

Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE REVIEW	
Programme Name:	Immunology
LEP (Trust/Site) reviewed:	Health Education England (working across Yorkshire and Humber) Immunology Programme Review
Date of Visit:	30/11/2016

SECTION 2: FINDINGS FROM THE REVIEW					
AREAS OF STRENGTH					
1				The programme operates in a multi-professional manner with extensive collaborative working with laboratory scientists, nurses and hospital management. Multi-professional training is an inherent part of the programme.	
2				There are good cross-working connections with other specialties such as paediatrics, rheumatology, dermatology and haematology.	
AREAS FOR IMPROVEMENT					
No	Site	Area	ITEM	Recommendation	Timeline and Evidence
1	Leeds	Leeds	Teaching	The trainee in Leeds must attend TRIAC meetings with the Sheffield and Hull/Scunthorpe trainees in order to ensure consistency in teaching across the region.	TPD to report to HoS that formal arrangements have been put in place to allow the Leeds trainee to regularly attend TRIAC meetings. To be done by 30 th April 2017.
2	All	All	Induction	Review the initial induction and subsequent Year one processes to ensure that trainees have, or receive, a firm grounding in basic Immunology at an early stage of training and that escalation routes for issues are clearly defined.	Review of induction to be submitted to Deputy Dean and HoS by May 2017.
3	All	All	Rotation	Extended attachments should be built into the programme to allow trainees greater access to opportunities and experiences that they cannot get in a single centre.	Review of rotation/attachment arrangements by TPD and HoS by 31 st July 2017.

4	All	All	Protected laboratory time	A more structured approach to the organisation of laboratory sessions for trainees needs to be introduced to ensure that trainees meet the demands of the curriculum in terms of time in the lab.	Plan to be submitted to HoS by TPD and ESs by 31 st May 2017.
5	All	All	Curriculum guidance	Both trainers and trainees need guidance on the requirements of the new curriculum (including generic competencies) and use of the e-portfolio. (This may need external support and deliberation by JRCPTB, RCP and RCPATH)	TPD to ensure that trainees and trainers know to contact her with any problems they are experiencing with the curriculum and the ePortfolio by 31st May 2017. TPD (and HoS if required) to liaise with SAC rep to ensure that problems are escalated up to JRCPTB etc.
6	Sheffield	All	TPD workload	Dr Shrimpton needs support in her role as TPD. The identification of a deputy or a TPD for the East Midlands region should be considered. Additionally, consideration of identifying an ES for the Sheffield site to replace Dr Shrimpton thus allowing her to concentrate on the TPD role should be made.	TPD to report to HoS and Deputy Dean regarding progress/decision by May 2017.

SUMMARY

Immunology is a small specialty with approximately 30 trainees and 50 consultants across the whole specialty. Due to the size of the specialty ARCPs take place between the North, North West and East Midlands regions. Three trainees attended the programme review representing Hull/Scunthorpe, Leeds and Sheffield.

The cross region nature of the programme has contributed to a division between the Leeds programme and the Sheffield and Hull/Scunthorpe programmes creating a North and South split. In order to regain consistency between the programmes it was deemed important for the Leeds trainee to join the Sheffield and Hull/Scunthorpe trainees at their quarterly TRIAC (Trent regional immunology and allergy consortium). This meeting was deemed extremely useful by the trainees as it helps to set out the requirements of the programme and also covers lab and clinical teaching. Currently the Leeds trainee joins the TRIAC equivalent in Newcastle. The trainee can continue to attend the Newcastle training but must attend TRIAC. **RECOMMENDATION 1: The trainee in Leeds must attend TRIAC meetings with the Sheffield and Hull/Scunthorpe trainees in order to ensure consistency in teaching across the region.**

Induction is currently delivered on an individual basis and would have greater benefit and effectiveness if delivered with a pan region approach. An initial overview of Immunology would be of benefit to the trainees to give them a basic grounding in the programme. Emphasis of the escalation route for issues should be made at induction to ensure that trainees are fully aware of the support networks available to them. A national bootcamp may be an option for consideration; the trainees would like to learn how the clinical, laboratory and research aspects interlink at an early stage in training. **RECOMMENDATION 2: Review the initial induction and subsequent Year one processes to ensure that trainees have, or receive, a firm grounding in basic Immunology at an early stage of training and that escalation routes for issues are clearly defined.**

The programme is currently running as independent departments with the trainees receiving different experiences depending upon where they train. Supervision levels and the volume of feedback vary between the sites. Training in

Sheffield was considered to be excellent and based on trainee feedback, the Sheffield department appears to be the most structured, and it would benefit the trainees to transpose the Sheffield structure to the other areas. The trainees do not currently formally rotate within or without the programme but do have formal, specific attachments (particularly toward the end of the training programme) in other centres such as Newcastle or Great Ormond Street in order to get tertiary Paediatrics and transplantation experience. When asked, the trainees reported that they would welcome the opportunity to rotate to gain experience of working in a different centre and to increase exposure to greater learning opportunities. The introduction of extended learning attachments at centres within the region was considered a positive prospect. The Hull/Scunthorpe trainee is currently training in two centres and extolled the benefits of this. The effective advertisement of rotation opportunities available to trainees to other centres would be gratefully received by trainees. **RECOMMENDATION 3: Extended attachments should be built into the programme to allow trainees greater access to opportunities and experiences that they cannot get in a single centre.**

Access to time in the lab was highlighted as an issue by the trainees. A more structured approach to the organisation of laboratory sessions for trainees needs to be introduced to ensure that trainees adequately meet the requirements of the curriculum. Every trainee is expected to have protected and adequate lab time. It is noted that local issues in respect of this may also be reflected nationally with pressure on trainees in other centres to deliver direct care activities at the expense of training time spent in the laboratory. ESs must ensure that trainees have protected lab time. **RECOMMENDATION 4: A more structured approach to the organisation of laboratory sessions for trainees needs to be introduced to ensure that trainees meet the demands of the curriculum in terms of time in the lab.**

The new curriculum was passed by the GMC in 2015 and all trainees should have transferred to the 2015 curriculum. It was reported that guidance on the requirements of the curriculum is needed for trainees as well as trainers. This will help to add more structure to the trainee learning experience. Trainers also need further training in using the ePDP in order to ensure that trainees are able to effectively reflect on their learning and to complete the required number of assessments. (This may need external support and deliberation by JRCPTB, RCP and RCPATH) **RECOMMENDATION 5: Both trainers and trainees need guidance on the requirements of the new curriculum (including generic competencies) and use of the e-portfolio. (This may need external support and deliberation by JRCPTB, RCP and RCPATH) The TPD must ensure that trainees and trainers are enabled to contact her with concerns – these must be escalated to the relevant national bodies for further discussion and advice if the issues cannot be resolved locally.**

The time commitment required of the programme TPD, Dr Shrimpton, was examined as her remit covers both Yorkshire and the Humber and East Midlands. Dr Shrimpton has been in the TPD role for almost a year and she is also the Sheffield ES. The identification of a deputy or equivalent in the East Midlands area was suggested in order to alleviate the current pressures of the role. Additionally, another ES could be sought to replace Dr Shrimpton, allowing her to continue in her TPD role with more time to devote to this. This should be discussed with colleagues in East Midlands and Yorkshire and Humber. **RECOMMENDATION 6: Dr Shrimpton needs support in her role as TPD. The identification of a deputy or a TPD for the East Midlands region should be considered. Additionally, consideration of identifying an ES for the Sheffield site to replace Dr Shrimpton thus allowing her to concentrate on the TPD role should be made.**

The Hull/Scunthorpe trainee reported that there is difficulty in accessing full text journals online. An option to consider is access through the BMA library.

Most trainees would recommend their post. All feel that they will be fully competent on completion of their training. No concerns were raised regarding patient safety. No issues were raised regarding bullying and harassment and none of the trainees have been involved in an SI.

SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)

No further action required – no issues identified	
Monitoring by School	Yes
Speciality to be included in next round of annual reviews	
Level 2: Triggered Visit by LETB with externality	
Level 3: Triggered Visit by LETB including regulator involvements	

Section 4: Decision (To be completed by the Quality Team)

NEXT PROGRAMME REVIEW TO TAKE PLACE IN THREE YEARS (2019).

Section 5: Approval

Name	Mr Michael Hayward & Dr David Eadington
Title	Associate Postgraduate Dean (MH) and Deputy Postgraduate Dean (DE), Health Education Yorkshire & Humber
Date	30 th November 2016

DISCLAIMER:

In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.