

HEE Quality Interventions Review Report

Review Type: Programme Review by MS Teams

Programme: Foundation Psychiatry



**Yorkshire and the Humber
Date 19 March 2021**

Review Overview

Background to the Review:	<p>Programme Reviews are undertaken to ensure that quality risks are managed effectively, and notable/good practice is identified and shared across the region. This programme review has been organised as the GMC NTS 2019 highlighted challenges at foundation Level in psychiatry for educational supervision, curriculum coverage, and adequate experience. In addition, the Postgraduate Medicine Foundation Review was an additional driver. It should be noted that there were no open requirements for Foundation Psychiatry at the time of the review. The format of programme reviews in Yorkshire and Humber is that a panel outside of Schools is convened to enable an external review to take place. School colleagues are a vital part of the review planning process and have an opportunity to input into the report to ensure they are committed to and agree with requirements and recommendations. The Postgraduate Dean has the responsibility of final report sign off.</p>
Training Programme/ Learner Groups Reviewed:	<p>Foundation Psychiatry trainees Years 1 and 2 from:</p> <ul style="list-style-type: none"> • Bradford District Care NHS Foundation Trust • Leeds and York Partnership NHS Foundation Trust • Rotherham Doncaster and South Humber NHS Foundation Trust • Sheffield Health & Social Care NHS Foundation Trust • South West Yorkshire Partnership NHS Foundation Trust • Humber NHS Foundation Trust
Who we met with?	<ul style="list-style-type: none"> • Foundation Trainees Years 1 and 2 • 11 Educational Supervisors Educators from BDCT, Humber, LYPFT, RDASH, SHSC and SWYFT (see glossary) • Darran Bloye - Head of School for Psychiatry • Craig Irvine - Head of School for Foundation • Sue Reid – Programme Support Manager (Foundation & Psychiatry Schools) • Arthita Das - Foundation Psychiatry TPD • Pratibha Nirodi - Foundation Psychiatry TPD • Vikram Luthra - Foundation Psychiatry TPD
Evidence utilised:	<ul style="list-style-type: none"> • Foundation Psychiatry Programme Summary • TPD Foundation Psychiatry Presentation • TPD Foundation Psychiatry Self-Assessment Report • School of Psychiatry (Foundation Level) GMC NTS 2019 and NETS 2019 Summary Report • Annual Trainee Quality Visit Summaries 2020 • SHSC Trainee Feedback in response to Requirement 19/0014

Review Panel A

Role	Job Title / Role
Maya Naravi	Associate Dean (Lead Chair for the Review and Panel A Chair)
Judy Harrison	Associate Director of Medical Education/North West Lead for Foundation Psychiatry
Alan Sutton	Lay Representative (Rotating between Panels A and B)
Liz Davis	GMC Education Quality Analyst (Observer)

Emma Diggle	Quality Coordinator
Abigail Appleby	Programme Support Administrator

Review Panel B

Role	Job Title / Role
Jon Scott	Deputy Dean/Foundation Psychiatry Lead – North East (Panel B Chair)
Kathryn Payne	Leadership Fellow
Alan Sutton	Lay Representative (Rotating between Panels A and B)
Jamie Field	GMC Education Quality Analyst (Observer)
Julie Platts	Quality Programme Manager
Michele Hannon	Quality Administrator

Executive summary

- Educator and trainee representation and engagement at the review was excellent with eleven educators, nine FY1 and eight FY2 trainees from across the Yorkshire and Humber (YH) region in attendance (see Appendix 1 for trainee denominator by level and Trust).
- The Head of School for Foundation, Head of School for Psychiatry and three Foundation Psychiatry Training Programme Directors (FPTPDs) offered valuable insights into the review.
- The review was instigated due to negative trainee feedback in the General Medical Council National Training Survey (GMC NTS) 2019. It should be noted that there were no negative comments/outliers in the GMC NTS 2020 (Covid) or National Education and Training Survey (NETS) 2020 surveys. The review was originally planned for March 2020 and rearranged in a virtual format.
- The Lead Chair met with panel members and Heads of School in advance of the review to ensure there was a full understanding of its purpose and aims. The Quality Team met with the General Medical Council representatives, administrative support and the FPTPDs prior to the review to ensure it was appropriately organised.
- The GMC observers were in attendance as part of their proactive quality assurance process to review HEE YH's quality management approach and to ensure that their *Promoting Excellence: Standards for Medical Education* standards are being met.
- At the end of the review the panel members expressed their support for how the review had been organised, the Lead Chair's coordination and the external expertise involved (two external faculty members, a lay representative and a leadership fellow). In addition, the virtual format of the review was deemed a success and recommended as a concept that should be promoted for the future.

Summary of the session attended by HEE Clinical Faculty and Educators

A detailed presentation was provided by the three FPTPDs with a priority since the 2019 GMC Survey feedback being increasing the level of mental health experience in foundation psychiatry posts. It was noted that there had been several quality team requirements around this issue that have been resolved due to significant improvements. Other priorities are to deliver a train the trainers' programme (there has already been an introduction of more Foundation Training content in psychiatry face-to-face Educational Supervisor training) and to ensure the trainee teaching during protected time is pitched at the correct level. It was highlighted that during their posts foundation trainees can expect a generic psychiatric

experience, to achieve core competencies, gain experience of history taking, and demonstrate awareness of capacity and incapacity in relation to the Mental Health Capacity Act (2005). In addition, to be involved in continuity of care, following patient pathways from being acutely unwell to discharge to their General Practitioner or Community Psychiatric Nurse. There are a wide range of training units and rotations within the region offering inpatient, liaison, community, and specialist posts.

- The FPTPDs highlighted that trainees must complete Trust and departmental inductions that have transferred to a largely on-line format during the Covid pandemic. There is good deal of content to cover in a short period of time with Directors of Medical Education regularly reviewing this to ensure relevance.
- Regional teaching takes place through curriculum delivery days and training in individual trusts. Trainees are encouraged to attend and present at these. A pilot teaching programme is underway which includes clinical simulation, Balint groups, and lecture-based teaching.
- A Mental Health literacy questionnaire has been disseminated with feedback received to inform future training.
- Clinical simulation in psychiatry has been developed and delivered in the south of the region. The Foundation School has provided funding to assist with the roll out of this important initiative across the remainder of the region.
- There is no specific training the trainer module so tailoring training to review the Foundation Psychiatry curriculum, Horus ePortfolio and specific Workplace Based Assessments is being considered.
- The appointment of four Foundation Psychiatry Fellows is a joint initiative with HEE and the School of Psychiatry with 2/4 posts currently filled and all posts recruited to in the next intake.
- FPTPDs visit each rotation annually and meet with Directors of Medical Education and this approach has been beneficial, for example, developing a standardised induction programme. They also work closely with the Quality Team (along with the Heads of School) and attend Monitoring the Learning Environment meetings that are held at all Mental Health Trusts throughout the year.
- Bridging the Gap training days are aimed at FY2 trainees to enable them to learn skills to equip them for the transition to core training. Trainees are introduced to different specialities and skills training and core psychiatry skills. The format is on-line and take up is high.
- There has been a focus on improving the experience in community posts with the introduction of a new curriculum, broadening experience with split posts, allocated self-development time and Longitudinal Integrated Foundation Training posts.
- The mental health well-being of trainees is important in relation to covid and non-covid related anxieties with a raft of resources available to support and engage.
- The panel noted that having three dedicated FPTPDs in the region was an effective model with face-to-face meetings with trainees and bespoke surveys to check trainee satisfaction as part of their remit. The FPTPDs can pool resources to run courses such as 'bridging the gap' events.
- All trainers reported feeling well supported in their roles. However, they would welcome further allocated time in their job plans to carry out their education and training role.

Summary of trainee feedback (FY1 and FY2)

- Numerous examples of good practice were identified at the review with handover, liaison posts, clinical experience, regional teaching, and clinical supervision from a committed educator cohort across the region being highlighted for specific praise.
- Trainees confirmed that they were also feeding back on behalf of colleagues who could not be present. 7 out of 9 FY1 and 4/5 out of 8 FY2 trainees would recommend their posts. The remainder were a tentative 'no' due to the challenges outlined in the report.
- Trainees described welcoming organisations that were a supportive environment to work with good teamworking across professions.
- Trainees in Liaison posts highlighted that the balance with on call commitments, the breadth of psychiatry patients, managing the in-patient liaison service, practicing management plans, and input from Mental Health nurses made these posts an excellent learning experience.
- All trainees highlighted supervision at LYPFT as excellent and reported that they have benefitted from working with MDT whilst in community posts. Trainees at SHSC highly recommended the outpatient psychiatry posts. FY2 trainees reported an overall excellent learning experience at BDCT (Airedale) and SWYPFT.
- All trainees at the review felt Trust induction was repetitive and too long.
- Access to the ICE (Requesting and Reporting System) at BDCT Airedale was inconsistent with trainees reporting that it sometimes took colleagues at least two weeks to gain access.
- There were two different experiences at RDASH with the FY2 well-supervised and had good feedback. However, a FY1 trainee based at Rotherham reported not being adequately supervised and had not feedback for several weeks, as the named clinical supervisor had left the organisation.
- In some posts there is activity related to physical health with the reduction in daytime psychiatric activity likely to be due to Covid pandemic.
- FY1 trainee at BDCT working in Old Age Psychiatry in a Dementia Assessment unit reported for the last two months they have mainly managed physical health issues. On investigation the Trust acknowledged covid had had an impact on experience with some other opportunities in place to help to mitigate this.
- There were reports from trainees that there is inconsistent rota coordinator involvement when requesting annual leave.
- There were no reports of bullying and harassment and no concerns relating to undermining from either FY1 or FY2 trainees.
- In terms of differentiation between FY1 and FY2 this is not always clear to colleagues and additional communication would be welcomed.
- Trainees generally felt that teaching was more General Practice and Core trainee-focused rather than tailored to FY trainees.
- The 1:1 standard supervision hour is patchier than expected with only half of trainees reporting they consistently received this.
- A SWYPFT trainee reported resistance from the local Acute Trust when trying to admit acutely unwell patients suggesting the trainee could offer the care needed themselves. This was likely to be due to Covid inpatient work intensity in recent months. However, patients were always admitted and there were no reports of patient care being compromised.
- An issue was raised by a LYPFT FY2 liaison trainee in terms of finding specific kit in an emergency crash bag during an acute event.
- Support out of hours was good with all trainees reporting they felt comfortable contacting an off-site middle grade doctor or Consultant who were always helpful and supportive. They

reported that on site their support was sometimes from senior doctors but on other occasions experienced mental health nurses. This is consistent with the guidance from the Royal College of Psychiatrists in conjunction with the General Medical Council that Foundation doctors must always have direct access to a senior colleague who can advise them in any clinical situation. A senior colleague does not have to be a doctor and can be a senior practitioner, including a specialist nurse. If immediate supervision at the place of work comes from a nurse the trainee must also have access to a senior doctor who can attend if necessary and this was confirmed at the review. However, the panel felt that escalation protocols should always form part of the workplace induction so trainees are aware that initial support may be provided by on site senior nurses and escalated to medical colleagues. This is a similar model to other mental health settings where services are delivered across several sites and where out of hours senior medical cover is provided through off-site supervision across several of these.

Overall, the panel felt that the Foundation Psychiatry posts in Yorkshire and Humber are offering a good training experience with some reports of trainees wishing to pursue a career in Psychiatry as a result. An exercise to determine how many YH foundation trainees have gone on to undertake core psychiatry is being carried out. The Schools of Foundation and Psychiatry should be commended on their forward-thinking approach and innovative initiatives. There is a mandatory requirement to address the imbalance of mental and physical health experiences in posts and several recommendations to further improve the programme.

Review Findings

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>1.2. 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.</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Recommendation Reference Number
1.1	<p>Handover</p> <p>Handover was generally consistent and working well.</p>	
1.1	<p>Emergency kit induction – LYPFT (Becklin Centre, Leeds)</p> <ul style="list-style-type: none"> An issue was raised by a LYPFT FY2 liaison trainee in terms of finding specific kit in an emergency crash bag during an acute event. A detailed investigation has been carried out by the Director of Medical Education and the Immediate Life Support Lead at the Becklin Centre, Leeds. The discussions included what is kept in the bag, for example, secondary attachments to cannulation equipment to enable drugs infusions to be safely given. It was agreed that trainees need to understand what cannulation kit is available and for staff to signpost them to this when needed. 	Recommendation No 1

1.2	Bullying and undermining There were no reports of bullying or undermining, with a culture of support and teamwork reported.	
1.4	Appropriate levels of Clinical Supervision <ul style="list-style-type: none"> An FY1 trainee based in Rotherham reported not being adequately supervised and had not had feedback for several weeks, as the named clinical supervisor had left. The current consultant was overseeing three wards and as a result was overstretched and they were also only allowed to observe. There were no reports of patient safety concerns. This was escalated to the Deputy Medical Director who, following discussions with senior colleagues agreed the delivery of improved support and supervision for the new intake of FYs from April 2021. The plan included a consultant presence on Osprey ward every day and a senior nurse moved into a clinical post on the ward to allow for better consistency day to day and additional support to the FYs. The FPTPD was asked to check on the wellbeing and progress of the trainee who reported concerns (who gave permission for their name to be shared) and this was successfully carried out. 	Recommendation No 2
	<ul style="list-style-type: none"> Support out of hours was generally good with every trainee reporting they felt comfortable contacting an off-site middle grade or Consultant and they were always helpful and supportive. 	
	The Postgraduate Dean to write to DMEs to ask for OOH on-site supervision/escalation protocols particularly in relation to the involvement of senior practitioners, including specialist nurses.	Recommendation No 3
	The one hour of 1:1 supervision is not consistent across the patch and should be audited and reviewed by the three FPTPDs.	Recommendation No 4
1.6	Multi-professional learning promoting opportunities to work and learn with other members on the team to support inter-professional multidisciplinary working. The trainees reported feeling they are integrated members of Multi-Disciplinary Team (MDT) and welcome the support of Mental Health nurses and other colleagues.	

Domain 2 – Educational governance and leadership		
2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.		
2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Recommendation Reference Number
2.1	Effective, transparent, and clearly understood educational governance systems and processes. <ul style="list-style-type: none"> BDCT Airedale trainees reporting that it took colleagues at least two weeks to gain access to ICE (Requesting and Reporting system). The Trust has reported that an extra 	Recommendation No 5

	layer of authorisation has been added in that two Trusts must give permission with this process being investigated.	
	<ul style="list-style-type: none"> There were reports from trainees that there is inconsistent rota coordinator involvement when requesting annual leave. 	Recommendation No 6
	<ul style="list-style-type: none"> Ensure there are nominated individuals within Trusts to act as a link liaison with the School of Foundation and School of Psychiatry. It is likely this will continue to be the Director of Medical Education or their Deputy. 	Recommendation No 7
	<ul style="list-style-type: none"> There were reports of FY1 and FY2 posts being very similar. The promotion of the differentiation between trainee levels should be highlighted with signposting such as posters encouraging the use of clear identifiable trainee levels. 	Recommendation No 8
2.2	<p>Appropriate systems for raising concerns about education and training. Trainees generally knew how to raise concerns effectively and felt they were listened to.</p>	

Domain 3 – Supporting and empowering learners

- 3.1. 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.
- 3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.4. Learners receive an appropriate and timely induction into the learning environment.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Recommendation Reference Number
3.1	<p>Learners being asked to work above their level of competence, confidence, and experience.</p> <ul style="list-style-type: none"> There were no reports of significant concerns around trainees being asked to work above their level of competence, confidence, and experience. 	
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support.</p> <ul style="list-style-type: none"> Trainees generally reported that there was good support for their health and wellbeing with education and pastoral support widely available to them. 	
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards.</p> <ul style="list-style-type: none"> Trainees generally reported having time built into the roles to complete their assessments and receive feedback on their performance. 	
3.4	<p>Induction (organisational and placement)</p> <ul style="list-style-type: none"> Trainees felt Trust induction was repetitive and too long. 	Recommendation No 9

Domain 4 – Supporting and empowering educators		
<p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Recommendation Reference Number
4.2	<p>Educators are familiar with the learners’ programme/curriculum.</p> <ul style="list-style-type: none"> • There is no specific training the trainer module so tailoring training to review the Foundation Psychiatry curriculum, Horus ePortfolio and specific Workplace Based Assessments to be considered. 	Recommendation No 10
4.3	<p>Educational appraisal and continued professional development.</p> <ul style="list-style-type: none"> • Trainers highlighted feeling well supported in their roles. 	
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities.</p> <p>Trainers would welcome a review of their job plans to allow allocation/ further allocation of time to meet educational responsibilities to be considered.</p>	Recommendation No 11
Domain 5 – Delivering curricula and assessments		
<p>5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Recommendation Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes.</p> <ul style="list-style-type: none"> • A FY1 trainee at BDCT working in Old Age Psychiatry in a Dementia Assessment Unit reported for the last two months they have mainly managed physical health issues and had very little learning in psychiatry due to low patient numbers. The trainee confirmed that they had not been able to attend clinics due to restrictions due to the pandemic. They acknowledged that their placement allowed for more time to engage with their ePortfolio and there were no reports of patient safety concerns. This situation was raised with the Director of Medical Education and it was confirmed trainees mainly gained experience in assessment and management of patients including physical health assessment. There had been time spent on the forensic ward to provide a different experience. There are plans to include FY1s in remote consultations and they have access to taster days in other subspecialties and access to a Balint group. There is also a two-month placement within the post on Bracken Ward where trainees gain a wider experience in functional mental illness management. 	Recommendation No 12

	<ul style="list-style-type: none"> • Foundation trainees generally reported receiving a well-rounded generic psychiatric learning experience. It was noted there are a wide range of training units and rotations within the region offering inpatient, liaison, community, and specialist posts. • However, in some posts the majority of workload is around caring for the physical health needs of patients. Although trainees reported being comfortable providing this care and were supported in doing so, it is a concern that there is so little psychiatric health experience in some posts and a mandatory requirement has been set to review and improve this situation. 	Mandatory Requirement
	<ul style="list-style-type: none"> • At LYPFT one trainee explained that they felt fortunate to have the training post in an inpatient unit as there was time for learning with their Educational Supervisor and the pastoral care has been excellent. Another trainee with a community post explained that there was Foundation specific teaching and opportunities to join a Journal Club. The trainee advised that there is an MDT Teams meeting with home visits still being carried out. 	
	<ul style="list-style-type: none"> • The FPTPDs to continue to review the foundation psychiatry teaching within Trusts to encourage this to be tailored more effectively to curriculum. 	Recommendation No 13

MANDATORY REQUIREMENT

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 Requirement Number	1 (ISF 1)	
LEP Site	HEE YH – wide	
Specialty (Specialties)	Psychiatry	
Learner Level	Foundation	
Concern	The posts offer trainees with too little experience in psychiatry to meet curriculum requirements.	
Evidence for Concern	Trainees in some posts report an imbalance of psychiatric and physical health care with a large proportion of care being related to physical health. This is affecting their ability to meet the requirements of the curriculum during their posts. It is noted that this situation has been exacerbated due to covid and as such has been set at ISF1 at this stage.	
Action 1	The FPTPDs to investigate, with the involvement of trainees, the balance of physical health and psychiatry in their posts and provide a summary of findings.	July 2021
Action 2	Using the findings of the investigation, the Foundation and Psychiatry Heads of Schools/FPTPDs will discuss	September 2021

	at School Boards/Specialty Training Committees and develop an action plan. A plan to be developed to ensure trainees receive a broader psychiatric educational experience in foundation psychiatry posts. The plan to be agreed with the local Postgraduate Dean.	
Action 3	Implement the action plan in conjunction with Directors of Medical Education and other LEP colleagues	November 2021
Action 4	Evaluate the effectiveness of the implementation of the action plan by carrying out bespoke surveys of trainees and educators as well as reviewing national surveys.	January 2022
Evidence for Action 1	Summary of FPTPD investigation	July 2021
Evidence for Action 2	The HoSs will discuss review at school board/STC and develop an action plan for planned changes after discussion with the local Postgraduate Dean. Copy of action plan.	September 2021
Evidence for Action 3	Interim progress updates via the Quality Management System (quality database)	November 2021
Evidence for Action 4	Copy of evaluation summary with Trainees views on change to educational culture to confirm that psychiatric education opportunities have improved.	January 2022
Schools of Psychiatry and Foundation	<ul style="list-style-type: none"> Copies of documents must be uploaded to the Quality Management System (Quality Database). Item must be reviewed, and changes confirmed with the Quality Team 	

Recommendations

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
1.1	1. Psychiatric liaison trainees should be made familiar with the location and contents of specific kit for use in an emergency at the Becklin Centre, Leeds. This has been raised with the Director of Medical Education at LYPFT who has alerted the Immediate Life Support Lead. It was concluded that this is a training/induction issue rather than a lack of available kit. This will continue to be followed up at the MLE meeting with the Director of Medical Education. Deadline: Next MLE meeting that is being arranged for June/July. A mandatory requirement will be set at that time if there are still challenges.
1.4	2. The plan outlined in the report for the Deputy Medical Director to ensure delivery of more consistent clinical supervision on the Osprey ward at Rotherham (RDASH) to be reviewed by the Quality Team/Head of Schools at the next Monitoring the Learning Environment meeting to be held in May 2021 and GMC NTS in July. A mandatory requirement will be set at that time if there are still challenges.

1.4	3. The Postgraduate Dean to write to DMEs to ask them to provide out of hours supervision protocols on site, particularly in relation to the involvement of senior practitioners, including specialist nurses. The escalation pathway to senior medical colleagues off site is working effectively across all providers, it is noted that OOH experience is not part of the foundation curriculum requirements and there are no reported patient safety concerns. Out of Hours supervision protocols to be provided to the Postgraduate Dean by DMEs Timeline: By June 2021 with action taken at individual Trusts if challenges are identified.
1.4	4. The one hour of 1:1 supervision provision to be audited by the three FPTPDs. To report back to the Heads of Schools for discussion at the Deputy Dean/Head of Schools meetings with the Quality Team representative present. Timeline: By September 2021.
2.1	5. Review the timescales for IT access to the ICE system (reporting and requesting) at BDCT Airedale. This has been raised with the DME who confirmed there has been a change in process with two Trusts having to give permission which has caused the issue and is being investigated. This will be followed up by the Quality Team at the next MLE meeting and the Schools Quality Lead will feedback to the Deputy Dean/HoS meeting. If there are still challenges a mandatory requirement will be set. Timeline: By July 2021
2.1	6. Review reports from trainees that there is inconsistent rota coordinator involvement when requesting annual leave. To be discussed by the Quality Team/Head of Schools at the next Monitoring the Learning Environment meetings and GMC NTS in July. A mandatory requirement will be set at specific Trusts if there are still challenges. Timeline: by September 2021
2.1	7. Ensure nominated individuals within Trusts (likely to be the DME/Deputy DME) continue to act as a link liaison with the School of Foundation and School of Psychiatry. A regional forum could be instigated to discuss interface opportunities. The Heads of School to investigate Trust liaison and a regional forum and potentially take forward as a strategic goal of the Schools. Timeline: By October 2021
2.1	8. Highlight the importance with Trust colleagues about trainee role differentiation and encourage signposting such as posters depicting the importance of clearly identifying trainee levels. The Quality Team to add role differentiation to Mental Health Trust MLE meeting agendas and set a mandatory requirement at individual Trusts if appropriate. Timeline: By October 2021
3.4	9. Develop a tailored Trust induction that, where possible, is more specific to their roles. The Quality Team to add induction to Mental Health Trusts' MLE meeting agendas and set a mandatory requirement at individual Trusts if challenges remain. Timeline: By October 2021
4.2	10. Develop specific training the trainer module so tailoring training to review the Foundation Psychiatry curriculum, Horus ePortfolio and specific Workplace Based Assessments is being considered. FPTPDs to investigate train the trainer modules and report back to the Heads of Schools for discussion at the Deputy Dean/Head of Schools meetings with the Quality Team representative present. Timeline: October 2021
4.4	11. Review the allocation of time in Trainers' job plans to ensure this is adequate to meet educational responsibilities. The Quality Team to add

	job planning to agendas at MLE meetings with DMEs and the School Quality Lead to report back to the Deputy Dean/Head of Schools meetings. Timeline: By October 2021.
5.1	12. Review the experience of FY1 trainees at BDCT working in Old Age Psychiatry around clinical supervision and access to educational experience. This matter has already been raised with the DME with plans in place to improve experience. Add this to the agenda of the next MLE meeting to include detailed review of the GMC NTS. Set a mandatory requirement if there are still challenges. Timeline: By July 2021.
5.1	13. The FPTPDs to continue to review the foundation psychiatry teaching within Trusts to encourage this to be tailored more effectively to curriculum. FPTPDs to report back to the Heads of Schools for discussion at the Deputy Dean/Head of Schools meetings with the Quality Team representative present. Timeline: By September 2021

Good practice

Learning environment / Prof. group / Dept. / Team	Good practice
YH-wide	The appointment of four Foundation Psychiatry Fellows is a joint initiative with HEE and the School of Psychiatry with all posts recruited to in 2021.
YH-wide	A pilot teaching programme which includes clinical simulation, Balint groups, and lecture-based teaching. A survey was carried out to determine what topics trainees would like included and these are being delivered comprising didactic sessions and discussion. There have been 2 so far with 30 trainees involved and there are pre-and post-tests around the topic. The pilot runs until July 2021 and there a further five topics to complete.
YH-wide	A Mental Health literacy questionnaire has been disseminated with feedback received to inform future training.
YH-wide	Clinical simulation in psychiatry has been developed and delivered in the south of the region. Craig Irvine (Head of School for Foundation) has provided funding to assist with the roll out of this important initiative across the region.
YH-wide	FPTPDs visit each rotation annually and meeting with Directors of Medical Education has been beneficial, for example, developing a standardised induction programme. They also work closely with the Quality Team in terms of Monitoring the Learning Environment meetings that are held with Directors of Medical Education at all Trusts throughout the year.
YH-wide	Bridging the Gap training days are aimed at F2 trainees to enable trainees to learn skills to equip them for the transition to core training. Trainees are introduced to different specialities and skills training and core psychiatry skills. The format is on-line and there were 65 attendees in November and there are 80 booked to attend in March 2021.
Leeds York Partnership NHS Foundation Trust	Offered a specific 6-week teaching programme for foundation trainees

Glossary of abbreviations

BDCT	Bradford District Care NHS Foundation Trust
CAMHS	Child and Adolescent Mental Health Services
DME	Director of Medical Education
FPTPD	Foundation Psychiatry Training Programme Director
FY	Foundation Year
GMC NTS	General Medical Council National Training Survey
GMC	General Medical Council
HEE YH	Health Education England Yorkshire and Humber
LD	Learning Disabilities
LEP	Local Education Provider
LTHT	Leeds Teaching Hospital NHS Trust
LYPFT	Leeds and York Partnership NHS Foundation Trust
MDT	Multi-Disciplinary Team
NETS	National Education and Training Survey
OOH	Out of Hours
PA	Programmed Activities
RDASH	Rotherham Doncaster and South Humber NHS Foundation Trust
SHSC	Sheffield Health & Social Care NHS Foundation Trust
SWYPFT	South West Yorkshire Partnership Foundation Trust
TPD	Training Programme Director

Appendix 1

Trainee Attendees by Trust


Trainee Level	Location
F1	Bradford District Care NHS Foundation Trust
F1	Leeds and York Partnership NHS Foundation Trust
F1	Leeds and York Partnership NHS Foundation Trust
F1	Sheffield Health & Social Care NHS Foundation Trust
F1	Sheffield Health & Social Care NHS Foundation Trust
F1	South West Yorkshire Partnership NHS Foundation Trust
F1	South West Yorkshire Partnership NHS Foundation Trust
F1	South West Yorkshire Partnership NHS Foundation Trust
F1	Rotherham Doncaster and South Humber NHS Foundation Trust
F2	Bradford District Care NHS Foundation Trust
F2	Leeds and York Partnership NHS Foundation Trust
F2	Calderdale and Huddersfield NHS Foundation Trust
F2	Leeds and York Partnership NHS Foundation Trust
F2	Rotherham Doncaster and South Humber NHS Foundation Trust
F2	South West Yorkshire Partnership NHS Foundation Trust
F2	South West Yorkshire Partnership NHS Foundation Trust
F2	Rotherham Doncaster and South Humber NHS Foundation Trust

Appendix 2
Number of Foundation Trainees at each Trust

Trust	F1 number of posts	F2 number of posts	Total number of posts
Bradford District Care NHS Foundation Trust	7	6	13
Humber NHS Foundation Trust	5	7	12
Leeds and York Partnership NHS Foundation Trust	11	8	19
NAVIGO	3	2	5
Rotherham Doncaster and South Humber NHS Foundation Trust	9	6	15
Sheffield Health & Social Care NHS Foundation Trust	11	5	16
South West Yorkshire Partnership NHS Foundation Trust	7	7	14
Tees, Esk and Wear Valleys NHS Foundation Trust	8	8	16
	61	49	110

Note: Quality Management for Tees Esk and Wear Valleys is carried out by the NE Quality Team.

Report sign off

Outcome report completed by (name):	Emma Diggle
Review Lead signature (Maya Naravi):	<i>Maya Naravi</i>
Date signed:	9 April 2021
HEE authorised signature. (Jon Cooper):	
Date signed:	29 April 2021
Date final report submitted to the Schools and organisations:	4 May 2021

What happens next:

The requirement/recommendations generated during this review will be recorded in the Quality Management System (QMS) and monitored following the usual HEE Quality Management processes.