deaneries must have structures and processes to support and develop trainers; • Trainers with additional educational roles must be selected and demonstrate ability as an effective trainer; • Educational supervisors should be trained for the role, with training undertaken within the previous 3 years (*PMETB 6.30 - 6.32; Local EMHWD Standard*).	Educators. • Appointments to local Faculty (educators) should be against a set of defined and published criteria.
6.36 - 6.37 Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees: • Trainers must have knowledge of and comply with the PMETB regulatory framework for medical training; • Trainers must ensure that all involved in training and assessment of their designated trainee understand the requirements of the programme (*PMETB 6.34 – 6.35*). 6.38 Clinical supervisors in secondary care must be familiar with the aspects of the GP curriculum relevant to the placement and must ensure that GP StRs gain experience in a range of relevant conditions *(GP 5.5)*.	• Consultant trainers should have awareness of PMETB requirements; • The Service Provider Organisation should ensure that education programmes have clearly defined aims, objectives and outcomes; • There must be clearly defined roles for those involved in training within the Service Provider Organisation environment and these roles should be documented. • Guidance on PMETB requirements is readily available on the PMETB website and these should be widely communicated to those involved in training.

DRAFT - WITHOUT PREJUDICE

Domain 7: Management of education and training	
Standard: Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.	
Mandatory requirements	
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 (*PMETB 7.1*).	• The Service Provider Organisation should have effective, functioning implementation/working group(s), with appropriate membership, which receives results of monitoring and recommendations from Directorates, identifies Provider-wide issues and ensures appropriate action is taken to address any problems identified. • The Service Provider Organisation should provide timely notification of any details of service reconfigurations which may affect the provision of Postgraduate Medical and Dental Education, sufficient that review of the impact of such change on the education of trainees can be assessed. • The Service Provider Organisation is to ensure that service efficiency savings should not have an adverse impact upon medical education and training.
7.2 The schedule must set out the responsibilities and accountabilities of the Postgraduate Dean, Royal Colleges/Faculty/specialty associations, Programme Directors and other members of local faculty, the trainees, the employer, and the commissioners of health services and of educational programmes (*PMETB 7.2*).	• A schedule of responsibilities should be available to trainees.

DRAFT – WITHOUT PREJUDICE

7.3 There should be an appropriate level forum at which education issues are discussed, actioned and integrated into Service Provider Organisation business planning processes, including regular opportunities for communication with GP VTS Programme Directors on appropriate education committees (*Local EMHWD Standard*).	• Regular board-level opportunities within the Service Provider Organisation should be available to discuss education and training issues. • The Service Provider Organisation should engage with GP Training Programme Directors.
7.4 Trainees should be represented appropriately on groups and assisted to organise their own discussion groups to ensure a wide representation of views (*Local EMHWD Standard*).	• The Service Provider Organisation should provide trainee forum opportunities and ensure trainee representation on implementation and working groups
7.5 There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern (*PMETB 7.3; GP 7.11*).	• The Service Provider Organisation should demonstrate local ownership at Directorate level of medical personnel issues, identification of problems and appropriate solutions. • The Service Provider Organisation must comply with EMHWD policy(s) for the identification and management of performance problems among trainees. • The Service Provider Organisation must have a written health and safety policy. • The Service Provider Organisation will provide information to EMHWD on sickness absences, in particular of FY1 and FY2 trainees in accordance with the requirements of the GMC that absence exceeding four weeks in the full year requires that an individual must undertake additional training. • EMHWD provides expert support, through the Training Support Unit (TSU) for Doctors in training.
	• Within the Service Provider Organisation, there should be Board-level

DRAFT - WITHOUT PREJUDICE

7.6 It is highly desirable that all employing organisations, as local providers of postgraduate medical education and training, 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 (*PMETB 7.4; GP 7.10*).	commitment to postgraduate medical education and training with a named responsible lead for education and training at this level.
7.7 There must be clear accountability, a description of roles and responsibilities and adequate resource available to those involved in administering and managing training and education at institutional level, such as Directors of Medical Education and Board level directors with executive responsibility, such as Medical Director, Finance Director, or Director of Clinical Governance (*PMETB 7.5*).	• Clearly stated roles and responsibilities for Clinical Tutor, Education Supervisors, College Tutors, Training Programme Directors, training consultants and other educators should be available to ensure co-ordination of the education and training agenda across the Service Provider Organisation. • The Director of Medical Education, Clinical Tutor or the Service Provider Organisation identified lead for Medical Education, is educationally responsible to the EMHWD, through the Dean Director, and also responsible to the Service Provider Organisation, for the provision of Postgraduate Medical and Dental Education. They will therefore be involved in negotiation of the LDA. • It is expected that the Director of Medical Education, Clinical Tutor or the Service Provider Organisation identified lead for Medical Education, will be responsible for the day-to-day management of the Service Provider Organisation's Postgraduate Programmes with adequate administrative support. • Specialty Schools have responsibility for the organisation of Specialist/Specialty Registrar rotational training programmes. Funding is allocated to Service Provider Organisations via the LDA and as detailed at Schedule 2b depending on the number of training posts. The Service Provider Organisation and the Specialty School shall discuss and agree how this funding will be utilised to ensure the Service Provider Organisation has sufficient notification.

DRAFT - WITHOUT PREJUDICE

	• The Dean Director would expect to see an improvement in the management of Specialist Training as a consequence of their investment in support for Programme Directors.

DRAFT - WITHOUT PREJUDICE

Domain 8: Educational resources and capacity	
Standard: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.	
Mandatory requirements	
8.1 The overall educational capacity of the organisation and any unit offering training posts/programmes 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 (*PMETB 8.1; GP 8.1 & 8.4*).	• The Service Provider Organisation should ensure that support staff and structures are in place to facilitate training and education.
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 approved curriculum (*PMETB 8.2; GP 8.2*).	• The Service Provider Organisation must provide appropriate library, IT resources, lecture & tutorial rooms, office and teaching space for trainees to fulfil their service and educational responsibilities. • EMHWD with Specialty Schools should ensure clear understanding of educational requirements by specialty and grade for both hospital medicine and primary care.
8.3 There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others (e.g. undergraduate medical students, other undergraduate and postgraduate health care 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) *(PMETB 8.3).*	• The Service Provider Organisation should ensure that specific, fixed education sessions and educational/clinical supervisor training are in job plans and contracts for Trainers, Supervisors and other Educators. • Clinical staff with a specified educational brief should have attended basic and continuing training appropriate to their role. • The Service Provider Organisation will monitor educational capacity on a multi-professional basis to ensure appropriate delivery capability.

DRAFT - WITHOUT PREJUDICE

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' *(PMETB 8.4; GP 8.2 & 8.3).*	• The Specialty Schools should ensure the required educational resources are made clear and that the Service Provider Organisation with relevant posts is able to provide these educational resources.
8.5 Trainees must have access to meeting rooms and audio-visual aids (*PMETB 8.5*).	• Support structures should be in place in the provider environment to facilitate training and education, including meeting rooms and audio visual aids.
8.6 An accommodation plan should be in place with a named responsible officer for all accommodation issues identified (*Local EMHWD Standard*).	• Accommodation should in place where appropriate.
8.7 Accommodation, catering and security provisions must meet minimum standards as defined in HSC 2000/036 (*Local EMHWD Standard*).	• Where provided, accommodation should meet the set standards.
8.8 Issues regarding accommodation, catering, security and recreation and leisure facilities should be included in discussions at Board level (*Local EMHWD Standard*).	• There should be Board representation for accommodation, catering, security and recreation/leisure facilities.
8.9 Relevant staff should be consulted regarding new builds, refurbishment and other proposals affecting working and living conditions and the education and training environment/infrastructure (*Local EMHWD Standard*).	• Communication channels should be robustly linked to appropriate forums/committees within and external to the Service Provider Organisation.

DRAFT - WITHOUT PREJUDICE

Domain 9: Outcomes	
Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards. **Standard specific to Foundation training: 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 and exams for each programme and each location benchmarked against other programmes. As part of the Quality Framework, PMETB will establish requirements for a minimum data set. This will be part of regular reports, as specified, from the postgraduate deaneries (*PMETB 9.1; GP 3.6 & 3.7*).	• Outcomes should be published by the EMHWD and Specialty Schools. • The Service Provider Organisation will contribute accurate and timely information as required.

DRAFT - WITHOUT PREJUDICE

10.0 Compliance with Terms

10.1 Non-compliance of terms means :

10.1.1 The failure of the Service Provider Organisation to provide the Services as specified, and in particular :

- the loss by the Service Provider Organisation of PMETB, GMC, Royal College, University or other requisite approval for training posts and programmes;
- failure to provide adequate working and living conditions, including standards of accommodation, catering, appropriate access to parking permits and national limits on hours of work;
- failure to ensure that training is adequately supported;
- failure to ensure that trainees are supervised and assessed and assume clinical responsibility relevant to their training.

10.1.2 Failure by the Strategic Health Authority to make payments as agreed in the finance schedule.

10.1.3 Breach by either party to fulfil their obligations under this agreement.

10.2 The Dean Director requires assurance of compliance within the Service Provider Organisation and with the requirements of a “First Class Service”, National Service Frameworks, Clinical Governance and that the Service Provider Organisation is fully committed to Continuing Professional Development for all staff.

10.3 If the standard of Education and Training is considered to be below the acceptable level, the Dean Director will consult with the Service Provider Organisation identified lead for medical education, Specialty School Board, Chief Executive, Foundation School Director, Clinical Tutor, Director of Medical Education, Medical Director, College Advisor, Departmental Education lead, as appropriate, and issue requirements to raise the standards to an acceptable level. Failure to comply to raise the standards to an acceptable level over a negotiated period of time will result in the educational approval being withdrawn and the disestablishment of posts in the specialty. In the event that the post(s) is / are removed and transferred elsewhere the value of the contract will be reduced accordingly.

DRAFT – WITHOUT PREJUDICE

11.0 Definitions

11.1 *"Quality Assurance"* shall mean 'the setting and establishment of quality standards'.

11.2 *"Quality Management"* shall mean 'overview of compliance within those standards'.

11.3 *"Quality Control"* shall mean 'the application of policy and process to achieve required QA standards'.

11.4 *"Local Faculty"* shall mean those involved in the delivery of postgraduate medical and dental education locally such as : training programme directors, directors of medical education, clinical tutors, GP trainers, college tutors, and others with specific roles in clinical or educational supervision.

DRAFT - WITHOUT PREJUDICE