Learner/Educator Meeting Findings Form

Section 1: Details of the meeting

Trust/Site:	Hull & East Yorkshire Hospitals NHS Trust
Speciality Reviewed:	Histopathology/Microbiology/Infectious Diseases
Date of Meeting:	11 July 2017

Section 2: Findings from the meeting

Summary

The meeting was arranged to obtain feedback from the trainees and trainers in Histopathology, Microbiology & Infections Diseases. Concerns regarding Histopathology had been raised with the Head of School of Pathology regarding rota arrangements, experience and supervision. HEE's Junior Doctor Survey 2016 also flagged up concerns around Induction. A programme review in December 2016 for Medical Microbiology, Infectious Diseases and Combined Infection Training identified that there were no Medical Microbiology trainers in Hull.

The meeting was well organised with good engagement from the trainees and Infectious Diseases trainers. Unfortunately no Histopathology trainers were able to attend.

Findings

Histopathology

The trainees reported that there is a wide variety of cases, including complex ones and they do not get this experience elsewhere. Trainees are able to work, where appropriate, independently with full support from the consultants.

The trainees reported that supervision is tailored to their requirements, with the junior trainees given more, whilst the seniors are left to work more independently, with supervision always available. The trainees all have Clinical Supervisors and have met with them and they also reported that they receive regular feedback.

There have been previous concerns raised regarding induction however these appear to have been resolved. One trainee reported that they had seen improvements as they were a trainee in 2015 when there was a lack of departmental induction however this time they reported it as being 'very good'.

Teaching is reported as being good with trainees attending the weekly 'black box' teaching meeting where they are given the opportunity to present how they would approach the management of the case reflecting their level of training. There are no problems in being released for courses.

There are concerns around the amount of time trainees spend typing up case reports which impacts

on their time and affects the number of cases that they are able to do – estimated to be as much as 30% of their time. Voice recognition digital dictation software is in use in the department but not for trainees.

There are limited opportunities for skin/soft tissue and breast pathology secondary to consultant shortages, however trainees were confident that they could receive these opportunities elsewhere.

All trainees reported that it is a very friendly environment with no undermining concerns.

The trainees would all recommend the placement to the next cohort of trainees and feel that it is underrated. Although they were a little reticent about recommending to family members, the trainees are happy with the quality of the service but there are concerns with the turnaround of cases and some being sent away to private providers for reporting. An audit is currently being undertaken around the turnaround issues.

The trainers are to be commended that despite the obvious severe service pressures on the department not only did the trainees receive supervision as necessary, but they acknowledged that the consultant body were protecting them from the consequences of those service pressures.

It is unfortunate that no member of the Histopathology consultant staff could attend to discuss the issues raised, and this report does not therefore reflect their views.

Infectious Diseases

There has been a recent change to the curriculum with the implementation of the combined Microbiology and Infectious Diseases training programme. Currently only Infectious Diseases training is delivered here and trainees are exposed to chronic and acute inpatients and out patients. Access to Microbiology is facilitated by the revised working conditions in Hull whereby the Infectious Diseases consultants have taken on the work of hospital liaison, antibiotic guidance/advice and liaison with laboratory staff. There is currently a locum consultant Microbiologist and a post out to advert.

Trainees are based in the laboratory, and do have the opportunity to work with the laboratory staff, the Director of Infection Prevention and Control (an infectious disease consultant) and the Consultant Nurse leading the Infection Control Team.

The Infectious Diseases consultant workforce has gone a long way to address the concerns over the lack of Microbiology supervision. Indeed the clinical service provided with 'result to patient' care is an innovative approach that improves patient care.

Although there are currently no concerns of provision of training, looking forward there will need to be the flexibility of transferring trainees out to gain particularly the supervised laboratory Microbiology component of the higher curriculum . Whilst HEY have always had a relationship with York, this is less so with Leeds, and would need strengthening.

Trainees reported that the Infectious Diseases/Microbiology mixes really well. They are happy about the plan for undertaking Microbiology at York and having met one of their Microbiologists feels that there is a link between the departments.

There is a locum Microbiology consultant based at HEY and some work is outsourced to York. The Microbiology offices are based in the lab however trainees to not receive protected time until they are at York.

Recruitment is currently underway for 1 WTE Microbiologist. A fully staffed service would include 2 WTE Microbiologists, one of which is employed by HEY but based in York and this role could be undertaken by different people. When they are fully staffed trainees will undertake some of the Microbiology training at HEY and will also go to York.

The Unit is relocating to a more central location on the Castle Hill (CHH) site which is due to their current location being utilised as offices.

Out of hours supervision is felt to be good, trainees reported that the consultants are happy to be called.

Departmental induction was reported as working well, with policies available on the intranet and no issues accessing that.

No concerns regarding teaching were highlighted, trainees attend MDT, weekly departmental teaching, x-ray meetings and a journal club. Trainees are released for regional teaching and academic teaching and find the department really flexible. They all have an Educational Supervisor and meet with them regularly.

There were no reports of undermining, with trainees reporting it as 'a friendly unit'.

There are concerns regarding the educational resources which appear to be lacking in relation to the library and IT access to journals

All trainees would recommend the placement to their colleagues. They find it a friendly unit and feel that they learn a lot that they would not normally learn about. The trainees also reported that they would be happy for family/friends to be treated at the unit.

The Infectious Diseases consultant body are to be commended for their resourcefulness and commitment in supporting the provision of a high quality service in the absence of any permanent consultant Microbiology staff. We were assured that the current arrangements are sustainable and likely to be the model in Hull unless and until microbiology consultants are employed.

Areas of strength

- Histopathology trainees are happy with the experience they are receiving and describe it as a friendly and flexible placement, with very supportive consultants who protect the trainees.
 They feel it is a very good place to be before the exam.
- Infectious Diseases/Microbiology also reported a very supportive consultant body who are always approachable and friendly.
- The Infectious Diseases trainers are fully committed to the holistic Microbiology/Infectious Diseases service.
- The system for managing telephone calls for micro/antibiotic advice has been reviewed and is now a more proactive service. There is an email address for cases which are usually responded to within 24 hours and the consultants and trainees routinely visit the wards, which has reduced the amount of telephone calls. The telephone calls are for the urgent cases.

Section 3: Outcome (please detail what action is required following the meeting)

No further action required – no issues identified	
Conditions Set (see appendix A):	X

Section 4: Approval

Name:	Dr Peter Taylor
Title:	Deputy Dean
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Date:	25 July 2017

Disclaimer:

Any issues that have been escalated to a condition will be included on the Quality Database and managed by the Quality Manager through the Monitoring the Learning Environment meetings.

Conditions

GMC Theme	DEVELOPING AND DELIVERING CURRICULA AND AS	SESSMENT	
Requirement	Postgraduate training programmes must give DiT sufficier	•	
(R5.9b Experience)	experience to achieve and maintain the clinical or medical		
	competencies (or both) required by the curriculum.		
HEYH Condition	1		
Number			
LEP Site	HRI		
Specialty	Histopathology		
Trainee Level	All		
Concern 1	Trainees spend too much time on typing reports of limited educational value.		
Concern 2	The posts in Histopathology offer trainees too narrow a supervised experience in Histopathology to meet curriculum requirements.		
Evidence for Concern	There are concerns around the amount of time trainees spend on typing up reports. There is no allocated secretarial support available to trainees regarding dictation access. If trainees have an urgent case this can be done, however it can take several weeks to get routine reports. The Trust has a digital voice recognition system that the consultants use, which trainees have requested access to but this has not been agreed. It does have an effect on the number of cases that trainees are able to complete. More routine cases are sent to private pathology companies for reporting. There is limited exposure for skin/soft tissue and breast training. However trainees are confident that they will achieve these competencies elsewhere. There were no Less Than Full-Time Trainees (LTFT) at the meeting or Histopathology trainers, therefore it is not apparent what arrangements are in place to ensure these trainees receive adequate experience to meet their curriculum requirements. Concerns are around practical problems of continuity of cases eg. working set days and having to leave cases to be reported on by someone else.		
Action 1	Provide evidence of how the report typing burden for trainees has been significantly reduced. eg. use of the voice recognition dictation system / secretarial support	31 October 2017	
Action 2	Trainers to discuss within the region how trainees will achieve sufficient experience and to provide evidence of agreed proposals for ensuring all the curriculum is covered.	31 October 2017	
Action 3	Communications to be strengthened between the Trainers and the STC, with at least annual attendance by a Hull based trainer at the STC.	31 October 2017	
Action 4	Details of the arrangements in place for LTFT to ensure they receive adequate experience and how the flexibility is managed.	31 October 2017	

Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	31 January 2018
Evidence for Action 2	Copy of review summary and action plan to introduce new educational opportunities.	31 January 2018
Evidence for Action 3	Minutes of the STC meeting documenting trainer attendance.	31 January 2018
Evidence for Action 4	Copy of the action plan identifying the arrangements in place for LTFT trainees.	31 October 2017
RAG Rating		
LEP Requirements	 Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with the HEE YH Quality Team 	

Requirement (R5.9b Experience) Postgraduate training programmes must give DiT sufficient practice experience to achieve and maintain the clinical or medical	ctical	
(R5.9b Experience) experience to achieve and maintain the clinical or medical		
	experience to achieve and maintain the clinical or medical	
competencies (or both) required by the curriculum.		
HEYH Condition 2		
Number		
LEP Site CHH		
Specialty (Specialties) Microbiology/Infectious Diseases		
Trainee Level Higher		
Concern 1 The posts in Microbiology/Infectious Diseases offer higher train	The posts in Microbiology/Infectious Diseases offer higher trainees with	
too narrow an experience in Infectious Diseases to meet curricu		
requirements.		
Evidence for Concern Combined Infectious Disease and Microbiology training is curre	Combined Infectious Disease and Microbiology training is currently	
split. Trainees undertake the Infectious Diseases training here	split. Trainees undertake the Infectious Diseases training here whilst	
the Microbiology element is to be undertaken at York. Although	the Microbiology element is to be undertaken at York. Although the	
trainers have had discussions with the TPD a formalised approx	trainers have had discussions with the TPD a formalised approach is	
required. Leeds may also need to be involved as York is a small	aller unit	
and again there needs to be a formal plan in place through the	STC.	
Action 1 Formal arrangements across the region through the 31 J	lanuary	
STC to be implemented to ensure all aspects of the 2018	8	
curriculum are covered.		
Action 2 Changes to the programme and their impact to be 31 J	lanuary	
discussed with trainees. 2018	8	
Evidence for Action 1 Copy of the formalised arrangements. 31 J	lanuary	
2018	8	
Evidence for Action 2 Minutes of the meetings/discussions. 28		
	ruary	
2018	8	
RAG Rating		
LEP Requirements • Copies of documents must be uploaded to the QM Datal	base	
 Item must be reviewed and changes confirmed with the 	 Item must be reviewed and changes confirmed with the HEE YH 	
Quality Team		

GMC Theme	LEARNING ENVIRONMENT AND CULTURE		
Requirement	Organisations must have the capacity resources and facilities** to		
(R1.19 Capacity)	deliver safe and relevant learning opportunities, clinical		
	and practical experiences for learners required by their curriculum or		
	training programme, and to provide the required ES and support.		
	**Resources and facilities may include: IT systems so learners can		
	access online curricula, workplace based assessment, supervised		
	learning events and learning portfolios; libraries and knowledge		
	services; information resources; physical space; support staff; and		
LIEVII Condition	patient safety orientated tools.		
HEYH Condition Number	3		
LEP Site	CHH		
Specialty (Specialties)	Microbiology/Infectious Diseases		
Trainee Level	All		
Concern 1	Trainees are concerned that the library facilities are inadequate to		
Concern 1	meet their requirements.		
Evidence for Concern	The library facilities are inadequate trainees struggle to obtain the		
	papers that they need. They are managing to do this by other means		
	eg. through a friend accessing them elsewhere. There are also		
	problems with accessing university information which is required as		
	part of the academic training programme and is hosted by google		
	drive. The current IT system does not support google chrome which		
Antinad	is needed to access the university site.	04	
Action 1	Address concerns raised by trainees in relation to	31 December	
	inadequate facilities.	2017	
Evidence for Action 1	Confirmation that the library facilities have been	31	
Lviderice for Action 1	improved.	December	
	improved.	2017	
RAG rating	2017		
LEP Requirements	Copies of documents must be uploaded to the QM Database		
	Item must be reviewed and changes confirmed with the HEE		
	YH Quality Team		