



Education Contract

BETWEEN

TRAINEES working on
Intermediate Anaesthetics Training Programmes

and

Abertawe Bro Morgannwg University Health Board
Aneurin Bevan University Health Board
Betsi Cadwaldr 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.

THE TRAINEE

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*³ for the benefit of safe patient care (Gold Guide⁴. 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.

³ General Medical Council – ‘Good Medical Practice’ (March 2013)

⁴ COPMeD – ‘A Reference Guide for Postgraduate Specialty Training in the UK’ (The Gold Guide) Sixth Edition (February 2016)

- 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)

THE WALES DEANERY

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 that trainees receive timely and accurate **information** about their curriculum, assessments and clinical placements ('Promoting Excellence'. R3.7, Page 25).
- 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.

Signed by		Name
Position	Trainee	Date

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.

Signed by		Name
Position	Medical Director	Date

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.

Signed by		Name
Position	Clinical Director	Date

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

Signed by		Name
Position	Postgraduate Dean	Date

APPENDIX 1 – Specialty Specific Contract Requirements

Applicable for Trainees on Intermediate Anaesthetics 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.

Intermediate Anaesthetic Trainees

Trainee Requirements

- Trainees must attend and reflect on a minimum of 15 local quality & safety, Morbidity & Mortality, MDT or journal club meetings over the course of their intermediate training
- Trainees must lead and present one quality improvement project-over the course of their intermediate training
- Trainees must attend departmental teaching when timetabled to do so, engage as teacher/presenter when appropriate and reflect on feedback.
- Trainees must attend at least 60% of all anaesthetic regional training when they have been mandated to do so by their educational supervisor.
- Trainees must attend a minimum of 20 sessions of training in the Essential Specialist Modules, as defined by the RCoA Intermediate Training Curriculum.
- Trainees should attend a minimum of 20 half day pain sessions, of which 15 should be chronic (or cancer pain) and 5 acute, over the course of their intermediate training.
Two sessions (one for acute and one for chronic) can come from attendance at approved regional study days.
- Trainees must attend medically led peri-operative assessment clinics in order to meet the competencies of the perioperative Unit of Training.
- Trainees must attend a minimum of three supervised sessions per week. The supervised sessions MUST have relevance to the unit of training that individual trainees are undertaking at the time. Supervised sessions not relevant to their unit of training cannot count as one of the 3 supervised sessions.

LEP Requirements

- LEPs must ensure trainees have sufficient time to attend and reflect on a minimum of 15 local quality & safety, Morbidity & Mortality, MDT or journal club meetings over the course of their intermediate training
- LEPs must ensure trainees will be timetabled to attend departmental classroom teaching
- LEPs must ensure trainees have sufficient time to attend at least 60% of all anaesthetic regional training where that is mandated by their educational supervisor
- LEPs must ensure that trainees receive a minimum of 20 sessions of training in the Essential Specialist Modules, as defined by the RCoA Intermediate Training

Curriculum where completion of those modules has been mandated by the WSA within the attachment.

- LEPs must ensure that trainees are able to attend a minimum of 20 half day pain sessions, of which 15 should be chronic (or cancer pain) and 5 acute, where completion of the pain module has been mandated by the WSA within the attachment.
- LEPs must ensure trainees receive a minimum of three supervised sessions per week. The supervised sessions **MUST** have relevance to the unit of training that individual trainees are undertaking at the time. Supervised sessions not relevant to their unit of training cannot count as one of the 3 supervised sessions.
- LEPs must ensure that trainees receive a balanced training and are timetabled to appropriate sessions to complete the modules mandated by the Welsh School of Anaesthesia for completion within the attachment.
- LEPs must adhere to the Criteria for Training in Obstetric Anaesthesia as stated in the RCoA GPAS 2015/ACSA standards 2014 (see Appendix 2)
- LEPs must adhere to the recommendations for training in the Guidelines for the provision of intensive care services (GPICS) (see Appendix 2).
- LEPs must ensure that trainees are able to attend medically led peri-operative assessment clinics in order to meet the competencies of the perioperative UoT

APPENDIX 2 – Sub-Specialty Specific Contract Requirements

Criteria for Training in Obstetric Anaesthesia. All criteria for training units are based on RCoA GPAS 2015/ACSA standards 2014

1. All training obstetric units must have immediate access to Consultant supervision and senior training support for a minimum of ten daytime sessions per week.
2. The duty anaesthetist should be immediately available for the obstetric unit 24 hours per day. There should be a clear line of communication from the duty anaesthetist to the supervising senior at all times and consultant support and on-call availability are essential 24 hours per day. If the duty anaesthetist has other responsibilities, these should be of a nature that would allow the activity to be delayed or interrupted should obstetric work arise, to allow provision of analgesia, as well as anaesthesia, to parturients.
3. The duty anaesthetist for obstetrics should participate in multidisciplinary delivery suite ward rounds and handover.
4. All departments should provide and regularly update multidisciplinary guidelines. A comprehensive list of recommended guidelines can be found in the OAA/AAGBI Guidelines for Obstetric Anaesthesia Services.
5. Basic training for core trainees: this should consist of an absolute minimum of 20 directly supervised sessions within a four-month period to achieve the IAOAC, during which time the trainee should achieve the core clinical learning outcomes.
6. Following the completion of the IAOAC, all trainees should participate in the out-of-hours obstetric anaesthesia rota to achieve their unit of training sign-off. The recommendation from OAA/AAGBI publication 'Guidelines for Obstetric Anaesthesia Services 2013 states: All trainees who have completed their basic obstetric training should have some opportunity to cover on-call duties on the labour ward out-of-hours, so that they are confident to take on this responsibility once they are appointed to an ST3 post.
7. Every department must have a Consultant Anaesthetist to fulfil the role of Named Clinical Supervisor, with overall responsibility for the training and education of trainees in obstetric anaesthesia. They must meet the GMC accreditation standards and have a breadth of knowledge and experience in training delivery and the training requirements as set out in the RCoA curriculum.
8. The department must have a policy for the post-procedural review of all patients. Adequate provision should be made for a member of the anaesthetic team to visit patients within 24 hours following an obstetric anaesthetic intervention. Training in the follow-up of patients after regional techniques should be embedded in the daily workload.

Criteria for Training in Intensive Care Medicine. All criteria for training units are based on the recommendations for training in the Guidelines for the provision of intensive care services.

1. All ICUs should have an appropriate trainee educational structure in place: Clinical Supervisors should be consultants in Intensive Care Medicine who identify their educational role in their annual appraisal. Every trainee should have opportunities to complete assessments and appraisal(s).

A consultant representing the Faculty of Intensive Care Medicine should be appointed to ensure that the individual training requirements of trainees are met, and to act as a link between the department and the Faculty. Larger ICUs may have more than one Faculty Tutor.

2. Trainee rotas

All trainees must spend at least half of their working time during periods when consultants are rostered to be on site

A minimum of 12.5% of training time should be at night, since the nature of this experience is qualitatively different from that during the day

3. Documented supervisor meetings should take place

At the beginning and end if an attachment is three months or less,

At the beginning and end, and at intervals not exceeding three months for longer attachments.