

Specialty Monitoring report Addendum

Training Commissioner: Health Education England: South West and Thames Valley Wessex (HEE SW TVW)

Education Quality Assurance Lead: Natalie Watson

Corrected April 2023

In December 2022, the GDC made contact with HEE SW TVW to review what progress had been made in relation to the actions that were listed on the HEE SW TVW specialty report. In December, P18 was moved to “Met” and action number 2 under Requirement P5 was addressed. In April 2022, HEE SW TVW submitted further evidence which was reviewed by the Education Quality Assurance Team (EQA) and this evidence provided assurance against Requirements P2 and P5. Both of these Requirements have now been confirmed as being “Met”.

Action number (Requirement)	1. Progress towards report actions:
4. (P18)	<p>Action:</p> <ul style="list-style-type: none">• Provide evidence of all assessors’ records for both HEE SW and TVW setting out:<ul style="list-style-type: none">-Their Specialty-Length of experience-Training records including what training was completed in relation to the new training modules and when they were completed-Date of renewal of registration with GDC/GMC <p>The GDC have reviewed additional evidence provided by HEE SW TVW.</p> <p>We consider that this Action has now been addressed. Requirement P18 is Met.</p>
2 & 3. (P5)	<p>Action:</p> <ul style="list-style-type: none">• Provide complete records of training modules undertaken, including annual updates or Equality and Diversity training for TPD, ES and CS for both SW and TVW• Provide evidence which demonstrates how issues relating to training not completed for a period of time is dealt with, specifically in relation to the process for highlighting and addressing this.

	<p>In April 2023, HEE SW TVW updated the GDC on the progress made in relation to the actions listed in the specialty report. We were satisfied with the progress made in relation to the first action in December 2022, and therefore will be reviewing the second action only.</p> <p>HEE SW TVW submitted further evidence and information, and this was reviewed by the EQA team.</p> <p>We were provided with evidence that demonstrates the process for identifying individuals who have not completed the mandatory training required. This was in the form of a survey for HEE SW and an appraisal document for HEE TVW. We can be assured that this allows for gaps in training to be identified. We can also be assured that EDI training is monitored appropriately. We have also been provided with evidence of a formal letter that would be communicated, should an individual not complete the training required.</p> <p>We are assured that both actions have been addressed. Requirement P5 is Met.</p>
<p>1. (P2)</p>	<p>Action:</p> <ul style="list-style-type: none"> • Provide a description of process and an assurance that patients that are treated by specialty trainees, but not consented by them, are able to decline treatment by a trainee if they so wish. <p>Progress against this action was reviewed in April 2023.</p> <p>HEE SW TVW have submitted evidence which provides assurance that there has been an introduction of a specialty trainee survey, which is completed annually by all SW and TVW trainees. This survey is distributed to a minimum of 20 patients and is uploaded and reflected upon in the trainee's portfolio. Completion of this survey is reviewed at Annual Review of Competence Progression (ARCP).</p> <p>This survey allows a patient to confirm if they are aware of who will be treating them and if they would be content with being treated by the individual in the future.</p> <p>We are assured that this action has been addressed. Requirement P2 is Met.</p>