Education Contract

BETWEEN

TRAINEES working on
Acute Medicine and General Internal Medicine Training
Programmes

and

Abertawe Bro Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaladr University Health
Cardiff and Vale University Health Board
Cwm Taf University Health Board
Hywel Dda University Health Board
Velindre NHS Trust

and

the WALES DEANERY
SUMMARY OF THE EDUCATION CONTRACT

This document details an Education Contract between the Trainee, the Local Education Provider (LEP) and the Wales Deanery with the aim of ensuring the delivery of a high quality training experience which meets the standards set by the United Kingdom (UK) regulator, the General Medical Council (GMC).

Accordingly, the parties agree to operate in accordance with the specific roles and responsibilities of the Trainee, LEP and Wales Deanery as set out in this contract.

PURPOSE OF THE CONTRACT

The Wales Deanery is committed to leading on supporting learning and training opportunities across Wales and ensuring that the work undertaken by doctors in training supports learning opportunities wherever possible and that a balance is maintained between providing services and accessing education and training opportunities. In 2010 the Wales Deanery first signalled its commitment to improve the quality of training on offer to trainees by investing in the educational environment i.e. protected teaching time, opportunities to attend outpatient clinics and theatre time in order to be able to recruit and retain high quality trainees. From May 2012 onwards Reconfiguration Discussion Documents were published for a number of the specialties detailing the ideal model of training within the Specialty.

To date one of the main considerations in this reconfiguration of training has been the sustainability of training rotas and the delivery of a 1:11 rota to allow sufficient time for trainees to attend clinics, elective lists, formal training sessions and any other requirements within the relevant curricula. The Wales Deanery recognises that for certain specialties and localities it may not always be possible to achieve the 1:11 standard. As a result the Deanery has introduced the concept of an Education Contract between the Trainee, LEP and Deanery, the specialty specific components of which detail the expectations in terms of sessions required to attend key education and training opportunities. These criteria and metrics have been mapped against GMC approved curricula¹ and Royal College training standards and will be subject to revision in line with changes to relevant documents. In 2015 the GMC published ‘Promoting excellence: standards for medical education and training’² a series of 10 standards for organisations responsible for educating and training doctors in the UK, which came into force on the 1st January 2016. These standards form the basis against which the GMC and Wales Deanery will monitor the delivery of training across Wales. To support this a number of these standards and requirements are detailed within this Education Contract.

By signing this contract all parties are demonstrating their commitment and support to developing a culture across NHS Wales which supports learning, education and training.

¹ General Medical Council - http://www.gmc-uk.org/education/approved_curricula_and_assessment_systems.asp
² General Medical Council – ‘Promoting excellence: standards for medical education and training’ (July 2015)
COMMENCEMENT AND DURATION

The contract shall endure between the Trainee, LEP and Deanery for as long as the Trainee is placed with the LEP in a Deanery approved Training post.

ACCOUNTABILITY ARRANGEMENTS

Accountability for meeting the responsibilities set out in this Contract lies with the Trainee, LEP and the Deanery. Progress against the Contract will be regularly reviewed at agreed intervals through existing processes i.e. Annual Review of Competence Progression (ARCP) reviews for Trainees, Trainee End of Placement Evaluation feedback processes, real-time monitoring systems and self-reporting for LEPs to ensure the prompt identification of issues. Where issues have been identified an action plan with timeframes and deliverables will be agreed.
In receiving high quality training the Trainee has a responsibility to:

- Have at the forefront of their clinical and professional practice the principles of *Good Medical Practice* for the benefit of safe patient care (*Gold Guide*. Page 86).
- Ensure familiarity with the most recent version of the “Gold Guide”
- Ensure that they are registered with the General Medical Council (GMC) with a license to practice and inform the Deanery and LEP of any investigations by the Police, GMC, National Clinical Assessment Service (NCAS) or any other regulatory body.
- Ensure they have and maintain adequate insurance and indemnity cover. (*Good Medical Practice. Point 63, page 20*).
- Populate and update personal details on the Deanery INTREPID database system including diversity information.
- Maintain a prescribed connection with the Wales Deanery and to comply with all requirements regarding the GMC revalidation process including the annual completion and return of the Form R prior to the Annual Review of Competence Progression (ARCP) panel review and a declaration of the full scope of practice, where applicable.
- Follow the LEP process for sick leave, maternity/paternity leave etc. and ensure the Training Programme Director (TPD) and Deanery are also informed.
- Where applicable register with the relevant Royal College prior to starting the training programme and remain registered for the duration of their training in order to access the electronic record of their training and assessments (the e-portfolio).
- Arrange regular meetings with their Educational Supervisor to agree future training objectives and review progress on the training programme.
- Participate proactively in the appraisal, assessment and programme planning process including providing documentation that will be required to the prescribed timescales without unreasonable delay. (*Gold Guide. Page 88*)
- Maintain regular contact with the Educational Supervisor, TPD, and Foundation/Specialty Training School by responding promptly to communications, usually via email, in a timely manner, and notifying the TPD and Deanery of any changes to their contact details.
- Engage in LEP led rota compliance audits.
- Ensure familiarity with the evidence required within the curriculum and training portfolio to demonstrate progress at ARCP panel reviews and the frequency within which this evidence will be reviewed.
- Make regular and timely entries into the learning log on the e-portfolio. This will include learning objectives, reflection on how the learning will change their practice and the next review date.
- Provide documented evidence of the following in accordance with training curriculum requirements:
  - involvement in formal and informal teaching and feedback received.

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3 General Medical Council – ‘Good Medical Practice’ (March 2013)
- participation in management activities such as attending appropriate meetings, helping with rotas, audit.
- completion of a quality improvement project
- acquisition of research skills.

- Trainees must log attendance and reflect on scheduled education and training sessions ensuring they meet the specialty specific requirements as detailed in Appendix 1.
- Make suitable arrangements for the completion of Workplace Based Assessments (WPBA) as specified by the Foundation/Specialty Training School in the required timeframes.
- Attend LEP and training programme induction sessions and the regional timetabled mandatory training and skills development sessions as detailed by the relevant Foundation/Speciality Training School/Royal College except in extenuating circumstances.
- Undertake formal Royal College assessments in a timely manner as per College Guidance i.e. take the available opportunities to sit exams unless there are educational or health reasons not to.
- Support the development and evaluation of training programmes by participating actively in the national annual GMC Trainee Survey/programme specific surveys as well as any other activities that contribute to the quality improvement of training (Gold Guide. Page 88).
- Give at least 6 weeks’ notice of all study leave requests and be aware that, as colleagues have similar educational needs, collaboration will be required to allow integration of individual education plans.
- Reflect on their performance and inform their Educational Supervisor or Training Programme Director of any problems that might adversely influence their performance e.g. illness etc.
- Approach, as appropriate, at least one of the following people should they feel there are any problems with an individual post or progress:
  - Clinical Supervisor
  - Educational Supervisor
  - Local Faculty Lead
  - Training Programme Director
  - Head of Foundation/Specialty Training School
  - Appropriate Associate Dean/Sub Dean of Wales Deanery
THE LOCAL EDUCATION PROVIDER (LEP)

In supporting the delivery of high quality training the LEP has a responsibility to:

- Provide the trainee with a rota designed to:
  - make sure doctors in training have appropriate clinical supervision
  - support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors
  - provide learning opportunities that all doctors in training need to meet the requirements of their curriculum and training programme
  - give doctors access to educational supervisors
  - minimise the adverse effects of fatigue and workload (‘Promoting Excellence’ R1.12, page 12)

- Provide a learning environment that is safe for patients and supportive for trainees and trainers (‘Promoting Excellence’. S1.1, page 9).

- Provide a learning environment and organisational culture that values and supports education and training so that trainees are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum (‘Promoting Excellence’. S1.2, page 9).

- Provide the trainee with facilities to access online curricula, workplace based assessments, supervised learning events and portfolios (‘Promoting Excellence’. R1.19, page 14) near to their usual place of work.

- Provide local faculty support structures and processes for Trainees and trainers and ensure individuals know how to access this support.

- Provide an induction for the Trainee within the first 6 weeks of the training placement that clearly sets out:
  - their duties and supervision arrangements
  - their role in the team
  - how to gain support from senior colleagues
  - guidelines and workplace policies they must follow
  - how to access clinical and learning resources (‘Promoting Excellence’. R1.13, Page 13)

- Ensure appropriate handover at the start and end of periods of day or night duties are organised and scheduled which maximise the learning opportunities for doctors in training (‘Promoting Excellence’. R1.14, Page 13).

- Ensure that Trainees have access to a named Educational Supervisor (ES) and time set aside to regularly (i.e. at the start, middle and end of each placement) meet with the ES to plan their training, review progress and achieved agreed learning outcomes (‘Promoting Excellence’. R2.15, Page 21).

- Ensure that trainees have an appropriate level of clinical supervision at all times by an experienced and competent supervisor. The level of supervision must fit the trainee’s competence, confidence and experience (‘Promoting Excellence’. R1.8, Page 11).

- Ensure trainees have protected time for learning and for attending organised education sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum (‘Promoting Excellence’. R1.16, Page 14) as detailed within Appendix 1 of this Contract.
• Ensure trainees are able to take study leave appropriate to their curriculum or training programme to the maximum time permitted (‘Promoting Excellence’. R3.12, Page 26).

• Ensure that Trainers have enough time in job plans to meet their educational responsibilities (‘Promoting Excellence’. R4.2, Page 30).

• Ensure that Educational Supervisors and Named Clinical Supervisors are supported appropriately through the relevant Deanery Agreements.

• Encourage involvement of Educational Supervisors in supporting activities relating to the delivery of postgraduate medical training including recruitment to training grade posts and Annual Review of Competence Progression panels.

• Ensure where the Educational Supervisor is on leave alternative arrangements are in place to support the trainee’s educational and training requirements.

• Demonstrate a culture that allows trainees and trainers to raise concerns about Patient Safety and the standard of care of education and training openly and safely (‘Promoting Excellence’. R1.1, Page 10) and investigate and take action locally to make sure concerns are properly dealt with (‘Promoting Excellence’. R1.2, Page 10.).

• Ensure that the Postgraduate Dean, as Responsible Officer for all trainees, is informed and updated of any concerns regarding a trainee’s fitness to practice.

• Liaise with the Deanery in accordance with agreed Quality Management arrangements for training programmes and share information to address quality concerns and share best practice.

• Undertake active involvement in Deanery led Quality Management processes relating to the delivery of training including providing feedback to the Deanery.

• Provide the Deanery with monitoring data and reports as agreed to monitor the delivery of this Contract.

• Commit to the management of postgraduate medical education and training (and its development) by meeting the provisions of the Deanery Service Level Agreement and associated Health Board commissioning activity.

• Demonstrate accountability for educational governance at Board level (‘Promoting Excellence’. R2.2, Page 18).
In supporting the delivery of high quality training the Deanery has a responsibility to:

- Ensure that trainees are placed in training posts that deliver the curriculum and assessment requirements set out and provide sufficient experience to achieve and maintain the competences required by approved curricula (‘Promoting Excellence’. R5.9, Page 36).
- Ensure trainees understand their curriculum requirements and how their placement fits within the overall training programme (‘Promoting Excellence’. R5.9, Page 36).
- Ensure trainees have access to:
  - systems and information to support less than full time training (‘Promoting Excellence’. R3.10, Page 26).
  - appropriate support when returning to training following a career break (‘Promoting Excellence’. R3.11, Page 26).
  - support, where reasonable, where progress, performance, health or conduct gives rise to concerns to overcome these concerns and, if needed, give advice on alternative career opportunities (‘Promoting Excellence’. R3.14, Page 27).
- Ensure trainees are able to take study leave appropriate to their curriculum or training programme to the maximum time permitted (‘Promoting Excellence’. R3.12, Page 26).
- Provide opportunities for Trainees to develop their clinical, medical and practical skills through technology enhanced learning opportunities, with support of trainers, before using skills in a clinical situation (‘Promoting Excellence’. R5.9, Page 36).
- Ensure trainees are assigned to an approved Educational Supervisor with dedicated time within the job plan to undertake the role.
- Evaluate information about trainees’ performance, progression and outcomes by collecting, analysing and using data on quality and on equality and diversity (‘Promoting Excellence’. R2.5, Page 19).
- Ensure systems and processes are in place to monitor the quality of teaching, support, facilities and learning opportunities on placements and respond when standards are not being met (‘Promoting Excellence’. R2.6, Page 19).
- Share information about quality management and quality control of education and training with LEPs. This is to identify risk, improve quality and to identify good practice (‘Promoting Excellence’. R2.8, Page 20).
- Ensure systems are in place for raising concerns about education and training (‘Promoting Excellence’. R2.7, Page 19) and appropriate support is available to individuals raising these concerns.
- Ensure Foundation/Specialty Schools communicate with LEPs when specific problems/issues have been raised by trainees through end of placement returns, ARCPs or other feedback mechanisms.
• Ensure that LEPs are informed and updated on any trainee fitness to practice concerns identified through the ARCP process.
• Collect, manage and share all necessary data and reports to meet GMC approval requirements (‘Promoting Excellence’. R2.9, Page 20) and requirements of the Welsh Government.
• Ensure that all activities to support the day to day management of training programmes meet agreed national standards.
• Commit to the management of postgraduate medical education and training (and its development) by meeting the provisions of the Service Level Agreement with LEPs and associated commissioning activity.
## TERMS OF UNDERSTANDING

The signing of this Contract commits the signatories to undertake, to the best of their ability, the responsibilities stated in the Contract. Together, the parties enter into the ethos of this Contract to mutually promote excellence in postgraduate medical education and training through the development and provision of high quality sustainable training programmes.

I have read and understand the content of this Contract, in particular the responsibilities of the Trainee, and hereby agree to adhere to them.

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I have read and understand the content of this Contract, in particular the responsibilities of the Local Education Provider, and hereby agree to adhere to them.

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APPENDIX 1 – Specialty Specific Contract Requirements

Applicable for Trainees on Acute Medicine ST3+ and General Internal Medicine Jointly Accrediting training programmes

Less Than Full Time (LTFT) trainees will be expected to achieve/have sufficient time to achieve these requirements on a pro rata basis dependent upon their %WTE.

Trainee Requirements

1. Trainee should have at least one high quality QI Project, within training timescale, which will be assessed by Nominated STC QI lead +/- their deputy. The QIP should show enhanced understanding of QI principles, skills of QI science and presentation of findings of a project that they personally lead.
2. The trainee must attend a minimum of 80% of the annual Wales Acute Medicine training weeks. If this is not achievable, the trainee must attend an alternative course/conference, which has been agreed with the ES.
3. In collaboration with the ES, the trainee must decide on a Specialist Skill to develop as set out in the Acute Medicine Curriculum. This should be reviewed on an annual basis.
4. The trainee will have a weekly protected session in their job plan for development of their specialist skill. If not required for the specialist skill, the trainee should use it for audit/research/clinical interest. Output from this session must be evidenced in the portfolio and confirmed by the ES.
5. The trainee must attend at least 1 hour of bleep free CPD activity per week provided for by the LEP.
6. The trainee must attend an average of 1 outpatient clinic per week.
7. The trainee must assess a minimum of 450 new patients in outpatient clinics and 1500 follow up patients over the duration of the training period.
8. The trainee must lead a minimum of one ward round per week with consultant supervision except for ITU/Cardiology blocks.
9. The trainee must attend skills lab teaching for the key procedures outlined in the curriculum at least once per year.
10. Trainees must ensure they appropriately utilise their 1 protected session per week for private study, audit/Quality Improvement, research and teaching.

LEP requirements

1. The LEP must ensure that the trainee is able to attend the annual Wales Acute Medicine Training Weeks as part of their study leave entitlement.
2. The LEP must provide a minimum of 1 hour of bleep-free CPD activity per week.
3. The LEP must ensure that each trainee’s job plan includes one session per week for bleep free development of their specialist skill or other agreed personal development activities such as audit/research/clinical interest.
4. The LEP should ensure that the trainee is timetabled to attend an average of 1 OPD (except during ITU placement).
5. The LEP should ensure that the trainee leads a minimum of 1 consultant supervised ward round per week, except whilst in ITU/cardiology unless otherwise agreed locally.
   a. The LEP must provide skills lab teaching for the key procedures outlined in the curriculum at least once per year.
6. The LEP should ensure trainees have access to 1 protected session per week for private study, audit/Quality Improvement, research and teaching.

**General Internal Medicine Trainees**

**Trainee Requirements**

1. Trainees must evidence 100 hours of G(I)M CPD distributed evenly throughout the duration of their GIM training programme.
2. Trainees must attend 3 of the 4 G(I)M training days annually
3. Trainees must obtain a separate annual ES report in G(I)M, and 2 MCRs relating to G(I)M whilst in G(I)M posts
4. Trainees must provide evidence of direct care i.e. clerking, examining and investigating – of 300 patients per year admitted on the general medical “take” and maintain an updated “Summary of training calculator.”
5. Trainees must complete at least 1 quality improvement project to be presented each year.
6. Trainees must attend an average of 1 outpatient clinic or equivalent (specialist clinic, direct access clinics or ambulatory care clinics) per week.
7. Trainees must attend a minimum of 1 elective consultant led ward round and lead 1 ward round per week with appropriate supervision.
8. Trainees must lead a minimum of 6 consultant supervised post take ward rounds per year

**LEP Requirements**

1. LEPs must ensure trainees are able to provide evidence of direct care of 300 patients per year admitted on the general medical “take.”
2. LEPs must ensure trainees are released from clinical duties to enable them to evidence 100 hours of G(I)M CPD distributed evenly throughout the duration of their GIM training programme.
3. LEPs must ensure trainees have sufficient time to attend an average of 1 outpatient clinic or equivalent (specialist clinic, direct access clinics or ambulatory care clinics) per week
4. LEPs must ensure consultant supervision is available for trainees for a minimum of 2 elective ward rounds per week and 6 post-take ward rounds per year.