Calderdale and Huddersfield NHS
NHS Foundation Trust

GENERAL MEDICAL COUNCIL YORKSHIRE AND THE HUMBER REGIONAL REVIEW 2014-2015

RESPONSE TO THE FINAL REPORT FOLLOWING THE VISIT TO CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST ON 24TH OCTOBER 2014

We would like to thank the GMC for giving us the opportunity to respond to the report. The Trust team involved in the visit found the feedback very valuable and has provided us with a renewed focus to work to resolve the issues raised.

We are particularly pleased that in general the provision of education and training was found to be good and the doctors in training and medical students whom the visiting team met were positive about the training they received, felt supported and enjoyed working as part of a close-knit team. We are also extremely pleased that the GMC have given us very positive feedback with regard to our handover processes.

We are already working to improve our performance in the areas identified and a detailed response in terms of action being taken with regard to the requirements and recommendations highlighted in the final report is shown below.

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GMC YORKSHIRE AND THE HUMBER REGIONAL REVIEW 2014-2015

REPORT OF VISIT TO CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST (LOCAL EDUCATION PROVIDER – LEP)

a) Requirements

GMC Requirements for the LEP	Response and Actions of the LEP
1. **Current terminology must be used when referring to grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors competence** TTD 1.2	The Trust has taken the following action: - Trust wide email outlining the correct terminology to be used. - Follow up email to all doctors in training asking them to inform medical education of areas where the incorrect terminology is used. - Message also reinforced by Director of Nursing to all nursing and midwifery staff - All rotas have been checked and amended. - Policies and procedures are being checked and amended. - Reinforced correct terminology at doctor in training induction. - Correcting staff who use the wrong terminology. - Item to be published in Trust newsletter
2. **Foundation doctors in surgical posts must have timely access to senior support at weekends**. TTD 1.11	Since October 2014 the hours of consultant presence on the ward has been changed. During the weekend:: - There are twice daily consultant led ward rounds at the weekend for acute surgical placements. - There is a post take consultant led ward round at 8.00pm. - There is a daily middle grade ward round for non acute patients. - The escalation protocol has been reiterated to doctors in training.
3. **There must be scheduled, regular teaching sessions in place, and doctors in training at all levels must be able to access them.** TTD 5.4	The Trust does host regular teaching sessions but particular concerns were raised by FY2's with regard:: - their ability to attend due to rota gaps - the lack of generic teaching at FY2 level. We do recognise that gaps in the rotas can impact upon the trainee's ability to attend sessions. We are reviewing the timings of the programmes in consultation with the trainees We are discussing with the Foundation School the approach to be taken with regard to FY2 generic teaching.
4. **All doctors in training must receive a departmental induction. An up to date, accurate record of those who have and have not received a departmental induction should be closely monitored.** TTD 6.1	All specialties do arrange departmental induction but we accept that not all doctors have attended and the content of local induction can be variable. We are: - Revising the departmental induction guidance - Standardising the attendance register format which medical education is then

	responsible for collating. - Securing dates of departmental induction prior to changeover. For the induction following the GMC visit (February 2015) each specialty completed a departmental induction and the registers of attendance are held by medical education.
5. **Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.** TD8.4	We have circulated widely the need for educational supervisors to have an allocation in their job plans for the role and we will be auditing job plans to ensure this is clearly identified. We appreciate that there is a need to recognise clinical supervision within job plans and we are working on a strategy to incorporate this. .

b) Recommendations

GMC Recommendations for LEP	Response and Actions of the LEP
1. **Clinical Supervisors should receive feedback on the quality of assessments they are providing, and regular appraisals for their roles.**	The Trust: : - Circulated the results of the HEYH 2014 trainee survey to all clinical supervisors via the college tutors so they have an understanding of the feedback received from doctors in training. - Reiterated the requirement to appraisers for educational roles to be discussed as part of the main appraisal process - Will be discussing models of feedback with HEYH
2. **The Trust should ensure that education is reported to the Trust Executive Board as a standing agenda item**	A non-executive director has been appointed to take a lead on all education issues at Trust Board level.
3. **The LEP should work with the LETB to consider the impact of rota gaps on the quality of postgraduate training going forward**.	We will be working in partnership with HEYH to achieve this.

Signed: Date: 24 February 2015

Dr Andy Lockey
Director of Medical Education
Trust Lead for Action Plan