**Quality review outcome report**



# Local office name: Yorkshire and the Humber

# Organisation: Health Education England

# Placements reviewed: Paediatrics (GRID and General Paediatrics)

# Date of Review: Tuesday 20 November 2018

## Date of report: 20 November 2018

## Author: Emma Diggle

## Job title: Quality Coordinator

# Review context

## Background

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| **Reason for review:** | Poor GMC NTS 2017 survey data and local intelligence raised the following concerns: Inability to produce rotation dates in time, multiple versions of rotations, necessity of frequent moving around of trainees, exam failures, and poor survey results for Paediatric Nephrology, Paediatric Neurology and Paediatric Oncology. |
| **No. of learners met:** | 34 |
| **No. of supervisors / mentors met:** | 26 |
| **Other staff members met:** |  |
| **Duration of review:** | 6.5 hours |
| **Intelligence sources seen prior to review:** *(e.g. CQC reports; NSS; GMC Survey)* | GMC survey 2017 and 2018, HEE YH NETS Trainee Survey 2017, School self-assessments, presentation and additional presentation information by specialty, and Leeds Teaching Hospitals Multi-professional review of Child Health Outcome Report 16 October 2017 |

## Panel members

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| **Name** | **Job title** |
| Jon Hossain | Deputy Dean and Clinical Lead for Quality (Chair) |
| Fiona Bishop | Associate Dean (Chair) |
| Gary McGullagh | External Advisor |
| Sara Stoneham | External Advisor |
| Judith VanDerVoort | External Advisor |
| Ian Sinha | External Advisor |
| Suzy Stirling | Observer |
| Helen Weldon | Lay Representative |

## Executive summary

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| Representation from the programme was excellent with twenty-six educators and thirty-four trainees in the Yorkshire and Humber (Y&H) region in attendance. It should be noted that the high level of engagement from the faculty team during the organisation of the review was welcome and appreciated.   The reason for the review was a result of poor General Medical Council National Training Survey (GMC NTS) results from 2017 as well as local intelligence which indicated the following concerns:   * Inability to produce rotation dates in time * Multiple versions of rotations * Necessity of frequent moving around of trainees * Exam failures * Poor survey results in Paediatrics for Nephrology, Neurology and Oncology * GMC NTS 2017 results showed multiple red flags for study leave   When directly asked trainees unanimously reported no concerns, and it was acknowledged that the school has worked hard to remedy this situation.  Overall it was a positive meeting, both trainers and trainees were engaged and largely happy. Trainees reported that they felt supported by their Educational Supervisor (ES) for example Neurology trainees at Sheffield Teaching Hospitals Trust reported that they had departmental teaching in Paediatrics and consultants are available when needed. Trainees suggested that they would benefit from having the option to stay with the same ES throughout their training as this would give continuity, as well as build a better relationship and create understanding between the trainer and trainee. Additionally, trainees and ESs agree that longer rotations especially for trainees living outside Yorkshire & the Humber would be advantageous.  Trainees and trainers provided numerous examples of good practice forcollaborative working and networking, which trainees valued ESs reported that within Palliative Care trainees rotate around sites which gives them the opportunity to network and discuss different approaches to cases. Paediatric Oncology meet bi-annually to receive an introduction to the specialty and network. Trainees suggested that Health Education England (HEE) could coordinate similar exercises where knowledge sharing, learning and good practice could be discussed. A multi-professional working strategy is being developed in Paediatrics across the region with Advanced Clinical Practitioners (ACPs) being utilised to support service delivery and improving access to training. There is still uncertainty around the role of Physicians Associates (PAs) and their scope of practice. ESs also discussed the use of charity funding within multi-disciplinary teams and super sub-specialties to fund training which they felt should be funded by HEE, an example was given within Palliative Medicine where there is no funding for out of hours Palliative Medicine trainees in hospices.  The main theme for improvement was around communication with the school and HEE. For example, trainees voiced that they only see senior ESs when there is an adverse situation such as poor Annual Review of Competence Progression (ARCP) outcome and that there is little appreciation for good work. Furthermore, trainees mentioned that they expect to receive an outcome five for their ARCP, regardless of what they do. The reason for this is due to timing issues affecting outcomes e.g. the CESAC review is not aligned with the national ARCP reviews. Trainees suggested that a letter or email informing the trainee about their progression and improving how they are informed about ARCP outcomes would be beneficial. (*20181120\_HEEYH\_RQ1*).  **Trainee Experiencing Difficulty** (TED) - Educational Supervisors raised concerns around a reluctance by some ESs to officially record or evidence a TED (it was noted that these are not usually within GRID). ESs reported that written evidence could be recorded in the e-portfolio so this could be passed onto the next rotation. ESs also suggested that a TED should be flagged earlier in the process to ensure a trainee does not go through their eight years of training unaware that they have areas to improve upon and putting the ES in a difficult position whereby they must inform the trainee of these concerns and have no formal evidence. More work needs to be done to empower ESs to report a TED as soon as they are aware of a concern, so a robust programme is put in place to support the trainee (*20181120\_HEEYH\_RQ2*).  **Induction** – Access to a timely school induction and access to school information was raised as a concern by trainees, specifically for those joining the programme from outside Y&H as well as those returning to work. Some trainees reported that they did not know who the Dean or Head of School were nor anything about the School of Paediatrics in Y&H.  Additionally, trainers and trainees felt that better signposting to the School website would help to support the trainees when they begin placement. (*20181120\_HEEYH\_RQ3*).  **Resilience Training -** Educational Supervisors reported seeing a growing number of trainees where life events rather than the job itself is impacting on their wellbeing, and that they would benefit from resilience and mental health training to help support them. ESs and trainees were advised that they can contact the coaching team for external support via HEE and reminded about the existence of Take Time and Workplace Wellbeing.  **On site out of hours accommodation** – Trainees discussed out of hours accommodation specifically at St James’s Hospital in Leeds, where they are expected to by only thirty minutes away from site. Out of hours accommodation at St James’s Hospital was also raised by trainees at the Cardiothoracic Review held in April 2018. This matter has been raised with the Trust who reported that on site accommodation is available, for a nominal fee.  **Proposed reduction in the length of the Paediatrics programme** - There is concern around the proposed GMC curriculum changes to education and training time which will result in the Paediatrics programme being condensed from eight to six years. ESs felt that this would exacerbate pressures rather than alleviate them.  The trainees recognised the significant clinical pressures being placed upon their ESs, and the ESs were unanimous in corroborating this. ES’s are driven to improve training and strive to provide centres of excellence. |

# Sign off and next steps

## Report sign off

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| **Outcome report completed by** *(name)***:** | Emma Diggle |
| **Chair’s signature:** | Jon Hossain and Fiona Bishop |
| **Date signed:** | 18.12.2018 |
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| **HEE authorised signature:** | Jon Hossain (Deputy Dean and Clinical Lead for Quality) |
| **Date signed:** | 18.12.2018 |
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| **Date submitted to organisation:** | 19.12.2018 |

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## Organisation staff to whom report is to be sent

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| **Job title** | **Name** |
| Head of School | Karin Schwartz |
| Business Manager | Elaine Broch |
| Programme Support Manager | Rachel Noble |

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# Findings and conclusions

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| **GMC Theme** | **SUPPORTING LEARNERS** | |
| **Requirement**  **(R3.13 Feedback)** | Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme and be encouraged to act upon it. Feedback must come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers | |
| **HEYH Condition Number** | *20181120\_HEEYH\_RQ1* | |
| **Specialty (Specialties)** | Paediatrics (GRID) | |
| **Trainee Level** | Higher | |
| **Concern 1** | Trainees receive little or no feedback on their performance. |  |
| **Evidence for Concern** | Trainees voiced that they only see senior trainers when there is an adverse situation such as a poor Annual Review of Competence Progression (ARCP) outcome. Additionally, due to a timing misalignment between the SESAC review and national ARCP reviews, trainees expect to receive an outcome five whatever they do. Trainees suggested that a letter or email informing the trainee on how they are progressing and better informing them of the ARCP outcome would be beneficial and alleviate some of the anxieties |  |
| **Action 1** | Trainees must be provided with regular useful feedback on their performance. Educational supervisors should be reminded of their responsibilities. ARCP panels could be encouraged to write a summary of progress, including positive feedback, on the ARCP outcome form. | **January 2019** |
| **Action 2** | Review NETS and GMC NTS to determine if improvements in the feedback trainees are receiving on their performance have taken place. To supplement this the Quality Team and School of Paediatrics will work together to carry out a survey of GRID trainees to gather targeted views. | **June 2019** |
| **Evidence for Action 1** | Copy of action plan. | **January 2019** |
| **Evidence for Action 2** | Trainees’ views (via NETS, GMC NTS and a targeted survey on a change to educational culture must confirm that opportunities for useful feedback have improved. | **July 2019** |
| **RAG Rating** | **RED** | |

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| **GMC Theme** | **EDUCATIONAL GOVERNANCE** | |
| **Requirement**  **(R2.17 Sharing Concerns)** | The organisation must have a process for sharing information between all relevant organisations whenever they identify safety, well-being or fitness to practise (FtP) concerns about a learner, particularly when a learner is progressing to the next stage of training. | |
| **HEYH Condition Number** | *20181120\_HEEYH\_RQ2* | |
| **Specialty (Specialties)** | Paediatrics (General) | |
| **Trainee Level** | Higher | |
| **Concern 1** | Educational supervisors do not complete reports in sufficient detail, especially for trainees in difficulty. | |
| **Concern 2** | If a trainee has experienced difficulties during their attachment, appropriate information has not been communicated with the relevant people on the next rotation. | |
| **Evidence for Concern** | Educational Supervisors raised concerns around a reluctance by some ESs to officially record or evidence a TED (it was noted that these are not usually within GRID). ESs feel that written evidence could be recorded in the e-portfolio so this can be passed onto the next rotation. More work needs to be done to empower ESs to report a TED as soon as they are aware of a concern, so a robust programme is put in place to support the trainee | |
| **Action** | ES should be reminded of their responsibilities and provided with training and support to complete reports concerning a potential TED. | **Immediate** |
| **Evidence for Action** | Confirmation that this has taken place. | **January 2019** |
| **Evidence for Action** | Review Policy. | **March 2019** |
| **RAG Rating** | **RED** | |

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| **GMC Theme** | **LEARNING ENVIRONMENT AND CULTURE** | |
| **Requirement**  **(R1.13 Induction)** | Trainees to be provided with a school induction that clearly set out who the key people are in the School, as well as information and guidance about the school in Y&H. | |
| **HEYH Condition Number** | *20181120\_HEEYH\_RQ3* | |
| **Specialty (Specialties)** | Paediatrics GRID | |
| **Trainee Level** | Higher | |
| **Concern 1** | Trainees are not provided with signposting to the School website at induction | |
| **Concern 2** | Trainees who fall outside of the generic induction are not provided with an induction by the School in a timely manner. | |
| **Evidence for Concern** | Access to a timely school induction and access to school information was raised as a concern by trainees, specifically for those joining the programme from outside Y&H as well as those returning to work. Some trainees reported that they did not know who the Dean or Head of School were nor anything about the School of Paediatrics in Y&H.  Additionally, trainers and trainees felt that better signposting to the School website would help to support the trainees when they begin placement. | |
| **Action 1** | Provide all trainees with an appropriate school induction | **Next intake** |
| **Action 2** | Provide trainees with easy access to essential guidelines and policies via the school website | **Next intake** |
| **Evidence for Action 1** | Copy of induction timetable. | **Before next intake** |
| **Evidence for Action 2** | Confirmation that trainees are provided with access to guidelines and policies via the school website (Induction programme) | **After next intake** |
| **RAG Rating** | **RED** | |

## Patient / learner safety concerns

*Any concerns listed will be monitored by the organisation. It is the organisation’s responsibility to investigate / resolve.*

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| **Were any patient/learner safety concerns raised at this review?** | **NO** |
| **To whom was this fed back at the organisation, and who has undertaken to action?** | |
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| **Brief summary of concern** | |
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## Educational requirements

*Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.*

## Good practice

*Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.*

| **Learning environment / Prof. group / Dept. / Team** | **Good practice** | **Related Standard(s)** |
| --- | --- | --- |
| Palliative Care and Paediatric Oncology | **Collaborative working and networking -** ESs reported that within Palliative Care trainees rotate around sites which gives them the opportunity to network and discuss cases. Similarly, Paediatric Oncology meet bi-annually to receive an introduction to the specialty and network. | Standards 1 and 3 |
| Neurology at Sheffield Teaching Hospitals Trust | **Educational Support** - Neurology trainees at Sheffield Teaching Hospitals Trust reported that they had departmental teaching in Paediatrics and that they are supported by their Educational Supervisor and consultants are available when needed. | Standards 1 and 3 |

# Appendix 1: HEE Quality Framework Standards & Standards

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| Standard 1 - Learning environment and culture |
| * 1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.   2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.   3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).   4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.   5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.   6. The learning environment maximises inter-professional learning opportunities. |
| Standard 2 – Educational governance and leadership |
| * 1. The educational governance arrangements measure performance against the quality standards and actively respond’s when standards are not being met.   2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.   3. The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.   4. Education and training opportunities are based on principles of equality and diversity.   5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents. |
| Standard 3 – Supporting and empowering learners |
| * 1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.   2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.   3. Learners feel they are valued members of the healthcare team within which they are placed.   4. Learners receive an appropriate and timely induction into the learning environment.   5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys. |
| Standard 4 – Supporting and empowering educators |
| * 1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.   2. Educators are familiar with the curricula of the learners they are educating.   3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.   4. Formally recognised educators are appropriately supported to undertake their roles.   5. Educators are supported to undertake formative and summative assessments of learners as required. |
| **Standard 5 – Developing and implementing curricula and assessments** |
| * 1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.   2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.   3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment. |
| **Standard 6 – Developing a sustainable workforce** |
| * 1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.   2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.   3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.   4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner. |
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# Appendix 2: HEE Risk matrix



