Review of *Airedale NHS Foundation Trust (Postgraduate Medical)*

##

## Quality Assurance of Local Education and Training Providers

## 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:

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| **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

## Details of the Review

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| **Visit Date(s)** | 21 June 2016 |

This visit was conducted in conjunction partnership with …

* School of Obstetrics and Gynaecology

Factors considered: NTS, PPQA etc

* HEE YH Trainee Survey
* CQC Report
* West Yorkshire Quality Surveillance Group
* Local Education Provider Report

**Visit Panel / team**

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| **Name** | **Role** |
| **Jon Hossain** | Deputy Dean |
| **Jackie Tay** | Head of School, Obstetrics and Gynaecology |
| **Tom Farrell** | Deputy Head of School, Obstetrics and Gynaecology |
| **Steve Duffy** | Lay Representative |
| **Sarah Rowson** | Quality Co-ordinator |
| **Jane Burnett** | Quality Manager |

## Information about this Local Education Provider

The education provider was visited in April 2016. Obstetrics and Gynaecology was added to the list of specialties due to comments in the HEYH 2015 survey which mentioned undermining and bullying. It was not possible to organise an appropriate panel as part of the April visit, hence a separate visit to the specialty.

## Summary of findings

The Trust has taken the allegations of bullying and undermining seriously. The DME and Executive Medical Director have met with all the consultants and they have agreed to complete a bespoke education 360° assessment. Trust management felt that a departmental approach was preferable. There was a feeling within the Trusts that a change of personnel has increased the level of engagement.

When asked if they would recommend working at Airedale the GP and LAS trainees said yes. The senior trainees (ST6 and ST7) said that they would recommend the placement for junior trainees but not for their grade.

**Recommendations**

* Dr Gokasan, School of Obstetrics and Gynaecology Workplace Behaviours Champion, to visit the Trust and speak to the team, including consultants and midwifes to share experiences from across the region.
* Department to reconsider the format and content of the weekly Case Review meeting which takes place on Wednesday afternoons. There appears to be an overlap with the governance meeting in terms of function, and due to the small size of the unit, the trainees feel exposed to criticism.
* Consultants within the Obstetrics and Gynaecology Department are encouraged to complete and engage with educational 360° assessment.

## Good Practice and Achievements

## Good laparoscopic/hysteroscopic surgical experience. Potential to be able to learn total laparoscopic hysterectomy and resection of fibroids

* Opportunity to spend a week with the ultrasound scan department
* Trans-abdominal ultrasound simulator is used well by the trainees and valued.
* Consultant attendance for trial of instrumental delivery and fully dilated caesarean sections (also when requested or otherwise required)

## Conditions

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| **GMC Theme** | **LEARNING ENVIRONMENT AND CULTURE** |
| **Requirement****(R1.12 Rotas)** | Organisations must design rotas to:* 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
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| **HEYH Condition Number** | 10 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Obstetrics and Gynaecology |
| **Trainee Level** | ST6 and 7 |
| **Concern 1** | Trainees are provided with duty rotas which do not allow them sufficient opportunities to meet the requirements of their curriculum (details). |
| **Evidence for Concern** | Grade ST6 and 7 trainees are unable to get to theatre sessions due to the inflexibility of the staff grades who share the rota with them and don’t participate in day to day labour ward activities. This has also resulted in some difficulties in completing ATSMs  |
| **Action 1** | Work with trainees and rota organisers to ensure that rotas are provided with sufficient notice and flexibility and fairly distribute clinical duties/responsibilities. | **3 months** |
| **Action 2** | 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 3** | Review the impact of the introduction of new rotas/rota arrangements. | **6 months** |
| **Evidence for Action 1** | Copies of rotas. | **3 months** |
| **Evidence for Action 2** | Summary of the impact of any changes made. | **6 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * Copies of documents must be uploaded to the QM Database
* Item must be reviewed and changes confirmed with link APD
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| **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#](http://careers.bmj.com/careers/advice/view-article.html?id=20001163) |
| **Question Reference** | Trainee 11 |

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| **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** | 11 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Obstetrics and Gynaecology |
| **Trainee Level** | ST1 and GP VTS |
| **Concern 1** | Trainees at ST1 and GPVTS spend too much time on tasks with little or no educational value such as setting up infusions, administering drugs and pre-meds. |
| **Evidence for Concern** | ST1 and GP VTS trainees are expected to prescribe and set up syntocinon infusions. They are also being bleeped to administer pre-meds to patients waiting caesarean section which has been reported to cause delays in patients going to theatre and take them away from other duties. In addition to this the ST1 and GP VTS trainees are undertaking episiotomy repair rather than midwives, which would be the practice in other units. The majority of the venous cannulations are undertaken by junior doctors as there seems to be some reluctance on the part of midwives to do this. |
| **Action 1** | Review and amend trainee timetables/work schedules to allow them access to more educational opportunities in the department, with particular reference to administering pre meds and setting up infusions in theatre. | **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** | * 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 |

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| **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** | 12 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Obstetrics and Gynaecology |
| **Trainee Level** | St6 and 7 |
| **Concern 1**delete row as appropriate | Higher trainees in Obstetrics and Gynaecology have experienced behaviour that impacted on their confidence. |
| **Evidence for Concern** | The Weekly Case review meeting was felt to be a negative learning environment. The trainees stated that they felt exposed in the meeting. With only 2 senior trainees working in the specialty at the hospital trainees felt that they were easily identifiable. They did not mention undermining but did feel that the meeting was overly critical and when managing patients they were conscious of how their decisions would be perceived with the meeting and not dealing with the matter in hand. It is not clear what the benefits are of discussing all the cases and how much this overlaps within clinical governance.   |
| **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**delete row as appropriate | 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** | * 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 EG4Trainee EG2 |

(Use conditions bank)

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| **Date of first Draft** |  |
| **First draft submitted to Trust** |  |
| **Trust comments to be submitted by** |  |
| **Final report circulated** |  |
| **Report published** |  |