

Education, Commissioning and Quality Committee (Open)

Tue 18 January 2022, 12:00 - 14:45

Zoom

Agenda

12:00 - 12:15
15 min

1. PRELIMINARY MATTERS

 00 - Agenda Jan 2022 (Open)(F).pdf (2 pages)

1.1 Welcome and Introductions

Presenter: Chair/Verbal

1.2 Apologies for Absence


Presenter: Chair/Verbal

1.3 Declarations of Interest

Presenter: Chair/Verbal


1.4 Draft Minutes of the Education, Commissioning and Quality Committee held on 2 September 2021

Presenter: Chair/Attachment

 1.4 - Unconfirmed Minutes (Open) ECQC 020921 (F).pdf (12 pages)

1.5 Action Log from the Education, Commissioning and Quality Committee held on 2 September 2021

Presenter: Chair/Attachment

 1.5 - Action Log (Open) ECQC 020921.pdf (2 pages)

1.6 Matters Arising

Presenter: Chair/Verbal

1.7 Draft Unconfirmed Minutes of the Multi-Professional Quality and Education Group held on 23 September 2021

Presenter: Medical Director & Director of Nurse and Health Professional Education/Attachment

12:15 - 13:15
60 min

2. EDUCATION, PERFORMANCE AND QUALITY

2.1 Multi-Professional Education and Training Quality Assurance Updates

2.1.1 - Medicine

Presenter: Medical Director & Medical Dean/Attachment

 2.1.1b - Appendix 1 - GMC Surveys 2021.pdf (15 pages)

English Catherine
01/13/2022 09:22:57

2.1.2 - Dentistry

Presenter: Dentistry Dean/Attachment

 2.1.2b - Appendix 1 - GDC Report on Specialty Training.pdf (27 pages)

2.1.3 - Pharmacy

Presenter: Pharmacy Dean/Attachment

 2.1.3 - Quality Update - Pharmacy.pdf (6 pages)


2.1.4 - Nursing and Health Professional Education

Presenter: Director of Nurse and Health Professional Education/Attachment

 2.1.4 - Quality Update - Nurse and Health Professional Education .pdf (11 pages)

2.2 Improvements to the University of South Wales Midwifery Education Programme

Presenter: Director of Nurse and Health Professional Education/Attachment

 2.2 - Improvements to the USW Midwifery Education Programme.pdf (5 pages)

2.3 Education Commissioning Plan Process

Presenter: Director of Nurse and Health Professional Education/Verbal

13:15 - 13:30 **BREAK**
15 min

13:30 - 14:30 **3. STRATEGIC MATTERS**
60 min

3.1 Equality and Diversity

Presenter: Medical Director & Director of Nurse and Health Professional Education/Verbal

3.1.1 - Differential Attainment


3.1.2 - Refugee Training Programme


14:30 - 14:30 **4. GOVERNANCE MATTERS**
0 min


14:30 - 14:40 **5. FOR INFORMATION/NOTING**
10 min

5.1 Update on Phase 2 of the Strategic Review of Commissioned Health Professional Education

Presenter: Director of Nurse and Health Professional Education/Attachment

 5.1a - Update on Phase 2 of the Strategic Review.pdf (6 pages)

 5.1b - Appendix 1 - Highlight Report.pdf (4 pages)

 5.1c - Appendix 2 - Assurance Template.pdf (1 pages)

English Cathed
01/13/2022 09:27:07

14:40 - 14:45
5 min

6. CLOSE

6.1 Any Other Business

Presenter: Chair/Verbal

6.2 Date of Next Meeting

Presenter: Chair/Verbal

EDUCATION, COMMISSIONING AND QUALITY COMMITTEE

Tuesday 18 January 2022

Via Zoom

12:00 - 14:45

AGENDA

PART 1	PRELIMINARY MATTERS	12:00-12:15
1.1	Welcome and Introductions	Chair/ Verbal
1.2	Apologies for Absence	Chair/ Verbal
1.3	Declarations of Interest	Chair/ Verbal
1.4	Draft Minutes of the Education, Commissioning and Quality Committee meeting held on 2 September 2021	Chair/ Attachment
1.5	Action Log from the Education, Commissioning and Quality Committee meeting held on 2 September 2021	Chair/ Attachment
1.6	Matters Arising	Chair/ Attachment
1.7	To Receive the Draft Unconfirmed Minutes of the Multi-Profession Quality and Education Group held on 23 September 2021	Medical Director/Director of Nurse and Health Professional Education/ Attachment
PART 2	EDUCATION, PERFORMANCE AND QUALITY	12:15-13:15
2.1	Multi-Professional Education and Training Quality Assurance Updates <ul style="list-style-type: none"> 2.1.1 - Medicine 2.1.2 - Dentistry 2.1.3 – Pharmacy 2.1.4 – Nursing and Health Professional Education 	Medical Director/Director of Nurse and Health Professional Education/ Attachments
2.2	Improvements to the University of South Wales Midwifery Education Programme	Director of Nurse and Health Professional Education/ Attachment
2.3	Education Commissioning Plan Process	Director of Nurse and Health Professional Education/ Verbal
BREAK		
PART 3	STRATEGIC MATTERS	13:30-14:35
3.1	Equality and Diversity <ul style="list-style-type: none"> Differential Attainment Refugee Training Programme 	Medical Director/ Director of Nurse and Health Professional Education/ Verbal
PART 4	GOVERNANCE MATTERS	

	None	
PART 5	FOR INFORMATION/NOTING	
5.1	Update on Phase 2 of the Strategic Review of Commissioned Health Professional Education	Director of Nurse and Health Professional Education/ Attachment
PART 6	CLOSE	14:35-14:45
6.1	Any Other Business	Chair/ Verbal
6.2	Date of Next Meeting: <ul style="list-style-type: none"> Tuesday 3 March 2022 at 10am via Microsoft Teams/Meeting Room 1 Ty Dysgu 	

In accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960 it shall be resolved that representatives of the press and other members of the public be excluded from the latter part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.

English Catherine
01/13/2022 09:27:07

UNCONFIRMED

**Minutes of the Education, Commissioning and Quality Committee
held on 2 September 2021
Via Microsoft Teams/Teleconference**

Present:

Dr Ruth Hall Chair and Independent Member
Tina Donnelly Vice Chair and Independent Member

In Attendance:

Prof. Pushpinder Mangat Medical Director
Lisa Llewelyn Director of Nurse and Health Professional Education
Alex Howells Chief Executive
Eifion Williams Director of Finance
Prof. Tom Lawson Postgraduate Medical Dean
Kirstie Moons Postgraduate Dental Dean
Prof. Margaret Allen Postgraduate Pharmacy Dean
Dafydd Bebb Board Secretary
Catherine English Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
ECQC: 02/09/1.1	Welcome and Introductions	
	The Chair welcomed everyone to the meeting, especially the new Director of Nurse and Health Professional Education, Lisa Llewelyn. A quorum was confirmed present.	
ECQC: 02/09/1.2	Apologies for Absence	
	Apologies were received from Martin Riley, Deputy Director of Education, Commissioning and Quality.	
ECQC: 02/09/1.3	Declarations of Interest	
	The following declaration of interest were noted in relation to agenda items 3.1 'Strategic Review of Health Professional Education: Update on Phases 1 and 2': <ul style="list-style-type: none"> • Dr Ruth Hall - Chair, Advisory Board, Wales Centre for Public Policy, Cardiff University. • Tina Donnelly – Fellow of the University of South Wales and the Royal College of Nursing. 	

	<ul style="list-style-type: none"> • Tom Lawson – Honorary Chair, Cardiff University. • Pushpinder Mangat – Honorary Professor, Swansea University Medical School. • Eifion Williams – Co-opted member of Finance Committee at Swansea University. • Margaret Allan – Honorary Professor with Cardiff University. 	
ECQC: 02/09/1.4	Draft Minutes of the Education Commissioning and Quality Committee meeting held on 25 June 2021	
	<p>The Committee received the minutes of the meeting held on 25 June 2021 and confirmed they were an accurate record subject to the following amendments:</p> <p>ECQC: 25/06/2.2.2 – Be amended to read 'Fill rates, recruitment data including vacancy rates and attrition rates were reported on the performance dashboard.'</p> <p>ECQC: 25/06/3.2 – Be amended to read 'It was noted that Phase 2 offered the opportunity to look at the growth of education outside of the traditional university sector and the possibility of developing qualifications accredited by Agored.'</p>	
ECQC: 02/09/1.5	Draft Action Log from the Education Commissioning and Quality Committee meeting held on 25 June 2021	
	<p>The Committee received the Action Log and noted the actions were either complete, deferred or matters for consideration on today's agenda. Those items that remained outstanding would be kept on the Action Log until they had been completed. The following verbal updates were received:</p> <ul style="list-style-type: none"> • ECQC 16/01/3.1- it was agreed the celebratory staff event would be added to the Autumn staff conference with a view to holding a wider celebratory event for stakeholders and partners in 2022. • ECQC 2506/1.6 – The Board Secretary confirmed a link to the dictionary of Welsh language terms, managed by Bangor University, was now available on the HEIW website. 	DB
Resolved	The Committee noted the updates.	
ECQC: 02/09/1.6	Matters Arising	
	There were no matters arising.	
Resolved	The Committee noted the updates.	
PART 2	EDUCATION PERFORMANCE AND QUALITY	
ECQC: 02/09/2.1	Multi-Professional Education and Training Performance Assurance Framework	

02/09/2.1.1	Proposed Quality Framework for HEIW	
	<p>The Committee received the report.</p> <p>Introducing the report, Pushpinder Mangat explained HEIW had an important role in developing a high-quality health and care workforce for Wales This included roles in both quality control and quality assurance and it was confirmed that HEIW strived to embed quality improvement into programmes of work. It was proposed that a HEIW Quality Framework be introduced to integrate Quality Planning, Quality Control, Quality Management and governance of education and training, Quality Assurance and Quality Improvement.</p> <p>The framework would also provide an opportunity to harmonise the critical quality management processes within HEIW across a range of healthcare professions, embedding consistency of both language and approach and facilitating sharing of information across all sections.</p> <p>The Committee discussed the framework and the scope for duplication and gaps. It was explained that the risk of duplication would be mitigated by aligning planning processes and introducing quality control mechanisms and management systems.</p> <p>The Committee thanked the team for their work on developing the framework and looked forward to discussing it further.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • Considered and noted the outlined approach in the development of the HEIW Quality Framework for information. 	
ECQC: 02/09/2.1.2	National Quality and Safety Framework	
	<p>The Committee received the report.</p> <p>Introducing the report, Pushpinder Mangat explained that the Welsh Government had published a Quality and Safety Framework (National Framework), which included a range of actions outlined in the report. The report also includes some initial commentary on the implications and relevance of this framework to HEIW.</p> <p>It was confirmed that HEIW had commenced a programme of work to develop an integrated quality management framework that will provide clarity on the core components of a quality management system. It was further confirmed that HEIW would consider the</p>	

English Catherine
04/13/2022 09:27:07

	<p>potential implications of the National Framework, which will need to be reflected in HEIW's local work.</p> <p>The Committee considered whether the six domains of quality could be highlighted in the report and how HEIW could ensure the education provided through the commissioning process is contemporaneous with research findings. It was clarified that the curricula were continually reviewed on a national basis, and HEIW was responsible to the regulators in Pharmacy Pre-Registration year, Dentistry and Medicine for quality assuring against the latest standards.</p> <p>The Committee discussed the importance of patient-centred education and the need for mechanisms that ensure those in clinical practice keep up to date with developments in their field.</p> <p>The Committee noted the role Independent Board Members were being encouraged to take in the Welsh Government paper but felt there were few opportunities, at a national level for Independent Member engagement in the suggested mechanisms for taking the work forward. It was confirmed that action twelve of the national framework included ensuring the Board has the appropriate skills and knowledge to provide effective system leadership, and a series of Board Development Sessions would focus on consolidating the Board's skills for leadership and assurance.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • Noted the publication of the National Quality and Safety Framework. • Noted that the current Annual Quality Statement requirement will be replaced by a new annual report • Noted that the national work would inform and shape key aspects of the HEIW Quality Management Framework, including student, trainee and learner experience. • Noted the full engagement of HEIW representatives in this work. • Supported the submission of the update to a Board Development session at an appropriate time given the significance of this work programme. 	DB
ECQC: 02/09/2.1.3	Student and Training Experience	
English Catherine 04/13/2022 09:27:07	<p>The Committee received a verbal update.</p> <p>Lisa Llewelyn explained HEIW had undertaken a review of student and training experience in order to understand their experiences during the pandemic. The review included feedback received from students, mentors and facilitators. The feedback focused on the</p>	

	<p>support offered to students during the pandemic and how universities had adapted to support students with the introduction of blended learning. It was confirmed that all of the comments would be fed back by HEIW to the universities and students, and assurance sought from the universities that any improvements identified would be addressed. Those conversations are to be undertaken via the normal contract commissioning process.</p> <p>It was confirmed the main themes emerging from the student feedback centred on online learning and student support. Students felt that online learning was accessible, and universities had been supportive and adapted well to the challenges of online learning.</p> <p>Placement preparation was another significant challenge facing universities. The students said they were well prepared for the change of environment and felt welcomed and supported on the wards despite the impact of the ongoing pandemic.</p> <p>In terms of mentor feedback, Lisa Llewellyn confirmed that students felt well prepared and engaged in the wider partnership working. The feedback also confirmed that many education facilitators felt supported across professions where appropriate.</p> <p>It was confirmed that another evaluation would be undertaken to ensure that good practice continued and lessons learned implemented.</p> <p>The Committee were pleased to note the update and looked forward to a future update.</p>	
Resolved	The Committee noted the verbal update.	
ECQC: 02/09/2.2	Multi-Professional Education and Training Quality Assurance Updates	
02/09/2.2.1	Medicine	
English Catherine 04/13/2022 09:27:07	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat provided an overview of the monitoring activity undertaken. It was confirmed that since the last report, the number of areas that were in Enhanced Monitoring status remained at five and that targeted visit activity was ongoing.</p> <p>It was confirmed that Obstetrics and Gynaecology at Prince Charles and the Royal Glamorgan Hospitals remains in enhanced monitoring. While it had been recognised that previous improvements had been sustained, evidence around progress with some of the residual concerns was not sufficient to support de-escalation from Enhanced Monitoring status. It was confirmed a series of recommendations had been made, and HEIW would</p>	

<p>English Catherine 04/13/2022 09:27:07</p>	<p>continue to collaborate with the Health Board to monitor progress against these. A formal review will be scheduled for October 2021.</p> <p>It was confirmed that Obstetrics and Gynaecology at the Princess of Wales Hospital had been de-escalated from Enhanced Monitoring, and a further visit will be arranged for November 2021 to monitor progress with any residual concerns.</p> <p>Medicine at Wrexham Maelor Hospital remained in Enhanced Monitoring. Evidence that an appropriate and sustainable balance between training and service provision will be necessary to consider de-escalation.</p> <p>Emergency Medicine at Morriston Hospital also remained in Enhanced Monitoring, and the Quality Unit will continue to collaborate with the Health Board to monitor progress. A formal review to be scheduled for November 2021.</p> <p>Trauma and Orthopaedics at Morriston Hospital remained in Enhanced Monitoring. It was explained that the department was experiencing challenges with staff shortages but making operational changes that should help mitigate some of these challenges. In addition, an early review of the GMC National Training Survey results indicated that the department required continued focus. A further targeted visit will be arranged for the Autumn.</p> <p>It was confirmed that Ophthalmology at the Royal Glamorgan Hospital had been placed into Enhanced Monitoring. An action plan has been requested from the Health Board, and a further visit will be made to monitor progress.</p> <p>Pushpinder Mangat explained that the Quality Unit had been monitoring the training experience within Aneurin Bevan University Health Board following the reconfiguration of the service delivery model associated with the opening of The Grange University Hospital. The Health Board, which had an excellent record for training, has engaged well with the process, and the GMC is satisfied with HEIW's approach to managing the concerns. It was confirmed that Enhanced Monitoring is not considered to be necessary at this time. The Quality Unit has requested an action plan from the Health Board, and a further visit will be arranged to monitor progress</p> <p>The Committee was reassured by the amount of scrutiny that had continued to take place despite the challenges presented by the pandemic and thanked Pushpinder Mangat and his team for the update.</p>	
--------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Resolved	The Committee noted the report.	
02/09/2.2.2	Dentistry	
	<p>The Committee received a verbal update.</p> <p>Kirsty Moons confirmed that during 2020/21 all Dental Foundation Trainees successfully exited the programme despite the significant disruption caused by the pandemic. HEIW had successfully recruited to the 2021/22 programme with a 100% fill rate.</p> <p>It was confirmed that almost all Core Trainees had successfully exited the programme, and those who had not would be provided with additional support.</p> <p>Kirsty Moons explained that the General Dental Council (GDC) were currently undertaking a review of dental specialist training within HEIW, and they had requested additional information, which was provided. It was confirmed the report was expected within the next four weeks and would be presented to the Committee in due course.</p>	
Resolved	The Committee noted the verbal update.	
ECQC:	Pharmacy Update	
02/09/2.2.3	<p>The Committee received a verbal update.</p> <p>Margaret Allan explained that the foundation trainees had successfully completed their competence-based training and confirmed delays in the General Pharmaceutical Council (GPhC) registration assessments. The assessments took place at the end of July, and the results were to be posted during September. As a result, existing foundation trainees had been entered into the provisional register, pending the release of results in September.</p> <p>In terms of quality management, it was confirmed that HEIW continued to embed quality management systems and that Phase 1 of the Quality Management Framework had been completed. It was anticipated that within twelve months, the Pharmacy Deanery would be able to present the Committee with similar reports as to those offered by the Medical Deanery.</p> <p>It was confirmed that HEIW had recruited over one hundred educational supervisors to manage the multi-sector programme this year, and HEIW remained confident that all educational supervisors met the required standard.</p> <p>It was confirmed that despite the issues with the Pharmacy Technician Programme, the impact on student experience had been successfully mitigated.</p>	

English Catherine
04/13/2022 09:27:07

	The Committee noted the verbal update	
ECQC: 02/09/2.2.4	Nursing	
	<p>The Committee received a verbal update.</p> <p>Lisa Llewelyn confirmed the majority of nursing registration for 2021/22 had been filled.</p>	
Resolved	The Committee noted the verbal update.	
ECQC: 02/09/2.2.5	Health Professionals	
	<p>The Committee received a verbal update.</p> <p>Lisa Llewelyn explained that aspects of the contract management process were developed to provide assurance that Health Professional education was delivered as commissioned. As part of the monitoring arrangements, HEIW would engage with students, educators and mentors. All higher education providers were required to submit the results from the national student survey, individual student comments submitted as part of that survey, and the universities own self-assessment.</p> <p>It was confirmed that the average satisfaction score for 2020 for all programmes was 83%. For those programmes where the satisfaction score was lower, work with the universities was ongoing to improve those scores going forward.</p> <p>In order to enhance the quality improvement methodology, HEIW has recruited a Head of Placement Experience and Innovation, and this role was deemed to be key to delivering clinical placement activity across the professions. It was confirmed that HEIW was recruiting care home education facilities, and part of that work would include exploring opportunities for introducing clinical placement into other areas.</p>	
	The Committee noted the verbal update.	
ECQC: 02/09/2.3	Progress Report on Memorandum of Understanding between HEIW, Regulators and Professional Bodies	
ECQC: 02/09/2.3.1	Development of Memorandum of Understanding (MOU) between HEIW and Key Partners	
	<p>The Committee received the report.</p> <p>Introducing the report, Pushpinder Mangat explained HEIW's work in delivering postgraduate curriculums would require a clear delineation of roles and responsibilities with the relevant Royal Colleges and that Memorandums of Understanding (MOUs) would enable HEIW to work more effectively with partners.</p>	

English Catherine
04/13/2022 09:27:07

	<p>While non legally binding, MOUs would act as a formal arrangement setting out how HEIW and other organisations would work together. It was noted that it had become standard practice within the UK for statutory education bodies to have MoUs with regulators and other organisations. Where co-operation between HEIW and third parties included processing personally identifiable data, MOUs would be supported by Data Sharing Agreements.</p> <p>The Committee considered MOUs and the potential for building on them to work more strategically with partners and higher educational institutions. It was confirmed that the Board Secretary was responsible for keeping a register of MOUs and that this register was reviewed by the Audit and Assurance Committee annually</p>	
Resolved	The Committee noted the report for information.	
ECQC: 02/09/2.3.2	Memorandum of Understanding (MOU) and Data Sharing Agreement (DSA) between HEIW and the General Pharmaceutical Council (GPhC).	
	<p>The Committee received the report.</p> <p>Introducing the report, Pushpinder Mangat explained that the MOU and DSA between HEIW and the General Pharmaceutical Council (GPhC) were provided as an appendix for the Committee to consider and note.</p> <p>It was confirmed the documents were approved by the HEIW Executive team in July 2020 and the Audit Committee in January 2021.</p> <p>It was noted the MoU would need to be updated to take into account the new IETP for Pharmacists, particularly if HEIW intended to play an increasing role in undergraduate Pharmacy education.</p>	
Resolved	The Committee noted the signed MoU and Data Sharing Agreement approved by the HEIW Executive Team and the Audit and Assurance Committee.	
PART 3	STRATEGIC MATTERS	
ECQC: 02/09/3.1	Strategic Review of Health Professional Education – Update on Phase 1 and 2	
	<p>The Committee received the report.</p> <p>Providing an update on Phase 1, Lisa Llewelyn explained that HEIW had received no challenges to the outcome of the tender process. It was confirmed that 49 of the 50 contracts were signed on 11 August. It was noted that the outstanding contract did not</p>	

English Catherine
04/13/2022 09:27:07

	<p>currently present any risk to delivery. It was confirmed that appropriate monitoring mechanisms were in place to ensure any problems with the delivery of the programme could be identified and addressed swiftly.</p> <p>It was confirmed a Strategic Review Phase 2 Project Board, chaired by the Director of Nurse and Health Professional Education, was now in place, with reporting arrangements to the HEIW Executive Committee. The project will be overseen by HEIW's Head of Post Graduate Commissioning.</p> <p>The Committee were pleased to note the successful conclusion of Phase 1 and looked forward to receiving updates on Phase 2 as it progressed. The Committee thanked the teams for their work on the Strategic Review of Education to date.</p>	
Resolved	<p>The Committee noted:</p> <ul style="list-style-type: none"> • the latest position of phases 1 and 2 of the Strategic Review of Health Professional Education • that no challenges received to the outcome of the tender process for Phase 1 • pre-registration contracts issued for Phase 1 • progress on Strategic review Phase 2 • stakeholder engagement plans for elements of Phase 2 	
ECQC: 02/09/3.2	Equality and Diversity	
	<p>The Committee received a verbal update on differential attainment and the Refugee Training Programme.</p> <p><u>Differential Attainment</u></p> <p>Tom Lawson reported that work was ongoing to develop tools and training designed to monitor and address differential attainment across all specialities. Training had been well received, and uptake has been high across Wales. Pushpinder Mangat added that the GMC attended the Board Development Session in August and was interested in the differential attainment data.</p> <p>The Committee noted the internal Equality and Diversity Group had ceased meeting and discussed the need for regular updates on differential attainment. It was agreed a broader conversation was needed involving other members of the HEIW Board. It was confirmed the HEIW Chair has agreed differential attainment would be the subject of a future Board Development Session.</p> <p><u>Refugee Programme</u></p>	

English Catherine
04/13/2022 09:27:07

	<p>The Committee discussed the WARD programme and the potential impact of recent events in Afghanistan. It was confirmed that refugee health professionals who desired to continue practising in their field were usually introduced to HEIW via Welsh Government. It was noted that the Welsh Refugee Council would also have details of those individuals seeking to gain employment in their field, and it was agreed further discussion would take place outside of the meeting.</p>	
Resolved	The Committee noted the verbal update in respect of Differential Attainment and the Refugee Training Programme.	
ECQC: 02/09/3.3	North Wales Dental Academy	
	<p>The Committee received the report.</p> <p>Kirsty Moons provided a brief outline of the report highlighting that the development of a North Wales Dental Academy was a joint project between the Welsh Government, Bangor University, Betsi Cadwaladr University Health Board (BCUHB) and HEIW.</p> <p>It was confirmed the project was progressing within the timescale set out by BCUHB and Welsh Government and that HEIW would fund and place two Foundation Dentists in the North Wales Dental Academy from September 2022.</p> <p>It was confirmed the contract had been awarded and that there was an opportunity for it to be a multi-disciplinary training environment</p> <p>The Committee were pleased to note the contract had been awarded and felt it was a welcome development for North Wales.</p>	
Resolved	The Committee noted the report for information.	
PART 4	Governance Matters	
ECQC: 02/09/4.1	Review of Terms of Reference	
	<p>The Committee received the report.</p> <p>In presenting the report, Dafydd Bebb advised that the purpose of the report was to invite the Committee to review its Terms of Reference.</p> <p>The Committee reviewed the Terms of Reference and noted the Terms of Reference would need to be updated to reflect Lisa Llewelyn's appointment and job title.</p> <p>No further amendments were suggested.</p>	
Resolved	The Committee approved the Terms of Reference subject to them being updated to reflect Lisa Llewelyn's job title.	DB
PART 5	FOR INFORMATION/NOTING	

ECQC: 02/09/5.1	General Practice Nurse Framework	
Resolved	The Committee noted the General Practice Nurse Framework.	
PART 6	CLOSE	
ECQC: 02/09/6.1	Any Other Business	
	<u>Correspondence from Professor Chris Burton</u> Tina Donnelly explained Professor Chris Burton of Bangor University was researching lessons learned through education commissioning post-COVID and was keen to engage with bodies across Wales. It was noted that this might be an opportunity for HEIW to highlight some of the work it has been doing, particularly around workforce planning. It was agreed the matter would be progressed outside of the Committee.	
ECQC: 02/09/6.2	Date of Next Meeting	
	The date of the next meeting was confirmed for Thursday, 7 December 2021 at 10:00 to be confirmed via Zoom or Ty Dysgu.	
	The Committee resolved to go In-Committee	

.....
Dr Ruth Hall (Chair)

.....
Date:

English Catherine
01/13/2022 09:27:07

Education, Commissioning and Quality Committee (Open)

2 September 2021

Action Log

(The Action Sheet also includes actions agreed at previous meetings of the Education, Commissioning and Quality Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Education, Commissioning and Quality Committee these actions will be taken off the rolling action sheet.)

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 16/01/3.1	Performance Report of Education Contracts			
	<ul style="list-style-type: none"> Explore the potential for a celebratory event either annually or 6-monthly with service providers. 	Director of Nurse and Health Professional Education/ Director of Workforce and OD/	December 2021	A verbal update will be provided at the Committee meeting on 18 January.
ECQC: 08/10/3.1	Evaluation of Committee Effectiveness			
	<ul style="list-style-type: none"> Explore the development of Committee Induction resources for new members. 	Board Secretary	January 2022	Board Secretary is currently working with the Chair to develop the induction resource.
ECQC 2506/1.7	Draft Minutes of the Education and Advisory Group held on 8th June 2021.			
	<ul style="list-style-type: none"> Vice Chair to attend the next meeting of the EAG to confirm the advisory role of the group. 	Vice Chair	November 2021	No longer applicable. The EAG was disbanded by the Board at its November meeting where it was also established the Stakeholder Reference Group.
2506/3.3	New and Emerging Priorities			



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> A guide to assist anyone attending or participating in the work of the Committee to be drafted 	Chair/Board Secretary	January 2022	Board Secretary and Chair are currently working on the induction programme.
ECQC 0209/2.1.2	National Quality and Safety Framework			
	<ul style="list-style-type: none"> An update to be scheduled for a Board Development session at an appropriate time given the significance of this work programme. 	Board Secretary	January 2022	Completed - Is included on the Forward Work Programme and will be brought forward for discussion at an appropriate time.
ECQC 0209/4.1	Committee Terms of Reference			
	<ul style="list-style-type: none"> The Committees Terms of Reference to be updated to reflect Lisa Llewelyn's job title. 	Board Secretary	September	Completed
	<ul style="list-style-type: none"> Recommend that the Board approve the amended terms of reference for the Education Commissioning and Quality Committee 	Board Secretary/Chair	September	Completed

English Catherine
01/13/2022 09:27:07

GMC NATIONAL TRAINING SURVEYS 2021

1) Introduction

The Medical Deanery Quality Unit works to improve patient care and patient safety through the monitoring and development of high-quality education and training and provision of Faculty and infrastructure to support this. Activity is undertaken in collaboration with Speciality, Foundation and GP Schools along with Local Education Providers (LEPs) across NHS Wales to ensure high-quality educational environments for trainees and links between educational and clinical governance.

Excellence in postgraduate medical training in Wales is supported by our core remit comprising delivery of educational governance via mechanisms including:

- a) Commissioning of, and expectations for, provision of Postgraduate Medical and Dental Education (PGMDE).
- b) Application of a Quality Management Framework (QMF) including scheduled and responsive components to ensure that when training does not meet national standards, changes are facilitated and implemented to improve quality. The QMF provides reassurance to the General Medical Council (GMC), the regulator, to approve training sites and programmes.
- c) Support for PGMDE provision across NHS Wales including trainers and training infrastructure.

These mechanisms are necessarily interlinked. However, for reporting purposes, each component is considered separately and cross-referenced as appropriate to contextualise information. This report is primarily concerned with the provision of an update on quality management.

2) GMC National Training Surveys

A review of the GMC National Training survey results has been undertaken which has comprised three key parts.

- a) Scrutiny of the results to ensure the identification of new risks, impact on existing risks and consideration of potential areas of good practice by department. This exercise has been completed with results being disseminated to Local Education Providers, (LEP's) together with a copy of their revised risk report.
- b) Case studies on how HEIW uses the survey results to drive improvement have been developed and published on the website. This will provide a helpful reference point for future surveys to reassure trainees that their feedback is valued and utilised.
- c) Consideration of the key themes for Wales with wellbeing identified as a significant theme particularly for foundation doctors and trainers in General Practice and Emergency Medicine. The full key themes report is included within this update starting on page 3 of this document.

English
01/13/2024 09:27:07

The following report provides a summary of the key themes arising from the 2021 trainee and trainer GMC surveys

Key Themes

1.0 Context

The GMC National Training Surveys (trainee and trainer) are undertaken on an annual basis and provide a valuable insight into training grade doctors' perception of the quality of their training. The surveys also provide helpful information on the extent to which trainers consider that they are supported in their training role. The purpose of this report is to provide an overview of the key themes for Wales arising from the results.

Important Considerations:

HEIW greatly values the feedback that the National Training Surveys provide, and the findings are an important source of evidence in routine quality management. However, in considering the summary analysis within this report and reviewing the results through the GMC's online reporting tool, it is important to be cognisant of the following points.

- The 2021 surveys were undertaken during April and May at which time the NHS in Wales was starting to recover from the second wave of the COVID-19 pandemic. At that time, approximately 1% of inpatients were confirmed COVID cases and community transmission across UK ranged from 1,952 to 2,597 cases per day. Whilst inpatient numbers were low the need to respond to service and training backlog was at the forefront of people's minds.
- Whilst the GMC Surveys returned to their more traditional format in 2021 thereby supporting trend analysis, it is important to acknowledge that the feedback has been obtained following an unprecedented year of service pressures due to the pandemic. It is somewhat inevitable therefore that in some areas scores may be lower than they would normally be both in Wales and other parts of the UK. In addition, it is important to acknowledge that these pressures are likely to continue for the foreseeable future and as such it is important that ongoing action to preserve the quality of the training environment is taken.
- The survey questions were based around the traditional indicator areas of workload, supervision, time for training etc in 2021 with some specific questions to capture the experience of the pandemic. A return to the traditional question set is welcomed although consequently, it is not possible to follow up on some of the points raised within the key themes report produced in response to the 2020 survey.

2.0 Response Rates

Overall, the response rates for Wales were high with both trainee and trainer survey response rates being significantly higher than the UK average and the response rate for trainers was the highest in the UK (table one). Response rates across the UK were higher than those for the GMC's adapted and COVID specific survey undertaken in 2020, albeit slightly lower than in previous years. One of the reasons for this was that the completion window was shorter in 2021 and the surveys were also pitched as voluntary to trainees in recognition of the unprecedented year. In relation to trainers, historically response rates have been circa 60% peaking at 67% in 2016. However, each year there has been an increase in the number of trainers eligible to complete the survey with a 34% increase in the denominator of since 2016. Therefore although the response rate in percentage terms has

reduced, the number of trainers completing the survey has increased slightly. In the longer-term work, is being undertaken to ensure that only active trainers are invited to complete the survey.

Table One: National Training Surveys UK Response Rates

	UK	Wales	England	Scotland	Northern Ireland
Trainee Response Rate	76%	85%	76%	69%	87%
Trainer Response Rate	32%	52%	32%	20%	43%

3.0 Trainee Survey Generic Themes

3.1 General Overview

The results for Wales are broadly in line with the rest of the UK when considered by Deanery/HEE office with all indicators being reported in the interquartile range. In reviewing the results for all trainees within each Local Education Provider (LEP), the majority of results are also reported within the interquartile range with some minor exceptions as specified below:

- Velindre University NHS Trust and Powys Teaching Local Health Board both have results reported as above outliers in specific areas.
- The trainee results indicate that the pandemic has had a significant impact upon Public Health Medicine training in Wales. Traditional feedback for this LEP is usually very positive but in 2021 the Trust has two below outliers reported for facilities and regional teaching and a number of lower quartile results for the first time. Whilst it is easy to assume that the rollout of vaccination programmes will ease pressures, there is the potential that healthcare challenges following the pandemic may place increasing demands on this specialty area.
- A review of the results by department highlights that where concerns are raised, these largely relate to known training concerns indicating that despite an absence of comprehensive evidence due to the pandemic, it has been possible to obtain a degree of consistency in our approach to managing quality during this time. In addition, there is evidence that good progress has been made in addressing concerns in a number of areas which have been taken forward with Health Boards via the Targeted Process. Of note Obstetrics and Gynaecology which has been a particular focus of activity is improving across Wales as has Emergency Medicine which is showing some signs of improvement with some parts of Wales receiving particularly high scores this year. Inevitably the pandemic has had a significant impact on General and Acute Internal Medicine which is reflected within the feedback. Similarly, the picture for surgery is rather mixed and this may also be attributable to a lack of exposure during the pandemic with activity not having fully resumed when the survey was undertaken. There are numerous areas where psychiatry training in Wales has not received as favourable feedback as it has in previous years and having a comprehensive data set provides a helpful way to commence discussions with Local Education Providers so that we can fully differential between the COVID effect and more traditional training concerns.

3.2 Overall Satisfaction

The 'overall satisfaction' indicator within the trainee survey is often considered to be the acid test of trainee satisfaction incorporating a range of questions around clinical supervision, teaching experience, usefulness of the post and whether they would recommend their posts.

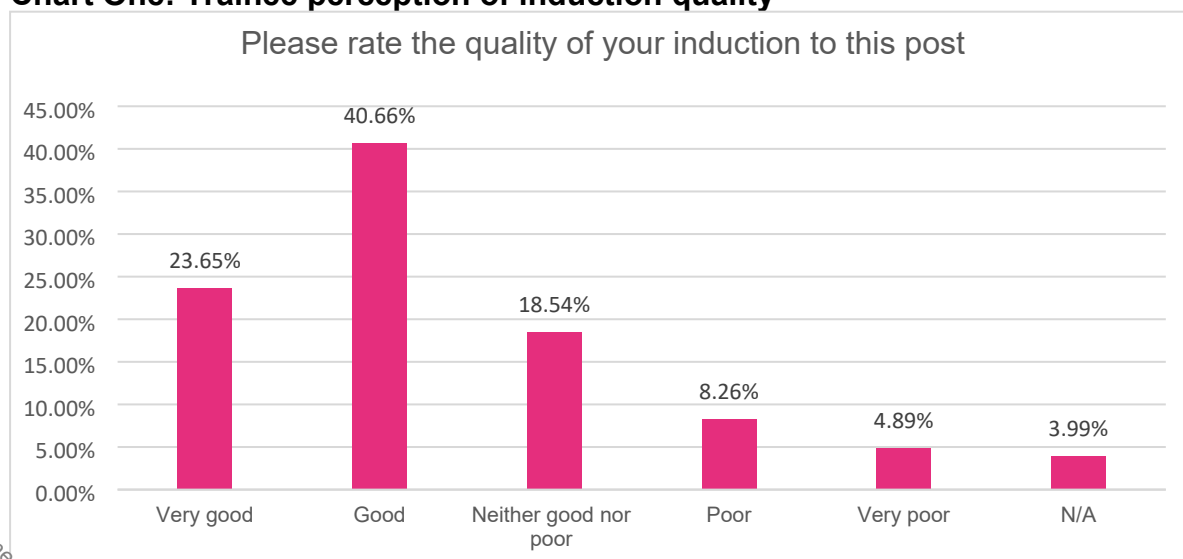
Overall trainees in Wales continue to report relatively high levels of training satisfaction despite the COVID-19 pandemic putting unprecedented pressure on the service. Whilst there has been a slight decrease in the overall satisfaction score of 1.37 this is consistent with the rest of the UK where reductions in satisfaction scores of between 0.2 and 3.75 have been reported for the majority of Deaneries/LETBs. In addition, a review of the results by training programme highlights that nearly all training programmes in Wales were reported within the interquartile range with the exception of Clinical Genetics which was reported as an above outlier.

3.3 Induction

Effective induction is a particularly important element of medical education and training both in terms of familiarising trainees with the organisation, ensuring access to relevant IT systems and of particular importance introducing the trainee to their working area the latter being directly linked to supporting patient safety. As is the case with other indicators on a UK wide level the overall score for induction is reported within the interquartile range. However, it is of note that this score has gradually declined from 81.44% in 2017 to 75.47% in 2021 which is the lowest score in the UK when considering the results by Deanery/HEE local office. Whilst the majority of areas of the UK have seen some decline in their induction score (Ranging between 1.6% and 5.97%), Wales has the greatest decline. The induction indicator comprises five key questions a review of which is provided below:

- 83.62% of trainees reported that someone explained their roles and responsibilities within their department when they started their post. Whilst this represents a significant majority, given the direct link with patient safety associated with this element of induction, it is a concern that 12.61%, (281 trainees) reported that their roles and responsibilities were not explained and 3.77%, (84 trainees) were not sure. The requirement of adequate departmental induction will require ongoing improvement.
- The results indicate that where departmental induction has been provided there may be scope for improving the quality of its delivery with just 64% reporting that they considered the quality to be good or very good as illustrated by chart one.

Chart One: Trainee perception of induction quality



English Catherine
01/13/2022 09:27:07

- The extent to which trainees had adequate notification of their rota arrangements in advance of commencing their post forms part of the induction questions. Responses to this question highlight that 23% reported that they had not received adequate notification. This feedback is broadly similar to the feedback provided within the 2019 survey suggesting that this is a further area where there may be scope for improvement.
- 74% of trainees reported that they received all the information they needed about their workplace when they started their post i.e., the traditional corporate induction. In recent years, much work has been done on developing apps or online material and working to continue to develop and signpost such materials particularly for those trainees who rotate out of sync is a valuable piece of activity. However, with 11% of trainees reporting that they didn't know whether they had received the information they needed there may be a need to consider the way in which this information is signposted.

3.4 Reporting Systems

Effective reporting systems in terms of awareness of processes, the existence of a positive reporting culture and belief that action will be taken as a result of concerns being raised is key in ensuring that patient safety is appropriately prioritised. In recent years the GMC National Trainee Survey results have highlighted that Wales, whilst not a below outlier¹, has the lowest score of the four home nations, with declining scores year on year and this is also reflected in the 2021 results. Whilst the overall score has declined slightly, since 2019 the reduction of 0.29 is in line with many other parts of the UK. As illustrated by table 2, awareness of how to report concerns has remained strong since 2019 and this may have been helped by the launch of HEIW Open in October 2020 which not only provides a mechanism for trainees to raise concerns direct with HEIW but also signposts local structures. Improving the overall score for reporting systems will require a greater local focus upon closing the feedback loop where concerns are raised across Wales.

Table 2: Trainee Responses to Reporting Systems Questions

Question	2019	2021
Trainees agreeing that they are aware of how to raise concerns	82.84%	82.85%
Trainees agreeing that there is a culture of proactively reporting concerns	73.04%	71.01%
Trainees agreeing that there is a culture of learning lessons	77.01%	75.80%
Trainees reporting that they have confidence that concerns will be dealt with	59.05%	57.77%
Trainees agreeing that where concerns are raised actions are fed back appropriately.	54.9%	52.74%

3.5 Clinical Supervision

Experiential learning requires robust structures to ensure that learners are appropriately supported. In terms of ensuring patient safety the provision of adequate clinical supervision is paramount. The survey results indicate that trainees in Wales perceive that the overall

¹ A below outlier is reported in the lowest quartile of the benchmark group, and the confidence interval does not overlap with that of the benchmark mean.

quality of supervision that they receive is in line with the rest of the UK with a minor increase in the overall score increasing from 88.87 in 2019 to 89.17 in 2021.

3.6 Facilities

The 2021 survey saw the introduction of the Facilities indicator which seeks feedback on common rooms/rest facilities, wi-fi connectivity, access to online library resources and support for logins. The range of scores across the UK for this indicator was 56.37% - 67.08% with the score for Wales being 60.19%. The detailed reports associated with this indicator highlight the following points:

- **Common Room/Mess Facilities**

62.71% of trainees reported that they received information on how to access the common room/mess at the start of their post although 10.95% reported that no common room or mess was available. Where facilities were available the quality was reported to be mixed with 38.83% reporting them to be good/very good and 17.55% reporting them to be poor/very poor.

- **Wi-Fi Connectivity**

44.31% of trainees reported Wi-Fi connectivity to be good/very good for their study needs with 32.45% reporting it to be poor/very poor. A review of the results by LEP highlights that Velindre University NHS Trust is reported as an above outlier. In contrast the score for Public Health Wales NHS Trust was reported as a below outlier. Whilst this indicates a potential area of concern, we are aware from other data sources that some educational facilities were converted to provide space for an additional laboratory during the pandemic. Further monitoring will provide confirmation of whether or not this is an ongoing challenge.

- **Online Resources**

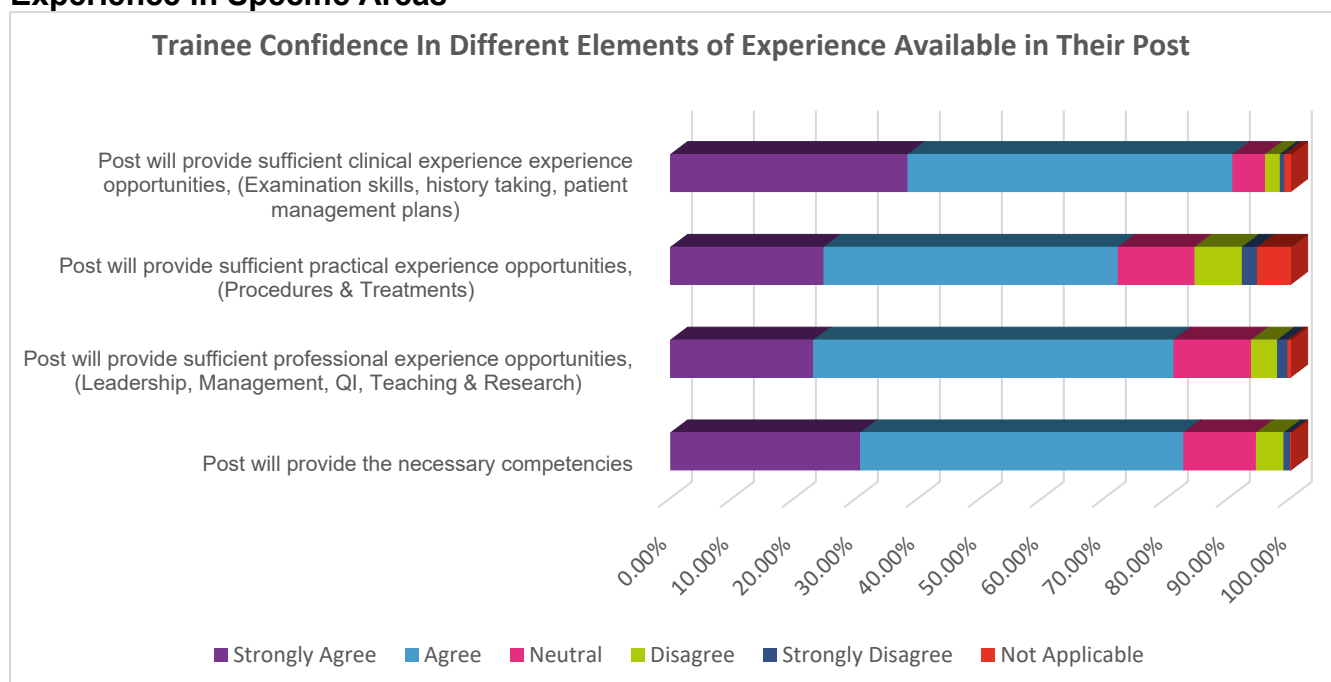
- 44.31% of trainees rated the collection of online resources, (Database, journals and e-books) offered by the library to be good/very good. Whilst this isn't a majority view it is important to note that a very small percentage, (3.29%) reported them to be poor/very poor with a significant proportion, (34.56%) reporting that they had never used them.
- In terms of the usability of online resources, (Login support, NHS enabled and accessible websites) 46.49% of trainees reported them to be good or very good with 7.99% reporting them to be poor or very poor.

3.7 Adequate Experience & Curriculum Coverage

Encouragingly, a significant majority of trainees in Wales have reported that their training experience is providing them with sufficient experience to support their continued progression. In addition, as illustrated by chart two below the range of experience available is not just confined to clinical experience with trainees also reporting good access to more generic capabilities.

English Catherine
01/13/2022 09:27:07

Chart Two: Trainee Confidence That Their Current Post Will Provide Sufficient Experience in Specific Areas



4.0 Trainer Survey Key Themes

Overall, the results for trainers were largely similar to the rest of the UK with the results all being reported within the interquartile range when reviewed by Deanery/HEE office. 90% of trainers in Wales report that they enjoy their training role which is encouraging indicating that there is a strong desire to teach. The majority of the results by Local Education Provider are reported within the interquartile range with the exception of Velindre University NHS Trust which is reported as above outliers for handover and curriculum coverage and Public Health Wales which has an upper quartile results for curriculum coverage.

4.1 Trainer Support & Resources

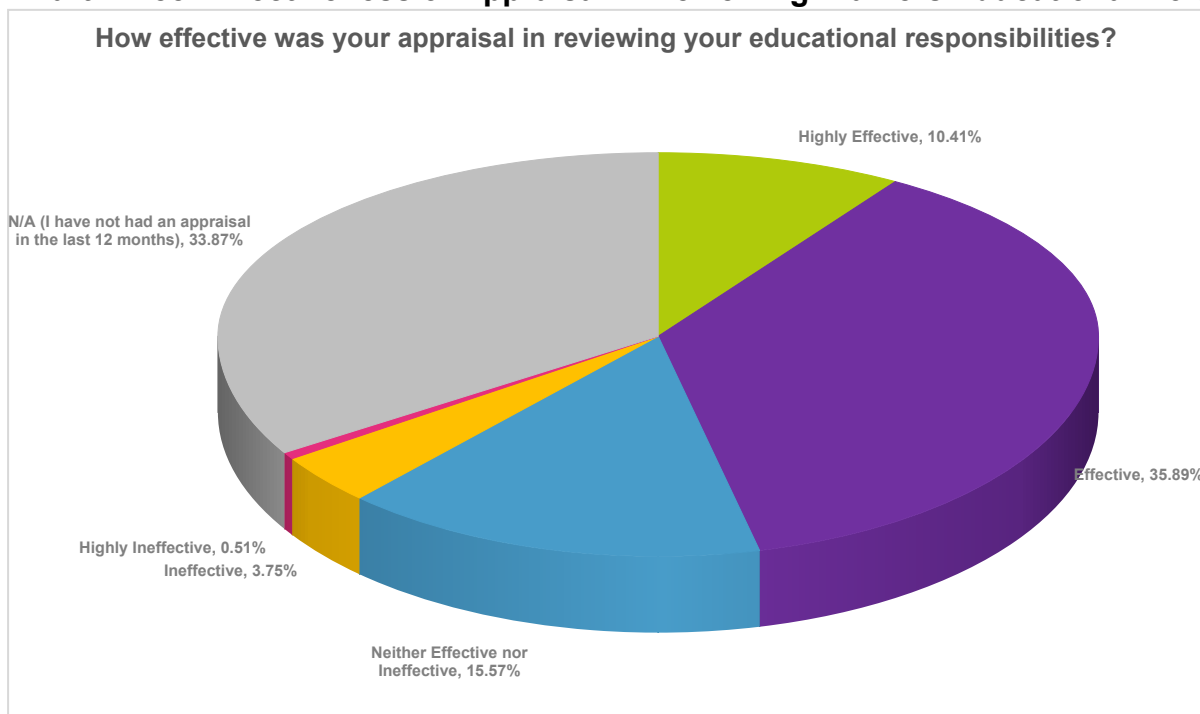
Consideration of the extent to which trainers consider that they are appropriately supported is a key area of questioning within the survey. A review of these results highlights the following key points:

- The vast majority of trainers, (79%) in primary and secondary care reported that their training roles were clearly defined which is an important first step.
- Trainers were asked to provide an indication of how well they are supported by different groups. As indicated by the bullet points below the majority report that the support received was good or very good and the majority of those who didn't provided a neutral response with a minority reporting it to be poor
 - 65% reported that the support they received from their department/practice was good or very good.
 - 54% reporting that the support they received from their Trust/Board was good or very good.

English Catherine
01/13/2022 09:27:07

- 70% reporting that the support they received from their Deanery was good or very good.
- A temporary suspension of mandatory appraisal was in place for part of the last year and as such 33.87% of trainers reported that they hadn't had an appraisal in the last twelve months. However, a significant proportion of those who had received an appraisal reported that it was effective in considering their educational role as illustrated by chart three.

Chart Three: Effectiveness of Appraisal in Reviewing Trainers Educational Role



- Encouragingly, both primary and secondary care trainers reported that there were adequate resources to enable them to cover the parts of the curriculum required by trainees. However, there was some variability in access to IT resources to support training roles with 94% of primary care trainers reporting that there was adequate IT access to enable them to undertake their training roles and 64% of secondary care trainers.
- Access to professional development opportunities was generally positively received across primary and secondary care as illustrated by table three.

Table Three: Access to Professional Development Opportunities.

Question	Very Good/Good	Neutral	Poor/Very Poor
Primary & Secondary Care Please rate the access to professional development and training opportunities that your Deanery/HEE local office arranges for your role as a trainer.	73.2%	22.45%	4.34%%
Primary Care Only Please rate the support that you receive from your local trainers' group for your role as a trainer	89.59%	10.04%	0.37%

English Catherine
01/13/2022 09:27:00

Secondary Care Only

Please rate the access to professional development and training opportunities that your **Trust/Board** arranges for your role as a trainer.

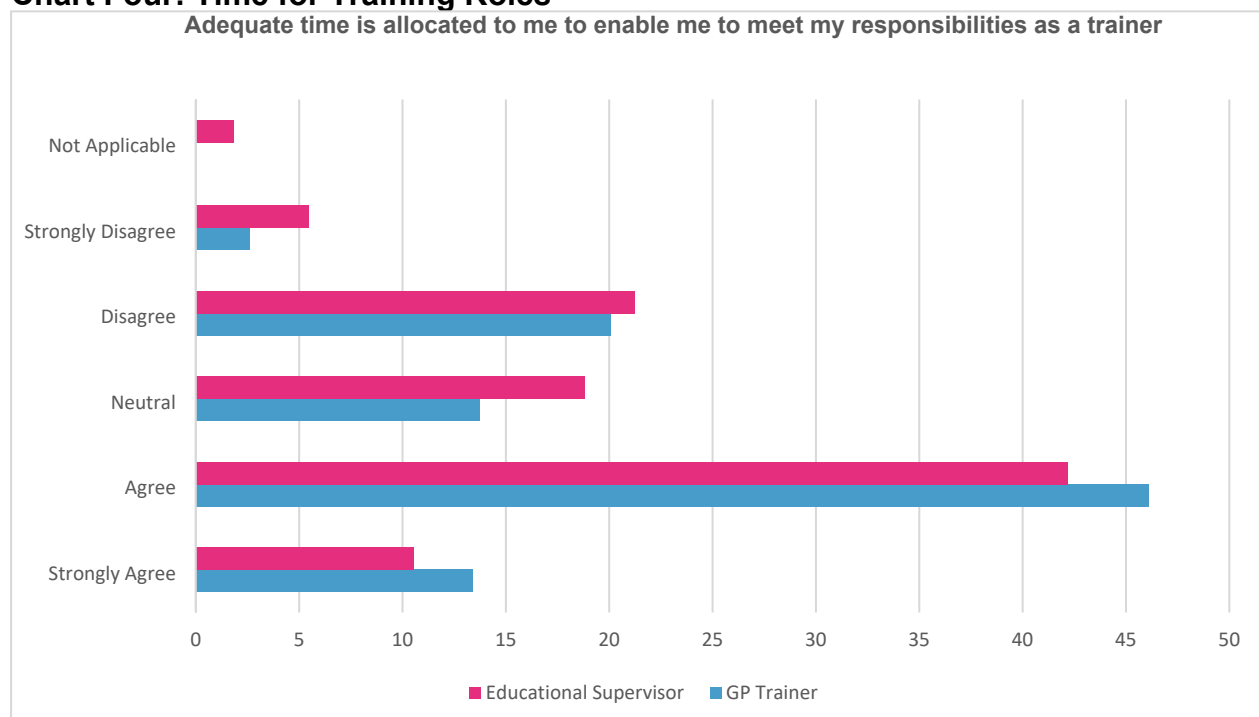
68.35%

24.57%

7.08%

4.2 Time

The allocation of dedicated time to support training roles is fundamental in ensuring that trainers are able to deliver their important training roles. The feedback from the survey highlights that 59.48% of GP Trainers and 52.58% Educational Supervisors in secondary care agreed or strongly agreed that they had adequate time to fulfil their training responsibilities. On a positive note, this represents a majority view and as illustrated by chart four below the difference in opinion between primary and secondary care is relatively small. However, it cannot be ignored that 22.67% of GP Trainers and 26.69% of Educational Supervisors in secondary care reported that they did not have sufficient time allocated to fulfil their responsibilities as a trainer. Whilst there isn't a full data set to indicate the impact that this has on training, the survey results do provide some insights with 22.67% of primary care trainers and 26.69% of Educational Supervisors in secondary care reporting that they didn't have enough time to meet with their trainees as frequently as they required. Consideration of the results by training programme highlights that Oral and Maxillo-facial surgery and Psychiatry of Learning Disabilities are reported in the upper quartile for time. In contrast Clinical Oncology and Cardiothoracic Surgery are reported as below outliers and Medical Oncology and Paediatric Cardiology are also reported in the lower quartile.

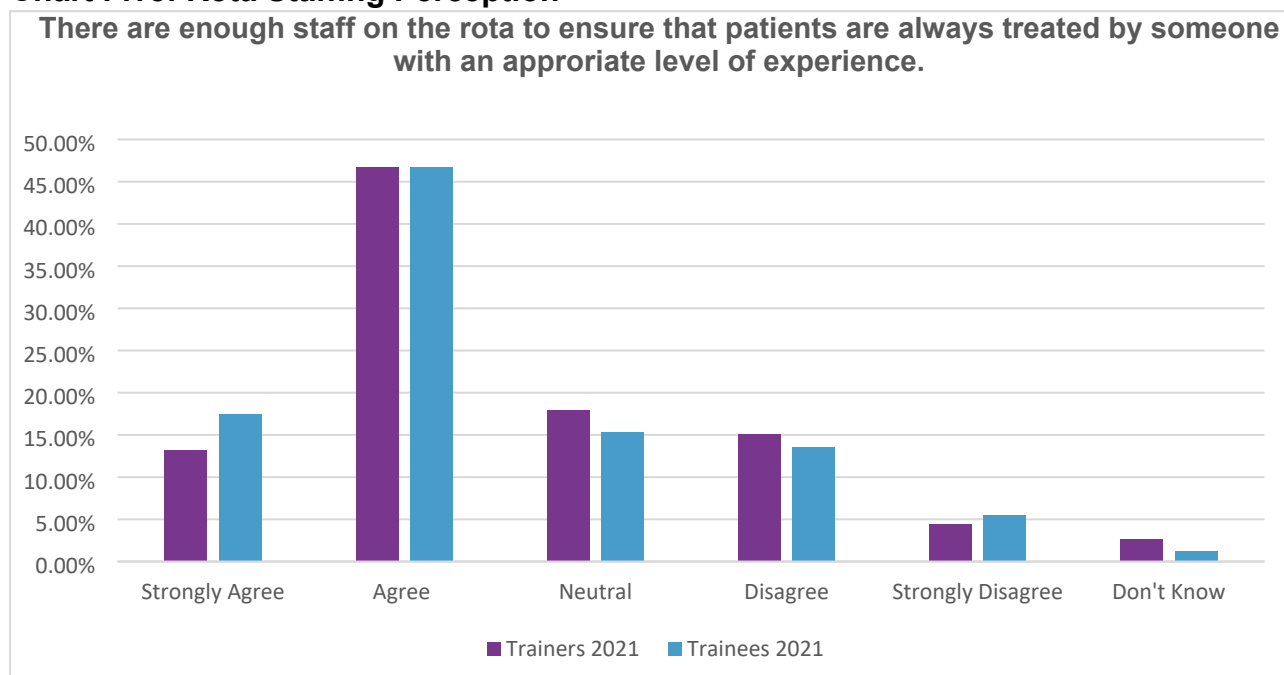
Chart Four: Time for Training Roles**5.0 Rota Design**

Given that a significant element of postgraduate medical education and training is based upon access to experiential learning, effective rota design is key in ensuring that trainees can access relevant learning opportunities and that trainers have capacity to teach and assess in tandem with

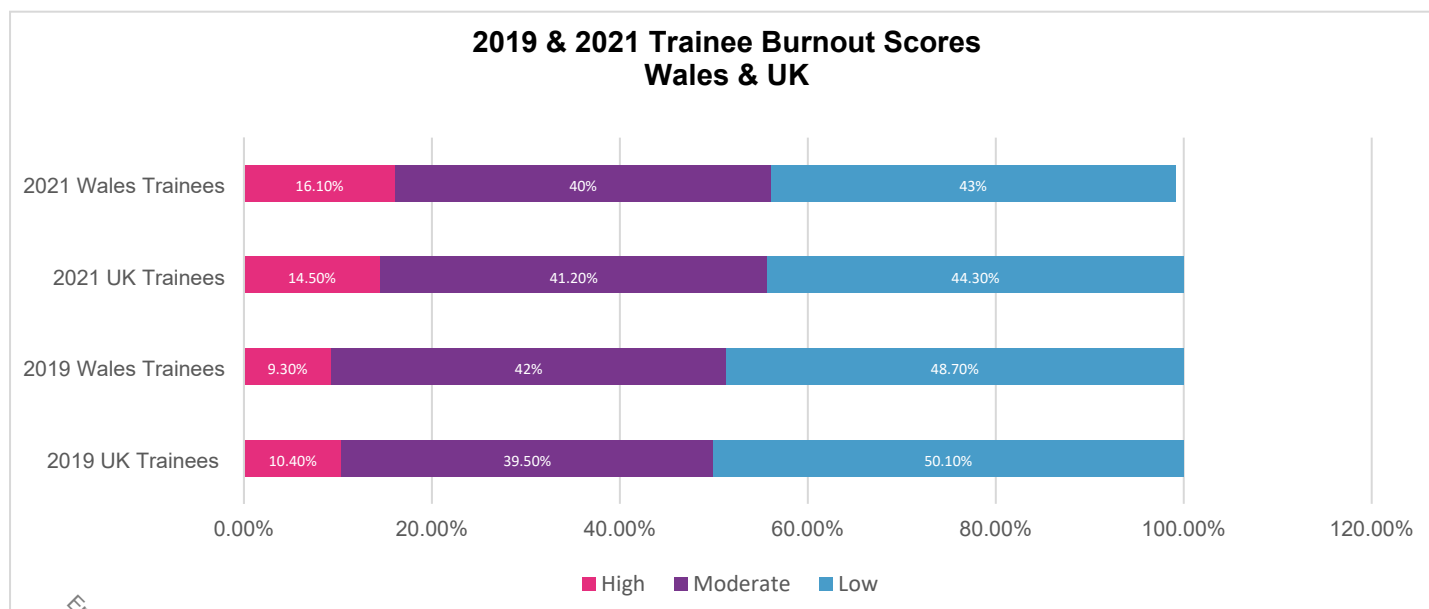
service delivery. Therefore, the trainee and trainer surveys both include a specific indicator around rota design. Of note, there has been a gradual improvement in the overall score for this indicator since 2017 with the trainer survey score increasing from 58.42 in 2017 to 61.31 in 2021 and a slight increase in the trainee score from 55.03 in 2018 to 56.66 in 2021. Of course, it is difficult to establish whether this represents a minor fluctuation, a change in perspective given that the workforce has been directed to specific areas of need to manage the pandemic or in fact whether this is an improvement trend. Nevertheless, the results merit further review the findings of which are outlined in the following points:

- There is an inevitability that gaps in the rota will create pressure on a service thereby making it more difficult for trainees to access learning opportunities. In some situations, more creative approaches to training delivery can be helpful where this is possible. The 2021 trainer results indicate that a quarter, (25.37%) of trainers and 29.26% of trainees reported that training opportunities were lost due to gaps in the rota. In the longer term HEIW's remit of commissioning and ensuring the ongoing development of a range of healthcare professionals is an important strategic area in helping to address this.
- The development of a more sustainable workforce can be considered to be a longer-term solution. However, there is some evidence from the trainer feedback that the way in which rota gaps are managed may have improved. In 2017 23.55% of trainers reported that the way in which rota gaps adversely affected their trainees' education and training and this reduced to 20.44% in 2021. With staff shortages in many specialties proactive management of the rota has never been more important. However, whilst this does indicate a slight improvement it is still of concern that trainers in Wales consider that there is an adverse impact on the education and training of nearly a fifth of trainees. In addition, 27% of trainees reported that they considered that their education had been adversely impacted by the management of rota gaps.
- As well as being key in ensuring the delivery of education and training, sustainable rotas are an important element in safeguarding patient safety. As illustrated by chart five below trainees and trainers had a similar perspective on the extent to which there were enough staff on the rota to ensure that patients were always treated by someone with an appropriate level of experience.

English Catherine
01/13/2022 09:27:07

Chart Five: Rota Staffing Perception

The GMC first introduced a series of seven work related questions around burnout based upon the Copenhagen Burnout Inventory in 2018. Whilst responses to the questions were voluntary, at a UK wide level over 40,000 doctors responded to these questions. The reported responses are the most negative that have been reported since the questions were introduced with increases of up to 8% in some areas. This is indicative that responding to the pandemic has had a significant impact upon trainee and trainer wellbeing. The extent of the change in reported burnout amongst trainees in Wales and the rest of the UK is illustrated within chart six below with results in Wales being broadly in line with the change reported across the rest of the UK.

Chart Six: Comparison in Trainee Burnout Scores

Consideration of the trainee burnout scores by training group in Wales indicates that the most significant increase in levels of burnout has been reported amongst Foundation trainees in Wales as illustrated within table four. Whilst this is not a unique situation with other Deaneries/LETB's across the UK also reporting high increases for this group, it would nevertheless be prudent for

HEIW to consider this change with a view to reinforcing communications around the levels of support available for training grade doctors.

Table Four: Trainee Burnout by Training Group

Wales Trainee Group	High		Moderate		Low	
	2019	2021	2019	2021	2019	2021
Foundation	10.70%	22.20%	48.70%	48.0%	40.60%	29.80%
Core	11.50%	13.20%	44.00%	44.7%	44.00%	42.70%
Specialty	7.9%	14.00%	37.70%	37.10%	54.40%	48.90%

Comparative analysis for trainers is more difficult given that the results are reported by specialty group per country rather than as a group of trainers. This combined with the voluntary nature of the questions means that there is wide variation in response rates across the UK and the only meaningful comparison is to consider the change in response between 2019 and 2021. The results of the 2019 survey highlighted that trainers within General Practice, Emergency Medicine and Intensive Care Medicine had the highest levels of burnout reported and this has continued in 2021 with the exception of Intensive Care Medicine whose reported level of burnout has decreased from high to moderate. As illustrated within table five below reported levels of high levels of burnout have increased General Practice and Emergency Medicine. However, it is interesting to note that levels of reported burnout within Intensive Care Medicine have reduced from high to moderate whereas in the rest of the UK they have increased. There are of course a number of possible explanations including the increased support that the specialty has received in Wales during the pandemic.

Clearly, the overall 2021 burnout results will have been impacted by the immediate pandemic response and in the longer term responding to the service backlog are likely to enhance this. HEIW's role in transforming the workforce to address this in the longer term is important and in the interim there is an opportunity for NHS Wales to lead the way in enhancing sources of support and promoting wellbeing amongst health care professionals. In addition, at government level the need to promote self-care amongst the general population has never been more important to avoid preventable pressures on the service.

Table Five: Trainer Burnout by Specialty Group

Trainer Specialty	High			Moderate			Low		
	2019	2021	% Change	2019	2021	% Change	2019	2021	% Change
Anaesthetics & Intensive Care Medicine									
Anaesthetics	6.9%	11.4%	+5.5%	34.6%	35.2%	+0.6%	58.5%	53.3%	-5.2%
Intensive Care Medicine	27.3%	0%	-27.3%	18.2%	46.2%	+28.2%	54.5%	53.8%	-0.7%
Emergency Medicine									
Emergency Medicine	19.2%	23.1%	+3.9%	44.2%	34.6%	-9.6%	36.5%	42.3%	+5.8%
General Practice									
General Practice	9.7%	12.6%	+2.9%	43.5%	49.5%	+6%	46.8%	37.9%	+8.9%
Medicine									

2.1.1b – Appendix 1

Acute Internal Medicine	5.0%	6.7%	+1.7%	35.0%	40.0%	+5.0%	60.0%	53.3%	-6.7%
Cardiology	5.9%	0%	+5.9%	23.5%	30.8%	+7.3%	70.6%	69.2%	-1.4%
Chemical Pathology	0%	33.3%	+33.3%	25%	33.3%	+8.3%	75%	33.3%	-41.7%
Clinical Genetics	0%	0%	N/C	33.3%	50%	+16.7%	66.7%	50%	-16.7%
Clinical Oncology	5.9%	15%	+9.1%	52.9%	50%	-2.9%	41.2%	35%	-6.2%
Community, Sexual & Reproductive Health	0%	0%	N/C	50%	25%	-25%	50%	75%	+25%
Dermatology	8.3%	11.1%	+3.8%	33.3%	22.2%	-11.1%	58.3%	66.7%	+8.4%
Endocrinology & Diabetes	5.3%	25%	+18.7%	31.6%	25%	-6.6%	63.2%	50%	-13.2%
Gastroenterology	5.3%	21.4%	+16.1%	47.4%	28.6%	-18.8%	47.4%	50%	+2.6%
General Internal Medicine	25%	8.3%	-16.7%	37.5%	25%	-12.5%	37.5%	66.7%	+29.2%
Geriatric Medicine	8.5%	12.5%	+4.0%	31.9%	21.9%	-10%	59.6%	65.6%	+6%
Haematology	44.4%	12.5%	+31.9%	11.1%	50%	+38.9%	44.4%	37.5%	-6.9%
Histopathology	0%	40%	+40%	71.4%	40%	-31.4%	28.6%	20%	-8.6%
Infectious Diseases	-	0%	-	-	0%	-	-	100%	-
Medical Oncology	25%	25%	0%	0%	0%	0%	75%	75%	0%
Neurology	8.3%	0%	-8.3%	41.7%	40%	-1.7%	50%	60%	+10%
Paediatric Cardiology	-	0%	-	-	50%	-	-	50%	-
Palliative Medicine	6.7%	0%	-6.7%	40.0%	50%	+10%	53.3%	50%	-3.3%
Rehabilitation Medicine	-	0%	-	-	33.3%	-	-	66.7%	-
Renal Medicine	0%	0%	0%	60%	41.7%	-18.3%	40%	58.3%	+18.3%
Respiratory Medicine	12.9%	13.6%	-0.7%	32.3%	27.3%	-5%	54.8%	59.1%	+4.3%
Rheumatology	11.1%	0%	-11.1%	66.7%	37.5%	-29.2%	22.2%	62.5%	+40.3%
Obstetrics & Gynaecology									
Obstetrics & Gynaecology	14.3%	12.9%	-1.4%	33.3%	25.8%	-7.5%	52.4%	61.3%	+8.9%
Paediatrics									
Paediatrics	5.2%	8.1%	+2.9%	42.3%	36.5%	-5.8%	52.6%	55.4%	+2.8%
Psychiatry									
Child & Adolescent Psychiatry	14.3%	0%	+14.3%	42.9%	66.7%	+23.8%	42.9%	33.3%	-9.6%
General Psychiatry	4.7%	5.7%	+1.0%	41.9%	34.3%	-7.6%	53.5%	60%	+6.5%
Old Age Psychiatry	6.3%	21.4%	+15.1%	25.0%	35.7%	+10.7%	68.8%	42.9%	-25.9%
Public Health Medicine									
Public Health Medicine	7.7%	8.3%	+0.6%	46.2%	66.7%	+20.5%	46.2%	25%	-21.2%
Radiology									
Clinical Radiology	3.6%	9.7%	+6.1%	32.1%	25.8%	-6.3%	64.3%	64.5%	+0.2%
Surgery									

Cardiothoracic Surgery	0%	0%	N/C	60%	20%	-40%	40%	80%	+20%
General Surgery	4.1%	13.2%	+9.1%	36.7%	26.3%	-10.4%	59.2%	60.5%	+1.3%
Neurosurgery	25%	0%	-25%	25%	50%	+25%	50%	50%	0%
Ophthalmology	0%	6.7%	+6.7%	42.9%	20%	-22.9%	57.1%	73.3%	+16.2%
Oral & Maxillofacial Surgery	9.1%	0%	-9.1%	18.2%	40%	+21.8%	72.7%	60%	-12.7%
Otolaryngology	15.4%	16.7%	+1.3%	38.5%	33.3%	-5.2%	46.2%	50%	+3.8%
Plastic Surgery	16.7%	25%	+8.3%	16.7%	25%	+8.3%	66.7%	50%	-16.7%
Trauma & Orthopaedics	7.1%	10%	+2.9%	35.7%	33.3%	-2.4%	57.1%	56.7%	-0.4%
Urology	15.4%	8.3%	-7.3%	38.5%	16.7%	-21.8%	46.2%	75%	+28.8%
Vascular Surgery	0%	0%	0%	75%	33.3%	-41.7%	25%	66.7%	+41.7%

7.0 Overall Consideration

The 2021 National Training Surveys provide a wealth of data through their online reporting tool, providing opportunities to explore the results by different benchmark groups e.g. Country, LEP, Specialty. Whilst the points within this report provide an overview of some of the key results, it is by no means a representation of all responses but an attempt to explore how Wales compares to other UK countries and with interquartile results reported for each indicator for trainees and trainers the results can be considered to be positive. Nevertheless, there is little room for complacency and as such a number of key points have been outlined below:

- As illustrated by the results trainees in Wales continue to report high levels of satisfaction and an overwhelming majority of trainers report that they enjoy their training role which is important for the continuity of education and training in Wales. However, as with other parts of the UK, there are areas of concern and as is standard practice where these are identified these will be taken forward through appropriate quality management processes.
- Thematically, induction would appear to be an area which may require further improvement particularly given the link to patient safety, trainee ability to perform their role and in fostering a sense of value. Clearly, the induction score is influenced by many factors and there are a number of pieces of work being undertaken across Local Education Providers to improve this. To complement existing activity and provide a resource where induction concerns are identified the Quality Unit will also develop specific guidance for LEP's around induction and take steps to signpost this in preparation for trainee rotations.
- Wellbeing has been reported to be a significant theme arising from the results at a UK level. Whilst the results in Wales are in line with the rest of the UK, it is important not to be complacent particularly for those areas where particularly high levels of burnout are reported such as foundation trainees.
- Encouragingly a significant majority of trainees continue to report that they are able to obtain the experience they need from their training posts. However, it is important that training programme structures continue to closely monitor this particularly given the potential for service pressure to avoid any deterioration.

- Whilst the majority of trainers report having sufficient time to meet with trainees as often as they require, there are still a significant proportion, (22.67% in Primary Care and 26.69% in Secondary Care) who have reported not being able to give their trainees the amount of time they required. With wellbeing being a significant theme across the UK in the 2021 survey and significant service pressures which has the potential to increase the balance between service and education it must be acknowledged that there is the potential for there to be an impact on the individual support provided to trainees. In addition, HEIW's Quality Unit will continue to take forward areas of activity which seek to support the ongoing support and development of trainers in Wales.

English Catherine
01/13/2022 09:27:07

General Dental Council

Education Quality Assurance Report Standards for Specialty Education

Education Authority/Awarding Body	Programme
Health Education and Improvement Wales (HEIW)	Specialty Training

Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	GDC actions identified for the HEIW
----------------------------------------------------------------------------------------------	-------------------------------------

English Catherine
01/13/2022 09:27:07

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the specialty training and education being delivered by Health Education and Improvement Wales.
Standards for Specialty Education:	All
Date of submission:	December 2020; August 2021
GDC Staff:	Patrick Kavanagh (Policy Manager) Natalie Watson (Education Quality Assurance Officer) Amy Mullins-Downes (Quality Assurance Manager) Martin McElvanna (Education Quality Assurance Officer)
Education associates:	Kim Tolley Sheila Oliver Tim O'Brien

This report sets out the GDC's analysis of the self-assessment and evidence submission by Health Education and Improvement Wales, a Special Health Authority within NHS Wales, responsible for overseeing a high standard of postgraduate specialty dental training and education across Wales. Hereafter we will refer to "HEIW" or "the Authority".

This report analyses HEIW's performance against the GDC's *Standards for Specialty Education* ("the Standards"). It should be read in the context of the GDC's policy to develop the quality assurance of specialty training in a collaborative manner.

Of the 20 Requirements under the Standards, the GDC considers that the submission from HEIW demonstrates:

	No of Requirements	Requirements
Met	17	P1, P2, P4, P5, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P17, P18 and P19.
Partly met	3	P3, P6, P20
Not met	0	

Requirements that were considered to be partly met or not met have resulted in four actions which HEIW should address by the end of Q1 of 2022 to demonstrate progress against these Requirements.

HEIW submitted two sets of self-assessment mapping documents and supporting evidence in order to illustrate how they meet the Requirements. We commend the team for the helpful manner in which these documents were referenced and presented.

The GDC wishes to thank HEIW and the team for their co-operation and assistance with this submission.

English Catherine
01/13/2022 09:27:07

Outcome of relevant Requirements:

Standard One	
P1	Met
P2	Met
P3	Partly Met
P4	Met
P5	Met
P6	Partly Met
P7	Met
Standard Two	
P8	Met
P9	Met
P10	Met
P11	Met
Standard Three	
P12	Met
P13	Met
P14	Met
P15	Met
P16	Met
P17	Met
P18	Met
P19	Met
P20	Partly Met

English Catherine
01/13/2022 09:27:07

STANDARD 1 – PROTECTING PATIENTS. Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

P1: For clinical procedures, the programme provider should be assured that the specialty trainee is safe to treat patients in the relevant skills at the levels required prior to treating patients. (Requirement Met).

The Authority submitted a thorough self-assessment and supporting evidence against this Requirement.

We saw evidence of the recruitment process from start to finish for Oral Medicine (OM) and Oral Surgery (OS) trainees, detailing essential criteria for admission to specialty training and examples of shortlisting exercises. We learnt about the application of local and national recruitment criteria. This included protocols and a timeline. There were pre- and post-interview checklists which ensures that the process is conducted fairly and is transparent. There were also examples of adverts and short-listing criteria. Examples from oral surgery were included.

The Authority supplied various documents illustrating a thorough induction process for Dental Public Health (DPH), Orthodontics (Orth) and OS trainees. This induction covers various topics and of particular note was the coverage of professionalism, the duty of candour and reporting incidents on the “All Wales DATIX” system. We saw an example of a 2020 meeting with one of the Local Health Boards (LHB), Swansea Bay, which illustrated how the induction process for trainees is reviewed in the interests of patient safety. Some of the documentation illustrated targets identified, for four to six weeks, after starting on the training programme which we found useful.

In the self-assessment, HEIW explains how trainees undergo various laboratory-based training to ensure they are safe to treat patients. We saw examples of phantom head and induction timetables and induction assessments for Orth, Restorative Dentistry (RD) and Special Care Dentistry (SCD) trainees. If requisite skills are missing, then further training is required in the clinical environment on phantom heads under suitable clinical supervision.

With regard to training in DPH, a non-clinical assessment of skills is undertaken before trainees begin training. This differs from other specialties as DPH is non-patient treatment facing. The Authority provided Baseline Assessment of Trainees and Baseline Assessment of Trainees to illustrate this.

We saw evidence that the Authority was monitoring the impact of the pandemic as they had developed a ‘Covid training disruptions form’, which included two that were completed with specifics about the disruptions caused to the trainees.

Further evidence was presented under Requirement P1 which more accurately addresses Requirement P5 and commentary at P5 reflects this.

We consider that this Requirement is met.

P2: Programme Providers must have a policy in place to inform patients that they will be treated by specialty trainees and providers should confirm patient recognition of this policy. (Requirement Met).

HEIW submitted a thorough self-assessment on how they consider they meet this Requirement.

The Authority explained how all staff wear photographic identification with their name and grade and introduce themselves with this information and their supervisor also. In waiting room areas, posters and boards indicate that students and trainees may be present. Patient consent forms also refer to the presence of trainees.

Evidence provided included a document from one of the University Health Boards (UHB), Aneurin Bevan UHB entitled "Community Dental Department Handbook" which refers to patient leaflets. We also had sight of a variety of consent forms, information sheets and posters for patients.

We had sight of appointment letters that clearly stated that trainees/students would be in clinics and that patients could request not to be cared for by them.

With regard to consent, we saw Wales-wide patient adult and child consent forms for general anaesthesia and LHB consent forms for photography and radiography which demonstrated an effective consent process for patients. The endodontics form includes a statement explaining the experience of the trainees which was helpful to patients.

We consider that HEIW has met this Requirement.

P3: Programme providers must ensure specialty trainees provide patient-centred care in a safe learning environment. The providers must comply with relevant legislation, including equality and diversity, and requirements regarding patient care. (Requirement Partly Met).

HEIW submitted a detailed explanation on how they consider they met this Requirement. The Authority explains how each of the LHBs have their own Health and Safety Policy in order to ensure trainees work in safe learning environment. This is supported by a Public Health Wales Health & Safety Policy which addresses responsibilities and illustrates adherence to the Health & Safety Act 1974. Reference is made to health and safety audits and internal monitoring, but no further supporting evidence of these are provided.

We learnt that annual meetings take place between HEIW and LHBs in order to discuss any developing issues that have arisen in the learning environment. HEIW confirmed that no issues were raised related specifically in relation to dental specialty trainees. We had sight of a useful Commissioning Report with extracts of minutes relating to the five LHBs, Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg and Swansea Bay. This detailed issues such as the impact of the COVID-19 pandemic on dental education and training and confirmation that HEIW were taking steps to manage the risks associated with this. Workforce issues and shortages were also cited as a challenge, but detailed plans were in place to attempt to address these.

There was evidence from the Professional Support Unit (PSU) of the referrals and reasons for referrals and the outcomes. The PSU had been approached 19 times since 2015. The unit also ran workshops for the trainees and faculty staff.

There is a suite of knowledge resources for trainees, such as the NHS Library for Health, e-journals, databases, OpenAthens and Open Access Publications. There is evidence that the trainees use the NHS e-learning for health resources and they are signposted to them.

We had sight of various minutes of Annual Dental Specialist Training Committees (STC) where training in each unit is discussed including capacity to deliver the required training. Some trainees have rotated to different units to complete some aspects of their training.

Feedback from trainees plays an important role in promoting a safe learning environment. They can submit feedback forms for discussion at Annual Review of Competence Progression (ARCP) meetings and subsequent plans can be implemented by the Training Program Director, with input from HEIW if required. We had sight of some redacted trainee feedback forms.

HEIW also explained that due to the COVID-19 pandemic, a new requirement for fit testing has been implemented with respect of clinical aerosol generating procedures.

HEIW indicated that trainees are mandated to undertake Equality and Diversity (E & D) training. They are also obliged to undertake annual training which is recorded internally. HEIW had contacted the Specialist registrars to ask them about their compliance with Equality, diversity and Inclusion training. The Authority submitted records of staff completion of E & D training at 89%, with other staff undertaking this training as soon as possible. This is to be commended and was very helpful to see. We also saw three annual Electronic Staff Records as evidence of this compliance. Training on 'Putting Things Right' is also included. We had sight of induction booklets which included information on how to raise concerns and the commitment to equality and diversity. This was also specified in the training passport.

The induction materials also highlight the range of learning materials and system access, e.g. to 'Athens' and other online materials available to trainees. There is evidence that the trainees use the NHS e-learning for health resources and they are signposted to them.

We had sight of policies such as the Statutory & Mandatory Training Policy, various induction documents and programme handbooks which confirm this. The programme handbook for 2020/21 had been recently updated to include information and details about learning which had transferred to online delivery.

A summary of mandatory training is provided and 'Treat me fairly' is included. This is valuable since it provides evidence of which staff need to complete which level of mandatory training and how often. However, we were unable to check what percentage of their staff are compliant with this training.

The panel received a Health and Safety audit report from 9 December 2019, achieving 62% awareness and compliance. Most requirements scored highly, but there were no due dates and actions, and some requirements were not scored and some comments fields were empty. It would have been useful to see more recent audit reports. Furthermore, we did not see evidence of an action plan and follow up from it.

We also had sight of a further audit in the form of a "risk assessment" dated 24 September 2020 which we considered to be comprehensive. These specify the additional control measures that are required. It would have been helpful to know which internal committee this report goes to for oversight.

Finally, we also reviewed the Service Level Agreement, entitled "Expectations Agreement" between HEIW and the LHBs for the period 1 April 2021 to 31 March 2022. This detailed HEIW's expectations of the LHBs and covered areas such as cultural environment, governance, staffing, processes, posts and programmes. As has been identified earlier there are meetings between HEIW and the five LHBs, considering key issues that affect dental speciality training.

We consider that this Requirement is partly met.

English
01/13/2022 09:27:07

P4: When providing patient care and services, specialty trainees are to be supervised at a level necessary to ensure patient safety according to the activity and the trainee's stage of development. (Requirement Met).

We had sight of several policies under this Requirement, including the Public Health Wales Safeguarding policy and the minimum statutory and mandatory training requirements for trainees and all staff.

Safeguarding training was specified in the induction information. Timetables specify the supervisor and educational supervisor names for each trainee.

We were provided with details of post descriptions and supervisor details. HEIW also provided timetables illustrating supervision of trainees. All patient contact sessions have a named senior member of staff present at all times who is a consultant or Specialist. If this staff member is physically not available, then support is provided by telephone and trainees only undertake activities permitted under a written prescription in the patients' records.

The supervision of trainees is also detailed in the minutes of Annual Commissioning meetings with the LHB (LHB) and at Annual Specialty Training Committee meetings.

The online survey for Speciality training programmes responses clearly shows how much the supervision is valued by the trainees. They were largely satisfied with the level of training support offered. However, it wasn't totally clear how any items were identified to be improved and fed back to the course team.

Evidence of the use of a journal club with monthly sessions was also mentioned in the induction material which is further evidence of supervision in a different model for the trainees.

We consider that this Requirement is met.

P5: All educational and clinical supervisors must be appropriately qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear rationale underpinning whether individual clinical supervisors are/are not included on a specialist list. (Requirement Met).

The Authority submitted evidence under Requirement P1 of portfolios of evidence of associates trainers as well as trainee timetables with supervising trainers for various specialities. We also saw a list of all supervisors across the specialties and their qualifications and those who are on the GDC's specialist lists.

We saw induction documents under P1 relating to Aneurin Bevan, Cardiff and Vale Community Dental Service, HMP Cardiff, North Wales Community Dental Service and Prince Charles Hospital.

HEIW provided the All Wales Capability Policy & Procedure which outlines the process for identifying poor performance or incapacity and the process for dealing with this.

The appointment of supervisors and supervision of trainees was illustrated in the minutes of STC meetings. We considered that there is a clear procedure for validating professional regulation and the policy behind this.

English Language
01/13/2022 09:22:07

Equality and Diversity training is listed as a standing agenda item at the Annual STC meeting. In addition, managers monitor the training profiles of their staff through the ESR system. Consultants' training records are reviewed at yearly appraisal meetings using the Medical Appraisal Revalidation System.

HR check that all trainers are registered with the GDC. All trainers are on the GDC's specialist list with the exception of two Community Dental Service Senior Dental Officer trainers in SCD. However, they are considered to have significant experience in managing special needs patients and had begun their current roles before the specialty was recognised by the GDC in 2005.

We consider that this Requirement is met.

P6: Programme providers must ensure that specialty trainees and all those involved in the delivery of education and training are aware of their duty to be candid in line with the guidance issued by the professional regulator. Specialty trainees must be made aware of their obligation to raise concerns if they identify any risks to patient safety. Programme providers should publish policies so that it is clear to all parties how they can raise concerns and how these concerns will be acted upon. Programme providers must support those who do raise concerns and provide assurance that staff and specialty trainees will not be penalised for doing so. (Requirement Partly Met).

HEIW provided us with the Welsh Government Bill 2019 containing provisions for NHS stakeholders on the duty of candour. We note that this is not expected to become legislation until spring 2022.

HEIW explained how trainees are made aware of the duty of candour. They receive training through the professionalism course which also includes training on the GDC's Standards. We also saw how duty of candour was covered in induction documentation such as Betsi Cadwaladr staff handbook.

Trainees receive an All Wales 'Presentation on Duty of Candour' by the Shared Services Partnership which dates to 2018. HEIW explain that this now predates the most recent legislation in Wales. Although reference is made to GMC and NMC guidance, it does not refer to the GDC's 'Professional duty of candour' guidance document from 2016. The Authority should review the presentation to ensure it is up to date and cover GDC guidance so that it is relevant to dental specialty trainees.

With regard to raising concerns, HEIW explained that trainees are notified that they can raise concerns with a variety of dental professionals such as Educational Supervisors, Training Programme Directors and the Associate Dean for specialty training. HEIW received confirmation from the Dental Clinical Directors / Lead Trainers in the five LHBs that they do not have any examples of any duty of candour or concerns raised by specialty trainees as none were raised. An explanation was provided for the lack of Raising concerns champions, citing the fact that it was a small organisation and that currently no concerns have been raised.

We considered that the document 'Taking the Concern Forward' was comprehensive and illustrated how staff should raise concerns. Reference is made to the 'All Wales Procedure for NHS Staff to Raise Concerns'. The comprehensive document also outlines support for those who do raise a concern which covers all NHS staff.

We learnt that HEIW seeks assurances from the LHBs at Commissioning meetings that processes are in place for trainees to openly raise patient safety concerns, and to obtain trainee feedback regarding education and training quality issues. We had sight of the UHB Self-Reporting Template 2019-2020. HEIW confirmed that reference to "trainees" is specialty

trainees and this document is applicable to both doctors and specialist dental trainees. Furthermore, speciality trainees are informed within their own units how to raise patient safety concerns as described in the Raising Concerns policy, Flowchart of Raising Concerns Process and Cardiff and Vale UHB Procedure for NHS Staff to Raise Concerns. The flow chart used in the Oral and Maxillofacial Unit at Cwm Taf Morganwg UHB cross references to the generic Procedure for NHS Staff to Raise Concerns. They are signposted to other resources and sources of support.

HEIW explained that some incidents have been raised by career grade staff and undergraduate students and are addressed through monthly clinical governance meetings. We saw minutes of some of these meetings and an excel spreadsheet which documents all incidents. These demonstrated how issues were raised and addressed. We saw a comprehensive list of incidents that were classified and the outcomes considered. Duty of candour and apologising to patients was specified in examples of several incidents. It would be useful to see how these feed into the risk group and actions recommended are taken and followed up and how the lessons learnt are disseminated to all staff. We suggest this could include a column that specifies if an apology was provided to the patient so this can be documented.

Regarding a unit covering OS, Orth and SCD, discussion of incidents takes place at monthly audit meetings under 'morbidity & mortality' and although we saw a specific proforma template for this, we didn't see any completed forms.

We concluded that this Requirement was partly met.

P7: Programme providers must have mechanisms to identify patient safety issues. Should a patient safety issue arise, action must be taken by the providers with a clear rationale for the extent of the action including, where necessary, informing the relevant regulatory body. (Requirement Met).

Regarding patient safety issues, each LHB has its own patient safety policies which are available on the intranet. Each LHB also has a primary point of contact for this information and is most commonly someone in a patient safety team.

All trainees including dental specialty trainees are notified of these at or around induction. Furthermore, there is additional information provided by the Welsh Government and Welsh Medicines Information Centre.

HEIW explained that patient safety bulletins are sent to all staff and trainees and we saw six examples of these, anonymised.

HEIW provided the DATIX reporting policy and reporting protocol to illustrate how patient safety issues, 'adverse events' and 'never events' are recorded. All staff have access to DATIX for the purposes of reporting a risk. We had sight of the 'Incident, hazard and near miss reporting procedure'.

All LHBs have DATIX/Quality and Patient Safety leads and DATIX feedback is discussed in Quality and Clinical Governance meetings which usually occur on a monthly basis.

We had sight of the Public Health Wales Risk Management Policy which focuses on general risk but does not refer specifically to patient risk but 'clinical risk'. However, there does not appear to be any definition of this. The Swansea Bay UHB Risk Management Policy does specifically cover patient safety issues and a risk scoring system to determine the level of risk to patients and examples.

HEIW explained that audits have been undertaken by dental specialty trainees and presented at LHB audit meetings. We saw examples of incidents such as a sharps injury, lip trauma in general anaesthesia, with details of lessons learned and action plans to improve the standard of care to patients and reducing further risk. We received a full explanation as to why these audits took place.

HEIW explained that the five LHBs that have dental trainees has induction policies that includes patient safety and reporting. The largest number of trainees are at Cardiff and Vale UHB and they are informed of policies relating to patient safety at the annual induction day.

We had sight of the Wales Health Circular dated 19 January 2021 which included details on Board Champions roles which is implemented at LHB level.

We reviewed the Raising Concerns policy which included four escalation stages and who is involved at each stage. HEIW confirm that no concerns have been raised and that the policy has thus far not needed to be invoked.

As a result, we consider that this Requirement is met.

STANDARD 2 – QUALITY EVALUATION AND REVIEW OF THE PROGRAMME. The provider must have in place effective policy and procedures for the monitoring and review of the programme leading to recommendation for issue of a certificate of completion of specialist training.

P8: Programme providers must have a quality framework in place that details how the quality of the programme/examination is managed. This will include ensuring necessary development to programmes that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function. (Requirement Met).

We were able to consider the Quality Management Framework provided by HEIW. This is an extensive document supported by the overview and framework descriptors. The framework describes how the HEIW uses an evidence-based approach, underpinned by training programme and local faculty control structures.

HEIW explained that they also use additional evidence in quality management, such as the National GMC Trainee and Trainer Survey, local training structures such as ACRP outcomes and direct feedback from trainees and local education providers. This document also showed the lines of responsibility of the quality process.

Additionally, there is a further policy for the Governance of the ARCP which illustrates demonstrates the committee structures.

The Authority recognises that the curricular is now ten years old and states that a new and revised curricular is expected shortly, although no evidence of the planning around this was submitted. However, HEIW advises that programme developments are discussed at the Annual STC meetings, where Specialist Advisory Committee (SAC) representatives provide an update in regard to curricular developments. This information can therefore be dissipated to all members accordingly.

The Quality Framework states that identification and the addressing of quality concerns is linked into the Quality and Postgraduate Education Support Unit. It would be useful to see this work and how it is directly applied to the programme, and if this has been used in terms of changing legislation and guidance.

HEIW provided a copy of their Dental ARCP Governance, dated 2015. HEIW explained that given that a new Dental Speciality Gold Guide is to be published in September 2021 and proposed changes to all the Dental Specialty curricula planned for September 2022, this would be an appropriate time to update its governance policy.

The panel had sight of sample minutes of the Postgraduate Education Support Committee (PGES) Quality Committee dated 15 February 2019 & and October 2019. This Committee included the Dental Postgraduate Dean and Business Manager. In July 2020 PGES was terminated following changes to HEIW's governance structures and its functions were replaced by HEIW's Education, Commissioning and Quality Committee reporting to the HEIW Board. The Dental Postgraduate Dean is a member of this new committee and attends meetings covering all aspects of dentistry including specialty training.

As a result, we consider that this Requirement is met.

P9: Providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, as soon as possible. (Requirement Met).

HEIW submitted that internally they operate a Quality Committee which is responsible for the governance of quality management, quality improvement and postgraduate education support. The Dental Postgraduate Dean sits on this committee.

Externality is given by the recruitment of Lay Representatives and a number of them have sat on the Dental Specialty ARCP panels with positive results from the scrutiny they provide. The Dental Specialty ARCPs SAC External Feedback Forms completed by the lay representatives supported this, with feedback in the documents being appropriately detailed. However, the detail in the Lay Representatives Reports pertaining to Orthodontics and Restorative Dentistry appeared lacking in detail. It would be useful to see how the feedback from these documents is filtered down and applied.

The panel noted some action points from a meeting of the STC Chairs and TPDs dated 5 February 2020. We noted these were addressed at the meeting on 1 April 2021, having had sight of the minutes for the latter.

As a result, we consider that this Requirement is met.

P10: Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context. (Requirement Met).

HEIW were able to submit a number of detailed documents to demonstrate that this Requirement was met. The Quality Committee holds accountability for the governance of quality management procedures, quality improvement and postgraduate education support. The Dental Postgraduate Dean sits on this committee.

The GDC were provided with an example of HEIW's External Feedback Form and the Lay Representatives ARCP Report to evidence that quality assurance externality is provided, and

that the lay representatives sit on the Dental Specialty ARCP panel. Feedback is consistently positive.

Separately all HEIW ARCP panels have external SAC representation, on some occasions the Chairs of the SAC and they are familiar with their respective GDC specialty curricula.

Under the online Wales Deanery section on Quality and Governance, HEIW cite a Service Level Agreement between HEIW and each LEP, that LEPs deliver against, with an annual commissioning review process.

We consider that this Requirement is met.

P11: The programme provider must have systems in place to ensure the quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations. (Requirement Met).

HEIW reported that the quality of placements had been assessed on a yearly basis at the Dental Specialty Training Committee meeting and we saw minutes of these meetings. However, placement audits were discontinued in 2010 and HEIW explained that it does not undertake any workplace assessments.

Instead, in relation to their training posts, HEIW receives feedback from trainees on placement facilities at their workplace every six months in the form of confidential workplace assessments reports, at the time of their interim or full ARCP. If issues are reported, such as clinical facilities, supporting services or administrative support, this is addressed by the appropriate HEIW staff in the training unit. These reports are carried out and recorded on the Intercollegiate Surgical Curriculum Programme (ISCP) system. These include comments on their training progression.

HEIW evidenced good examples of patient feedback regarding the care that they received, via the Oral Surgery Satisfaction Survey and the Patient Satisfaction Audit. Feedback appeared to be well gathered across all disciplines and well recorded. It was not clear whether trainees collected personal patient feedback to support their development. If this is the case, we require examples of this.

HEIW provided useful illustrations of issues that had arisen with Orthodontic trainees regarding desk space and IT issues in one LHB and an issue with radiographic tracing software package in two sites at two different LHB boards. HEIW explained that these issues are currently being addressed with the clinical director in the relevant LHBs and the Orthodontic training programme director. The software issue has now been resolved. The panel was satisfied that there are quality management systems to raise and address any issues at placements. It is particularly pleasing to note how any issues raised are dealt with by HEIW.

As a result, we consider that this Requirement is met.

English Catherine
01/13/2022 09:27:07

STANDARD 3 – STUDENT ASSESSMENT. Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

P12: To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum approved by the GDC, and that they are fit to practise at the level of a specialist in the relevant specialty. This assurance should be underpinned by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met).

The panel saw a range of ISCPs that demonstrated extensive trainee achievement.

We saw screen shots of Personal Development Plans across a range of specialities that had been completed comprehensively. These included specific objectives.

HEIW stated that it is the SACs that provide guidance for progression through the specialty training pathway, through the use of e-portfolios such as ISCP and that trainees are able to demonstrate achievement across the full range of learning outcomes in the relevant specialty curricula.

Evidence was provided that demonstrate that the ARCP progress is recorded and that meetings to review progress are held regularly and record in the clinical logbooks. We considered that good use was made of an ARCP checklist and advice for trainees that had been developed in February 2020.

Case-based discussions showed evidence of reflection and learning.

Feedback is given and recorded in the ARCP Trainee Feedback Form.

There was a number of documents provided that supported the decision that this Requirement is met, including the SAC Documents for Training Programme Directors. HEIW was also able to provide details of the stages of a trainees' progression and their attainment across the full range of learning outcomes in the relevant speciality curriculum that, ultimately, would result in the recommendation for the award of the CCST.

As a result, we consider that this Requirement is met.

P13: Programme providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Assessment conclusions should include more than one sample of performance. (Providers must demonstrate a rationale for any divergence from this principle.) Non-summative assessments must utilise feedback collected from a variety of sources, which may include other members of the dental team, peers, patients and/or customers. (Requirement Met).

HEIW stated that all aspects of progression in training follow curricula and SAC guidelines and is comprehensively reviewed at the ARCP and Interim ARCP meetings.

We were provided with trainees' e-portfolios which showed a range of assessments and learning experiences in special care dentistry, orthodontics and oral medicine. We had sight of daily logbooks that are well completed along with case summaries.

We saw several comprehensive examples of ISCP Assessments, including Academic Progress Reports, case-based discussions, Clinical Evaluation Exercises and Direct Observation of Clinical Skills. The ISCP showed a number of encouraging components including how the ISCP is completed by both the trainer and the trainee, feedback is specific, and clearly relevant to the assessment taking place. Details such as setting, case complexity and the focus of the clinical encounter result in the assessments being clearly understandable and supports to chart the progression of the trainee clearly. Work based assessment reports demonstrated diversity and breadth of assessments.

It is noted particularly one example of a Clinical Evaluation Exercise on consent in Paediatric Dentistry and that was covered well and demonstrated the trainers understanding of consent and the importance of how this is applied.

Additionally, the Online Survey of StRs in Wales at the completion of training for 2018-2020 demonstrates that the trainees are having a very positive experience.

HEIW collate multisource feedback, annually for each trainee, and this is inclusive of feedback from the wider dental team as well as self-assessment. We noted that this didn't appear to include feedback from patients.

The SAC external feedback form states that the portfolios are well populated. There is a comment that the ST1-3 trainees need to complete their research tab. It would have been useful to see what process is in place to ensure trainees are aware of this.

We consider that this Requirement is met.

P14: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed. (Requirement Met)

The range of the assessments undertaken demonstrate that more than one sample of performance is used. HEIW provided that they use a range of methodologies that are undertaken across the full range of the curricula.

Trainee progression is recorded in the Learning Agreement of the ISCP and this allows the trainees development and progression to be tracked and reviewed, alongside the Personal Development Plan.

The Assessment of Audits, Clinical Based Discussions and the Clinical Evaluation exercises demonstrate that reflection and observation forms part of the assessment process and is monitored regularly. The Global Learning Agreement sets out what the trainee can expect in terms of objective setting, interim and final review with clear rationale given. As stated in Requirement 13, aspects of progression in training follow curricula and SAC guidelines and is comprehensively reviewed at the ARCP and Interim ARCP meetings.

We saw evidence of a wide range of trainee involvement in project work and public health.

Regarding audits undertaken by trainees, we saw one in particular relating to the quality of consultant supervision of orthodontic trainees.

We noted feedback from one of the trainees regarding a lack of research time demonstrated that changes were subsequently made and were now working well.

We consider that this Requirement is met.

P15: The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes. (Requirement Met).

HEIW submitted that each Speciality has specific learning objectives that are defined and recorded within the ISCP Global Objectives and Learning Agreements and provided good evidence of this happening. We saw evidence of regular discussions with the trainee by the Educational Supervisor take place and these are recorded, along with the student progression data.

There is a clear structure in place for review and monitoring of trainee assessment throughout the programme and this is informed by recording systems that are used. Learning outcomes are discussed and recorded with the trainee and objectives of up to a year are set. The Educational Supervisor then reviews these with the Training Programme Director and a SAC representative, prior to any ARCP meeting. The progression of the trainees is considered in their ARCP meetings and these are personalised. We noted that lay representatives commented that these are conducted fairly.

We consider that this Requirement is met.

P16: Specialty trainees must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competence to achieve the relevant GDC-approved learning outcomes. (Requirement Met).

HEIW explained that each SAC provides recommendations on the number and types of cases that should be treated during the training period. The respective Training Programme Directors monitor these targets and trainees' performance and breadth of experience is reviewed at the ARCP meetings.

HEIW provided a comprehensive redacted logbook from a paediatric dentistry trainee which illustrates the range of patients, sedation and general anaesthetic treatments, diagnoses and treatments. We also saw a case summary for an Orthodontics trainee. These illustrate how trainees maintain their logbook with their clinical experience.

The logbook forms the basis for any gaps in clinical training to be identified by Educational Supervisors and consequently action plans put in place to address any shortfalls range, number and mix of cases.

A record of the overall procedures undertaken by each trainee throughout the current period and the overall training period is also identified on the summary pages of ISCP. There is also a dashboard in the ISCPs and there is a summary record that shows when the trainee meetings occur for objective setting, final meetings and the Appointed Educational Supervisor (AES) report. Clear outcomes are also identified.

We also saw evidence summaries generated on the ISCP ePortfolios. Again, these illustrate various procedures undertaken by trainees and details of learning agreements.

We had sight of various redacted screen shots of the ARCP outcomes for all HEIW specialty trainees who were either currently in training and who had received at least one ARCP or had completed training in the previous 12 months. These illustrated ARCP record periods, recommendations and trainee sign off comments.

Finally, we saw records of Direct Observation of Procedural Skills (DOPs) which again illustrated a good breadth of experience across the cohort.

The panel learnt of the procedure in place at HEIW should a trainee fall below the required standards. If a trainee fell below the required standard, remediation would be put in place with a recommendation from the ARCP panel, followed by a meeting including one of the ARCP panel members, the trainee and their Education Supervisor.

If a trainee had an area of deficiency that could be addressed before the next ARCP, they would be given recommendations to be discussed with their Educational Supervisor and an action plan put in place.

HEIW explained that only two trainees failed to achieve a recommendation for an award of a CCST in the last five years. We saw evidence on how such trainees were managed and informed of their right to appeal the outcome. This is discussed further at Requirement 20.

We consider that this Requirement is met.

P17: The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice. (Requirement Met).

HEIW explain in their self-assessment that trainees meet regularly with their Education Supervisors to discuss their training and progression and support required.

Work based assessments (WBA) were presented in the form of case based discussions, clinical evaluation exercises and assessments of audit. These illustrate the trainee's feedback on the specific WBA following feedback from the assessor.

We saw a good range of Education Supervisor Action Plans, supported with personal development plans across the specialties. These include records of objectives being set, reviews of the action plans ahead of interim ARCP meetings and a final review of the action plans ahead of the final ACP meeting.

Trainees receive feedback from a variety of sources, including workplace-based assessments, multi-source feedback and patient satisfaction surveys. We saw a range of evidence of feedback from trainers to their trainees in various forms such as multi-source feedback forms and procedure-based assessments.

We saw evidence of redacted Paeds and Orth case-based discussions and direct observation of procedural skills. Also provided were clinical evaluation exercises (and consent) for Orth, Paeds and SCD trainees. These all demonstrate supervisor feedback, trainee development needs and trainees' reflection.

We had sight of learning agreements for DPH, OM and Paeds trainees which also illustrate clinical supervisor feedback.

Academic progress reports for Orth, DPH and OM trainees were also provided.

For DPH trainees, we saw Global Objectives with detailed feedback and objectives set for the trainee. These are also recorded on the ISCP ePortfolio or via paper e-portfolio.

For OS, Orth and Paeds trainees, we were provided with multi-source feedback forms which contained detailed feedback on trainees and supervisors' comments on this.

Other feedback evidence included Observation of Teaching forms, Procedure Based assessments and a selection of other evidence concerning OS and Paeds trainees, also recorded on ISCP.

We considered that the personal development plans were well written and specific. Case-based discussions showed evidence of reflection and learning.

HEIW also described seminars that are arranged for all specialties for trainees. These are aimed at assisting the development of their clinical, theoretical and professional knowledge and practice. Reflection plays a vital role in this process. This was illustrated by the Education Programme for Resto trainees which details the consultant led assessment exercises and case-based presentations with the aim of facilitating discussions on their knowledge base and providing trainees with feedback for further learning.

At the end of their training period, trainees are encouraged to complete an anonymous questionnaire regarding their training. These are reviewed and discussed at respective STC meetings should any suggested amendments to the programme be highlighted. The online survey for Speciality training programmes responses clearly showed how much the programme is valued by the trainees and there are many positive comments.

We consider that this Requirement is met.

P18: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate registration with a regulatory body. (Requirement Met).

HEIW describe in their self-assessment that all specialty trainee assessors are consultants and specialist or community dental service senior dental officers. They have appropriate GDC registration and this is checked annually.

They have all undertaken 'Train the Trainer' courses. Many of them are specialty examiners in summative assessments for the RCSEng.

HEIW provided a summary document of all trainers and their job titles, qualifications, GDC Specialist List entries and Examinership Membership credentials.

We also saw the NHS Wales ESR eLearning user toolkit which lists a schedule of mandatory and statutory training for all staff and minimum frequency of this training.

HEIW explained that they host an annual study day for both training Programme Directors and Education Supervisors. This is to provide an update on aspects and delivery of the assessment processes. We saw the agenda for 2017, 2018 and 2019. Ahead of these study days, trainers are invited to identify areas that they consider they require development and training to fulfil their roles. Where possible these requests are accommodated either within that year's study day or failing that, included in the next training day.

We consider that this Requirement is met.

P19: Programme provider must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. (Requirement Met).

In their self-assessment, HEIW explained that it receives the outcome of summative assessments/examinations undertaken by the specialty trainees. The outcome of these assessments is sent to the trainee and they input the information onto ISCP. The external bodies have their own governance processes independent from that of HEIW.

We learnt that in respect of the ARCP, there is extensive input from both an external SAC external assessor and a lay representative. We saw a variety of examples of completed feedback reports from both. HEIW explained that these have tended to be positive for all dental specialties and that to date no issues have been raised regarding the ARCP process by the SAC member requiring HEIW's attention.

We had access to trainee ARCP outcome forms on ISCP also which illustrate the assessment process and outcomes.

HEIW submitted evidence relating specifically to the Diploma of Fellowship in DPH and Master of Public Health. Unfortunately, these documents cannot be considered as they relate to specialist qualifications which are outside of the GDC's remit as they do not lead to entry onto the GDC's specialist list.

With regard to calibration, HEIW explained that they are not responsible for the calibration or standardisation of ARCPs as this is done by the relevant dental SAC. Prior to each ARCP, HEIW submits a request to RCSEng for an external SAC member for the respective specialty.

We consider that sufficient evidence was presented to demonstrate this Requirement is met.

P20: Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified. (Requirement Partly Met).

HEIW explained that they do not quality assure the RCS summative examinations. As a result, the responsibility for ensuring assessments are fair and undertaken against clear criteria falls to RCS

However, all the trainers play an essential part in preparing the trainees for these examinations and are clear on the standard expected of them before assessment.

The Dental Postgraduate Section of HEIW provides quarterly reports on quality measures for the HEIW board which are published in the Annual Report.

HEIW explained that managing bias forms part of mandatory training under Equality, Diversity and Inclusion training and recorded on staff records.

The lay representatives on ARCP panels are content with the processes undertaken and there are no adverse comments in their reports. In fact, the comments are supportive, noting that the impact of the pandemic on experience for the trainees has been taken into account in an appropriate manner. They also note that the approach used in the ARCP panels is consistent.

Regarding standard setting, HEIW informed us that that all consultant and specialist trainers attend Training the Trainers' course and is recorded on staff records. However, we did not have any further details as to what types of exercises or activities are carried out in order to do this. The Dental quality report has been submitted, which is complimentary and summarises

the actions the team has taken to maintain quality. This report highlights the 'Developing Dental Educators' course. It would have been useful to see more evidence of this course.

There is extensive evidence of lay representative involvement in the programme and an obvious commitment to them being present to provide objectivity to the whole process. The lay handbook is useful and states the aims and process.

HEIW submitted evidence which explains how standard setting and calibration is achieved through several methods:

- 'Training the Trainers' course that all consultant and specialist trainers attend and is recorded on staff ESRs
- skills, experience and training to undertake assessment as demonstrated by trainers' qualifications and experience of examining
- guidance from relevant SACs on the areas of the curriculum that should be examined through workplace based assessments.

HEIW clearly explained the process for managing failing trainees who would be awarded an appropriate ARCP grade. If an area of deficiency is identified that can be addressed ahead of the next ARCP, recommendations would be entered onto their ISCP portfolio for discussion with their Educational Supervisor and an action plan to be agreed.

If it is not possible to address the areas of deficiency before the next ARCP, a lower outcome would be recorded with an action plan. In these circumstances, is it likely that the trainee would fail the RCS exam and be required to extend their training.

HEIW also clearly explained the appeals process and the circumstances in which this can be invoked by a trainee and the formal process.

We consider this Requirement to be partly met.

Summary of Actions for HEIW

Req. number	Actions by: End of Q2 of 2021	Observations & response from HEIW
P3	<p>1) HEIW should provide evidence of any subsequent Health and Safety audit report, as the last one was from 9 December 2019. This should be accompanied by an action plan and any follow up from it.</p> <p>2) Further to the "risk assessment" dated 24 September 2020, HEIW should clarify which internal committee this report goes to for oversight.</p>	<p>Both the Health and Safety audit report (1) and "Risk Assessment" (2) are documents of Public Health Wales (PHW) and not of HEIW. PHW are a separate and independent organisation to HEIW in NHS Wales and report to the Welsh Government. PHW has its own Governance structure and processes, and these reports are acted upon internally. Subsequent audits and risk assessments would be determined by PHW.</p> <p>The requests appear disproportionate and do not reflect the specific nature of dental public health training. Considering the nature of dental public health training, HEIW as the Statutory Education Body is satisfied with the evidence provided by PHW that they provide a safe learning environment for dental public health speciality trainees and are not aware of any concern that PHW do not meet relevant legislations, including equality and diversity. Public Health Wales (and its predecessor organisation National Public Health Service) has been the dental public health training provider organisation for more than a decade and none of the trainees or trainers or other stakeholders during this time have raised any concern about its ability to provide a safe learning environment for trainees.</p>
P6	<p>3) HEIW should review the 'Presentation on Duty of Candour' presentation to ensure it is up to date and refers to GDC guidance 'Professional duty of candour' document from 2016 and is relevant to dental specialty trainees.</p>	<p>This is a generic presentation by NHS Wales Shared Services Partnership relevant to all areas of health professionals in Wales. As outlined in HEIW's submission this presentation is due to be updated to comply with the Welsh Government Bill 2019 of a 'Candour Procedure'.</p> <p>HEIW Dental Postgraduate Deanery will input to the updated presentation ensuring reference is made to the GDC guidance and separately circulate the GDC document 'Being open and honest with</p>

English Catherine
01/13/2022 09:27:07

		patients when something goes wrong' [The professional duty of candour] – 01 July 2016 to all dental trainees.
P20	4) HEIW should provide examples of staff ESRs which provide evidence of standard setting and calibration exercises taking place.	<p>Staff ESR are accessible only to the staff employer, line manager and staff member. All Dental Specialty trainers are employed by Local Health Boards outwith of HEIW. Access to ESR records for these staff is not possible for HEIW as we are not the employer.</p> <p>Standard setting and calibration exercises will be discussed further at each Standing Training Committee meetings and appropriate training implemented that can be evidenced. Such training would be recorded via the MARS (Medical Appraisal Revalidation System – for staff employed in the Hospital Dental Service) or DAS (Dental Appraisal System for staff in Community Dental Service) process rather than ESR as such training is not statutory or mandatory.</p>

English Catherine
01/13/2022 09:27:07

Observations from the Authority on content of report

General comments on content of report

1. HEIW welcomes the opportunity this self-assessment has presented for HEIW to benchmark itself against the GDC Standards in Dental Speciality training. The comprehensive report has confirmed many areas of good practice and identified areas for further work by HEIW. HEIW will seek to improve in these areas.
2. The process was time consuming and resource intensive. More clarity regarding the information required at the outset that would demonstrate the evidence required to meet the standards would have been helpful. Whilst there were meetings between HEIW and the GDC, one before and one during the process, to clarify requirements some confusion still existed. Much of the additional evidence that was requested in June 2021 could have been provided initially if the regulator had more fully explained their requirements.
3. HEIW feel at times that a full understanding of certain aspects of postgraduate training was not appreciated. Particularly the use of the Dental Gold Guide; the use of ISCP and its constraints; and aspects of the ARCP process. HEIW believe it would have been beneficial for the GDC Educational Associates to have spent time discussing this with senior members of HEIW involved in the Specialty process, and perhaps observation of a ARCP with appropriate GDPR considerations. This would also have allowed additional dialogue in providing the evidence that the GDC were seeking.

Specific comments on report – comments made in report reference numbers below

1. There appears to be some confusion here. At the ARCP there are separate reporting forms for use by the Lay representative and the SAC representative. The questions asked regarding the process differ in the two forms, and examples of both were submitted by HEIW.
2. This should be removed as Dental Public Health do not use the ISCP platform and until recently have used a paper Portfolio, an example of which was submitted by HEIW. The Dental Public Health SAC have recently developed a separate e Portfolio to that of ISCP and is now used by trainees going forward.
3. The majority of speciality examiners in Wales do not participate in summative assessments for RCSEng but rather RCSEdin, and some for RCPSG. Please also see point 5 below.

English Catherine
01/13/2022 09:27:07

4. HEIW did not submit any information on the Diploma of Fellowship in DPH. Such a Diploma does not exist in Wales. HEIW did submit information on the Master in Public Health (Document Exam 02-08) and Master of Science in Dentistry in Orthodontics (Document P01 ORT 05) postgraduate qualifications. Both of these are essential curricula requirements for trainees to be recommended for CCST in the respective specialties.
5. The report should recognise that the majority of the summative assessments for Specialty Trainees are undertaken on a multi-Royal College basis and are not solely undertaken at RCS England. Tri-collegiate (Edinburgh, England & Glasgow) Memberships examinations in Oral Surgery, Paediatric Dentistry and Special Care Dentistry are run by RCS Edinburgh, and the Inter-collegiate Specialty Fellowship Examinations (ISFE – RCS Edinburgh, England, Glasgow & Ireland) for Dental Public Health, Oral Medicine and Restorative Dentistry are run by RCPS Glasgow. The mono-specialties (Endodontics, Periodontics & Prosthodontics) and Orthodontics Membership examinations are run on a bi-collegiate (RCS Eng & RCPSG) or single college (RCSEdin) basis, with more candidates sitting the single college exam.

English Catherine
01/13/2022 09:27:07

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).
2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.
3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum¹, overseen by the regional postgraduate deaneries/LETBs, and where the trainee also passes the relevant RCSEng examination.
5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The postgraduate deanery/LETB recommend the award and the GDC awards the CCST.
6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further Authority has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:
8. The Dentist Act 1984 (the Act) restricts our ability to require training Authorities to provide information to those with Dental Authority (DA) Status. Of postgraduate Authorities, the RCSEngs possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information from other postgraduate training Authorities such as postgraduate deaneries/LETBs who do not hold such status in connection with section 1(2)(a) of the Act.
9. We have powers under Section 9 of the Act to appoint visitors to inspect programmes and examinations of both undergraduate and postgraduate/specialist programmes.

English Catherine
01/13/2022 09:27:07

However, the concept of “sufficiency” applies only to DAs and there is no formal mechanism to approve or withdraw approval from postgraduate/specialist training Authoritys who do not possess such status.

10. The Specialist List Regulations provide us with powers to determine who is eligible to join the lists.
11. The GDC is, in relation to specialist dental qualifications in orthodontics and oral surgery, the competent authority in the United Kingdom for the purposes of the Recognition Directive and the Dental Training Directive. The Council has a statutory duty to supervise training in these two specialties.
12. We have taken legal advice and have established that our statutory duty to supervise training in orthodontics and oral surgery can support quality assurance activity across the 13 specialties.

Annex 2: The EQA Process

13. The quality assurance activity focuses on three Standards for programme Authoritys, with a total of 20 underlying requirements. These are contained in the document *Standards for Specialty Education* (current iteration published 2019 and available [here](#)).

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC’s expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.
15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide*. We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.
16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on Authoritys.
17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:
 - a. Separating the Standards so there are discrete requirements for programme and examination Authoritys.
 - b. Introducing an overarching requirement to provide evidence (of the Authority’s choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:
 - a. a data set that profiles specialty trainees and scrutinises key data including information about the trainees’ progression rate through programmes and exit examinations.
 - b. a self-assessment questionnaire giving Authoritys the opportunity to indicate their performance in the context of the Standards and requirements.

English Catherine
01/13/2022 09:27:07

- c. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.

19. The following descriptors are employed as a means of reference for establishing a programme Authority's compliance with the individual requirements.

A Requirement is **Met** if:

There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the programme Authority demonstrates compliance with the requirement. The Authority's narrative and documentary evidence are robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **Partly Met** if:

Evidence derived from the pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the programme Authority fully demonstrates compliance with the requirement. There may be contradictory information in the evidence provided.

There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in follow-up processes.

A Requirement is **Not Met** if:

The Authority cannot provide evidence to demonstrate compliance with a requirement or the narrative and evidence provided are not convincing.

The evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to concern and will require an action plan from the programme Authority.

Other

Use of this descriptor is exceptional and will usually be applied if the Authority's narrative and evidence would be considered **Partly Met** but it appears to the GDC that evidence and/or indications across the breadth of the submission mean that during the observations period of the EQA process this requirement can be **Met**.

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the programme Authority across the range of requirements and any possible implications for public protection.

21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

- a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by annual monitoring/updates.
- b. Joint action between the Authority and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.

English Catherine
01/13/2022 09:27:07

English, Catherine
01/13/2022 09:27:07



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	January 2022	Agenda Item	2.1.3
Report Title	Multi-Professional Education and Training Quality Assurance Update - Pharmacy		
Report Author	Professor Margaret Allan, Pharmacy Dean		
Report Sponsor	Professor Push Mangat, Medical Director		
Presented by	Professor Push Mangat, Medical Director and Professor Margaret Allan, Pharmacy Dean		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with an update on quality activities in the Pharmacy Deanery.		
Key Issues	<p>The changes to the regulatory requirements for the initial education and training of pharmacists and pharmacy technicians will require a review of the approach to quality processes.</p> <p>This significant change will increase demands on the pharmacy team to achieve robust reporting cycles and will be kept under review over the next twelve months.</p> <p>The procurement of a Health Education Institution (HEI) to work in partnership with HEIW to deliver the new pre-registration pharmacy technician training is a positive step to raising the profile of pharmacy technician training</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to note:</p> <ul style="list-style-type: none"> the new format for reporting on Quality Management in Pharmacy; and the reporting style will evolve and change in the future. 		

English Catherine
01/13/2022 09:27:07

PHARMACY DEANERY- QUALITY ACTIVITIES AND UPDATE

1. QUALITY PLANNING:

1.1 Recruitment

a) Pharmacy Technicians:

The planned recruitment of pre-registration pharmacy technicians in June 2021 was not achieved due to delays in the procurement of a provider for a programme to meet the new General Pharmaceutical Council (GPhC) Initial Education and training standards. The pharmacy team worked closely with stakeholders to inform them of the issues and to understand the impacts of the delays. HEIW executives were kept informed of the issues and actions at all stages.

It was agreed with the NHS that recruitment of the next cohort would be 1st February 2022, and there would be additional intakes in September 2022 and February 2023 to manage the lack of recruitment during 2021. A new provider has been procured.

b) Trainee Pharmacist - Foundation:

The planned recruitment for trainee pharmacists in August 2022 started with the Oriel declarations in April 2021. The Oriel process concluded in December 2021 with confirmation of the fill rate and prospective trainee details available for the 111 multi-sector places advertised. It can be confirmed that all the posts advertised have been filled.

The 2023 cycle begins in January 2022, with the submission of programmes by April 2022. HEIW will work with stakeholders to get details of training sites.

Trainees on the current programme (2021/22) are proceeding on their learning pathway with quality checks carried out at the relevant checkpoints.

1.2 Expectation agreements:

a) Pre-Registration Pharmacy Technicians:

The Modern Apprenticeship contract with employer details expectations for support of trainees within the workplace.

The Quality Assurance framework outlines the expectations of the roles and responsibilities of the educational support within the workplace. This is due to be reviewed with the introduction of the new training programme.

b) Trainee Pharmacist - Foundation:

English Cattle
01/13/2022 09:27:07

The training placement agreement between HEIW and Host Organisations is reviewed and updated with Legal and Risk annually. The updated agreements are signed internally by the Pharmacy Dean and sent out for completion with all host organisations that will be receiving a trainee pharmacist. These are sent out and returned prior to the trainee pharmacists commencing in August.

1.3 Commissioning:

a) Pre-registration Pharmacy Technicians:

Training capacity is the main limiting factor to training more pharmacy technicians. HEIW is working with stakeholders to collaboratively find solutions to increase training capacity.

The procurement process for the new technician programme has been completed and awarded to the University of East Anglia (UEA). HEIW and UEA will work together to deliver the new programme via the Modern Apprenticeship framework. Robust agreements are being developed to ensure clarity around the education and training delivery requirements and responsibilities.

The partnership arrangement with UEA is a significant achievement, and one we anticipate will improve the quality of pharmacy technician training in Wales. The UEA programme sits within the School of Pharmacy, providing an academic and educational infrastructure that has not been available to learners in the past.

b) Trainee Pharmacists- Foundation:

There are 115 trainees on the foundation training programme (2021/22). Recruitment for the 111 places for 2022/23 has been completed via the Oriel system, with 100% fill rates confirmed.

We have capacity to increase this number to 132 in future years. Additional funding has had to be provided to host organisations to build the required training infrastructure to accommodate this.

Further growth would require additional investment and capacity development in host organisations. It is hoped that the additional funding provided to host organisations will support this.

2. QUALITY MANAGEMENT & GOVERNANCE

2.1 Training Programme Reporting

a) *Pre-registration Pharmacy Technicians:*

Monthly reports are provided to Modern Apprenticeship funding organisation Apprentice Learning Solutions (ALS). Regular compliance meetings are held with the ALS contract manager. No current concerns.

Concerns with the quality of the current training provider are being addressed through a performance management process. The current provider is no longer contracted to provide National Vocational Qualification (NVQ) assessment. This is now quality managed directly by HEIW with bank assessors. There are currently no issues with the NVQ assessment of trainees.

The quality of the BTech assessment of trainees is being monitored and managed.

Within the new partner contract, quality roles and responsibilities are clearly defined. There will be planned monthly quality performance meetings

b) *Trainee Pharmacists- Foundation:*

The current programme is accredited by the General Pharmaceutical Council (GPhC). The process to accredit for the next training year commences in January 2022.

Monitoring of the programme is done in line with the Memorandum of Understanding (MOU) signed with the GPhC to ensure host organisations and designated supervisors are compliant with the requirements of the training agreement.

2.2 Training Progression

a) *Pre-Registration Pharmacy Technicians:*

There are less than five appeals currently outstanding for the 2020-22 cohort.

Development action plans have been implemented following appeals to ensure trainee understanding and support trainee development of understanding.

b) *Trainee Pharmacists- Foundation:*

Trainee progress is monitored in line with the regional lead processes. There is early evidence that the number of trainees requiring additional support to progress through training is increasing. A review is being undertaken to consider the resources required to enable pharmacy foundation trainees to have access to the

English Curriculum
01/13/2022 14:27:07

Professional Support Unit (PSU), a service currently only resourced to support medical and dental trainees.

HEIW liaise with the site, trainee, and employer to deal with any training programme extensions, and these are reported on the relevant performance data report.

2.3 Evidence Management & Reporting

a) Pre-Registration Pharmacy Technicians:

In the 2020 cohort, there are less than five trainees with an agreed extension due to required shielding in accordance with Welsh Government guidelines. There are less than five trainees on long term absence with valid extenuating circumstances.

Trainees in learning are on track with BTech and 80% on target to complete NVQ competences.

b) Trainee Pharmacists- Foundation:

A Training Reapproval Process (TRAP) is being piloted for the 2021/22 intake with a view to roll out across the whole cohort in 2022/23. The first round will take place in December 2021. Any concerns raised will be addressed with the relevant host organisation, designated supervisor and TPD (if applicable).

Evaluation forms are collected at the end of each study day, and these are reviewed to identify any programme improvements. If any action is taken, this is fed back through a 'you said, we did' section on Moodle (learning platform).

2.4 Training Concerns Exception Reporting

a) Pre-registration Pharmacy Technicians:

There is a mixed bag of concerns regarding trainee progression, including trainee motivation to complete competencies, timely witness authentication of evidence, trainee wellbeing and work-based pressures.

HEIW regional leads work closely with trainees and the workplace to manage any issues and to make any reasonable adjustments within the constraints of the programme.

b) Trainee Pharmacists- Foundation:

Any high-risk concerns are raised with the GPhC and Pharmacy Dean. We don't currently have any high-risk concerns.

3. QUALITY IMPROVEMENT

Nothing to report

4. REGULATORY UPDATE

English Catharine
01/13/2022 09:22 AM

Trainee Pharmacist- Foundation:

GPhC is now starting the process of accrediting Foundation Training Year programmes in Great Britain. Statutory health education bodies will need to participate in the activities required by the accreditation process by the deadlines set out. For this reason, the GPhC has chosen to arrange the accreditation process into a small number of steps leading to 2025/26 (or earlier). The initial accreditation will make some demands on HEIW in respect of providing evidence, which they expect to pave the way for an appropriate and proportionate approach longer term.

5. RECOMMENDATIONS

Members are asked to **note**:

- the new format for reporting on Quality Management in Pharmacy; and
- the reporting style will evolve and change in the future.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
Financial Implications			
There are no financial implications associated with this report.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications associated with this report.			
Staffing Implications			
No implications for HEIW staff have been identified.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History	None		
Appendices	None		

English Catherine
01/13/2022 09:27:07



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	January 2022		Agenda Item	2.1.4
Report Title	Nursing and Health Professional Education Quality Update			
Report Author	Martin Riley, Deputy Director of Education Commissioning Quality			
Report Sponsor	Lisa Llewelyn, Director of Nurse and Health Professional Education			
Presented by	Lisa Llewelyn, Director of Nurse and Health Professional Education			
Freedom of Information	Open			
Purpose of the Report	To provide the Committee with an overview and update on the quality activity of Nursing and Health professional Education			
Key Issues	<p>HEIW's strategic aims include an explicit statement around its role in ensuring the delivery of high-quality education and training so that the future healthcare workforce can achieve their potential in service provision to the NHS in Wales.</p> <p>Additionally, a role in supporting high-quality learning environments across NHS Wales is key to ensure delivery of excellence in education and training across healthcare professions by ensuring access to high-quality facilities and educational support.</p> <p>Patient safety runs through our education standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. HEIW will seek assurance that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			√	
Recommendations	Members are asked to note the report for assurance			

English Catherine
01/13/2022 09:27:07

NURSING AND HEALTH PROFESSIONAL EDUCATION QUALITY UPDATE

1. INTRODUCTION

The Nursing and Health Professional Education Directorate is responsible for the commissioning, quality assurance and monitoring of pre-registration and post-registration professional education to meet the current and future NHS Wales workforce need which will deliver safe and quality care for patients.

2. QUALITY PLANNING

HEIW Annual Plan strategic objective 2.2 requires assurance on the implementation of the Phase 1 of the Strategic Review of the commissioning of pre-registration nurse and health professional education, through a successful procurement process

2.1. Implementation of new pre-registration contracts

In July 2021, new pre-registration contracts were awarded to Higher Education Institutions (HEIs) following the successful conclusion of the procurement phase of the Strategic Review Phase 1 (SRP1). A project board has been established to oversee the implementation year of the new pre-registration Healthcare Professional education contracts to commence in Sept 2022. Education Commissioning and Quality are joining the HEI programme boards to support the development of education and ensure that the programmes will be delivered on time. The HEIs are making good progress in relation to delivering on the key themes of the contract, ensuring that interprofessional education, compassionate leadership and Improvement methodologies are embedded. The new education contract will ensure that the future graduates will have the skills and knowledge required to support the workforce in Wales.

HEIs that have been awarded a commissioned pre-registration health education programme have entered into contracts with HEIW on August 1st, 2021, one year prior to student enrolment; allowing for a mobilisation year. Members of the education commissioning and quality team sit on each of the University's implementation projects boards. All HEIs are progressing well with plans to commence new and revised programmes in Sept 2022. Some initial risks were identified by HEIs in relation to the transfer of programmes from existing to new providers and HEIs recruitment of the required staff to ensure new programmes meet the PSRB requirements. HEIs have these issues in hand, and there are no immediate risks of particular concern. Current students are being supported, and student recruitment is progressing well.

2.2 Management of existing pre-registration contracts

All existing contracts for the delivery of pre-registration education will end on July 31st, 2024 for three-year programmes and on 31st July 2025 for four-year programmes. No new students will be recruited under the existing contracts after the Autumn 2021 intake, or Spring 2022 intake if providing nursing programmes. While the ODP degree in Cardiff University and the nursing Distance Learning Degree in the Open University will not receive new students from 2022, current students will be supported to registration. The Education Commissioning and Quality Team (ECQT) will continue to

monitor these contracts, through regular business and contract monitoring meetings with HEIs, ensuring programme quality and performance remains high; quality learning experiences and environments for students are maintained enabling them to successfully graduate as registrants to work in Wales.

2.3 Care Home Education Facilitators

Two HEIW regional Care Home Education Facilitators commenced in HEIW in January 2022. These roles will work strategically with the Head of Placement Experience and Improvement and other key stakeholders in enabling expanded and sustainable healthcare student placement capacity across the care home sector within defined regional catchment areas of Wales. The roles will initiate, develop, and maintain effective working relationships with individual care home managers, practice educators, key university personnel and other stakeholders to enable nursing and allied healthcare students to experience greater learning opportunities within the care home sector. Specific role aims and objectives have been identified together with role alignment across geographical boundaries.

2.4 Phase 2 Strategic Review of the commissioning of post-registration health professional education.

HEIW Annual Plan strategic objective 2.3 requires assurance on the Plan for Phase 2 of the Strategic Review of the commissioning of post registration health professional education.

An update report is provided to the January 2022 HEIW Education Commissioning Quality Committee

2.5 Transforming Education and Training in Primary and Community Care

HEIW are currently raising awareness on ongoing developments for the establishment of a Multi-professional Primary and Community Care Education and Training Framework, attending meetings to share the latest proposals and plans. Audiences have been supportive and enthusiastic about the establishment of the *Multi Professional Primary Care Training Unit* in HEIW as an instrument of HEIW's educational development and quality governance function. This entity will have a formal connection with a network of Academies in each Health Board, established on a sustainable basis, and able to provide a core education and training offer.

2.6 Infection Prevention & Control

Further to the recent publication of the All-Wales Infection Prevention and Control Training, Learning and Development Framework for Health, Social Care, Early Years and Childcare, a range of education and training resources are currently in development to complement the framework which will be mapped against the standards contained within it. The framework provides a consistent approach to building IP&C expertise and supports good IP&C practice within our health and care services.

2.7 Education commissioning activity planned to March 2022, identified by service partners to meet the needs of patients

Psychological Therapies:

HEIW has arranged the immediate increase of commissioning two additional Clinical Psychology places which have now been recruited to commence in 2022. In addition, HEIW has commissioned two child clinical psychotherapists in 2021 as an immediate priority

Critical care

HEIW have worked with HEE to develop an education/training programme for critical care nurses. Currently the contract to deliver the programme has been awarded to universities in England. HEIW will be working with universities in Wales to deliver the programme going forward.

HEIW have secured 100 places to commence in January 2022 and a further 100 places commencing in April 2022. Critical care senior nurses across Wales have been contacted to provide nominations for the two cohorts. To date we have received 80 applications from unites across Wales.

HEIW have 2 Critical Care Transformation Managers seconded into post for one year. They have met with senior nurses and some clinical leads across Wales and are developing a workforce solution plan which we anticipate will be available in March 2022.

HEIW International nurse training fund

HEIW has provided a fund of up to £200,000 to support organisations to increase their nursing workforce through the provision of a funding package for internationally trained nurses to gain registration with the NMC. The fund will support with the following elements of the registration process:

- Qualification evaluation fee
- CBT
- Occupational English Test (OET) (or equivalent)
- Objective Structured Clinical Examinations
- Student support

English Catherine
01/13/2022 09:27:07

3. QUALITY MANAGEMENT & EDUCATIONAL GOVERNANCE

3.1 Patient safety

Patient safety runs through our education standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. HEIW will seek assurance that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued

HEIs are required to audit and evaluate the placement settings. In nursing an All Wales placement questionnaire for nursing has been developed for students and practice educators to report back on their experiences so that HEIs can identify areas for improvement. All students and practice educators meet with academic and PEF staff to evaluate the placements experiences.

The Education Commissioning and Quality team meet with students and practice educators from all commissioned programmes on an annual basis as part of the annual quality monitoring process. Concerns raised are discussed with the University and improvement plans put in place, or further investigation can be instigated. As part of the new education contract, students will be provided with the HEIW contact details so that they can contact HEIW directly with any concerns. A questionnaire has been developed to anonymously capture their experiences where concerns have been raised. Within the new performance framework, the expectation for HEIs to report areas of practice concern in relation to patient safety will be specified, and this will be a standard agenda item within contract meetings.

3.2 Learning environment and culture

HEIW draws on several data and mechanisms for assurance that Education Providers meet their responsibilities for provision of placement quality. These measures link with all elements of a quality cycle (planning, management, improvement, and assurance).

Quality planning: Following confirmation of annual commissioning numbers from Welsh Government, HEIW engages with organisations and publishes an Annual Placement Plan for Education Providers to work with Placement Providers when allocating student placements across nursing, midwifery, allied health profession and healthcare science. Adoption of the HEIW Placement Plan by organisations is key to maximising equitable placement capacity. A HEIW Local Level Agreement (under current revision), specifies education provider and placement provider obligations for provision of quality placement learning environments. This document supports the overall governance of student placement allocations. Both documents underpin HEIW quality assurance measures.

Quality management: In terms of placement learning environment and culture, HEIW, together with Education and Placement Providers has coproduced all Wales placement principles, a safe-return placement passport, and several pledges for students entering placement settings. HEIW requires these elements to be embedded within Education Provider systems which provide a further mechanism also for quality assurance of placements. All-Wales educational placement audit information and

student placement evaluation mechanisms also form part of HEIW and professional regulator monitoring of healthcare programmes.

Quality Improvement: HEIW leads an established All Wales Placement Reference Group including Education Providers, Health Board education leads and other key stakeholders across Wales. This group remit includes responses to emerging service and academic pressures and alignment of best practice and production of resources to support across placement learning. HEIW has also established an Internal Placement Stakeholder Group to consider cross-profession placement quality alignments.

Quality Assurance: HEIW holds bi-monthly regional Health Board Practice Education Facilitator Team meetings to pick up on placement intelligence and influence the vision for direct placement work undertaken. HEIW also holds quality monitoring individual meetings with practice supervisors, assessors, and students (x3 times a year).

Placement quality also forms part of a Health Professional Education Contract annual meeting schedule with Education Providers including Education Partnership Meetings; Contract Performance Meetings (Quarterly), and operational meetings with individual and joint Education Providers. From 2022, HEIW will be convening Regional Partnership Boards to ensure full implementation of the HEIW Procurement for the provision of Health Professional Education & Training Services (Phase 1 - 2021) including heavily weighted placement quality criteria.

3.3 Educational Governance and Leadership

HEIs have a responsibility and do undertake rigorous quality monitoring and evaluation of both the academic and placement learning environments, working collaboratively with Health Boards to allow concerns about patient safety, standards of care, and standard of education to be identified, reviewed and improvements implemented

3.4 Supporting Learners

In Line with the contract, all HEIs are required to provide a range of support to Healthcare professional students. These include:

- Advice and guidance for Students with disabilities and mental health difficulties.
- Screening and support for Students who present as neurodivergent.
- Counselling, wellbeing advice and support with a mechanism to address Students in crisis (appointments must be offered through face to face delivery at the Student's nearest university base or in placement, through telephone & online appointments, drop-in services, workshops and self-help resources);
- Specialist advice; including help with student finance, debt, housing, equality, diversity and inclusion and practicing a religion.
- Careers advice, guidance and information.
- Academic and employability skills development.
- Support to navigate the complaints process when raising an issue in the academic or placement setting.

Wales Health Student Forum

Students are invited to join the Wales Health Student Forum. As part of the forum, they are given opportunity to participate in focus groups relating to student experiences. This year, the education commissioning and quality team are running a 'placement improvement' workshop where students can contribute and comment on the Placement Improvement and Innovation Programme

3.5 Supporting Educators

HEIW funds approximately 40 Practice Education Facilitator (PEF) posts across Welsh Health Boards and Education Providers. PEFs hold substantive contracts within these organisations. HEIW influences PEF establishments in terms of whole-time equivalent resource and skill mix to target recruitment, induction, professional development, and additional funding for maximum benefit. The HEIW Head of Placement Experience and Improvement has identified objectives to develop the PEF role core purpose and future impact across healthcare professions.

HEIW conducts bi-monthly regional PEF meetings where current placement issues are raised, and actions identified. This has been particularly significant since the commencement of the pandemic in relation to the direction of PEF work and support of students' placement learning and continuation on their programmes of study. HEIW also influences the direction of PEF work as a key part of the All-Wales Practice Education Facilitator Forum. These mechanisms, together with regular contact with PEF Teams, and Education and Placement Provider Education Leads, facilitates HEIW responses to operational placement issues and wider ambitions for these roles.

HEIW is currently undertaking a review of Practice Education Facilitator roles across Wales in line with changes to funding streams and core business. This includes a review of role equity across fields of practice, healthcare professions, and regional geographies; widening the inter-professional remit of practice educator roles; and effective introduction of regional Care Home Education Facilitators.

3.6 Education and Training Concerns Exception Reporting

Based on the largest drop in overall satisfaction and feedback during student focus groups in 2021 three courses have been identified as requiring enhanced HEIW performance monitoring:

- BSc Diagnostic Radiography: Bangor University
- BN Nursing (Child Field): Bangor University
- BM Midwifery: USW

Each programme team, of those identified for improvement, have provided an action plan on how they will improve the student experience for 2021-22. The HEIW Education commissioning and quality team has organised separate meetings with students from these programmes in 2022 so that we can explore if the action plans have been implemented as promised and if improvements have been actioned.

English Catherine
01/13/2022 09:27:07

4. QUALITY IMPROVEMENT

4.1 Skills training

Practice Education Facilitator skills training

Practice Education Facilitators provide training for all practice supervisors and practice assessors (nursing and midwifery), which has been significant for support and assessment of students embarking on new programmes whilst taking account of pandemic conditions.

HEIW supports Practice Education Facilitators to access funding for their professional development including leadership development and practice education conference attendance. Individual training needs are also identified through their substantive contract Performance and Development Review (PADR).

Care Home Education Facilitator reporting

Aligned with the implementation of Care Home Facilitators there will be a HEIW service evaluation report produced as to progress made at scheduled points.

HEIW led pre-registration nursing and midwifery symposium - Dec 2021

HEIW organised a successful celebratory event on the 17th December 2021 to mark the culmination of Nursing and Midwifery Council pre-registration nursing programme approvals in Wales, and commencement of the NMC midwifery programme approval cycle. The event titled: *'Building on experience and looking to the future - Once for Wales Pre-Registration Nursing and Midwifery symposium,'* brought together key stakeholders including service user and carer representation, students, education providers, placement providers, professional regulators for nursing and midwifery, CNO Office, professional bodies.

Practice Management and Administration Toolkit (PMAT)

This first phase digital resource, to support professional development of General Medical Services (GMS) practice managers and administrative staff, is now available. Launched in a *beta version* the toolkit is still under development and welcomes user feedback, which is made possible via the resource when in use. A more formal evaluation has been commissioned in partnership with Aneurin Bevan University Health Board and Eliesha, an international learning and development company specialising in management and leadership solutions.

5. QUALITY ASSURANCE

5.1 Regulatory assessment

Pre-registration nursing, Return to Practice and Non-Medical Prescribing programmes in Wales

English
01/13/2022 09:27:07

All Nursing and Midwifery Council approval processes for Welsh University Pre-registration Nursing, Return to Practice and Non-Medical Prescribing programmes have now been successfully completed. The first cohorts of students have already embarked on *Future nurse* pre-registration programmes, which will enable opportunities for students to develop the necessary proficiencies, skills and procedures required to meet the contemporary and future healthcare needs of the population of Wales. The common elements have also paved the way to prepare practice supervisors and practice assessors to support students across multiple programmes, including nursing, midwifery, prescribing, Specialist Community Public Health Nursing, and the Specialist Practitioner Qualification.

HEIW has been involved in substantial partnership working with Universities, Health Boards, independent sector organizations, students, Chief Nursing Officer (CNO) Office Wales, the Royal College of Nursing and other key stakeholder groups to advance this work.

Pre-registration Nursing

University	Programme	Recommended for approval
University of South Wales	Nursing	03.12.19.
Cardiff University	Nursing	24.01.20.
Swansea University	Nursing	05.02.20.
Glyndwr University	Nursing	03.03.20.
Open University	Nursing	10.03.20.
Bangor University	Nursing	23.03.21.

Return to Practice

University	Programme	Recommended for approval
University of South Wales	Return to Practice	12.02.20.
Cardiff University	Return to Practice	07.07.20.
Swansea University	Return to Practice	08.12.20.
Bangor University	Return to Practice	20.07.21.
Glyndwr University	Return to Practice	25.05.21.

Post registration Non-Medical Prescribing

University	Programme	Recommended for approval
University of South Wales	Prescribing	02.03.20.
Cardiff University	Prescribing	05.05.21.
Swansea University	Prescribing	02.12.20.
Bangor University	Prescribing	12.01.21.
Glyndwr University	Prescribing	20.01.21.

NMC Future Midwife proficiencies

NMC *Future Midwife* proficiencies were published in October 2019 and universities, and practice partners have worked to advance programmes to the point of NMC approval. Three of four Education Provider programmes have been recommended for

approval to the NMC, including Swansea University (22 October 2021.), University of South Wales (9 December 2021), Bangor University (29 November 2021.). Cardiff University has a final stage gateway 4 NMC approval visit scheduled for 2 February 2022.

HEIW involvement in professional regulation

HEIW is also involved in work with the NMC to review the European Union (EU) requirements for student selection and entry for both nursing and midwifery including the flexibility regarding the use of simulation, reassess the knowledge and skills requirements within the EU Directive for nursing and midwifery, review standards on placement settings, and explore the context of programmes which are delivered using less practice learning hours).

Internal scrutiny

HEIW is subject to an external Audit by Audit Wales on education and training commissioning and quality. The outcome of the 2021/2022 audit is awaited and will be reported to the Audit Committee

6. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

7. RECOMMENDATION

Members are asked to **note** the report for assurance

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
High quality education and training is closely associated with patient safety. Patient safety runs through our education standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. HEIW will seek assurance that education and training take place where patients are safe, the care and experience of patients is good, and education and training are valued			
Financial Implications			

There are no financial implications associated with this report.	
Legal Implications (including equality and diversity assessment)	
Staffing Implications	
No implications for HEIW staff have been identified.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Report History	None
Appendices	None

English Catherine
01/13/2022 09:27:07



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	January 2022	Agenda Item	2.2
Report Title	Improvements to the University of South Wales Midwifery Education Programme		
Report Author	Martin Riley, Deputy Director of Education Commissioning and Quality		
Presented by	Lisa Llewelyn, Director of Nurse and Health Professional Education		
Freedom of Information	Open		
Purpose of the Report	To provide the Committee with assurance that improvements have been introduced and implemented in relation to the midwifery course in the University of South Wales (USW) for the current course and the commencement of new contracts in September 2022		
Key Issues	<p>There were areas of concern over the quality of the provision of midwifery education in USW.</p> <p>Poor quality education impacts the delivery of safe and quality care to the population.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		✓
Recommendations	Members are asked to note the report.		

English Catherine
01/13/2022 09:27:07

IMPROVEMENTS TO THE UNIVERSITY OF SOUTH WALES MIDWIFERY EDUCATION PROGRAMME

This report provides the Committee with assurance that improvements have been introduced and implemented in relation to the midwifery course at the University of South Wales (USW) for the current course and the commencement of new contracts in September 2022

1. BACKGROUND

The quality, performance and delivery of education provision commissioned by HEIW, is regularly reviewed and monitored by the HEIW Education Commissioning and Quality Team through formal contract performance and quality meetings with education providers to measure performance, identify any areas of concern, monitor improvement plans to address and mitigate any identified risks, to ensure safe and quality care is delivered to mothers and their babies.

Reviewing and improving the delivery of the current education programme will also ensure the new contract to be introduced in September 2022 is fit for purpose, meets the full tender specification and standards of education.

Performance is reported via HEIW's Performance Management Framework and the Executive Team with assurance reported to the Education, Commissioning and Quality Committee,

Following HEIW student interviews, contractual discussions with the USW and the recently issued National Students Survey (NSS) scores, there were concerns over the quality of the current provision of midwifery education in USW. A review has been undertaken of the concerns and the evidence of assurance that improvements have been implemented is described below.

2. ASSURANCE UPDATE

- USW consistently recruit to their commissioned numbers on the Midwifery programme, and the programme fully recruited to the 45 places again in September 2021.
- USW Midwifery attrition is currently running at approximately 8% which is in line with the All Wales average and below the 10% target.
- USW has provided HEIW with an Improvement plan to address the issues raised in student engagement events
- All graduating students had all their learning outcomes, as set by the Nursing and Midwifery Council (NMC), signed off by practice assessors in Health Boards
- All graduated students are now working in NHS Wales
- The University has successfully achieved NMC Midwifery programme approval on the 9th December 2021
- USW are not exception reporting to the NMC on this programme as the University has developed a detailed Improvement plan and are mitigating against the risk to the student learning experience

English Catherine
01/13/2022 09:27:00

2.1 USW Improvement Plan progress

USW now have a new course leader and a full maternity education team place for the maternity programme. They are responsible for ensuring the delivery of a quality education programme; and implementing the improvements identified through the lessons learned from student feedback, the National Student Survey and the USW internal review. The improvement plan focusses on three specific – but inter-related themes,

- Placements
- Communication
- Challenges associated with remote learning

The initial actions planned that should provide a significant improvement to student experience, are detailed below:

1. To provide comprehensive, clear, and regular information to students regarding placements – even when there is minimal change or new information to report. This is to ensure accurate and consistent messaging and avoid rumour and misinformation emerging amongst students. This will be achieved by:
 - a. Arranging regular meetings – at a frequency yet to be determined but anchored to the placement calendar – between the placement lead and specialist field/discipline leads.
 - b. Regular communications directly to students via formal channels agreed with students to ensure simplicity and clarity.
 - c. Consideration of the use of podcasts and vodcasts to support wider engagement.
 - d. Regular information digests to provide focussed summaries of recent developments.
2. Recognising that the flow of information into the placement office is as important as outflow, USW will work closely with placement partners, University Health Boards (UHB's) and HEIW, to improve the quality of communication.
3. To appoint additional placement staff, to improve support and communication to students about placements – this issue caused anxiety for students and generated an increase in the volume of enquiries to the placement office and academic staff.
4. To review their logistics, processes, and systems to ensure that they are organised for optimum efficiency and quality of service.
5. To improve communication generally, USW is applying the same principles set out in relation to placement communications to general course communications.

English Catherine
01/13/2022 09:27:39

6. Results indicate that remote learning reduced the opportunity for students and staff to engage in the kind of dynamic, free-form and frequent communications that typify face-to-face interactions. Now that COVID-19 restrictions have eased, USW are ensuring that approximately two-thirds of timetabled teaching is face-to-face and will build into this regular social and 'peer calibration' opportunities for students. They are confident this will improve students' connectivity, understanding, and outcomes as well as satisfaction. Several remote activities will be retained, focused on activities like formal lectures that lend themselves to that format. An important focus of face-to-face activities will be simulation, other practical sessions, and personal tutorial groups to provide all participants with the opportunity to feedback, raise concerns and discuss a wide range of issues.

These improvements will be rolled out, where appropriate, across all USW programmes.

2.2 HEIW way forward

Contract monitoring of the education programme will continue. In addition, the Education Commissioning Quality (ECQ) Team will

- Arrange specific meetings between USW and the ECQ Team to review progress and provide a report to the Nursing and Health Professional Senior Leadership Team.
- Arrange focussed, midwifery specific student engagement interviews in January 2022, providing the opportunity for students to feedback on progressing improvements and review the delivery of the course.
- Arrange focussed Health Board meetings in January 2022 with practice assessors and practice education facilitators to discuss and review the delivery of the course, raise specific issues and/or areas of concern.
- Invite the USW Midwifery programme lead - identified as Lead Midwife Education Wales representative - to the HEIW All Wales Placement Reference Group.

The Head of Pre-Registration Education will lead on this work supported by both the Head of Placement Experience and Improvement and the Head of Nursing and Midwifery Transformation. The Head of Pre-Registration is also the nominated member of the ECQ Team sitting on the USW Implementation Board.

Regular updates will be provided to the Nursing and Health Professional Senior Leadership Team, and an update submitted to the HEIW Executive Team following the planned engagement meetings reported above

3. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

Engledy, Catherine
01/13/2022 09:27:07

4. RECOMMENDATION

Members are asked to **note** the report.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality.	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
High-quality education and training is closely associated with patient safety. Patient safety runs through our education standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. HEIW will seek assurance that education and training take place where patients are safe, the care and experience of patients is good, and education and training are valued.			
Financial Implications			
There are no financial implications associated with this report.			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
No implications for HEIW staff have been identified.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History	n/a		
Appendices	None		

English Catherine
01/13/2022 09:27:07



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	January 2022		Agenda Item	5.1
Report Title	Update on Phase 2 of the Strategic Review of Commissioned Health Professional Education			
Report Author	Martin Riley, Deputy Director of Education Commissioning and Quality			
Report Sponsor	Lisa Llewelyn, Director of Nurse and Health Professional Education			
Presented by	Lisa Llewelyn, Director of Nurse and Health Professional Education			
Freedom of Information	Open			
Purpose of the Report	This paper provides an update on the progress to date on phase 2 of the Strategic Review of Commissioned Health Professional Education.			
Key Issues	<p>HEIW's strategic aims include an explicit statement around its role in ensuring the delivery of high-quality education and training so that the future healthcare workforce can achieve its potential in service provision to the NHS in Wales.</p> <p>In developing the SREP2 Project Plan, a key risk has been identified, which, if not mitigated, will significantly impact the timescale for the delivery of the Programme. This is the Approval Process for each education commissioning procurement programme.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to:-</p> <ul style="list-style-type: none"> • Note the governance arrangements introduced to oversee the Strategic Review of Health Professional Education Provision Phase 2 (SREP2), • Note the contents of this report, including the programmes that are included in the second phase • Note the action being taken to develop and agree the Approval process to mitigate the risk of delaying the procurement process • Note the Programme Assurance that will be applied to each of the programmes • Note the progress on developing the healthcare support worker programme and recommendation to the HEIW Board that it proceeds to go out to tender. 			

English Catherine
01/13/2022 09:27:07

UPDATE ON PHASE 2 OF THE STRATEGIC REVIEW OF COMMISSIONED HEALTH PROFESSIONAL EDUCATION

1. INTRODUCTION

The Education Commission and Quality Committee (ECQC) received an overview report at its last meeting in September 2021, on the progress in implementing Phase 2 of the strategic review of commissioned health professional education in Wales. This paper provides an update on the improved programme management, governance arrangements and assurance processes introduced, to ensure that a procurement process and subsequent contract specification development to commission healthcare education is evidence based; meets quality standards; reflects service and population health need; which will ensure learners can access outstanding education to deliver safe and quality services for the people of Wales.

2. BACKGROUND

Health Education and Improvement Wales (HEIW) is undertaking a strategic review of commissioned health professional education and training services across NHS Wales. HEIW commissions both pre-registration and post-registration qualifications for both the future and current NHS Wales workforce.

HEIW's strategic aims include an explicit statement around its role in ensuring the delivery of high-quality education and training so that the future healthcare workforce can achieve its potential in service provision to the NHS in Wales.

Phase 1 of the strategic review predominantly focussed upon undergraduate pre-registration health professional education programmes. Although a large project in terms of commissioning processes and contractual arrangements there was one model. This, however, is not the case for the second phase.

Contracts have been awarded for all pre-registration education procured within phase 1 of the strategic review of health professional education. This has created the health education infrastructure across Wales, which forms a strong foundation on which post-registration education – which forms the majority part of phase 2 – can be built.

Phase 2 encompasses a range of education programmes, of which some are:

- Established Wales based postgraduate education programmes
- Programmes delivered from English universities
- Potential new education programmes to support workforce development and the transformation and delivery of healthcare services

In line with HEIW Annual Plan 2021/22, strategic objective 2.

To improve the quality and accessibility of education and training for all healthcare staff ensuring it meets future needs, it has been agreed to

Plan for Phase 2 of the Strategic Review of the commissioning of health professional education. The aim is for HEIW to be able to award contracts in 2022 to some post registration/ post graduate programmes and Phase 2 of strategic Review is underway.

3. GOVERNANCE ARRANGEMENTS

There have been lessons learned from how Phase 1 of the Strategic Review of Health Professional Education in terms of resources, timeframes, and ambitions. Initial analysis of the programmes that Strategic Review of Health Professional Education Provision Phase 2 (SREP2), has demonstrated that it will be a complex process, where “one size will not fit all” as in the case for phase one. The procurement and recommissioning process will include a multitude of different contract arrangements being awarded and various stakeholder engagement events relating to the introduction of new roles and education programmes to support the NHS in Wales. The scale of this procurement exercise should not be underestimated.

A Strategic Review of Health Professional Education Provision Phase 2 (SREP2) Programme Board has been established, chaired by the Director of Nurse and Health Professional Education. The Senior Responsible Officer for the Programme has recently been transferred to the Deputy Director of Education Commissioning and Quality. In support, a programme manager started in October 2021 and a project support officer in December 2021.

The SREP2 Programme Board will be finalising its Terms of Reference now that an established programme management team and membership has been agreed, from across HEIW as well as procurement and legal services from NHS Wales Shared services Partnership (NWSSP). The Board will meet monthly and provide reports, assurance, and recommendations to the HEIW Executive Team. The Executive Team will in turn ensure that the ECQC and Board is engaged appropriately in terms of ongoing assurance, decisions and approvals.

In line with HEIW's Annual Plan, the Performance Framework will also be updated on a quarterly basis to reflect progress against agreed objectives.

Project Plan

The SREP2 Programme Board has requested a detailed project plan be developed to enable resource allocation, specification developments and effective stakeholder management and engagement. Project management processes are being refined and further developed to ensure the project plan is finalised in January 2022, recognising that further developments may be added. In developing the SREP2 Project Plan, a key risk has been identified, which, if not mitigated, will significantly impact the timescale for the delivery of the Programme. This is the Approval Process required for each education commissioning procurement programme.

English Catherine
01/13/2022 09:27:07

Approval process

The SREP2 Programme will cover more than 20 separate procurement exercises. These procurements will vary in both value and complexity, ranging from small to significant in education contract value terms.

To ensure the most appropriate process for approval is utilised for each procurement; human resources are managed effectively and efficiently; and appropriate levels of scrutiny and assurance is considered, an Approvals Process for procurements of differing values is required. The SREP2 Programme Board has reviewed an Approval Process developed by key members of HEIW and NWSSP, including legal and procurement colleagues, in line with HEIW Standing Orders. The proposed Approval Process is being finalised and will be taken to the Executive Team for agreement in January and an update provided to the March 2022 ECQC. Failure to confirm an agreed process will significantly impact on the timescales for improving the education to be commissioned and may result in a delay on service improvements.

Programme Assurance

The SREP2 Programme Board has tested and agreed an assurance template that will be used by each of the commissioned programmes of education. Each proposed education programme will be reviewed, developed, and assessed against the assurance template and the evidence of assurance provided to the SREP2 Programme Board alongside each procurement proposal. As reported at the last ECQC, a Strategic Education Adviser has been recruited to support the programme. The criteria include.

- Review of current education provision
- Need for change/quality improvement
- Initial education commissioning proposals, based on evidence-based quality improvements
- Scope and programme of stakeholder/expert engagement
- Education improvements following stakeholder/ expert feedback
- Final proposed procurement
- Added value, benefits and proposed quality and safety impact of procurement

This assurance template will continue to be reviewed and updated as appropriate

Pricing Strategy

A robust and agile evaluation and pricing strategy for Masters level modules is being developed, which focuses primarily on quality but also includes price and social value.

Stakeholder engagement

Each programme will have a stakeholder engagement plan, to ensure the content of the education to be commissioned through procurement delivers the maximum benefit for Wales, and will involve members who are key to the development of each defined programme. These may include NHS Health Boards and Trusts, clinical specialists,

heads of service, universities, education commissioners and providers. A wider stakeholder engagement is also proposed in collaboration with HEIW communication colleagues.

Programme Highlight Report

The following education programmes are currently being developed, and a highlight report with RAG rating on each is reported to each SREP2 Programme Board.

Currently, an overall amber RAG rating reflects the uncertainty around the approvals process and the delays with project planning.

- **Healthcare support worker**

A report providing a high-level summary of the proposed commissioning of Level 4 HCSW (Nursing) education has been agreed by the SREP2 Programme Board. It summarises current provision, education and workforce need, stakeholder engagement, strategic education advice and the final proposed education procurement position. This report has been submitted to the HEIW Executive Team and the closed meeting of the Education Commissioning and Quality Committee for review and recommendation to the HEIW Board prior to going out to tender.

Given the value of the above programmes, this is not affected by the uncertainty of the Approvals Process.

- **Doctorate in Clinical Psychology and Clinical Associate in Applied Psychology Critical care.**

A report providing a high-level summary of the proposed commissioning of the Doctorate in Clinical Psychology and Clinical Associate in Applied Psychology (CAAPs) education is being finalised and will be considered by the January 2022 SREP2 Programme Board.

The following programmes continue to be developed

- **Medical genomics**
- **Non-medical Authorisation of Blood Transfusion (NABT)**
- **Clinical Photography**
- **Practitioner training programme part-time**
- **Medical ultrasound**

4. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

5. RECOMMENDATION

Members are asked to:-

- **Note** the governance arrangements introduced to oversee the Strategic Review of Health Professional Education Provision Phase 2 (SREP2),

- **Note** the contents of this report, including the programmes that are included in the second phase
- **Note** the action being taken to develop and agree the Approval process to mitigate the risk of delaying the procurement process
- **Note** the Programme Assurance that will be applied to each of the programmes
- **Note** the progress on developing the healthcare support worker programme and recommendation to the HEIW Board that it proceeds to go out to tender.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality.	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
High-quality education and training is closely associated with patient safety. Patient safety runs through our education standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. HEIW will seek assurance that education and training take place where patients are safe, the care and experience of patients is good, and education and training are valued			
Financial Implications			
There are no financial implications associated with this report.			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
No implications for HEIW staff have been identified.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History			
Appendices			
1. Project Highlight Report 2. Assurance Template			

HIGHLIGHT REPORT

Project Title/Programme Workstream:	Procurement of Post Graduate health education Overall project report		
IMTP Strategic Objective:	HEIW Strategic Objective 2.3: Plan for Phase 2 of the Strategic Review of the commissioning of health professional education		
Owner/Chair:	Lisa Llewellyn - Director of Nurse and Health Professional Education		
Report completed by Project/Programme Manager:	Hilary Wickett – Phase 2 Project manager		
Reporting Period From:	18 November 2021	To:	17 December 2021
Date of Report:	22 December 2021	Overall RAG Status & Trend ▲ ▼ ► :	►
RAG rating summary for Phase 2 projects			
Healthcare Support Worker level 4			▼
Medical Genomics level 7			▼
CAAPs level 7			►
Critical care level 7			►
Non-medical Authorisation of Blood Transfusion (NABT) level 7			▼
Clinical Photography level 7			►
PTP part time level 5 and 6			►
Medical ultrasound level 7			▼

A brief update for this reporting period

Phase 2a procurements continuing to progress in a wide range of areas. Overall amber RAG rating reflects uncertainty around approvals process and delays with project planning.

As requested this overall phase 2 highlight report now includes an overall RAG rating for each subsidiary project. It is noted RAG ratings currently are subjective whilst awaiting finalisation of the phase 2 project plan.

The task and finish group established to procure consultancy work in HCS and AHP has ended because no expressions of interest were received. This is considered to be due to the short time frame for work to be undertaken.

Key Milestones/Deliverables Achieved	Comments
Successful task and finish group met to agree a pricing strategy for 20 credit level 7 modules. The approach will incorporate the use of a ceiling guide price and an agreed weighting of price within evaluation criteria, see separate agenda item.	
Multiple meetings held to establish the current approvals process for phase 2 education commissioning, see separate agenda item.	
Preparatory planning workshop held to establish a shared understanding of key project parameters, see separate agenda item.	
Work based learning contract task and finish group scoped, planned and scheduled for January 2022.	

Key Issue(s), Concerns and Risk(s)

Key Risks

Top 3 Risks	Impact	Probability	Overall score	RAG Status	Mitigating Action	Impact	Probability	Score	RAG & Trend
1. Agored Cymru currently providing work based learning through a Single Tender Action (STA) but without agreed terms and conditions.	3	3	9	Yellow	Establish a new project group to procure a Single Provider Framework through an open process.	2	2	4	Yellow
If approvals process is disproportionately long, it will delay commissioning and risk reputational (R15)	4	4	16	Red	Reviewing approvals process will help commission education in a timely manner and strengthen HEIWs reputation	1	1	1	Yellow

Forward Look for the next period

Key Milestones/Deliverables	Estimated Delivery Date	RAG Status
Planning workshop to develop draft project Gantt chart	Jan 22	Green
Retrospectively develop draft Project Initiation document for Phase 2 in line with Project Management Framework	Dec 21	Yellow
Devise Phase 2 Sustainability Risk Assessment	Dec 21	Yellow
Devise Phase 2 Data Protection Impact Assessment	Dec 21	Yellow
Devise Phase 2 Equality Impact Assessment	Dec 21	Yellow

Request(s) for Change

Lessons Learned

Additional Information

Key



- Off track to deliver by the deadline in the plan
- Off track to deliver by the deadline in the plan but can recover
- Complete or on track to deliver by the deadline in the plan

- ⬆ Risk rating increased from last report
- ↔ Risk rating stayed the same as last report
- ⬆ Risk rating reduced from last report

English, Catherine
01/13/2022 09:27:07

Appendix 2

Assurance Template

<p>1. CURRENT EDUCATION PROVISION Overview of past/current education eg;</p> <ul style="list-style-type: none">• Provider• Annual numbers of learners• Professional standards/syllabus requirements• Funding <p>2. NEED FOR CHANGE Summary of key drivers for change</p> <p>3. OUR INITIAL PROPOSALS Overview of proposed future education</p> <p>4. SCOPE OF STAKEHOLDER ENGAGEMENT Summary of;</p> <ul style="list-style-type: none">• the range of stakeholders engaged• their comments and views. <p>5. FURTHER CHANGES EMBEDDED FOLLOWING STAKEHOLDER ENGAGEMENT List of specific changes made following stakeholder engagement</p> <p>6. SUMMARY OF FINAL OFFERING/POSITION Revised overview of proposed future education. Lotting Strategy Financials</p> <p>7. LIST OF BENEFITS INCLUDING IMPACT Summary of impact on primary care, workforce strategy etc...</p>

English Catherine
01/13/2022 09:27:07