

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:	Medical Microbiology, Infectious Diseases and Combined Infection Training
LEP (Trust/Site) reviewed:	Health Education England (working across Yorkshire and Humber) Microbiology, ID and CIT Programme Review
Date of Visit:	13/12/2016

SECTION 2: FINDINGS FROM THE REVIEW					
AREAS OF STRENGTH					
1			Training in District General Hospitals was praised by the trainees for the breadth of experience and learning opportunities available to them. They feel very well supported at the DGHs.		
AREAS FOR IMPROVEMENT					
No	Site	Area	ITEM	Recommendation	Timeline and Evidence
1	All	MM	Learning opportunities	Medical Microbiology trainees are spending a lot of time dealing with routine telephone queries. Integration of a broader range of service opportunity alongside telephone work is needed. Time for this should be protected.	Head of School and TPDs to provide details to Deputy Dean of how trainee time will be protected by June 2017
2	Leeds	CIT	Clinics	CIT trainees in Leeds felt that they would benefit from more guidance in clinics. The clinics in Leeds need to be better organised in terms of content and trainee involvement to benefit the trainees.	TPDs to present a plan for the reorganisation of clinics in terms of content and timing to the Deputy Dean by June 2017
3	South	All	Rotation	Trainees in the South do not currently rotate out to DGHs. The school should work with the local Trusts to facilitate the development of a broader rotation inclusive of DGHs in Medical Microbiology.	Head of School and TPDs to provide details of the plan for rotation opportunity for Sheffield based trainees to DGHs to Deputy Dean by June 2017

4	East and West		Rotation	Introduce East and West rotations to enhance the learning experience of trainees in York and Hull.	Head of School and TPDs to provide details of the plan for rotation opportunity between East and West trainees to Deputy Dean by June 2017
5	Hull	MM	Supervision/ Training	There are currently no trainers in Hull. This must be rectified as a matter of urgency. Approval of posts is at risk if the Trust cannot identify a suitable solution.	The Trust must present a plan of action to the Deputy Dean as a matter of urgency.
6	All	CIT	Leadership	Consideration should be given to the identification of a TPD for Combined Infection Training.	Head of School to propose new model for TPD structure by June 2017.

SUMMARY

There was excellent attendance from trainers and trainees with good representation of all the specialties involved in the review. It is apparent that training experience varies across the three areas in the region (Hull, Leeds and Sheffield) and is tailored to meet the needs of the trainee. Some trainees found this to be a positive approach to training, however there were some that felt that they were not receiving enough training and experience in some areas to fully prepare them for exams. Specifically, the CIT trainees in Leeds reported that they would like to receive Virology training. The Sheffield CIT trainees were complementary about the programme and feel that their needs as learners are met and they feel adequately prepared for the exams. For MM, ID and CIT across the region, focus needs to be given to the curriculum and to the delivery of relevant content to enable trainees to meet the requirements of the programme.

Medical Microbiology trainees are spending a lot of time dealing with telephone queries; the department facilitates telephone calls from other departments with queries regarding antibiotics. This issue was picked up at the visit to Leeds Teaching Hospitals Trust on 17th and 18th March 2015 so is an ongoing issue. The trainees require a broad range of service opportunity as well as time to complete the ePortfolio and admin related tasks, this time should be protected. The trainees reported that periods of protected time would be especially useful for exam preparation. The trainees feel that it would be of benefit to them to be delegated consultant jobs as part of their service tasks to give them greater and more relevant experience. The Leeds ID & MM trainees reported that they are experiencing difficulties in getting to clinics and to the laboratory due to workload and they feel that they are imposing on consultants by asking them to cover while they attend clinics and the laboratory. There was some suggestion of a disconnect between consultants and trainees in that the consultants were perceived to not fully appreciate the challenges of the trainee role until they cover for trainees. **Recommendation 1 - Trainees are spending a lot of time dealing with routine telephone queries. Integration of a broader range of service opportunity alongside telephone work is needed. Time for this should be protected.**

CIT trainees in Leeds felt that they would benefit from more guidance in clinics, they feel that they have more of an observational role and would like to have more input when seeing patients. The Sheffield CIT trainees reported having

a more hands on experience of clinics and find them useful to their learning. A clinic rota is organised by the registrars in Sheffield and trainees can declare which they would like to attend and which ones they have done to ensure a broad variety of experience. The clinics in Leeds need to be better organised in order to be of greater benefit and relevance to the trainees, the trainees should be taking a more active role in clinics. **Recommendation 2 - The clinics in Leeds need to be better organised in terms of content and trainee involvement to benefit the trainees.**

All of the trainees except those in Sheffield rotate out to District General Hospitals. Those that do rotate have found the experience to be extremely positive as the trainees are classed as supernumerary and they have access to opportunities and experience without as much service pressure. Access to the laboratory and to consultants is reportedly very good at DGHs and the trainees reported that they benefit greatly from the ability to discuss cases with a consultant. Trainees based in Sheffield do not currently rotate out to DGHs, they move between the Royal Hallamshire hospital and the Northern General hospital. It was felt that rotation to DGHs within Medical Microbiology would be beneficial to the Sheffield trainees to enable them to broaden their training experience. **Recommendation 3 - Trainees in the South do not currently rotate out to DGHs. The school should work with the local Trusts to facilitate the development of a broader rotation inclusive of DGHs in Medical Microbiology.**

Currently rotation does not occur between East and West Yorkshire. The amalgamation of the East and West rotations would enhance the learning experience of trainees in York and Hull who are not currently receiving the full diversity of experience required by the curriculum. The trainers reported that they had raised the possibility of this in the past but that the trainees at the time were not in favour, however if the details of the rotations are set out clearly as trainees enter the programme there could be scope for introducing this. **Recommendation 4 – Introduce East and West rotations to enhance the learning experience of trainees in York and Hull.**

Medical Microbiology trainees reported that they do not get any training in Hull. There are currently no Medical Microbiology trainers in Hull. This is an ongoing issue, the service is maintained but there is not much commitment for developing trainers. The Trust need to consider how they will attract trainers to this area. This is not currently an appropriate training environment. **Recommendation 5 - There are currently no trainers in Hull. This must be rectified as a matter of urgency. Approval of the posts is at risk if a suitable solution is not found.**

Some form of representation is required for CIT; the establishment of a TPD for CIT may be beneficial to trainees in offering structure and support. **Recommendation 6 - Consideration should be given to the identification of a TPD for Combined Infection Training.**

It was reported that there have been issues with the college ePortfolio and a lack of support and guidance from the college regarding this. HEE YH acknowledge that there have been issues.

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	Dr Peter Taylor
Title	Deputy Postgraduate Dean
Date	13 th December 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.