Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th February 2010

TITLE	**Excellence in Education- a Consultation Document**
EXECUTIVE SUMMARY	The SHA have issued a Consultation document, called *Excellence in Education*. This is about the future organisation of postgraduate education for doctors, dentists and pharmacists in the South East Coast region. The SHA are consulting over a 5 week period ending 26th March 2010. A meeting has been set up within the Trust to consider the implications of the document and prepare a draft response which will be available for the March 2010 Board meeting.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Not assessed yet
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Not taken yet.
EQUALITY AND DIVERSITY ISSUES	n/a
LEGAL ISSUES	n/a
The Trust Board is asked to:	Note the report and that a draft response will be available for discussion at the March Board meeting
Submitted by:	Andrew Liles
Date:	16th February 2010
Decision:	For Noting

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Excellence in Education

A consultation about the organisation of postgraduate education for doctors, dentists and pharmacists in NHS South East Coast

Sue Webb
Director of Clinical and Workforce Development
11th February 2010

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Introduction

Summary

1. This paper seeks views on the question, "How should postgraduate education for doctors, dentists and pharmacists be organised in the South East Coast region in future?"

2. Several factors prompt this question at this particular time:

   2.1. current Department of Health policy about the organisation of postgraduate medical and dental education and about Health Innovation and Education Clusters (HIECs);

   2.2. the SHA's wish to develop the provision of postgraduate education in the region so that it is self reliant and able to meet our future workforce requirements;

   2.3. the approach which London Strategic Health Authority is taking to the reorganisation of postgraduate medical and dental education in its region. This will affect NHS South East Coast because of the overlapping arrangements between our two regions for Foundation and Higher Specialty Training;

   2.4. future demand for doctors in primary and secondary care, and the resources available for training during a difficult economic climate.

3. The Kent, Surrey and Sussex Deanery manages the provision of most postgraduate medical and dental education in the South East Coast region. The future organisation of the Kent, Surrey and Sussex Deanery is a key part of this consultation.

4. South East Coast Strategic Health Authority proposes the following approach within the region

   4.1. that it should commission postgraduate medical and dental education to meet the needs of its region, and that this will include higher specialty training that is largely managed on its behalf at the moment by London;

   4.2. that it should take advice about commissioning postgraduate education for doctors, dentists, pharmacists and healthcare scientists from a new advisory body called Medical Education South East Coast (MESEC). Membership of MESEC will comprise professional and employer representatives in the region;

   4.3. that either London Strategic Health Authority or South East Coast Strategic Health Authority should act as a lead commissioner of medical education for both regions in some limited circumstances, i.e. for medical specialties where trainee numbers are very small, and where there are no specific regional considerations for commissioning independently. Examples of specialties where lead commissioning may be appropriate are: allergy, audiology, clinical genetics, dentistry, histopathology, occupational medicine, ophthalmology, and paediatric neurosurgery;

4.4. that the South East Coast Strategic Health Authority should commission postgraduate education from the Kent, Surrey and Sussex Deanery. The Deanery will manage

4.4.1. medical postgraduate training programmes at all levels in future, i.e. Foundation, Core and Higher Specialty programmes[1] and

4.4.2. dental postgraduate programmes and lifelong learning for the wider dental team and

4.4.3. the present range of services to postgraduate medical and dental education and local education providers, including library and knowledge services;

4.4.4. postgraduate education for pharmacists and training for the wider pharmacy team.

4.5. that the Kent, Surrey and Sussex Deanery[2] should not be managed by the Director of Clinical and Workforce Development (the executive responsible for education commissioning at South East Coast Strategic Health Authority). The options for future management are that the Deanery are that it is

4.5.1. managed by another Director of the South East Coast Strategic Health Authority (the separate accountability option), or

4.5.2. retained as an arm's-length body, still part of the Strategic Health Authority but with distinctive governance arrangements (the arm's length option), or

4.5.3. transferred to a separate, existing NHS organisation, with which the Strategic Health Authority would have a contract for the provision of postgraduate medical and dental education (the transfer option).

4.6. that there should be a closer collaboration between the Kent, Surrey and Sussex Deanery and higher education in order to strengthen the academic base and service settings which support postgraduate education;

4.7. that South East Coast Strategic Health Authority should commission Kent, Surrey and Sussex Deanery to review continually the programmes it provides. In particular it should commission the Deanery to make an initial review of higher specialty training programmes so that

4.7.1. the Deanery strengthens the region's capability and attractiveness in postgraduate medical and dental education. It becomes less reliant on higher specialty training posts in London and eventually uses them only where there are curricular or other explicit needs to do so;

4.7.2. the Deanery sources training posts in the South Central region, where there are curricular or other needs to do so, and

4.7.3. it designs and implements many more higher quality programmes that are based entirely within the South East Coast region;

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[1] Currently London Deanery manages most Higher Specialty Training programmes and trainees in this region.

[2] Including the South East Medicines Management Education & Development team (SEMMED) and the Library and Knowledge Services team which are part of the Kent, Surrey and Sussex Deanery.

The consultation

5. The South East Coast Strategic Health Authority wishes to consult on its proposals for the organisation of postgraduate education for doctors, dentists and pharmacists.

6. The publication of this paper begins a five-week consultation period which will last from 15th February 2010 to 26th March 2010. You are invited to comment on the proposals made in this consultation paper.

7. If you wish to comment you may complete the response form distributed with, but separate from, this consultation paper, or write free-form comments in a letter. Either form of response should be sent as an email attachment to

   CWDBusinessUnit@southeastcoast.nhs.uk

8. The closing date for comments is Friday, 26th March 2010.

The structure of this paper

9. After this introductory section, the consultation paper is organised into three main sections:

   9.1. *The context*
   This section describes the current arrangements for postgraduate medical and dental education in the region; briefly describes Department of Health policy on separating commissioning and provision in postgraduate medical and dental education; considers the redistribution of education funding in England; and notes proposed changes in London which may affect this region

   9.2. *Commissioning postgraduate education*
   This section proposes the creation of an advisory committee, Medical Education South East Coast (MESEC), to advise the Strategic Health Authority about commissioning postgraduate education for doctors, dentists, pharmacists and healthcare scientists. The section also outlines the possibility of lead commissioning across several regions for certain smaller specialties and a review of cross-regional programmes with a view to reducing reliance on training posts in London hospitals.

   9.3. *Managing postgraduate education*
   This section considers options for the future management of the Kent, Surrey and Sussex Deanery, and the non-medical teams that are linked with it, namely the South East Medicines Management Education & Development (SEMMED) and Library and Knowledge Management Services. It also considers the need to develop closer collaboration between the Deanery and higher education in the region.

10. Throughout the paper specific questions are put in box-ruled paragraphs (see below). You are invited to give your views on these questions, as well as offering general comments.

> Specific Questions
>
> 1. One or more specific questions you are asked to address…

11. An initial equality impact assessment of this consultation paper has been made by the Strategic Health Authority's equality and diversity consultant. The paper includes amendments that he has suggested.

The context

Current organisation of postgraduate medical and dental education

12. South East Coast Strategic Health Authority invests more than £120M in the postgraduate training of doctors and dentists. It has nearly 3,500 trainees in the region at any one time.

13. The current arrangements for delivering postgraduate education for doctors and dentists are complex and involve two Postgraduate Deaneries: the Kent Surrey and Sussex Deanery and the London Deanery.

14. The Kent, Surrey and Sussex Deanery is now the responsibility of the South East Coast Strategic Health Authority which employs the majority of its staff. These staff were transferred into the Strategic Health Authority from the University of London in April 2008. A minority of staff are seconded to the deanery from other organisations in the higher education sector and in the NHS. The Dean Director of the Kent, Surrey and Sussex Deanery is managerially accountable to the Director of Clinical and Workforce Development at South East Coast Strategic Health Authority. The business of the Deanery is agreed each year as part of the Strategic Health Authority's business planning process.

15. The London Deanery is part of the University of London[3].

16. Both deaneries are provider organisations that manage the overall process of postgraduate medical and dental education. For this reason we sometimes refer to them in this paper as "lead providers". Both deaneries subcontract with NHS Trusts, general practice and other employers for access to training posts. We sometimes use the term "local education provider" in this paper to describe the role of the organisations which contribute to training in this way.

17. The work of the two deaneries overlaps to a significant extent in some areas of postgraduate medical and dental education. In the overlapping areas the distribution of work and accountability between them is complex, but can be summarised as follows:

    17.1. Kent, Surrey and Sussex Deanery manages Foundation Training across the South East Coast region and in South London. In particular it recruits and manages F1 and F2 trainees and organizes their Training Programmes. However the quality of Foundation Training Posts within a local education provider (including the quality of education supervision, facilities and infrastructure) is managed by the deanery in whose territory the local education provider is located[4];

[3] Currently, there is a mixed economy in England. Some postgraduate deaneries are managed within a University; others are part of an NHS body, typically a Strategic Health Authority.

[4] For example, an F2 trainee will be recruited by the Kent, Surrey and Sussex Deanery and their Training Programme will be managed by the South Thames Foundation School (a part of Kent, Surrey and Sussex Deanery). However, if the trainee is placed in a training post in South London (say Guy's and St Thomas' NHS Foundation Trust), the London Deanery is responsible for the quality management of their placement.

17.2. London Deanery manages the majority of Higher Specialty Training in medical and surgical specialties and in Dentistry across the South East Coast region and in London. In particular it recruits and manages higher specialty trainees and organizes their Training Programmes. However, the quality of Higher Specialty Training Posts is managed by the deanery in whose territory the local education provider is located.

18. Paragraph 17 simplifies the present overlapping arrangements into some general rules. Table 1 summarises these rules, by describing the lead deanery for each type of training, but it also comments on exceptions to the general rule[5].

Table 1 Current organisation of postgraduate medical and dental education

Type of Training		Lead Deanery	Comments/ Exceptions
Medical	Foundation Training	KSS	London Deanery organises Foundation Training for its region except in South London where it relies on the South Thames Foundation School (part of KSS Deanery)
	Core Training in Secondary Care	KSS/ London	Each region is self-sufficient, except for Obstetrics and Gynaecology, where London Deanery leads for the SEC region
	Higher Specialty Training	London	London Deanery organises Higher Specialty Training for its region and for the SEC region, except in the following specialties where the KSS Deanery organises some (but not all) programmes for SEC region: Anaesthetics Clinical Radiology Dermatology Emergency Medicine Intensive Care Medicine Geriatric Medicine (12 out of 35 programmes) Renal Medicine Stroke Medicine
	General Practice Training (Hospital & Community)	KSS/ London	Each region is self-sufficient except that KSS Deanery places some GP trainees in Epsom
Public Health	Public Health Training	London	London Deanery organises Higher Specialty Training for its region and for the SEC region
Dental	Foundation Training	KSS/ London	Each region is self-sufficient. No exceptions
	Higher Specialty Training	London	London Deanery organises Higher Specialty Training in Dentistry for its own region and for the SEC region. No exceptions

19. The South East Coast Strategic Health Authority funds the majority of Training Posts in local education providers in its region. However, a significant minority of Training Posts are funded by local education providers themselves. In Higher Specialty Training programmes local education providers in the South East Coast region fund 27% of training posts; over all programmes they fund 16% of training posts.

20. London and the South East Coast Strategic Health Authorities fund training posts in their own regions for use by both Deaneries. To be clear

20.1. South East Coast Strategic Health Authority funds a training post in its region, even when the trainee in-post has a national training number (NTN) assigned to the London Deanery;

[5] Further complexity comes from the fact the Department of Health may invite a Deanery to take a national lead in recruiting to higher specialty training programmes in a particular specialty. For example, the Kent, Surrey and Sussex Deanery recruits to Clinical Oncology programmes on behalf of all English deaneries.

20.2. likewise, London Strategic Health Authority funds a training post in London, even when the trainee in-post has a national training number (NTN) assigned to the Kent, Surrey and Sussex Deanery;

20.3. when there is no trainee in post at all, the two strategic health authorities will usually continue their financial support to the local education provider as a kind of retainer to guarantee access to the training post at the next rotation.

21. Table 2 shows the number of funded training posts by type of training in the South East Coast region.

Table 2 Training posts in the South East Coast region

Type of Training in the South East Coast region		Training Posts
Medical	Foundation Training	995
	Core Training in Secondary Care	556
	Higher Specialty Training	961
	General Practice Training (Hospital and Community)	815
Public Health	Public Health Training❶	29
Dental	Foundation Training	95
	Higher Specialty Training❷	6
TOTAL Training Posts		3,457

Notes

❶ includes non-medical trainees

❷ excludes OMF

22. The Kent, Surrey and Sussex Deanery also manages lifelong learning for the whole dental team. There are currently over 10,000 dental professionals registered with the General Dental Council from South East Coast region.

Department of Health policy

23. Two strands of Department of Health policy are significant for the organisation of postgraduate medical and dental education:

23.1. policy about the separation of commissioning and provider roles in education, and

23.2. the development of Health Innovation and Education Clusters (HIECs).

24. Department of Health policy about the organisation of postgraduate medical and dental education derives from *High Quality Care for All: NHS Next Stage Review final report* (Department of Health, June 2008, Gateway reference 10106) and its associated publications. These documents set a policy direction that identifies a clear education commissioning role for strategic health authorities and the separation of commissioner and provider roles in postgraduate medical and dental education. The Department of Health believes that separating these roles will ensure "a dispassionate performance challenge to education and training providers" [6] and that it will improve the quality of postgraduate medical and dental education. The separation of commissioning and provider roles requires organisational change in every strategic health authority and postgraduate deanery in England.

25. This separation of commissioner and provider roles is consistent with the way clinical services and most other education services are commissioned and provided in the NHS.

26. *High Quality Care for All* with its emphasis on quality and innovation is still fundamental in the Department's thinking. The Department believes that "the momentum from *High Quality Care for All* can be maintained despite a tighter economic climate through a process which focuses on quality, innovation, productivity and prevention."[7]

27. The development of Health Innovation and Education Clusters (HIECs) also derives from *High Quality Care for All*[8]. HIECs offer an opportunity for education, research, service and innovation to come together to ensure effective and timely implementation of new developments in health through effective and responsive education.

28. A HIEC is a managed education and innovation network comprising partners from higher education institutions, academia, deaneries and colleges together with service providers, innovation centres and industry. They are multi-professional and are governed by a partnership board. They have a structure, budget and defined function.

29. HIECs are intended to raise the pace of change in the quality of healthcare professional education and training through excellence in provision. They will enable the adoption, implementation and embedding of innovation and improvements in patient care, through effective and responsive education based on evidence and research.

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[6] *A High Quality Workforce: NHS Next Stage Review* (Department of Health, 30th June 2008, Gateway Reference 10134), paragraphs 126-127. This document can be downloaded from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840

[7] *The Operating Framework for the NHS in England 2010/11*, Department of Health, December 2009, Gateway 13232. This document can be downloaded from http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/index.htm

[8] Dear Chief Executive Letter from Patricia Hamilton CBE (Department of Health, 25th March 2009, Gateway ref 11572). This and a subsequent update can be seen on the DH web site by following the links at www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_096927

Funding for postgraduate education

30. In order to commission postgraduate medical and dental education effectively, South East Coast Strategic Health Authority requires an equitable share of national resources for training, based on the needs of its region.

31. Funding for postgraduate medical and dental education is part of an allocation to strategic health authorities that is called the Multi Professional Education and Training (MPET) Levy. The Department of Health distributes MPET to the English regions in a way that reflects historical patterns of education provision. The distribution does not reflect the needs of a region assessed in relation to its population, clinical activity or healthcare workforce. In this respect it is unlike the distribution of funding for commissioning clinical services which are apportioned to Primary Care Trusts on the basis of a national formula (the weighted capitation formula).

32. The Department is reviewing MPET but any rebasing of this allocation will not start until 2011 and will be phased in over several years[9].

33. The current MPET distribution is skewed in favour of London and so is the component of MPET that supports the postgraduate education of doctors and dentists. That component is called the Medical and Dental Education Levy (MADEL). The skew towards London reflects its traditional role in providing education at postgraduate level for the nation. It does not reflect commissioning needs of the capital itself, nor changes in the structure and provision of local healthcare.

34. Table 3 shows this year's MADEL allocation for each region (the column headed "2009/10 MADEL target allocation") and compares it with what the allocation would have been had it been based on the weighted capitation formula (the column headed "Allocation based on WCap"). Had the weighted capitation formula been used this year, the South East Coast region would have received £14M (11.7%) more to support postgraduate medical and dental education in the region.

Table 3 Distribution of MADEL 2009/10[10]

SHA	2009/10 MADEL target allocation	Allocation based on WCap	Difference to WCap	% difference to WCap
North East	108.5m	104.3m	4.2m	3.9%
North West	238.4m	268.3m	-29.8m	-12.5%
Yorkshire and the Humber	187.1m	191.8m	-4.7m	-2.5%
East Midlands	134.1m	152.7m	-18.6m	-13.9%
West Midlands	168.3m	197.6m	-29.3m	-17.4%
East Of England	159.m	179.7m	-20.7m	-13.0%
London	371.9m	249.m	122.9m	33.1%
South East Coast	120.1m	134.1m	-14.m	-11.7%
South Central	126.7m	117.4m	9.3m	7.3%
South West	154.m	173.4m	-19.3m	-12.5%
ENGLAND	***1,768.2m***	***1,768.2m***		

[9] *The Operating Framework 2010/11 for the NHS in England*, paragraph 3.58, page 38

[10] From *Assessment of Medical Training Priorities in 2010,* Medical Programme Board (MPB) and the Workforce Availability Planning and Policy Implementation Group (WAPPIG), 2009

35. London Strategic Health Authority and the South East Coast Strategic Health Authority have commissioned joint work to consider how the distribution of MADEL resources between their two regions might be adjusted to some extent before any national settlement arising from the Department's review of MPET. The purpose of this early adjustment would be three-fold

    35.1. to allow London to commission new lead providers in the capital on the basis of a realistic, long-term assumption about available resources, and

    35.2. to ensure that changes in London do not destabilise the provision of postgraduate medical and dental education in the South East Coast region;

    35.3. to place current resources to support current trainees with the correct commissioning strategic health authority. For example, the Kent, Surrey and Sussex Deanery manages about 700 Foundation trainees on behalf of London; and London Deanery manages about 900 Higher Specialty Trainees on behalf of the South East Coast region. In future, the strategic health authorities will commission programmes for these trainees and will place the management of these programmes and trainees with their lead providers.

36. Eventually MADEL will be distributed between London and the South East Coast region to reflect commissioning needs (rather than current provision). At this point, funding would follow trainees. For example, South East Coast would fund a London hospital to take one of the trainees it has commissioned from the Kent, Surrey and Sussex Deanery.

Changes in London

37. London Strategic Health Authority is making significant changes to postgraduate medical and dental education in the capital. London will award contracts to several lead providers. Each of its lead providers will be an organisation separate from the Strategic Health Authority.

38. London Strategic Health Authority will require its new lead providers to do things differently in future. For example it may seek to reduce the frequency with which trainees in secondary care move from post to post and keep them in one hospital trust for a greater part of their training programme. London Strategic Health Authority believes that less movement between jobs produces a better learning experience for trainees.

39. These changes might have a significant effect on existing programmes for Foundation and Higher Specialty trainees. For example,

    39.1. London Foundation trainees are likely to remain in London throughout their training and may not rotate with posts in the South East Coast region;

    39.2. Similarly, London Higher Specialty trainees are likely to remain in London throughout their training, unless a curriculum requirement can only be met by an out-of-region placement.

Commissioning postgraduate education

Advisory arrangements

40. The Department of Health has given responsibility for commissioning postgraduate medical and dental education to strategic health authorities in England.

41. In the South East Coast region the Director of Clinical and Workforce Development at the Strategic Health Authority has executive responsibility for education commissioning. She wishes to strengthen the arrangements for advising her about education priorities in the region and proposes to create a new advisory committee called Medical Education South East Coast (MESEC). MESEC would give advice to the Strategic Health Authority about its education commissioning plans for doctors, dentists, pharmacists and healthcare scientists. The draft constitution and membership of MESEC is at Annex A and it reflects at regional level the role of a national body called Medical Education England (MEE). MESEC will have an initial life of two years before its role is reviewed.

42. MESEC will complement an arrangement of management and advisory groups that cover the complete range of education and training for the healthcare workforce. The groups will be

    42.1. The Education Development Commissioning Board. The role of the Board is "to provide leadership, ensuring consistency, quality and governance, to education commissioning activity across the South East Coast SHA area. The Board will hold PCT's to account for producing and delivering local partnership education commissioning plans."[11] The membership of the Board is largely NHS employer representatives and its business to-date has been concerned with the non-medical workforce;

    42.2. Three Workforce County Hubs which will replace eight Local Partnership Groups during 2010. Workforce County Hubs will develop local education commissioning plans based on their local workforce plans. The focus of the Local Partnership Groups in the past has been the non-medical workforce and this is likely to be the initial focus of the new County Hubs;

    42.3. MESEC which will give region-wide advice about the postgraduate training of doctors, dentists, pharmacists and healthcare scientists. It will contribute to workforce planning and education commissioning for those professions.

43. It may be possible to simplify this arrangement of management and advisory groups in future by developing a multi-disciplinary remit and capability for the Education Development Commissioning Board and County Hubs. Hence the proposal that MESEC has an initial fixed-term life of two years at which point its role will be evaluated and future options considered.

[11] Education Development Commissioning Board Terms of Reference (South East Coast SHA, 2009)

Specific Questions

1. Do you support the creation of Medical Education South East Coast?

2. Do you have any comments on its proposed terms of reference and membership?

Lead commissioning

44. South East Coast Strategic Health Authority will have responsibility for commissioning the full range of postgraduate medical and dental education to meet its regional needs. However there may be certain circumstances where it would be better for regions to collaborate in commissioning and for one to take the lead. This may be particularly appropriate for small specialties where trainee numbers are very small and where there are no other considerations for commissioning independently. Table 4 lists the specialties that are possible candidates for lead commissioning.

Table 4 Specialties suitable for lead commissioning

Level	Specialty
Higher Specialty Training	Allergy
	Audiology
	Clinical Genetics
	Dentistry
	Histopathology
	Occupational Medicine
	Ophthalmology
	Paediatric Neurosurgery

45. South East Coast Strategic Health Authority has begun discussions about the scope of lead commissioning with London Strategic Health Authority. The two strategic health authorities will commission joint work to define a final list of specialties suitable for joint commissioning and to recommend which commissioner should take the lead. We will have similar discussions about lead commissioning with South Central Strategic Health Authority.

Specific Questions

3. Do you support the idea that a Strategic Health Authority might act as a lead commissioner on behalf of several regions for certain specialties?

4. Do you agree with the list of specialties that are candidates for lead commissioning (see Table 4)? What specialties would you add to or delete from this list?

5. Do you have a view about which strategic health authority would be best placed to act as lead commissioner for each specialty?

Commissioning and quality

46. South East Coast Strategic Health Authority proposes to commission its postgraduate medical and dental education needs from a single lead provider, the Kent, Surrey and Sussex Deanery. The Deanery will be responsible for

    46.1. medical postgraduate training at all levels (foundation, core and higher specialty training) for most specialties[12];

    46.2. dental postgraduate programmes and lifelong learning for the wider dental team;

    46.3. the present range of services to postgraduate medical and dental education and local education providers, including library and knowledge services;

    46.4. postgraduate education for pharmacists and training for the wider pharmacy team.

47. Responsibility for ensuring the quality of training will rest with the Director of Clinical and Workforce Development at the South East Coast SHA for all the training programmes she commissions. The Director and the senior staff in her education commissioning team will be points of contact for national regulatory bodies such as the General Medical Council (GMC), Postgraduate Medical Education and Training Board (PMETB), General Dental Council and General Pharmaceutical Council (GPhC). The Director will require the Kent, Surrey and Sussex Deanery to maintain a rigorous approach to quality management and to assure her that the training provided is of high quality and satisfies the standards defined by the regulators.

48. The Strategic Health Authority believes that its proposed approach to organising the commissioning and provision of postgraduate education is simpler and clearer than the present complex and overlapping arrangements with London. As a result accountability for the quality of training will be more focused and more likely to lead to innovation and quality improvement. In particular, the proposed arrangements will address criticism from the GMC and PMETB that accountability for trainees, programmes and training posts is divided and distributed between the London Deanery and the Kent, Surrey and Sussex Deanery in a way that confuses trainees and trainers.

Review of training programmes

49. When funding for postgraduate medical and dental education (MADEL) is rebased, the South East Coast region will gain additional resources, possibly as much as £14M pa. The prospect of increased resources offers choice about future investment in postgraduate medical and dental education, for example where that investment is made.

[12] The only exceptions would be those small specialties where lead commissioning has been agreed and the lead commissioner might ask another provider to deliver training

50. The South East Coast Strategic Health Authority intends to commission Kent, Surrey and Sussex Deanery to review continually the programmes it provides. In particular it will commission the Deanery to make an initial review of higher specialty training programmes so that

    50.1. the Deanery strengthens the region's capability and attractiveness in postgraduate medical and dental education. It becomes less reliant on higher specialty training posts in London and eventually uses them only where there are curricular or other explicit needs to do so,

    50.2. the Deanery sources training posts in the South Central region, where there are curricular or other needs to do so, and

    50.3. it designs and implements many more higher quality programmes that are based entirely within the South East Coast region;

51. Decisions will be made on a specialty by specialty, and on a programme by programme basis, but views about the overall strategy would be appreciated.

Specific Questions

6. Should the South East Coast Strategic Health Authority commission a significantly greater proportion of training programmes that are based solely in this region at foundation and higher specialty level?

7. What principles should justify continued use, and funding, of out-of-region training posts, in London or in the South Central region?

Managing postgraduate education

Future organisation of the Kent, Surrey and Sussex Deanery

52. Currently the Director of Clinical and Workforce Development at the Strategic Health Authority is responsible for both education commissioning and the management of the Kent, Surrey and Sussex Deanery. This is not tenable under the national policy of separating commissioning and provider roles and the organisational arrangements must change.

53. The Strategic Health Authority has considered three options for separating commissioner and provider roles in future. The options are

    53.1. management of the Kent Surrey and Sussex Deanery by another Director of the Strategic Health Authority (this is referred to as the "separate accountability option" for short);

    53.2. retention of the Deanery within the legal framework of the Strategic Health Authority, but placing it at arm's-length, with its own distinctive governance arrangements (the "arm's-length option" for short);

    53.3. transfer of the Kent, Surrey and Sussex Deanery to a separate, existing organisation, with which the Strategic Health Authority would agree a form of contract for the provision of services (the "transfer option" for short).

54. The **separate accountability option** is the most straightforward option to implement and assigns accountability for commissioning and providing postgraduate education to different directors on the Strategic Health Authority's executive team.

55. The **arm's-length option** would involve putting new governance arrangements in place to distance the Deanery from the Strategic Health Authority's Education Commissioning Team. This could be done along similar lines to the separating of commissioning and service provision in Primary Care Trusts, with the creation of a Provider Committee and a scheme of delegation for the Deanery. The Strategic Health Authority would adapt the principles described in *Governance Arrangements to Support PCT Provider Committees* (Department of Health and Appointments Commission, July 2009, Gateway reference 12261) to create this internal separation.

56. If the Strategic Health Authority chose the **transfer option** and took the view that the Deanery should transfer to another NHS organisation within the region it could follow a relatively informal process for selecting this lead provider. If the Strategic Health Authority took the view that organisations outside the NHS (e.g. Universities) should be considered then it would have to make its selection through an open, competitive process because of the value of the work on offer and the commercial nature of the contract that would be awarded.[13]

[13] There is no explicit guidance about education procurement, but the principles in the *Primary Care Trust Procurement Guide for Health Services* (Department of Health, May 2008, Gateway reference 9915) have been used to assess the need for competition in these circumstances. The document is available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084778

57. On balance the Strategic Health Authority's Executive Team is minded to keep the Deanery within the NHS. Its thinking is based on the following considerations:

    57.1. the costs of running a competitive process are high for both the commissioner and the bidders;

    57.2. it is uncertain whether competitive procurement of a lead provider outside the NHS would deliver better quality improvement;

    57.3. it is unlikely that competitive procurement would deliver better value for money[14];

    57.4. there would be higher risks to business continuity arising from a competitive process and transfer of the Deanery to a non-NHS body. For example, there is a significant risk that experienced deanery staff would leave if they were faced with their second TUPE transfer in the space of two years between employers in different sectors.

58. Under the transfer option the South East Coast Strategic Health Authority would invite interest from NHS organisations in the region and select one organisation to be a lead provider of postgraduate medical and dental education. It would define key characteristics and requirements that the lead provider must match (for example, a track record of innovation in services and education, demonstrable partnership working in the NHS and with higher education).

Evaluating the options

59. The SHA will consider best value for money in evaluating the three options for the future organisation of the Deanery. A judgement about best value is more likely to be influenced by the value of the benefits an option can deliver in terms of quality improvement, innovation and productivity rather than the administrative and management costs associated with each option. The differences in administrative and management costs between the three options are estimated to be small. The separate accountability option would have the lowest administrative and management cost. The arm's-length option would be marginally higher. The costs of the transfer option would depend on how competitively an NHS body priced its offer to host the Deanery.

60. Even if the first two options were considered to be best for the short-term organisation of the Deanery, organisational structures in the NHS may change in future. The separate accountability option or the arm's-length option may prove to be interim - a phase in a process that eventually sees the Deanery transferred to another NHS body.

[14] Although the overall value of the activity is high (£120M), more than 90% of the current expenditure is salary support for trainees (almost £100M pa). There is limited scope for savings in this area because trainee salaries are determined nationally and trainee wastage rates are low

Specific Questions

8. Do you agree with the Strategic Health Authority Executive Team's analysis that it should keep the Kent, Surrey and Sussex Deanery within the NHS?

9. If you disagree, what would you prefer the Strategic Health Authority to do and why?

10. Do you have a preference for

    A making the Deanery accountable to another Director at the Strategic Health Authority, other than the Executive responsible for education commissioning (the **separate accountability option**), or

    B treating the Deanery as an arm's-length agency within the Strategic Health Authority (the **arm's-length option**) or

    C transferring the Deanery to an existing NHS organisation in the region (the **transfer option**)?

Collaboration in postgraduate medical and dental education

61. The Kent, Surrey and Sussex Deanery has strong one-to-one working relationships with universities involved in medical and dental education in the region and in London. For example, there are good working relationships between the primary care team at the Deanery and the University of Kent and between SEMMED and the Schools of Pharmacy in Brighton and Medway. These individual relationships need to continue and flourish.

62. As well as these one-to-one relationships, the Strategic Health Authority wishes to develop one or more networks to improve collaboration in postgraduate education. One network, entirely within its own region might involve, for example, the Kent, Surrey and Sussex Deanery, the Brighton and Sussex Medical School and the Faculty of Health and Medical Sciences at the University of Surrey. A second network might recognise that some parts of the South East Coast region will always look into London because of geography, transport links and patient flows. The Kent, Surrey and Sussex Deanery will need collaborative arrangements with Kings College London School of Medicine and St George's London Medical School to support postgraduate education in these parts of the region.

63. The Strategic Health Authority believes that these networks are needed, whatever option is decided for the future management of the Deanery. The Strategic Health Authority is open-minded about what form of collaborative network should take and will do further work to facilitate its development. It may be possible for a network to develop as a Health Innovation and Education Cluster (HIEC).

64. The purpose of these networks would be to strengthen the academic base and the service settings which support postgraduate medical and dental education in the South East Coast region.

Specific Questions

11. Do you support the development of collaborative networks? Do you think that one or more networks are necessary in the region?

Pharmacy education and library services

65. The Kent Surrey Sussex Deanery manages activities other than postgraduate medical and dental education, namely

    65.1. the South East Medicines Management Education & Development team (SEMMED) which provides postgraduate education for pharmacists in the South East Coast and South Central regions, and

    65.2. the Library and Knowledge Services team which supports library and web-based facilities for the whole healthcare workforce in the South East Coast region.

66. The Strategic Health Authority's Executive Team is minded to keep SEMMED and the Library and Knowledge Services team as part of the Kent, Surrey and Sussex Deanery in future. So, whatever form of organisation and accountability is decided for the Deanery would also apply to those teams[15].

Specific Questions

12. Do you agree that SEMMED and the Library and Knowledge Management teams should remain part of Kent, Surrey and Sussex Deanery? If you disagree, what would you prefer the Strategic Health Authority to do and why?

[15] The South East Medicines Management Education & Development team (SEMMED) is currently consulting on a strategic framework for the pharmacy workforce in South East Coast region. This separate consultation paper, entitled *Tomorrow's Pharmacy Workforce: A Framework for Action*, can be downloaded by following the links at http://www.semmed.nhs.uk/dyn/pages/news-winter/index.shtml#Q0

Conclusion

67. South East Coast Strategic Health Authority welcomes your views on the matters covered by this consultation paper. It will publish the outcome of this consultation and will take advice from a Project Advisory Group before making decisions about the future organisation of postgraduate education for doctors, dentists and pharmacists in its region. The Strategic Health Authority hopes to announce its decisions in April 2010.

68. The timetable for implementing the chosen option for the future management of the Kent, Surrey and Sussex Deanery will depend on the option chosen. A best estimate of the timetable is shown in Table 5, but this will be dependent on response to this consultation and will be subject to change.

Table 5 Timetable for consultation and implementation

Key milestones and activities	2010											2011		
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Consultation														
Analysis of responses														
Consultation feedback														
Decisions by SEC SHA														
Implementation of Option A														
Implementation of Option B														
Implementation of Option C														
Establishment of MESEC														

69. Thank you for taking the time to read Excellence in Education.

Annex A

Terms of Reference
Medical Education South East Coast (MESEC)

Introduction

1. South East Coast Strategic Health Authority plans to develop its capacity and capability in commissioning education and training for doctors, dentists, pharmacists and healthcare scientists. As part of this development the SHA will create a regional forum to advise it about workforce planning and education commissioning for these professions. The forum will be called Medical Education South East Coast (MESEC). It will be a regional version of Medical Education England, a forum that the Department of Health has created to serve a national purpose.

Terms of Reference

2. MESEC will have the following terms of reference:

   2.1. to bring a coherent professional voice on matters relating to education and training and advise the SHA about workforce strategy and planning in the South East Coast region,

   2.2. to bring a coherent employer perspective on matters relating to education and training and give advise to the SHA,

   2.3. to oversee a periodic strategic review of the education and training of doctors, dentists, pharmacists and healthcare scientists in the region,

   2.4. to give advice about the management of risks arising from any strategic changes or major operational changes in education and training of these professions, for example risks to continuity of clinical services and financial stability that might arise from any redistribution of training posts between employers in the region;

   2.5. to contribute to the evaluation of the performance of education providers who deliver training for doctors, dentists, pharmacists and healthcare scientists;

   2.6. to encourage innovation and creativity in the commissioning and provision of education and training for these professions by sharing ideas and experience;

   2.7. to give advice to the SHA whether its education commissioning intentions for doctors, dentist, pharmacists and scientists are likely to meet the needs of its population, taking into account the full diversity of its population[16];

   2.8. to consider the effectiveness of the SHA's investment in education and training;

[16] The SHA will provide training and briefing to MESEC members to ensure that the committee is aware of and able to discharge its equality duties and responsibilities.

Membership

3. The proposed membership of MESEC is in Table 6.

4. MESEC will be chaired by the Head of Multi-Professional Education Commissioning at South East Coast SHA.

Table 6 Membership of MESEC

Sector	Appointed after consultation with	Places	Voice	Notes
Dentists in all settings	Faculty of Dental Surgery, Royal College of Surgeons (RCS)	1	Professional	
Dentists in General Practice	Faculty of General Dental Practice (UK), RCS	1	Professional	
Doctors in General Practice	Royal College of General Practitioners	1	Professional	
Doctors in Secondary Care	Academy of Medical Royal Colleges	3	Professional	
Healthcare Scientists	Academy of Medical Sciences	1	Professional	
Medical Schools	Brighton and Sussex Medical School	1	Other	
Medical Schools	University of Surrey	1	Other	Faculty of Health and Medical Sciences
NHS Trust CEs	Chief Executives Forum	2	Employer	
Patients & Service Users	NHS South East Coast Quality Board	2	Other	Consultation with People's Engagement and Development Network and Expert Patient Network
Pharmacists in a hospital setting	Royal Pharmaceutical Society of Great Britain	1	Professional	or the successor body responsible for professional leadership in pharmacy
Pharmacists in a community setting	Royal Pharmaceutical Society of Great Britain	1	Professional	or the successor body responsible for professional leadership in pharmacy
KSS Deanery	Lead Provider	1	Other	
Primary Care Trust CEs	Chief Executives Forum	2	Employer	
Strategic Health Authority	South East Coast SHA	3	Employer	including the Head of Multi-Professional Education Commissioning and the Medical Director
Trust HR Directors	HR Directors' Forum	1	Employer	
Trust Medical Director	Medical Directors' Forum	1	Employer	

Voices in MESEC

Voice	
Professional	9
Voice	
Employer	9
Voice	
Other	5
Total	23

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