

Visit to Buckinghamshire Healthcare NHS Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

Review at a glance

About the visit

Visit dates	16–17 October 2014
Site visited	Stoke Mandeville Hospital
Programmes reviewed	Undergraduate medical education at Oxford Medical School, foundation, general practice in secondary care, geriatrics, ophthalmology.
Areas of exploration identified prior to the visit	Clinical supervision, reporting concerns, transfer of information, workloads, rota design, induction, curricular requirements and outcomes, less than full time training, approval and recognition of trainers, time for training and its recognition in consultant job plans.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via <u>enhanced monitoring</u>?	No

Summary

- 1 The Thames Valley regional review took place in; this consisted of visits to Health Education Thames Valley, Oxford Medical School, Buckingham Medical School and three local education providers. Stoke Mandeville Hospital is one of the three main hospitals within Buckinghamshire Healthcare NHS Trust. Stoke Mandeville Hospital has the largest number of doctors in training within the Trust with 171 in total. We met the senior management team and education management team, year 6 students from Oxford Medical School, foundation 1 and 2 (F1 and F2) doctors, general practice specialty trainees (GPSTs), and doctors training in geriatrics and ophthalmology; as well as their respective supervisors.
- 2 Buckinghamshire Healthcare NHS Trust has the ability to provide good learning opportunities for its doctors in training, and it has the potential to use these in innovative ways. The education management team highlighted its links into the community hospitals with respect to general practice training, a streamlined clinical service for medicine of the elderly, close links between medical and other healthcare professionals and the acclaimed spinal injuries unit which is a UK leader. However the extremely busy working environment and demands placed on a small education management team means there is insufficient capacity to introduce quality improvements as quickly and efficiently as they would like. Training often suffers at the expense of service provision and we heard that most of the doctors in training work beyond the hours of their rotas.
- 3 The students that we met from Oxford Medical School are happy with their placements at Stoke Mandeville and Wycombe Hospitals. Their undergraduate supervisors are keen to ensure that they receive a good educational experience. We found that there is clinical capacity to have more medical students at Stoke Mandeville Hospital, but there is limited capacity within the current cohort of undergraduate supervisors to teach additional students. Any discussions to increase the number of students from other medical schools would require an increase in teaching staff and should include Oxford Medical School.

Areas of exploration: summary of findings.

This section identifies our findings in areas we agreed to explore prior to the visit.

Clinical supervision and working beyond competence

We heard from foundation doctors and doctors training in higher specialties that they have always been able to reach a consultant when they have called for one, and that one will come immediately in an emergency. We did not meet any doctors in training or students who had

	<p>been forced to do anything that was beyond their competence.</p> <p>ST1s in ophthalmology were not directly supervised when working in eye emergency clinics.</p> <p>See requirement 2</p>
<p>Raising concerns</p>	<p>All doctors in training and students that we spoke to were aware of at least one process for reporting patient safety concerns. There are now a number of reporting routes due to recent initiatives to make it easier to report. However, this has led to ambiguity amongst doctors in training as to the role of the differing reporting routes and when to use them. The doctors in training that we met were dissatisfied with the feedback they receive about concerns they had raised or in which they had played a part, because it is delayed, automated or never received.</p> <p>See recommendation 1</p>
<p>Workload and rota designs</p>	<p>Geriatric medicine and ophthalmology at Stoke Mandeville Hospital both received poorer than average results in the 2014 national training survey for workload. This was confirmed to us on the visit when we met doctors in training who told us they often work beyond the hours of their rota. This was also echoed by GPSTs in medicine specialties and when working in accident and emergency. F1 doctors also reported that there were often too many tasks to be completed within normal hours and at night handover they were sometimes given too much work for one doctor. We found that Stoke Mandeville Hospital has been inconsistent with the monitoring of rotas across departments, and after meeting doctors in training and their supervisors we noted this as an area of work that needs to be improved.</p> <p>See requirement 3</p>
<p>Transfer of information between training</p>	<p>The senior management team identified that the transfer of information for doctors arriving into F1 is insufficient and they are trying to address the issues. However</p>

<p>programmes and LEPs</p>	<p>information passed between local education providers for F1 into F2 works very well. The senior management team also identified that it would be helpful to provide information to the new employers of outgoing F2s and to receive information about their future progress but that at present this was not possible. The transfer of information about GPSTs to their secondary care clinical supervisors is also insufficient and can lead to delays in providing support to those who require it.</p>
<p>Undergraduate education</p>	<p>The undergraduate lead at Buckinghamshire Healthcare NHS Trust was enthusiastic and has close, strong links with Oxford Medical School; and the undergraduate supervisors that we met are very supportive. Stoke Mandeville Hospital provides six week block placements for year 4 and year 6 students. We met with those in year 6, who told us that they receive useful feedback during teaching sessions but limited feedback on their clinical performance. The latter appears to be a consequence of the students not being attached to a specific unit or team. Despite this, the students were happy overall with their placement at Buckinghamshire Healthcare NHS Trust which gave an opportunity to visit any number of wards and thus prepare well for the exams.</p>
<p>Foundation induction process</p>	<p>This year Buckinghamshire Healthcare NHS Trust held a five day programme for incoming foundation doctors. Three days were for induction and two days were shadowing. The F1 and F2 doctors that we met were not very positive about the three day induction. They told us that the inductions need to be improved as they were not appropriate for their day to day roles. Ideally they would prefer more induction to the systems they would be working on and less time in lectures.</p> <p>See recommendation 3</p>
<p>Curricular requirements and learning opportunities</p>	<p>All of the doctors in training that we met told us they have been able to meet the requirements of their curricula; however the heavy workloads in departments were prohibiting some from making the most of learning opportunities. We spoke to ST2 doctors in</p>

	<p>ophthalmology who were concerned they had not had an opportunity during theatre lists to be trained in cataract surgery. We also found that clinical supervisors of GPSTs were unfamiliar with the general practice curriculum.</p> <p>See requirement 4</p>
<p>Policies, awareness and support for less than full time training</p>	<p>Buckinghamshire Healthcare NHS Trust uses the Health Education Thames Valley less than full time training policy and all the doctors in training that we spoke to were either aware of this policy or felt confident they would be able to locate it if required. We did meet several doctors in specialty training who work less than full time and they told us that they were well supported with often complex needs accommodated by the local education provider.</p> <p>Standards are being met in the aspects of less than full time training that we explored on the visit.</p>
<p>Approval and recognition of trainers</p>	<p>The senior management team are aware that they still have a lot of work to do regarding the approval and recognition of trainers. They are confident that arrangements are in place for educational supervisors and recognise that more work needs to be done in preparation for clinical supervisors. There was very limited awareness of the requirements for approval amongst the educational and clinical supervisors that we met.</p>
<p>Time for training identified in job plans</p>	<p>We found major inconsistencies in the allocation of supporting professional activity time across consultant job plans at Buckinghamshire Healthcare NHS Trust. All of the clinical and educational supervisors that we met did not consider that time for education was being fairly, consistently or adequately distributed.</p> <p>See requirement 5</p>

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Areas of good practice for the local education provider
1	TTD 2.3	The selection and management of Buckinghamshire Healthcare NHS Trust foundation representatives is well supported and valued by the foundation doctors. We heard that the management and leadership training that the selected forum representatives receive is extremely useful.

Good practice 1: The selection and management of foundation doctor representatives

- 4 The foundation forum was set up by Buckinghamshire Healthcare NHS Trust five years ago and discussed with the foundation training programme directors with encouragement to other trusts to adopt a similar model. We heard that the support that the foundation representatives receive at Stoke Mandeville Hospital is excellent. In the first few weeks of arriving at Stoke Mandeville Hospital, eight foundation doctors are selected for the foundation forum, three from F1 and five from F2. There is a formal process for those who wish to take on this role, the foundation doctors complete an application form, these are reviewed by the foundation training programme directors, who appoint those with the best applications. Where possible this is done to ensure a spread across the two main sites in Buckinghamshire Healthcare NHS Trust and across specialties.
- 5 The selected representatives are enrolled on a four day management and leadership programme, funded by the Trust, which we heard was extremely useful and valued by those who had received this training. The representatives meet four times a year with the foundation training programme director, and two go to the postgraduate medical education board at Buckinghamshire Healthcare NHS Trust quarterly meetings. They are also encouraged to initiate quality improvement projects as well as collecting opinions from other foundation doctors and taking issues to the foundation school.
- 6 The minutes from previous meetings show that the forum discuss quality and support including: buddying schemes, mentoring programmes, conference

days, the Trust website, the quality of training, rotas and working hours. The foundation doctors that we met all knew who their representatives were. F1 doctors had only attended one meeting by our visit date and it is therefore still early days, but F2 doctors told us that the forum at Buckinghamshire Healthcare NHS Trust is the best in Thames Valley. The leadership programme is unique to this trust and the foundation doctor representatives were extremely pleased to have this opportunity.

Area where there has been an improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Area where there has been improvement for the local education provider
1	TTD 6.17	The intensive therapy unit nurse-led outreach programme provides good educational opportunities for foundation doctors as well as excellent clinical support.

Improvement 1: The intensive therapy unit nurse-led outreach programme

- 7 Stoke Mandeville Hospital has set up an intensive therapy unit nurse-led outreach scheme, and although its initial purpose was to identify deteriorating patients on the ward and reduce late ITU admissions, we found that the service was supporting foundation doctors with high workloads. Very skilled senior nurses are deployed across busy departments to take blood, cannulate patients and provide clinical support which is providing F1 and F2 doctors with an improved educational experience. Foundation doctors, their supervisors and the management team at Stoke Mandeville Hospital all recognise the immense value of this service. This support allows the foundation doctors to access other learning opportunities and learn additional skills.
- 8 The outreach foundation programme allows F1 doctors to spend four days working under the supervision of these specialised nurses in outreach, with clear learning objectives. This allows foundation doctors to experience working with and learning from other healthcare professionals, and to be exposed to a wider range of clinical experiences.

- 9 Stoke Mandeville Hospital is planning to expand this outreach service, with greater resources and possibly for longer hours. The foundation doctors were very happy with this scheme, and they would all recommend their post to colleagues.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Requirements for the local education provider
1	TTD 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.
2	TTD 1.2	ST1 doctors in ophthalmology must not be running the eye emergency clinic at Stoke Mandeville Hospital without direct supervision.
3	TTD 2.1	The monitoring of rota hours must be consistent across departments to ensure that doctors in training are not working more than their contracted hours. This should include closer working with the human resources department to address this.
4	TTD 5.2, 5.20	Clinical supervisors of GPSTs must be familiar with the general practice curriculum and have access to the general practice e-portfolio.
5	TTD 8.4 TD 162	Clinical and educational supervisors in all departments, including undergraduate clinical teachers, must have an adequate allocation of time in their job plans for training.

Requirement 1: Current terminology must be used when referring to the grades of doctors in training and designing rotas

- 10** During the visit, we met with approximately 38 doctors in training, and their supervisors, and we heard widespread use of the out of date terminology 'senior house officer' (SHO) to describe doctors in training from F2 to ST3. We heard from doctors training in paediatrics that due to this practice, those calling for their support when on call did not know what level of expertise to expect. The expected level of competence of these doctors varies significantly from an F2 who may have only been in post for a few weeks to a specialty doctor in training with significant experience in that specialty.
- 11** Using out of date terminology is a potential patient safety concern, as different levels of training and competences require different levels of supervision, and an ambiguous rota may result in insufficient supervision. Using old terminologies such as this creates the opportunity for confusion about the expected level of competence of the doctor in training, especially when sharing on-call commitments.

Requirement 2: Supervision of ophthalmology ST1 doctors in emergency clinics

- 12** The doctors training in ophthalmology told us that recent improvements had been made to the eye casualty rota, which means they are no longer taken out of clinics to cover emergencies. However, we found that ST1 doctors in ophthalmology are running on site emergency clinics without direct clinical supervision, after three months of training. We were informed that supervisors are available in nearby clinics, but the doctors in training have no clear named supervisor to approach, and therefore no overall senior responsibility for the emergency eye clinic. Having supervisors in clinics nearby does not remove the risk that ST1 doctors in ophthalmology are unsupervised with the responsibility of looking after patients in need of emergency treatment. The doctors in training that we met said they currently feel comfortable seeking the senior consultants' advice, so there are no immediate patient safety concerns. There is a risk however, that a doctor in training would not realise they need advice and inappropriately attempt to deal with an issue themselves.
- 13** The ophthalmology supervisors told us the ST1s are supernumerary for the first month, heavily supervised for the next two months, and when they feel the doctor in training is ready and competent enough the ST1s are left to run the emergency eye clinic unsupervised thereafter. Other clinics (with more senior doctors in training) have a consultant lead and clear line of supervision for doctors in training. It is difficult to understand, from both a patient safety and training perspective, why in emergency clinic very junior doctors should not

have the same direct consultant supervision that is available in other clinics. ST1 doctors in ophthalmology, working in the emergency clinic should be under direct consultant supervision.

Requirement 3: The monitoring of rota hours must ensure that doctors in training are not working more than their contracted hours

- 14** We were told by the education management team that rota hours are monitored annually. The human resources team work with specialty departments on rota compliance, which may trigger rota monitoring outside the scheduled annual monitoring. We found the process of rota monitoring was extremely variable across departments, and doctors in training told us that although some rotas are compliant on paper, in reality their workloads were so high they had to work extra hours.
- 15** Only half of the F1 doctors that we met said their rotas were working time regulation compliant. Some F2 doctors told us that, in spite of having compliant rotas on paper, they estimated they work two and a half additional hours every day. This is caused by workload and the timing of handovers, and these problems are particularly acute in the emergency medicine department. Trauma and orthopaedics was the only department that had completed a monitoring exercise for foundation doctors at the time of our visit.
- 16** GPSTs working in obstetrics and gynaecology and paediatrics considered their hours to be compliant, and we heard that working hours for doctors training in dermatology and rheumatology are protected. Those training in medicine informed us that although their rota may appear compliant on paper, in reality they end up working an extra one or two hours every day because of the high workloads. They have reported this concern at Stoke Mandeville Hospital but said that nothing had changed.
- 17** Doctors training in geriatrics told us their rotas have never been monitored, and although the rota is compliant on paper, they regularly work beyond their hours. The ophthalmology department had rotas monitored in the summer but there was an error and the data was processed inaccurately. The department informed us that it is currently working to resolve these issues and it was highlighted in the Health Education Thames Valley quality management visit to Stoke Mandeville Hospital in May 2014.
- 18** The education management team informed us that there is an annual hours monitoring process but were unclear when the last one was completed and when the next one is due. Human resources is responsible for monitoring working time regulation compliance and the education management team

needs to work more with the human resources department because compliance is directly relevant to medical education and not only service provision. A lack of compliance with the working time regulations not only impacts on their educational experience but fails to meet the standards of *The Trainee Doctor* and can pose a risk to the safety of patients and doctors in training.

Requirement 4: Ensure clinical supervisors are familiar with the general practice curriculum and have access to the e-portfolio

- 19** We met GPSTs who were working or had worked in a variety of departments at Stoke Mandeville and Wycombe Hospitals and in different years of training. We also met their educational and clinical supervisors. We found that the clinical supervisors were not familiar with the general practice curriculum. The educational supervisors that we met recognised that secondary care clinical supervisors' knowledge of the general practice curriculum is variable. The training programme previously provided a list of learning outcomes for GPSTs in secondary care specialties, but this is no longer available and it is unclear how consultants are made aware of the GPST learning needs.
- 20** When the GPSTs receive feedback during their supervised learning events, it is of limited use because the clinical supervisors are not familiar with the required general practice competences. GPSTs also told us that the clinical supervisor report is often of poor quality because their clinical supervisors are more familiar with specialty curricula and do not draft their reports in line with the requirements of the general practice curriculum or identify appropriate learning needs for future placements. Data provided by the Royal College of General Practitioners does show that the number of acceptable clinical supervisor reports for Health Education Thames Valley were slightly above the national average. However the GPSTs at Stoke Mandeville Hospital are dissatisfied with the level of detail and usefulness of feedback from clinical supervisors.
- 21** One department where the GPSTs are receiving a good experience is in obstetrics and gynaecology, this was the only GPST post to receive a rating above the national average in Buckinghamshire Healthcare NHS Trust from the 2014 national training survey. The GPSTs told us the majority of doctors training in that department are GPSTs, their clinical supervisors are familiar with their learning needs, the department offers appropriate and useful teaching and they have the flexibility to attend clinics that are more relevant to service in general practice than working on the labour ward or in theatre.
- 22** Not all clinical supervisors have access to GPSTs' e-portfolios. When we met with the clinical supervisors of GPSTs we noted the inconsistencies between the different departments. Supervisors in obstetrics and gynaecology have no

access to the e-portfolios and although other departments such as accident and emergency and paediatrics have a temporary access to complete reports, they are unable to see any previous notes or supervisor reports. Some clinical supervisors had asked the general practice training programme director for access and it was granted but others had enquired without receiving a reply. They told us it would be useful to have access before the GPST starts the post, as it would ensure the transfer of information post to post, and increase support for doctors in training with possible learning needs. Clinical supervisors find it very difficult to offer any individual support or guidance to the doctors in training if they cannot access GPSTs' educational background.

- 23** Health Education Thames Valley is aware of these issues. In the documentation provided to us before the visit it acknowledged the difficulties with ensuring general practice curriculum coverage in secondary care and that it continues to be a challenge. Stoke Mandeville Hospital needs to ensure that clinical supervisors of GPSTs are familiar with the general practice curriculum, to improve the overall experience of the doctors in training.

Requirement 5: Clinical and educational supervisors in all departments, including undergraduate clinical teachers, must have an adequate allocation of time in their job plans for training

- 24** The Buckinghamshire Healthcare NHS Trust annual report August 2013-July 2014, noted concerns around the lack of recognition/provision of time in consultants' job plans for educational supervision. We explored this on our visit and heard that the Trust policy for educational time in consultant job plans is 0.125 supporting professional activities per doctor in training with no upper limit. The education management team were unsure what the Health Education Thames Valley tariff was, and the foundation training programme directors informed us that the Trust had reduced the tariff to match another local education provider in the region.
- 25** Educational supervisors were also unclear about their entitlement. We were informed by some educational supervisors that Buckinghamshire Healthcare NHS Trust had placed a cap of 0.5 supporting professional activities regardless of how many doctors in training they were responsible for. Some clinical supervisors for the GPSTs receive a total of 0.25 supporting professional activities, but others did not realise they were entitled to any as a GPST's clinical supervisor.
- 26** We heard from undergraduate and postgraduate supervisors that protected time in jobs plans had not been universally implemented and was variable

depending on the department and when you were appointed as a consultant. We heard from some departments that nothing is allocated for clinical supervisors, whereas others had been allocated 0.25 supporting professional activities. Supervisors noted that some individuals with previous educational roles still have supporting professional activities for education in their job plans despite no longer holding any supervisory responsibility. The educational supervisors in geriatrics all receive a capped 0.125 supporting professional activities for education in their job plans.

- 27** The Trust also has concerns about whether it has adequate numbers of trained educational supervisors, and the director of medical education told us that consultants are more reluctant to become education supervisors, partly because of the time commitment involved which is not reliably supported by the trust. It was clear to us that there is variability and confusion about how supporting professional activities are allocated and monitored across Stoke Mandeville Hospital and there is a need to ensure that there is a clear and consistent policy across departments.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i>	Recommendations for the local education provider
1	TTD 2.2	Feedback on incidents and serious incidents should be provided to all doctors in training, who either report or are involved in an incident to ensure the educational opportunities afforded by quality and risk management processes are being maximised.
2	TTD 5.4, 6.10	The work intensity of clinical placements should be appropriate for learning.
3	TTD 6.1	The quality and delivery of the Buckinghamshire Healthcare NHS Trust induction for the foundation programme should be improved.
4	TTD 6.32, 6.33	The quality and delivery of the local teaching for the foundation programme should be improved.

5	TTD 7.3	The director of medical education should be provided with more support to manage core and higher training programmes as has been provided to manage foundation training. There should also be a stronger route for the director of medical education to raise educational matters with the trust board.
---	---------	---

Recommendation 1: Feedback on incidents and serious incidents should be provided to all doctors in training who either report or are involved in an incident

- 28** The doctors in training that we met were not receiving feedback on incidents that have been reported through local systems. Stoke Mandeville Hospital provides a number of ways through which doctors in training can report serious incidents; a confidential hotline, an anonymous patient safety form and an online reporting system. Most doctors in training that we met confirmed that they felt comfortable reporting a concern either through these systems or with their clinical or educational supervisor however having multiple routes to raise concerns can lead to confusion and inconsistency. Those we met were all aware of different ways to report incidents but not one of the groups cited all three. It is also not possible to provide doctors in training with feedback about their role in serious incidents if they are raised anonymously or to provide information to the postgraduate dean about their involvement as is required for revalidation.
- 29** We met with F1 and F2 doctors who had used the online system to report concerns but did not know what happened to those concerns. Doctors in training had no way of knowing if the reports had been reviewed or acted upon because they did not receive any feedback. The F2 doctors also informed us that they did not receive any training on how to complete the online reporting system. One exception that we found on the visit was from the foundation doctors in anaesthetics who told us that they do get a summary of all the online reports and actions as a result. None of the foundation doctors that we met had heard about an anonymous patient safety form.
- 30** The GPSTs who had also raised concerns via the online system and received an automated response, but never any feedback on how the issue was to be resolved. Some of the consultants that we met were not aware of the confidential phone line and many did not know what happened to the anonymous patient safety forms. The specialty training doctors training in ophthalmology were the only group who told us that they had received feedback on their serious incident reporting, but it was not very informative.

Feedback on serious incidents should be provided to all doctors in training, especially those who either report or are involved in an incident, to ensure the educational opportunities afforded by quality and risk management processes are being maximised.

Recommendation 2: The work intensity of clinical placements should be appropriate for learning

- 31** High workloads were reported to us by doctors training in geriatrics, ophthalmology and GPST secondary care posts, and local teaching in departments has suffered as a result. The F1 doctors in general surgery and F2 doctors in accident and emergency are also working beyond their scheduled hours. The doctors training in geriatrics rarely did ward rounds with consultants, almost never had formal handovers and had difficulty attending the number of clinics required by their curriculum. This is highlighted in the results from the 2014 national training survey where geriatric medicine received below average results for adequate experience and workload.
- 32** The GPSTs that we met have regional teaching for one full day every month at Health Education Thames Valley. They are all required to be released and many confirmed that they are. However, we heard in trauma and orthopaedics attendance depends on the workload. The GPSTs with experience of training in paediatrics told us that the departmental teaching is very good but they struggle to attend the regional general practice teaching because the rotas are not designed to allow their release. This reflects the 2014 national training survey where the general practice programme for paediatrics and child health received below average results for regional teaching and workload. The GPSTs were unsure about whether the requirement was to attend 50% or 70% of the regional teaching. The education management team confirmed that the Health Education Thames Valley directive is to attend 70% of the training days, but they are aware some departments find it harder than others to ensure the GPSTs have time to attend.
- 33** High workloads make it difficult for doctors in training to access educational opportunities. It was noted in the May 2014 Health Education Thames Valley quality management report for ophthalmology at Buckinghamshire Healthcare NHS Trust that travel between hospital sites in one day was putting added stress on doctors in training. By the time of our visit we heard that doctors training in ophthalmology were still working across multiple sites in one day and that was reducing their time for teaching opportunities. The doctors in training informed us they had fed this back to the department. The ophthalmology supervisors told us that they are working to try and address the issue, however

consultants work across five hospital sites and sometimes there is a need for a doctors in training to follow a consultant. Previously there were two doctors training at Milton Keynes Hospital and when it was reduced to one, there was a concern that person would feel isolated. Therefore the programme arranged the doctors in training to all work across three sites, Milton Keynes Hospital, Wycombe Hospital and Stoke Mandeville Hospital. The supervisors in ophthalmology told us that when a doctor in training works at Milton Keynes Hospital they spend the whole day there, however that is not what we heard from the doctors in training who worked days split across two sites. The difficulty with split site working is that due to the high work load the doctors in training told us they either have to leave work in a department unfinished, or arrive to the next workplace late. This issue should be addressed as soon as possible.

- 34** Health Education Thames Valley visited the Trust in 2012 and found that core medical doctors training in geriatrics reported poor supervision, no clinic opportunities and difficulties attending teaching. The doctors training in geriatrics told us that their department is trying to make improvements to their training. Attendance at clinics has not been prioritised in the past, people were on call frequently and there were gaps in the rota. They have recently appointed a locum registrar and a consultant appointment in the department which will hopefully improve matters. There is weekly lunchtime teaching which is led by higher specialty doctors in training and a weekly morning session for core medicine and foundation doctors; however both of these are very difficult to attend with the current rotas. Apart from the one day a month at the Health Education Thames Valley, and limited opportunities to complete supervised learning events, this was all of the teaching they identified. They told us that they would like the opportunity to experience work in related departments including intensive therapy unit, palliative care and psychiatry for older people, but the rotas and workloads would not allow any time for this. High workloads must not prevent doctors in training from attending local or regional teaching.

Recommendation 3: Improve the quality and delivery of the induction for the foundation programme

- 35** This year was the first time that Buckinghamshire Healthcare NHS Trust held a five day induction programme for foundation doctors. Three days were for inductions and two days were shadowing, it covered areas such as infection control, clinical governance, fire safety, end of life, top tips for F1s from the F2s, safeguarding and occupational health. The F1 doctors that we met were not very positive about their induction with the Trust. They told us the induction covered too many areas in only three days and involved back to back lectures. The F1 doctors did tell us however that the two days of shadowing were very

useful. We also heard that those F1s who started on night shifts were supernumerary for the first two shifts which was very good to hear.

- 36** The F1 doctors also told us that they had problems with the online patient safety module. A few of them were unsure if they had completed it, others said that it was too long, patronising or failed to work on certain computers.
- 37** F2 doctors were also not happy with their induction, which they told us was crowded with stations, stalls and lab inductions. The foundation doctors recognised that many areas needed to be covered but the extensive back to back lectures overshadowed more specific overviews of what they needed to do. Their department inductions suffered as a result as they had to be shorted to fit in the trust induction. The foundation doctors told us they would prefer more targeted information such as discussion about the rotas for their placement and how the department works. They felt unprepared to start their placement, unsure about what was going to happen and what was expected of them.
- 38** The foundation supervisors were aware that the foundation doctors want more time on systems and less time in lectures for the induction week. The foundation doctors told us that they have evaluated the induction process and the trust should use this evaluation to improve the induction process next year. The foundation doctors should receive an induction that focuses on the essential information that is needed and provide more information that will help them feel prepared and settle in.

Recommendation 4: Improve the quality and delivery of the local teaching for the foundation programme

- 39** The F1 doctors have weekly teaching at Stoke Mandeville Hospital and they must attend at least 70%. They told us that the quality of the teaching was low and irrelevant and that it was repetitious as half of the topics were covered in the induction week. Foundation doctors who are working on another site within Buckinghamshire Healthcare NHS Trust at the time of training would only be able to see the presentation on a television screen and hear the voice of the presenter without being able to ask questions. Provisions such as recording lectures and uploading them online could help this problem. The content of the sessions was considered to be very basic and more relevant to undergraduate medical students. The foundation doctors were unsure of the aims of each session, the rationale behind the order of the sessions and structure of the programme.

40 The foundation doctors are asked to fill out an evaluation after every session: they told us that it has not influenced the content so far. In the Health Education Thames Valley quality management report of the Buckinghamshire Healthcare NHS Trust foundation programme in May 2013, the foundation doctors had previously highlighted that the content of the teaching sessions was not worthwhile; sessions were repeated and the content was aimed below a level that they would have expected. Our discussions revealed that the trust has not responded well to the foundation doctor evaluation as there have not been any changes to the programme. The trust should aim for continuous quality improvement of the local teaching and the foundation programme taking into account the regular evaluation and suggestions from the foundation doctors.

Recommendation 5: The director of medical education would benefit from more support managing core and higher programmes

41 The director of medical education is committed, provides valued leadership and is enthusiastic about making significant change, but we found that the role is very demanding and more support with managing the core and higher programmes would be beneficial. There are 104 foundation doctors at Buckinghamshire Healthcare NHS Trust, 35 in core training and 115 doctors in specialty training.¹ During the visit we met three foundation training programme directors who manage the programme well, and they were very enthusiastic, knowledgeable and supportive to the director of medical education. Such support should be mirrored in the core and higher programmes. We found inconsistencies between specialty departments, such as job plans, rota monitoring and workloads, which may not be as prevalent if the director of medical education had greater support and resources to manage the programmes.

42 We also consider that the director of medical education should have stronger links with the trust board to ensure that educational issues are being considered and valued as core business of the trust. The medical education committee meets fortnightly and is chaired by the director of medical education, any educational issues and doctors in difficulty are taken into that meeting and if necessary they would be reported to the medical director, who sits on the trust board. The medical director receives copies of the medical education committee minutes but cannot always attend the meetings. One way to improve this could be, to have a trust board member with responsibility for education and training

¹ March 2014 national training survey census data

or consideration should be given to allow the director of medical education the opportunity to report directly into the trust board once a quarter.

Acknowledgement

We would like to thank Buckinghamshire Healthcare NHS Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.