

## 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 Visit |                  |
|---------------------------------|------------------|
| Programme Name:                 | Public Health    |
| LEP (Trust/Site) reviewed:      | HEYH             |
| Date of Visit:                  | 9 September 2014 |

| No | Issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Recommendation                                                                                                                                                                                                                                                                      | Action by                                                     | Timeline                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|
| 1. | <p>Trainee on-call handover procedure is variable across the sites. Trainees are being pro-active in looking for a solution themselves, but it is important that that a consistent and robust process is put in place.</p> <p>The trainees do not have access to HP Zone that would allow consistent handover procedures as they do not have PHE laptops or a pinsafe code. However, the trainees understand that trainees in some parts of the country have been allocated access to HP Zone by PHE.</p> | <p>Review the arrangements for handover to formalise a consistent process.</p> <p>Explore honorary contracts with Leeds regarding access to a remote system to enable log-on to secure area.</p> <p><b>HEYH investigate how the trainees can be allocated access to HP Zone</b></p> | <p>V Barker/<br/>S Stirling</p> <p>JHossain/<br/>V Barker</p> | <p>31/12/2014</p> <p>31/12/2014</p> |
| 2. | <p>The use of social networking sites/yahoo mailing groups in the public domain by trainees was deemed a security risk.</p>                                                                                                                                                                                                                                                                                                                                                                               | <p>Ensure HEYH Guidance on Social Media policy is available to all public health trainees.</p> <p>Trainees to meet with HEYH webmaster to look at communication solutions</p> <p>Include this issue on the next SRC agenda.</p>                                                     | <p>V Barker/<br/>S Stirling</p>                               | <p>31/12/2014</p>                   |
| 3. | <p>The Trainers reported some female colleagues had experienced cultural challenges in their role with regard to equality and diversity (not involving trainees).</p>                                                                                                                                                                                                                                                                                                                                     | <p>Examine the diversity of Y&amp;H trainees to ensure HEYH are maintaining an appropriate balance.</p>                                                                                                                                                                             | <p>School of<br/>Public<br/>Health</p>                        | <p>31/12/2104</p>                   |

## **Final Comments**

There was good attendance from both trainees and Educational supervisors and the support of an SAC representative on the panel was valued.

Registrars reported that the transition of Public Health from PCT to Local Authority has been largely positive from an educational point of view, for example opportunities to observe change management, although they described entering training in order to work within the NHS and having to shift to local authority as a mental challenge. They reported concerns over Public Health being split into three distinct professions as a result of transition.

Educational Supervisors reported that Local Authorities will vary much more than PCTs did in terms of learning environments and the educational opportunities they can offer, and commented that the School needs to remain aware of this variance in order to place registrars appropriately. Educational Supervisors also reported that the job landscape remains uncertain, and that the skills and competencies required for Public Health are developing all the time.

There were no reports of undermining or bullying from any of the trainees interviewed.

## **Phase one (12 trainees)**

The trainees reported excellent support from supervisors in a very supportive environment. There is a good team working ethos that they found to helpful to them.

A trainee said the Public Health induction held by the School of Public Health was the 'best induction I have ever had'. The induction comprised a whole day of talks and lectures and a full day of Myers Briggs inventory training. Departmental inductions were also working well and educational supervisors are allocated carefully dependent on the trainees' individual needs.

Informal buddying is effective, especially for trainees who do not have more senior StRs in their Local Authority to work alongside. The Masters in Public Health is prioritised and trainees are encouraged to attend lectures. There are also teaching opportunities at the Medical schools in the region. Although local teaching in the workplace varies, there were opportunities for all trainees, such as journal clubs and teaching sessions that trainees could lead.

All the trainees would recommend their posts.

### Phase 2 (3 trainees)

All local inductions worked well with timetables planned out in advance. All trainees reported they had the opportunity to meet with their supervisors before they commenced in post. They felt that the training and service balance works well and trainees can direct their own workload to a large extent. The trainees reported that their Educational Supervisors are very supportive especially in relating to preparing for the Part A examination. A trainee said that he feels 'incredibly privileged' to be part of a programme that offers the level of structured support for exam preparation. It was highlighted there is a teaching ethos within the school and a well-structured and formalised peer support network. There are also opportunities to work across Health Education England and undertake PhD studies. Trainees said there is good access to libraries and IT services for all trainees and would recommend the programme to colleagues.

### Phase 3 (7 trainees)

In Local Authorities the trainees feel part of a team that understands the public health programme. The trainees described interesting placements, for example a placement with NHS England to influence national policy where public health skills were valued. Another example was a trainee who has been undertaking a research project in an underprivileged part of northern Israel reviewing aspects of their medical curriculum.

Trainees reported that the process works well if a placement has to be changed in a supportive and timely manner. Action learning sets are available to offer peer support and the Head of School and team are also available if required. There are buddying, mentoring and social events that offer very strong support across the programme.

All trainees said they are happy to be pursuing a career in public health but feel strongly that the ongoing terms and conditions issue needs to be addressed nationally.

| <b>Section 3: Outcome (please detail what action is requested following the review)</b> |     |
|-----------------------------------------------------------------------------------------|-----|
| 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)**

The recommendations will be followed up by the School of Public Health.