

Review of *Leeds Teaching Hospitals NHS Trust (Postgraduate Medical)*



Quality Assurance of Local Education and Training Providers

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Guidance

From 1 April 2015 Health Education England, working across Yorkshire and the Humber (HEE YH) introduced a new quality function and team structure. The quality function is responsible for leading and overseeing the processes for the quality assurance and quality management of all aspects of medical and non-medical training and education. Our aim is to promote an ethos of multi-professional integrated working and believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE YH invests £500 million every year on commissioning a wide range of education on behalf of local and national health systems. It has a duty to ensure that the Education Providers delivering this education provide a high standard of professional education and training.

Standards are built around 5 core themes:

Theme 1	Supporting Educators
Theme 2	Supporting Learners
Theme 3	Learning Environment and Culture
Theme 4	Governance and Leadership
Theme 5	Curricula and Assessment

In developing our new framework we have developed a set of standards for education providers built around five themes. The five themes have been chosen to reflect the multi-professional aspects of training and care and to ensure all Healthcare Regulator standards can be aligned.

All standards have been mapped against the following regulatory documents:

- NMC Quality Assurance Framework Part Three: Assuring the safety and effectiveness of practice learning
- Future pharmacists: Standards for the initial education and training of pharmacists (May 2011)
- HCPC Standards of education and training: Your duties as an education provider
- GMC Promoting Excellence: Standards for medical education and training

1. Details of the Review

Visit Date(s)	07.06.2016 SJUH 08.06.2016 LGI
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This visit was conducted in conjunction partnership with ... This visit was conducted in conjunction partnership with ...

- School of Surgery
- School of Medicine
- School of Obstetrics and Gynaecology
- School of Pathology
- School of Paediatrics

- Factors considered include:
 - NTS
 - HEE YH Survey data
 - CQC reports
 - LEP Provider Assessment report

Visit Panel / Team Day 1 – St James’s University Hospital

Name	Role
David Eadington	Deputy Dean
Paul Renwick	Head of School of Surgery
James Thomas	GP Tutor
Peter Hammond	Head of School of Medicine
John Jolly	Associate Postgraduate Dean
Jane Burnett	Quality Manager
Amanda Cartwright	Programme Support Officer
James Firth	Quality Administrator

Visit Panel / Team Day 2– Leeds General Infirmary

Name	Role
David Eadington	Deputy Dean
Paul Renwick	Head of School of Surgery
Mark Steward	Deputy Head of School of Surgery
Peter Hammond	Head of School of Medicine
Tun Aung	Regional Adviser, Medicine
Rum Thomas	Training Programme Director, Paediatrics

Noreen West	Training Programme Director, Obs and Gynae
Daniel Scott	Head of School of Pathology
Elizabeth Ridgway	Training Programme Director, Pathology
Tom Farrell	Training Programme Director, Obs and Gynae
Andrew Brennan	Associate Postgraduate Dean
Suzy Brain-England	Lay Representative
Jane Burnett	Quality Manager
Barbara Welch	Recruitment Officer
James Firth	Quality Assistant
Jacqueline Finn	HEE Central
Freya Johnson	Programme Support Co-ordinator
Sarah Merter	Quality Administrator

2. Information about this Local Education Provider

This is a large teaching hospital which serves a population in excess of 750,000 in Leeds and the surrounding areas. It has a number of sites, the main ones being Leeds General Infirmary and St James's University Hospital. Adult A&E is at SJUH and Children's Services, including A&E have been relocated to Leeds General Infirmary.

The CQC visited in March 2014 and gave the overall rating for St James's University Hospital as Requires Improvement. A follow up visit took place in May 2016 and the report is awaited.

3. Summary of findings

Surgery

In surgery the consultant wards rounds were not consistent and trainees felt that at best they were intermittent. Trainees also commented that the ward rounds in Urology were non-existent.

For Foundation trainees, the Acute Surgical Unit was perceived as being well staffed with a good handover. The rest of surgery was reported as being disorganised. The sub-specialty areas are split into 2 or 3 firms which may mean no registrar to do firm ward round. A nominated ward based registrar may help that system. If there was a ward based registrar as well this would give better patient continuity. Team based working does mean better contact with the team itself but has the downside of large numbers of wards to cover making tasks start late in the day and causes bed flow issues as the timely discharge of suitable patients is not possible. This restricts theatre opportunities as they may not complete ward rounds until 2pm. This was felt to be a bed management problem which the Trust needs to resolve.

Issues with the 'Bexley weekend' continue with trainees referring to it as often very challenging. They are expected to look after 100 patients and one person can be left holding multiple bleeps. Attempts by the Trust to ensure that only Band 5s and above bleep trainees have yet to make a difference. This is an existing condition from the 2015 visit.

Paediatric Surgery

Senior trainees felt that they were being over supervised.

Issues regarding the line insertion service are ongoing, ie children with blocked feeding tubes are being taken directly to Leeds General Infirmary; it can then difficult to return them to their local hospital once the problem has been dealt with. A regional planning approach is needed to resolve this.

Paediatrics

Foundation, GP VTS and ST1-3 paediatric doctors appeared to be satisfied with their training. They reported that the rota was flexible and they were able to attend training days, largely due to the doctor that organises the rota. They felt supported in their clinical duties and would recommend the post to their peers. They did comment that their peers were discouraged by the plight of their ST4 and consultant colleagues in relation to the gaps in the middle grade rotas and the impact this has on the consultants.

Medical Microbiology

The trainees reported that the training environment was, on the whole, positive. They felt appropriately supported and supervised and did not report any adverse behaviours or feedback. The trainees all reported that they would recommend the training programme to a friend or colleague.

4. Good Practice and Achievements

- Development of a Professional Support Unit with a full faculty to support Doctors in Difficulty.
- The medical education strategy sets out the Trust's ambition to deliver high quality education and training. The strategy is currently being incorporated into plans to create an innovative Leeds Health and Social Care Academy which will drive high quality IPE across all sectors.
- Formulation of the Junior Doctor Body to provide leadership and a collective presence for junior doctors and high quality engagement with LTHT
- Active use of a WhatsApp group for surgical trainees who use this to tackle issues. It is felt to be a supportive network
- PACES teaching has improved since the last visit by the Quality Team

5. Conditions

GMC Theme	LEARNING ENVIRONMENT AND CULTURE
Requirement (R1.13 Induction)	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>

HEYH Condition Number	1	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatric Surgery	
Trainee Level	All levels	
Concern 1	Trainees of all grades are not provided with a useful induction to work at the Trust that allows them the opportunity to meet the team they will be working with, particularly the consultant body.	
Evidence for Concern	Trainees stated that there is a lack of consultant involvement in the departmental induction. Usually they do not meet the consultants until they commence on the wards.	
Action 1	Provide all trainees with an appropriate departmental induction.	Next intake
Action 2	Review whether consultant rates at induction are adequate	Before next intake
Action 3	Evaluate the effectiveness of Trust/departmental induction.	After next intake
Evidence for Action 1	Copy of induction programme.	Before next intake
Evidence for Action 2	Copy of induction programme.	Before next intake
Evidence for Action 3	Copy of induction evaluation and plans for modifications (if indicated).	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724	
Question Reference	Trainer 11 Trainee 12, 13	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.14 Handover)	Handover** of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice. <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
HEYH Condition Number	2	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatric Surgery	
Trainee Level	ST3+	
Concern 1	Handover is not attended by appropriate members of staff ie the registrar who is due to be on the night shift.	
Evidence for Concern	Evening handover often takes place without the registrar who is on nights being in attendance. In mitigation this may be because the night registrar is committed to other duties in theatre	
Action 1	Evaluate effectiveness of handover by audit. Suggest one month and look at how many evening handovers the registrar is able to attend	3 months
Action 2	Summary of revised rotas/work arrangements.	6 months

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Evidence for Action 1	Summary of revised rotas/work arrangements.	3 months
Evidence for Action 2	Copy of the handover system evaluation.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review	bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf	
Resources	Trainer 15 Trainee 13	
Question Reference		

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	3	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatric Surgery	
Trainee Level	All levels	
Concern 1	Whilst the post offers the potential for a broad experience in Paediatric Surgery, trainees are unable to take advantage of them because of their timetables/clinical duties.	
Concern 2	The post(s) in Paediatric Surgery offer trainees of all grades too little experience in the specialty to meet curriculum requirements.	
Evidence for Concern	Trainees felt that they were unable to meet the curriculum requirements as the breadth of assessments required is difficult to achieve	
Action 1	Review and amend trainee timetables/work schedules to allow them access to more educational opportunities in the department.	3 months
Action 2	Review, with the involvement of trainees, the opportunities for a broader educational experience.	3 months
Evidence for Action 1	Copy of new timetables identifying new educational opportunities.	6 months
Evidence for Action 2	Copy of review summary and action plan to introduce new educational opportunities.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainee 14, 15	

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
HEYH Condition Number	4	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatric Surgery	

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Trainee Level	All levels	
Concern 1	Trainees in Paediatric Surgery have experienced undermining behaviour	
Evidence for Concern	The trainees described their environment as being 'critical', 'antagonistic' and 'unhappy'. The learning environment needs to be managed in order to abolish undermining behaviour.	
Action 1	The trust must investigate the trainee's concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	Immediate
Action 2	The trust must produce an action plan to address the inappropriate undermining behaviours.	1 month
Action 3	The trust must show that the undermining behaviour has ceased.	6 months
Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared.	1 month
Evidence for Action 2	Copy of the action plan.	1 month
Evidence for Action 3	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainer EG4 Trainee EG2	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Staffing)	Organisations must make sure that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating learning opportunities.	
HEYH Condition Number	5	
LEP Site	Leeds General Infirmary and St James's University Hospital	
Specialty (Specialties)	Core Medical Training	
Trainee Level	CT1 and CT2	
Concern 1	Trainees and/or trainers report that there are insufficient staff members (ST1-7) on duty during the day to allow them to attend clinics which are essential to meet curriculum requirements.	
Evidence for Concern	Despite having time allocated in their timetables, CMT trainees are unable to attend clinics as ward based work takes priority. The trainees feel that they will not attain the required attendance level of 20 clinics per year. This seemed to be a particular issue in Acute Medicine.	
Action 1	Review rotas and timetables and make appropriate modifications that will allow trainees to meet their curriculum requirements.	3 months
Evidence for Action 1	1. Copy of review report and summary of rota and timetable modifications 2. Copy of ARCP outcomes for trainees	- 3 months - Next ARCP
RAG Rating		

LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD
Further Review	This is an existing condition from the 2015 visit and immediate action must be taken to resolve this in order to avoid moving to enhanced monitoring.
Resources	http://www.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns
Question Reference	Trainer 7 Trainee 7

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>	
HEYH Condition Number	6	
LEP Site	Leeds General Infirmary and St James's University Hospital	
Specialty (Specialties)	Core Medical Training	
Trainee Level	CT1 and CT2	
Concern 1	Trainees are sometimes expected to provide clinical care without access to appropriate support from their clinical supervisor	
Evidence for Concern	Access to an Educational or Clinical Supervisor is very much dependent upon where the trainee is working. In some roles the ES and CS is the same person. Some trainees reported that they have only managed to see their ES or CS twice in a placement. In some cases trainees are allocated a CS who they do not work with at all.	
Action 1	Provide trainees with a named clinical supervisor based in their clinical placement	Immediate
Evidence for Action 1	Copy of senior cover rota.	Immediate
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	
Question Reference	Trainer 8 / Trainee 8, 9	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on</p>	

	placement must be supervised, with closer supervision when they are at lower levels of competence.	
HEYH Condition Number	7	
LEP Site	St James's University Hospital	
Specialty (Specialties)	Core Medical Training	
Trainee Level	CT1 and CT2	
Concern 1	Some clinical supervisors (state grade and specialty) are reluctant to be contacted for advice or are unapproachable/contactable (state time).	
Concern 2	Trainees are expected to provide cross cover (state time and clinical area) without having been provided with sufficient training/guidance/senior support.	
Evidence for Concern	The trainees interviewed felt that support from senior staff, both consultants and registrars, was sometimes lacking in General Medicine. They specifically mentioned Wards 19 and 21 at St James's University Hospital where it is perceived that there is insufficient middle grade rota assistance. Rotas will have also had an impact.	
Action 1	Make alternative arrangements for cross cover or provide appropriate training/guidance and clinical supervision (circumstances).	3 months
Action 2	Discuss the perceptions trainees have regarding the perceived lack of support on Wards 19 and 21 and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	3 months
Evidence for Action 1	1. Confirmation of changes made to cross cover arrangements 2. Copy of training programme/guidance provided 3. Copy of senior cover rota during cross cover (circumstances)	Immediate 3 months Immediate
Evidence for Action 2	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	Immediate 1 month 3 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf	
Question Reference	Trainer 8 / Trainee 8, 9	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE
Requirement (R1.13 Induction)	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> their duties and supervision arrangements their role in the team how to gain support from senior colleagues the clinical or medical guidelines and workplace policies they must follow how to access clinical and learning resources <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>
HEYH Condition Number	8
LEP Site	Leeds General Infirmary and St James's University Hospital
Specialty (Specialties)	Medicine
Trainee Level	Foundation and Core

Concern 1	Trainees are not provided with access to essential IT at the start of their post (details)	
Evidence for Concern	Despite being asked to attend in person to provide paperwork and documentation for HR before they commence in post, trainees are still expected to start work on the wards with no IT access. When this happens nursing staff send in Datix reports and the trainee gets into trouble for something that is not their fault.	
Action 1	Provide trainees access to IT (smart cards/log ins) before they are due to begin work.	Next intake
Action 2	Evaluate the effectiveness of Trust/departmental induction.	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724	
Question Reference	Trainer 11 Trainee 12, 13	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (S1.1 Patient Safety)	The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	
HEYH Condition Number	9	
LEP Site	St James's University Hospital	
Specialty (Specialties)	Elderly Medicine	
Trainee Level	Foundation	
Concern 1	Trainees and/or trainers raised concerns about the standard of care provided to patients on elderly medicine wards.	
Evidence for Concern	Foundation trainees were concerned that in elderly medicine there could be 3 doctors undertaking a ward round with 20 additional outliers. If outlier patients become unwell, the doctors have to go and treat them which leaves the base ward with one or sometimes no doctors which they feel is potentially not safe.	
Action 1	The Trust must investigate the concerns described above. The investigation should take into account the opinions of all the clinical staff who work in the clinical area.	1 month
Action 2	If the concerns are confirmed then the Trust must introduce an action plan to address the concerns. The opinions of the clinical staff and their suggestions for possible solutions should be considered when drawing up the action plan.	3 months
Action 3	The Trust must evaluate the effect of any changes introduced to ensure that the problems have been resolved.	6 months
Action 4	The Trust must continue to monitor the (clinical area) to ensure problems with patient care do not reoccur.	12 months
Evidence for Action 1	Copy of the investigation report.	1 month
Evidence for Action 2	Copy of the action plan.	3 months
Evidence for Action 3	Copy of the evaluation report.	6 months

Evidence for Action 4	Description of monitoring process. Copy of monitoring reports.	12 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf 53817963.pdf	
Question Reference	Trainer 8 Trainee 8, 9	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	10	
LEP Site	St James's University Hospital	
Specialty (Specialties)	Core Medical Training (General Medicine)	
Trainee Level	CT1 and CT2	
Concern 1	The post(s) in Core Medical Training offer trainees with too little experience in General Medicine to meet curriculum requirements.	
Evidence for Concern	Core Medicine trainees stated that on the general medicine wards they are undertaking the same tasks as FY1 doctors. They perceive that they are all 'lumped' together on the same rota so staff assume they are the same level. In their opinion a lot of the tasks they are asked to perform could be undertaken by a Band 4/5 assistant.	
Action 1	The Trust must ensure that the roles and responsibilities of each level of trainee are made clear to the non-medical staff.	3 months
Evidence for Action 1	Demonstration that this has occurred.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainee 14, 15	

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
HEYH Condition Number	11	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatric Cardiology	
Trainee Level	ST2	
Concern 1	Trainees (grades/specialty) have experienced undermining behaviour during their Paediatric Cardiology placement	
Evidence for Concern	Trainees felt that they were being undermined by nursing staff in Paediatric Cardiology	

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Action 1	The trust must investigate the trainee's concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	Immediate
Action 2	The trust must produce an action plan to address the inappropriate undermining behaviours.	1 month
Action 3	The trust must show that the undermining behaviour has ceased.	6 months
Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared.	1 month
Evidence for Action 2	Copy of the action plan.	1 month
Evidence for Action 3	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainer EG4 Trainee EG2	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	12	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatric Cardiology	
Trainee Level	ST2	
Concern 1	Trainees at ST2 in paediatric Cardiology spend too much time on repetitive tasks with little or no educational value	
Concern 1	Whilst the post offers the potential for a broad experience in Paediatric Cardiology, trainees are unable to take advantage of them because of their clinical duties.	
Evidence for Concern	ST2 trainees were critical of the Paediatric Cardiology posts on the rotation and felt that their work was very task based. They are unable to attend clinics and are expected to provide complex medical cover with very little support. Trainees are also expected to provide supervision in the exercise lab as the technician does not have BLS	
Action 1	Review and amend trainee timetables/work schedules to allow them access to more educational opportunities in the department.	3 months
Action 2	Review, with the involvement of trainees, the opportunities for a broader educational experience.	3 months
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	6 months
Evidence for Action 2	Copy of action plan. Trainee's views on change to educational culture (survey/forum) must confirm that opportunities for useful feedback have improved.	6 months
Evidence for Action 1	Copy of new timetables identifying new educational opportunities.	6 months

Evidence for Action 2	Copy of review summary and action plan to introduce new educational opportunities.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainee 14, 15	
GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.12 Rotas)	<p>Organisations must design rotas to:</p> <ul style="list-style-type: none"> make sure learners have appropriate clinical supervision support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in UK provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme give learners access to ES minimise the effect of fatigue and workload 	
HEYH Condition Number	13	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Paediatrics	
Trainee Level	ST4+	
Concern 1 delete row as appropriate	Trainees are provided with duty rotas which do not allow them sufficient opportunities to meet the requirements of their curriculum (details).	
Evidence for Concern	Trainees raised significant concerns about the rota. They felt pressurised to cover rota gaps and felt that some of the emails sent out by the Trusts in relation to this had been threatening. The trainees reported working shifts on zero days and that they were also using zero days to attend training. The structure of the rotas makes it difficult for them to attend clinics or get SLEs completed.	
Action 1 delete row as appropriate	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	3 months
Action 22 delete row as appropriate	Review the impact of the introduction of new rotas/rota arrangements.	6 months
Evidence for Action 1 delete row as appropriate	Copies of rotas.	3 months
Evidence for Action 2 delete row as appropriate	Summary of the impact of any changes made.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns http://careers.bmj.com/careers/advice/view-article.html?id=20001163#	
Question Reference	Trainee 11	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

HEYH Condition Number	14	
LEP Site	Leeds General Infirmary	
Specialty (Specialties)	Medical Microbiology	
Trainee Level	ST3+	
Concern 1	Trainees at ST3 and above spend too much time on repetitive tasks with little or no educational value. They feel that the majority of their time is spent giving telephone advice.	
Evidence for Concern	The trainees notes that the level of dependency on microbiology advice within the trust is very heavy with a high volume of calls, including a significant proportion of avoidable calls which could be answered by referring to the guidelines and / or referring to caller's registrar or consultant. Work intensity can be intense and some plans need to be put in place to look at how this can be managed whilst still complying with the guidance relating to antibiotic stewardship. Trainees also felt that the heavy reliance on them to provide telephone advice meant that they could not get involved in other areas such as infection control, root cause analysis and ICU ward rounds.	
Action 1	Identify methods of providing support for trainees with the volume of calls	3 months
Action 2	Review, with the involvement of trainees, the opportunities for a broader educational experience.	3 months
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	6 months
Evidence for Action 2	Copy of review summary and action plan to introduce new educational opportunities.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainee 14, 15	

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
HEYH Condition Number	15	
LEP Site	St James's University Hospital	
Specialty (Specialties)	Surgery	
Trainee Level	Foundation	
Concern 1	Trainees in Foundation (Surgery) have experienced undermining behaviour from ANPs on the wards.	
Evidence for Concern	Foundation trainees felt that ANPs were making things difficult for them due to there being no clarity in relation to their roles and the tasks they should undertake. They also felt undermined by comments about how the ANPOs perceive their role.	
Action 1	The trust must investigate the trainee's concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	Immediate
Action 2	The trust must produce an action plan to address the inappropriate undermining behaviours.	1 month
Action 3	The trust must show that the undermining behaviour has ceased.	6 months

Review of Leeds THT

Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared.	1 month
Evidence for Action 2	Copy of the action plan.	1 month
Evidence for Action 3	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainer EG4 Trainee EG2	

Date of first Draft	
First draft submitted to Trust	
Trust comments to be submitted by	
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Report published	