

Thames Valley regional review 2014–15

Review of Health Education Thames Valley

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 Local Education and Training Board

Geographical area	Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire.
Number of trainees	March 2014 national training survey: 1,739
NHS organisations	Doctors are placed in five acute trusts, two mental health and community health trusts and 115 general practices.
Local medical schools	University of Oxford Medical School University of Buckingham Medical School
Last GMC report	2010 – Quality Assurance of Foundation Programme (QAFF)
Outstanding actions from last visit	None

About the visit

Visit dates	27-28 November 2014
Sites visited	Wexham Park Hospital, 9 October 2014. Stoke Mandeville Hospital, 16-17 October 2014. John Radcliffe Hospital and Nuffield Orthopaedic Centre, 20-21 October 2014.
Programmes reviewed	Foundation programme, general practice in secondary care, core medical training, geriatric medicine, respiratory medicine, sport and exercise medicine, cardiothoracic surgery, neurosurgery, trauma and orthopaedic surgery, obstetrics and gynaecology, histopathology and ophthalmology.
Areas of exploration identified before the visit	Local Education and Training Board (LETB) structure and governance, quality management, management of concerns, relationships with medical schools in the region, transfer of information, approval and recognition of trainers, patient safety, trainee advisory committee, local and regional teaching, lay representatives and management of concerns.
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 Health Education Thames Valley was visited as part of our regional review of medical education and training in Thames Valley. Health Education Thames Valley is a multi-professional local education and training board and includes the former Oxford deanery. It is the body responsible for the management of postgraduate education and training in Thames Valley, and is accountable to Health Education England.
- 2 Health Education Thames Valley works with five acute hospital trusts and two mental health and community health trusts, in addition to over 100 general practices to deliver training for doctors in foundation, core and specialty training programmes. One of the trusts, Heatherwood and Wexham Park Hospital NHS Foundation Trust, was acquired with Frimley Park Hospital NHS Foundation Trust at the beginning of October 2014 and is now Frimley Health NHS Foundation Trust. Health Education England has recently made further changes to the structures of the local education and training boards by introducing four directors of education and quality, one each for the north, midlands, London and the south. Health Education Thames Valley work with the director of education and quality in the South.
- 3 A new independent medical school at the University of Buckingham, the first of its kind in the UK, opened in January 2015. At present, it is unclear what role, if any, the postgraduate team and Health Education Thames Valley will play in the new school. We had understood from the School that there were plans to deliver joint training of educators with undergraduate and postgraduate roles and for the Professional Support Unit to provide support to students but Health Education Thames Valley indicated joint working could be limited. It is essential that Health Education Thames Valley can share any potential issues arising from the education of undergraduate medical students and postgraduate doctors in training in the region.
- 4 Overall we found Health Education Thames Valley is providing good educational opportunities and in general is meeting our standards, with an enthusiastic and committed team and some areas of innovation. We have identified a number of requirements and recommendations many of which concern a lack of consistency and variation in the experience across the region.

Area 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>The Trainee</i>	Area of good practice for the Local Education and Training Board
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	<i>Doctor</i>	
1	2.3, SD4.2	The training, deployment, engagement and linkages of the lay representatives and their involvement to enhance the quality management and sharing of good practice.

Good practice 1: The training, deployment, engagement and linkages of the lay representatives to other parts of the organisation

- 5 HETV has a group of 11 lay representatives who have been recruited through a competitive process to represent the public interest and provide an external view. Each appointment is for a fixed four year term. The roles were advertised across Thames Valley, not just in Oxford. The representatives have a variety of backgrounds, including some with experience in education. We were able to meet with five of the representatives during our visit. We heard from the representatives that one requirement for the role was for them not to have previous experience of working within the NHS.
- 6 We heard from the representatives that the recruitment process was rigorous and reflected the high standards expected of those fulfilling the roles. The training provided to each included equality and diversity, information governance, an induction and shadowing the outgoing lay representatives. They are kept up to date with changes and developments at Health Education Thames Valley through a quarterly half day training session, each focused on a specific topic such as fitness to practise. The training sessions provide the lay representatives with an opportunity to share their experiences. They have also completed online training in the Annual Review of Competence Progression process.
- 7 Health Education Thames Valley has provided guidance to the lay representatives on the serious incident process as well as a glossary of abbreviations used in healthcare and training. A handbook has also been developed and shared with the representatives, this is under frequent review. All the representatives have an annual appraisal with the associate dean for quality management in addition to 360 degree feedback.
- 8 The lay representatives attend Health Education Thames Valley quality management visits. Although they are not involved in the preparation and planning for visits they do attend the visit and have the opportunity to review the visit reports and check they are an accurate reflection of the findings. The lay representatives provide a different perspective from the rest of the visit team and have a strong focus on patient safety. All of the Annual Review of Competence Progression panels will have a lay representative, and each will write a report following the panels for internal use

and provide assurance that due process is followed. This allows the lay representatives to identify and share best practice between the schools. We heard from the heads of schools for histopathology and ophthalmology that these reports are useful and contain specific feedback from which they are able to implement changes.

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>The Trainee Doctor</i>	Requirements for the local education and training board
1	8.4	Ensure the local education providers consistently provide adequate time in job plans for those involved in medical education, including clinical and educational supervisors so that doctors in training can be supported and meet the requirements of their curricula.
2	2.2	Health Education Thames Valley must monitor and support the local education providers to meet the requirements and recommendations set out in the reports for the following sites: <ul style="list-style-type: none"> • Oxford University Hospitals • Stoke Mandeville Hospital • Wexham Park Hospital

Requirement 1: Ensure the local education providers consistently provide adequate time in job plans for those involved in medical education, including clinical and educational supervisors

9 We heard Health Education Thames Valley has a tariff of one hour per week for educational supervisors per doctor in training, but this is not implemented by all of the local education providers. The senior management team at Health Education Thames Valley informed us that provision of time for training in job plans would be raised by educators during our visit. We were told that some of the local education providers have seen the need to rationalise the time allocation for supporting professional activities and, as such, have introduced various models in which those involved in medical education have to justify with evidence any additional time in their job plans, which are appraised and form one aspect of revalidation.

- 10 At Oxford University Hospitals NHS Trust we heard that there would be an allocation of time for training only for educational supervisors and for a single named clinical supervisor in each department for each group of doctors in training. The other consultants working alongside them would still have responsibility for day to day supervision, but would not be allocated time for this in their job plans. The Health Education Thames Valley senior management were not aware of the details of this change.
- 11 For educational supervisors, the tariff applied is one hour per trainee per week, in all the local education providers with the exception of Oxford University Hospitals NHS Trust. We heard Oxford University Hospitals have a cap of two hours per week for supporting professional activities for educational supervisors, regardless of the number of doctors in training being supervised. We heard of considerable pressure on time for teaching in some training programmes at Oxford University Hospitals.
- 12 We heard from the foundation training programme directors that the local education providers are asked to indicate the time allocation for those involved in training in their reports to the foundation school. We were advised there is variation between the local education providers. For example, the foundation training programme directors consider the time allocated to educational supervisors at Wexham Park Hospital to be reasonable whereas the provision of time for clinical supervisors at the same site varies widely.
- 13 The acquisition of Wexham Park Hospital provides a possible opportunity for Health Education Thames Valley to learn from the experience of Frimley Park Hospital in addressing the issues surrounding allocation of supporting professional activities time in job plans. We would encourage Health Education Thames Valley to work closely with the new trust to identify initiatives that could be shared more widely and to ensure all trainers are supported and valued in undertaking their roles.

Requirement 2: Monitor and support local education providers to implement requirements and recommendations identified during the Thames Valley Regional Review

- 14 At all the local education providers visited, we found examples of outdated terminology being used, such as 'senior house officer' (SHO). The term is used to cover a wide range of doctors with differing levels of expertise and experience, from foundation year 2 (F2) to trainees at core training 1 and 2 level (CT1 and CT2) as well as general practice specialty trainees (GPSTs) based in secondary care. At Wexham Park Hospital the term 'SHO' was used to describe rotas for doctors in the obstetrics and gynaecology department. Similarly, at Oxford University Hospitals, F2 to ST3 grade doctors in neurosurgery were combined onto the same rota, which allowed no differentiation in their work programmes and had a negative impact on

the depth of experience for the specialty doctors in training. In paediatrics at Stoke Mandeville Hospital, the 'SHO' rota includes doctors from F2 to ST3.

- 15 The appropriate level of clinical supervision and expected competence of an F2 who has just begun a four month post in a specialty is considerably different from a CT2 or ST2, who will have completed the foundation programme and a significant period of training in a broad specialty area. We found that the lack of differentiation between these grades of doctor had led to situations where the appropriate level of supervision or support for doctors in training had not been provided. This is not conducive to a good educational experience for doctors in training or patient safety.
- 16 At both Stoke Mandeville Hospital and Wexham Park Hospital we found that rotas were not being managed consistently across departments. We found frequent examples of doctors in training working beyond their rota hours, often as a result of high workloads or because handover is not factored into their working day (see [recommendation 2](#)).
- 17 At Wexham Park Hospital the doctors training in obstetrics and gynaecology are not always able to meet the requirements of their training. We have set a requirement for the local education provider to review the working patterns and workload to address these.
- 18 In addition there are a number of requirements around the provision of time in job plans for those involved in medical education and training, familiarity with the general practice curriculum and robust handover arrangements which are covered in the individual local education provider reports and elsewhere in this report. Health Education Thames Valley must monitor and support each of the requirements related to the issues outlined above through its own quality management systems.

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>The Trainee Doctor</i>	Recommendations for the local education and training board
1	5.1, 6.11	Health Education Thames Valley should review the histopathology programme to ensure the doctors in training at ST1-2 level receive sufficient practical experience to support acquisition of the knowledge and skills to fulfil the requirements of

		the curriculum.
2	1.6	Health Education Thames Valley should work with the local education providers to ensure handover arrangements are well organised and ensure continuity of patient care by including time for handover in the rota hours for all doctors in training.
3	5.4, SD5.2	The variability in the quality of training experience in general practice in secondary care across the region should be addressed.
4	6.7, SD2.1	Health Education Thames Valley should ensure the planned additional support for the Trainee Advisory Committee is implemented; this includes secretarial support and protected time for the chair and deputy chair. This would strengthen the committee and help to ensure issues such as bullying and undermining can be reported effectively through this channel.
5	8.5	Health Education Thames Valley should consider the use of a managed educational network in which some of the high quality local foundation teaching can be shared more widely across the region.
6	SD2.1 SD3.6, SD5.2	The variability in the success of the foundation forums between local education providers should be addressed to ensure all groups of foundation doctors have a voice at the local education and training board. Health Education Thames Valley should consider what support could be provided to strengthen these forums.

Recommendation 1: Review the histopathology programme to ensure the doctors in training at ST1-2 level receive sufficient practical experience

19 We are aware of concerns over the past year about the educational experience of the doctors training in histopathology at ST1-ST2 level who are all based at district general hospitals. We know there is an action plan in place which Health Education

Thames Valley is monitoring in relation to Wycombe Hospital, but the extent to which the issues have been addressed is not yet known.

- 20** In particular, ST1-ST2 doctors spend too much of their time completing cut-up procedures, for which the educational value could be enhanced, potentially at the expense of missing out on other elements of the programme such as reporting findings and post mortem examination experience. We are aware that the ST1-ST2 doctors in training were not able to routinely discuss their findings with a consultant, and did not have responsibility, under appropriate supervision, for writing and signing off reports on the interpretation and clinical relevance of samples they have prepared and examined. Similarly, other experiences provided at district general hospitals, such as post mortem examinations, do not appear to provide an appropriate level of supervision to maximise the learning opportunities for the doctors in training. We heard that more time needs to be allowed in the rota for each doctor in training to obtain training and experience in cytology and microscopy.
- 21** The model of training delivered here differs from what we gather is followed elsewhere in the UK where workloads of doctors in training are regulated by curriculum rather than service needs and where the service, with support from upskilled biomedical scientists, has been reconfigured to help focus training on cases that facilitate the development of clinical knowledge and skills by doctors in training. This could be in part owing to the design of the departments and the service provision model for histopathology services in the region.
- 22** The doctors training in histopathology have two representatives, one based in Oxford University Hospitals and another for the district general hospitals. It does not appear the two representatives are able to meet to discuss issues affecting the programme, which would be beneficial in ensuring consistency, and sharing best practice.
- 23** At the end of each year in the programme, the doctors in training undergo an Annual Review of Competence Progression, which looks at their portfolios and the amount of experience they have. This determines whether or not they demonstrate evidence of satisfactory progress for the year and are allowed to progress to the next stage of training. Doctors in training would receive an unsatisfactory outcome for the Annual Review of Competence Progression if they have unsatisfactory or insufficient evidence of the development of specific competences required by the curriculum. The number of unsatisfactory outcomes in the Annual Review of Competence Progression for all histopathology doctors training in Health Education Thames Valley from August 2012 to July 2013 was higher than the national average for the specialty. Health Education Thames Valley has explored the reasons for these unsatisfactory outcomes as being due to the higher rate of exam failures. This may have several explanations, the investigation of which may benefit training in the region.

- 24 Health Education Thames Valley have explored the reasons for these unsatisfactory outcomes, which is due to the higher rate of exam failures, which may have several explanations, the elucidation of which may benefit training in the region.
- 25 At Oxford University Hospitals we found the organisation of the histopathology service benefited education and the (ST3-ST6) doctors in training reported being able to participate in cases to maximise their learning opportunities.
- 26 Our evidence suggested the quality of training was better at Oxford University Hospitals and we investigated whether there was any transferable learning from training provided at the John Radcliffe Hospital. We found that doctors training in histopathology at the John Radcliffe Hospital were receiving an excellent experience, and there are potential learning points for the other local education providers in the region which are outlined in our report on Oxford University Hospitals NHS Trust.
- 27 Health Education Thames Valley should review the overall experience provided by the programme to ensure that doctors training in histopathology, especially at ST1-2 level, receive sufficient practical experience and case centred one to one learning opportunities of 'live' cases to support acquisition of the knowledge and skills to fulfil the requirements of the curriculum. A whole programme review should be undertaken by Health Education Thames Valley as currently all ST1-2 trainees rotate through smaller centres with higher trainees in less service oriented posts at the John Radcliffe.

Recommendation 2: Health Education Thames Valley should work with the local education providers to ensure handover arrangements are well organised and included in the rota hours for doctors in training

- 28 During the local education provider visits, we discovered that arrangements for handover vary widely across the region and within different departments within the sites and depending on the time of day. In some specialties and departments, handover of care is not routinely factored into the rotas. We have set a requirement for Oxford University Hospitals to ensure handover is factored into the rotas for all doctors in training. At John Radcliffe Hospital we found that handover arrangements for the more junior doctors training in surgery departments were not yet meeting our standards.
- 29 Similarly, at Wexham Park Hospital, handover is not built into the rota for the specialty doctors training in obstetrics and gynaecology, who are therefore expected to work beyond their rota hours. A requirement has been set for Wexham Park Hospital to ensure the rotas comply with working time regulations. At Stoke Mandeville Hospital, we also noted the impact of the timing of handover on working hours. The trainee representatives and training programme directors we met during

the visit to Health Education Thames Valley also confirmed that arrangements for handover vary between departments and local education providers with many effective departments being recognised.

- 30** A robust arrangement for handover, the time for which is factored into the rotas, not only provides safe and effective continuity of care to support patient safety but helps to ensure that educational opportunities for doctors in training are maximised. Handover can be a good opportunity for training and can also be led by doctors in training where appropriate to support their learning and development. We found that handover arrangements were strongest in departments where it is planned into the rotas for all doctors.

Recommendation 3: The variability in the quality of training in secondary care placements for general practice specialty trainees across the region should be addressed

- 31** For doctors training in general practice in secondary care, the relevance of their training posts to their curriculum varies across the region. This was acknowledged by Health Education Thames Valley prior to our visits, as were the challenges in improving the overall experience of GPSTs.
- 32** We heard of some improvements to the training at Horton Hospital and the GPSTs recognised a number of recent changes in some areas which had improved their experiences; however we noted that opportunities were being missed to tailor their experience in secondary care to the needs of the curriculum and future career aspirations. Often the GPSTs are on the same rotas and treated the same as the foundation and/or core doctors in training, thus limiting the opportunities to gain experience relevant to general practice. It can be difficult to take advantage of potential learning opportunities within these posts when there is no differentiation from the other doctors training in each department. We have recommended that Oxford University Hospitals Trust increase the relevance of the secondary care placements for GPSTs in order that curricular requirements can be met.
- 33** Linked to the above is the lack of familiarity of the clinical supervisors with the general practice curriculum and e-portfolio at Oxford University Hospitals. This was also found to be an issue at Stoke Mandeville Hospital where not all of the clinical supervisors have access to the e-portfolio and are not well acquainted with the general practice curriculum. We have set a requirement for the local education provider to address these issues. The lack of awareness of the curriculum impacts upon the ability of clinical supervisors to conduct supervised learning events and also on the level and quality of feedback provided to the GPSTs on their progress. In addition there was evidence of a lack of knowledge concerning assessment against

specific general practice competencies required for the completion of clinical supervisor reports.

- 34** At Wexham Park Hospital, many of the GPSTs reported good training experiences, in particular in the paediatric department where the training and support is said to be of high quality. Likewise the obstetrics and gynaecology department at Stoke Mandeville is providing a good experience for the GPSTs. The factors in providing a good experience for the GPSTs in these departments should be considered for wider propagation across Health Education Thames Valley to improve the experience of all GPSTs.
- 35** We heard that the general practice trainee representatives have not received any training for their roles and unlike the foundation representatives do not have a job description. We heard from them that they feel disconnected from Health Education Thames Valley and that communication and interactions are largely centred on the general practice doctors training in Oxford. We also heard the representatives have no means of contacting all of the GPSTs in Health Education Thames Valley; that they have not been given access to contact details including email addresses for the other doctors in training.
- 36** The general practice trainee representatives reported a lack of consistency in the quality of the general practice training programme teaching. This included variability in the amount of influence GPSTs felt they had on the content of the teaching and how the training programme directors responded to their evaluation. The General Practice Dean attends meetings with the Oxford based representatives but we heard that representatives based elsewhere in Thames Valley have not yet had the opportunity to meet with her. Strengthening the communication and links between the doctors in training, their representatives and the general practice School at Health Education Thames Valley would support efforts to improve the consistency of the training experience across the region.
- 37** Health Education Thames Valley would be supported in meeting this recommendation by strengthening the links with and between the general practice representatives, in particular in responding to evaluation provided.

Recommendation 4: Health Education Thames Valley should ensure the planned additional support for the Trainee Advisory Committee is implemented; this includes secretarial support and protected time for the chair and deputy chair

- 38** Health Education Thames Valley has a Trainee Advisory Committee consisting of trainee representatives from various specialities and programmes within the region. They have regular meetings, and invite various Health Education Thames Valley staff members, such as the quality manager to parts of the meetings.

- 39** The Trainee Advisory Committee potentially provides an excellent forum in which issues affecting doctors in training can be raised with the heads of schools or Health Education Thames Valley management. This can be reassuring for doctors in training who may be reluctant to take concerns directly to their training programme director, or do not have sufficient influence to engender changes. The committee also provides an opportunity for the specialty schools to share good practice. We heard of an example whereby the committee was able to change programme teaching so that it better met the needs of less than full time trainees, based on the experience of other specialty schools.
- 40** We heard of plans by Health Education Thames Valley to strengthen the support for the committee, firstly by providing secretarial support and also by the provision of protected time in job plans for the chair and deputy chair of the committee. We support these plans and recommend they are implemented to support the committee in being a forum for the sharing of good practice and providing a voice for doctors in training. A well-structured and supported committee could provide doctors in training with a safe and effective route to raise concerns such as bullying and undermining. We heard of continuing reluctance on the part of doctors in training to raise such concerns because of a fear of retribution.

Recommendation 5: Health Education Thames Valley should consider the use of a managed educational network in which some of the high quality local foundation teaching can be shared more widely across the region

- 41** An associate foundation school director was appointed by the foundation school director with a specific remit to review the formal teaching programme for foundation doctors. This included developing a guide on the timing and content, to ensure there is commonality and those doctors transferring between local education providers would not repeat learning. This is helpful but we heard there is a still variation in the quality of the teaching provided. We were told by many the teaching for foundation doctors at John Radcliffe Hospital is excellent. The representatives of the doctors training in foundation told us they would find it useful if some of this high quality training could be captured and shared more widely or used to inform the delivery of teaching elsewhere.
- 42** Health Education Thames Valley should consider whether a managed educational network could be used to enable this high quality teaching to be shared more widely within the region. This would further support Stoke Mandeville Hospital in meeting a recommendation we have set for them to improve the quality and delivery of the local foundation teaching. It would also support the learning of foundation doctors in training who may not always be able to attend the scheduled teaching sessions.

Recommendation 6: The variability in the success of the foundation forums between local education providers should be addressed

- 43** Each local education provider has a local foundation forum, the success of which is variable across the region. We have recognised good practice at Stoke Mandeville Hospital whereby the foundation representatives are selected following a competitive process. Furthermore, the selected representatives then complete a management and leadership training programme which we heard has received positive evaluation. The foundation forum meetings at Stoke Mandeville appear to be well structured and supported, with attendance by the foundation training programme director for the foundation programme.
- 44** Conversely, at Wexham Park Hospital, there was little awareness of the foundation forum or representatives among the foundation doctors we met with. The representatives told us the support provided by the local education provider for the forum has been limited and it does not appear to be valued highly. They said there has been difficulty in ensuring positive engagement with the foundation programme directors. Nonetheless, we recognised the commitment and energy of the foundation doctors involved in the forum, which we commend.
- 45** The foundation forums can provide an effective means for doctors in training to raise concerns about their training experience as well as patient safety. The forums, when properly set up and supported provide foundation doctors with a voice at Health Education Thames Valley which should be nurtured and encouraged. This is especially important for local education providers such as Wexham Park Hospital, which has complex and long lasting concerns. Health Education Thames Valley should consider providing additional support for the foundation forums similar to that proposed for the Trainee Advisory Committee.

Acknowledgement

- 46** We would like to thank Health Education Thames Valley and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Sources of evidence

Visit team

Team leader	Professor Alastair McGowan
Visitor	Ms Julie Browne
Visitor	Dr Anne Hawkridge
Visitor	Dr Peter Johnston
Visitor	Dr Jessie Sohal-Burnside
Visitor	Mr Owen Sparrow
GMC staff	Mary Agnew, Anna Hiscocks, Dr Vicky Osgood and Trish Steele

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	<p>supervision of doctors in training</p> <ul style="list-style-type: none"> • Explore patient safety culture in the LEP. • Investigate educational supervision and support for Neurosurgeons in ST1-3 and Foundation Doctors placed in neurosurgery, and their role in management of neurosurgical emergencies 	<p>Doctor raising concern 2013 OUH 520 Letter from Junior Doctors to OUH CEO & Medical Director raising concerns BHT Whistleblowing procedure and raising concerns policy BHT Training doctors patients safety concerns template form Buckinghamshire contextual info 2014 HWP D014-D019 - Managing & monitoring concerns OUHT: Context info document OUHT 302 OUH LEP Annual Report Aug 13 - Jul 14 OUHT 511 GMC Survey 2013 Immediate Patient Safety Concerns - Neurosurgery Foundation Trust Response Template OUHT 512 Trust Management</p>	<p>Hospital recommendation 4 (35-38)</p> <p>Wexham Park Hospital requirement 1 (10-11)</p> <p>Stoke Mandeville Hospital requirement 1 (10-11)</p> <p>Oxford University Hospitals</p>		<p>supervision of foundation and GPST doctors identified at Wexham Park Hospital. This has been addressed in the report via a recommendation and HETV is required to monitor actions to address this issue through scheduled reporting to the GMC.</p> <p>We also found issues across all of the LEPs that we visited with use of out of date terminology and doctors from FY2 – ST2/3 included on one 'SHO' rota. This can result in the wrong level supervision or doctors working outside their competence. See requirement 2</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		Executive Paper - Concerns in relation to Neurosurgical Training Recovery 13.03.14 OUH 536 OUH Response to HETV School of Surgery Visit Report	requirement 1 (34-37)		
1.11	Explore Foundation trainee's role in the delivery of the SEU service Level of granularity of the foundation forum. Operational changes made in SEU at John Radcliffe.	OUHT 203 OUH Educational Quality Visit Report 11.03.14 OUHT 528 HETV Investment Proposal OUHT 535 Surgical Emergency Unit Concerns Update OUHT 536 OUH Response to HETV School of Surgery Visit Report	Oxford University Hospitals good practice 2 (12-15) Stoke Mandeville Hospital good practice 1 (4-6)	HETV management team.	Recent changes at OUH to address concerns about surgical emergency unit - Foundation School is planning joint visit with school of surgery in 2015 to review. Variability in success of foundation forums across HETV. See recommendation 6 .
1.6	Investigate handovers and the reasons for variable results from	OUH 302 OUH LEP Annual Report Aug 2013 - Jul 2014s OUH 518 2013 Surgical Training	Wexham Park Hospital requirement 2 (12-	HETV management	Handover not always built into rotas for doctors in training. Recommendation

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	the NTS	Case Study Outline GMC LEP OUH – regional review evidence report GMC NTS results HETV 5.8 HWPB Annual Trust Report 2014 HETV 5.14 HWPB Foundation Action Plan July 2014	15)	team	for HETV to work with LEPs to address. See recommendation 2
1.8	Processes for reporting trainee involvement in clinical incidents	OUH 515 Guidance for Datix Reporting for Revalidation HWP D014-D019 - Managing & monitoring concerns HETV 5.1 Annual Trust Report 2014 Bucks	Stoke Mandeville Hospital recommendation 1 (28-30) Wexham Park Hospital recommendation 1 (24-27)	HETV Management team	Directors of medical education at the trusts inform the postgraduate dean of incidents involving doctors in training and this feeds into revalidation. Postgraduate dean looks for trends in the incidents reported. See requirement 2

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
1.9	Transfer of information (TOI) for foundation. Explore transfer of information for foundation at HETV Including working with medical schools when entering F1 and tracking a doctor after leaving F2. Look at the transfer of information for GPSTs.	OUH 201 OUH & UOX Joint Education & Training Committee Meeting Minutes 04.09.13	n/a	HETV management team Quality management team Foundation School manager	All F1s fill in a TOI form that is forwarded to their F2 trusts. Regular meetings of the FTPD committee where there is a closed session to discuss managing concerns about doctors in training. 'Educator notes' section of trainee e-portfolios used by clinical and education supervisors. Standard met.
Domain 2: Quality management, review and evaluation					
2.1	Investigate heavy workloads, rota design and WTR compliance	HWP D008 School of surgery visit to HWPH HWP D007 EQV visit to HWPH GMC evidence	Wexham Park Hospital requirement 3 (16-	HETV management team	Rota design, compliance with working time regulations and workloads forms part of the criteria for the dean's annual

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		BHT PGME minutes Mar 14 SMH BHT PGMEC minutes Jun 14	19) Stoke Mandeville Hospital requirement 3 (14-18)		visits where concerns are known. HETV may be made aware of issues through the Trainee Advisory Committee. Requirements set for Wexham Park Hospital and Stoke Mandeville Hospital to ensure rotas comply with working time regulations which HETV must monitor and support the LEP to implement. See requirement 2 .
2.2, 2.3	<ul style="list-style-type: none"> The Annual reporting process from Trust to HETV Explore how the LEP acts on quality data, including the 	OUH 301 OUH Medical Directors Office Risk Register OUH Annual report to HETV OUH 103 Divisional Educational Leads Meeting Action List 20.02.14	n/a	HETV management team Quality management	Each Trust submits its annual report to HETV in August which is then reviewed by the quality management team. Visits to the Trusts are undertaken by HETV once every year, with School visits

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	<p>management of longstanding issues at trust and progress towards resolution; How the LETB achieves resolution of longstanding issues and utilises quality data.</p>	<p>OUH 104 Educational Governance Group Meeting 12.07.14 OUH 105 Educational Governance Group Meeting 26.06.14 OUH 106 Quality and Quality Governance - Update July 2014 OUH 107 Trust Management Executive Terms of Reference - Mar 2014 108-109. HETV Visit Information OUH108 HETV Annual Visit Mar 2014 - DME Presentation OUH 503 Numbers of Educational Supervisors Appropriately Trained - Jan 2014 CQC reports OUH May 14 GMC LEP OUH – regional review evidence report V1.0 HWP D014-D019 - Managing & monitoring concerns HETV 5.1 Annual Trust Report</p>		<p>team Lay representatives</p>	<p>completed once every three years; unless a risk is identified in which case an exceptional visit will take place.</p> <p>HETV would like to improve the process for closing issues, including those identified at trust visits, and in particular the longstanding issues, as there are some relatively minor issues which can remain open for some time. See requirement 2.</p> <p>See good practice 1</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		2014 Bucks			
2.2, SD3.3	Investigate scrutiny/governance of medical education in practice; explore how change is disseminated across the trust and educational governance in trust	<p>OUH 110 Department of Medical Education Structure May 2014</p> <p>OUH 111 Configuration of Clinical Services - Clinical Management Structure Sep 2013</p> <p>OUH 112 OUH Committee Organogram</p> <p>OUH 113 OUHT-OUH Trust Board Organogram</p> <p>GMC LEP OUH - regional review evidence report</p> <p>OUH 518-538 (department of surgery documents)</p> <p>HWP C036 - Context Info - Q9</p> <p>BHT MEC minutes 23.7.14</p> <p>Buckinghamshire contextual information 2014</p> <p>2023 challenge: HETV Board Paper Update</p> <p>HETV (contextual information)</p>	n/a	<p>HETV management team</p> <p>Quality management team</p>	<p>Quality management processes were explored. Closing down longstanding concerns was identified and discussed by HETV quality team.</p> <p>GMC to continue to monitor via annual dean's reports.</p> <p>Standard met.</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		RCGPs documentation			
2.3	<ul style="list-style-type: none"> Foundation in surgery: Explore culture of support for F1s. Explore trainee internal foundation redesign of induction programme and Trust report, appointment of senior surgeons. Explore the use of and policies for patient and public involvement. 	<p>OUH 301 OUH Medical Directors Office Risk Register GMC OUHT Enhanced Monitoring Report NHS staff survey OUH (2013) Junior doctor feedback proposal HETV Doc 2</p> <p>HWP C003 - SWOT analysis HWP C036 - Context Info - Q9 HETV Lay Representatives' Handbook 2014 HETV Summary of Lay Representative Reports 2013</p>	Oxford University Hospitals improvement 1 (26-30)	<p>Quality management team</p> <p>Heads of Schools and TPDs</p> <p>Trainee representatives</p>	<p>At OUH we noted considerable changes to the surgical emergency unit in relation to foundation doctors.</p> <p>No issues identified at LEP visits requiring triangulation at HETV.</p> <p>Standard met.</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
Domain 3: Equality, diversity and opportunity					
3.6, 6.34	Explore the systems in place for monitoring the training that supervisors have had in equality and diversity.	HWP D012 Equality & diversity work plan OUH 627 Trust Management Executive Meeting Report - Supporting Postgraduate Medical Education 26.06.14	n/a	n/a	No issues identified at LEP visits requiring triangulation at the HETV. Standard met.
3.7	Explore equality and diversity policies and any examples of using the policies, such as making reasonable adjustments	HWP C017 - E&Q Case Studies HETV 4.1 - HEE Equality & Diversity Policy HETV 4.2 - Oxford Deanery Equality & Diversity Policy 2011 HETV School Visit Report 2013: Foundation HEE Equality & Diversity Policy, Oxford Deanery Equality & Diversity Policy 2011 BHT Equal opportunities diversity policy	n/a	HETV Management team	HETV has developed an equality and diversity strategy which covers recruitment and other aspects. This details how they will improve the collection and publication of such data. Standard met.

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		Buckinghamshire contextual information 2014			
Domain 4: Recruitment, selection and appointment					
	No issues identified for exploration				
Domain 5: Delivery of approved curriculum including assessment					
5.1	Explore foundation placements in, and opportunities to meet F1/F2 outcomes in, tertiary surgical specialties	HETV 007 REPORT - Enhanced visit to OUH, Foundation Surgery Oct 2013 OUH 302 OUH LEP Annual Report Aug 2013 - July 2014 OUH 501 OUH Performance of Foundation Educational Supervisors - Audit 2 2013-14 OUH 506 Field Guide for Supervisors of Medical and Dental Trainees	Oxford University Hospitals improvement 1 (26-30)	Foundation School Director and Foundation Training Programme Directors	Recent changes at OUH to address foundation doctors' concerns about surgical emergency unit, with cover from general surgeons. Foundation School has recently started holding joint visits with relevant specialty schools and is planning visit with the school of surgery in

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		<p>OUH 507 OUH Educational Supervisors Summary - Aug 2014</p> <p>OUH 512 Trust Management Executive Paper - Concerns in relation to Neurosurgical Training Recovery 13.03.14</p> <p>OUH 523 Foundation Surgical Trainees at the Churchill - ITR Report 2013</p>			<p>2015 to look at issues.</p> <p>Standard met.</p>
5.1, 5.2	Histopathology	<p>RC pathologists data</p> <p>Histopath EM visit report (NB item in progress)</p> <p>GMC 010 LETB HETV- regional review evidence report v2.0</p>	Oxford University Hospitals good practice 3 (16-20)	<p>Trainee representatives</p> <p>Head of School and Training Programme Director for Histopathology</p>	<p>Concern that the current histopathology programme in the region does not ensure doctors training at ST1/2 level receive sufficient experience to fulfil curriculum requirements.</p> <p>See recommendation 1.</p>
5.1, 5.4	Explore support that doctors in training have to meet training	<p>GMC evidence</p> <p>HWP C032 O&G GMC Visit Action Plan</p>	Stoke Mandeville Hospital requirement 4 (19-	GP Dean and Programme	For doctors training in general practice in secondary care, the relevance of their

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	requirements including access to educational events and other learning opportunities.	GMC evidence HETV Quality Management Committee Minutes Jul 2014 HETV Revalidation Policy	23)	Directors Doctors training in general practice in secondary care	training posts to their curriculum varies across the region. See recommendation 3 .
5.1, 5.4, 6.11, 6.13	Neurosurgery- explore concerns in both UG and PG training	GMC LEP OUH - regional review evidence report HETV 007 REPORT - Enhanced visit to OUH, Foundation Surgery Oct 2013 OUH 511 GMC Survey 2013 Immediate Patient Safety Concerns - Neurosurgery Foundation Trust Response Template OUH 512 Trust Management Executive Paper - Concerns in relation to Neurosurgical Training Recovery 13.03.14	Oxford University Hospitals requirement 3 (41-47)	HoS of Surgeons and training programme directors. Doctors training in neurosurgery HETV management team	We have concerns about the slow progress in implementing the neurosurgery recovery plan. See requirement 2

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
5.1, 5.2, 5.4, 6.32	GP programmes	GMC LEP OUH – regional review evidence report HETV 5.18 Annual Trust Report 2014 HETV 5.29 School Visit Report 2014: GP (Paediatrics) RCGP provided documents, including National ARCP /EA report (GPST) OUH 203 OUH Educational Quality Visit Report 11.03.14 OUH 302 OUH LEP Annual Report Aug 2013 - July 2014	Stoke Mandeville Hospital requirement 4 (19-23)	GP Dean and Programme Directors Doctors training in general practice in secondary care	For doctors training in general practice in secondary care, the relevance of their training posts to their curriculum varies across the region. See recommendation 3 .
5.4	Dementia awareness strategy as good practice	OUH 203 OUH Educational Quality Visit Report 11.03.14	Oxford University Hospitals good practice 4 (21-25)	GP trainee representatives HETV management	Identified as good practice at Oxford University hospitals. Standard met.
5.6	ARCP (Annual Review of Competence	Royal College exam data GMC evidence	n/a	Quality management	Reports on ARCP panels collected from lay

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	Progression) process and analysis of outcomes	HETV Board Paper: ARCP Outcomes 2014		team	representatives and external assessors. Lay representatives produce a summary report for the whole year. Quality management team look for themes underlying high levels of unsatisfactory outcomes and work with heads of schools and school managers. See good practice 1 . Standard met.
5.18, 5.19	Feedback - explore the delivery of feedback in a busy clinical environment; include how students / trainees recognise	HETV 007 REPORT–Enhanced visit to OUH, Foundation Surgery Oct 2013 HETV 7.2 Annual School Report 2013: General Practice OUH 101 Divisional Educational	n/a	GP trainee representatives. GP Dean and TPDs	Variability in level and quality of clinical supervisor feedback to GPSTs. See recommendation 3 .

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	feedback when provided.	Leads Meeting 19.06.14 OUH 104 Educational Governance Group Meeting 12.07.14 OUH 628 Trust Management Executive Paper - Quality Indicators for the Educational Environment 27.06.14 OMS 016 Clinical Annual Course Reports 2012/13 (for student assessment data) RCPATH summary (pathology in TV) GMC 001 Evidence report on Oxford Medical school			
Domain 6: Support and development of trainees, trainers and local faculty					
6.1	<ul style="list-style-type: none"> Explore the usefulness of departmental and trust inductions 	GMC evidence summary HWP C020 Induction policy HWP D001a Cover letter HWP C007 Induction Evaluation	Oxford University Hospitals recommendation 2	HETV senior management	Issues identified with induction at all LEPs visited. HETV aware of variability of

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	<ul style="list-style-type: none"> Explore inductions for Foundation Doctors, and 'Bridge the Gap' as possible good practice 	Summary - FY1 BHT Dignity & respect at work policy BHT Equal opportunities diversity policy HWP C008 Induction Evaluation Summary - FY2 & above HWP C025 Bridge the Gap Evaluation 2012 HWP C026 Bridge The Gap Programme 2014 HWP C019 FY1 Handbook Jul14 - Author_2013-14 F1s BHT 2014 Foundation Year One Induction Bucks induction final programme 2014 F1 Induction Doc	(63-68) Stoke Mandeville Hospital recommendation 4 (35-38) Wexham Park Hospital recommendation 2 (28-30)		inductions and has provided trusts with money to improve departmental induction. Continuing to work with trusts to provide principles for good induction. See requirement 2
6.10, 6.11	<ul style="list-style-type: none"> Cardiothoracic surgery Management and 	OUH 302 OUH LEP Annual Report Aug 2013 - July 2014 OUH 506 Field Guide for	Oxford University Hospitals requirement 5 (53-	HoS and TPDs for cardiothoracic	Cardiothoracic surgery training is delivered in partnership with

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	<p>delivery of the Foundation programme at JRH, particularly support for foundation doctors</p>	<p>Supervisors of Medical and Dental Trainees OUH 518 2013 Surgical Training Case Study Outline GMC LEP OUH - regional review evidence report</p> <p>HETV 007 REPORT - Enhanced visit to OUH, Foundation Surgery Oct 2013 OUH 501 OUH Performance of Foundation Educational Supervisors - Audit 2 2013-14 OUH 507 OUH Educational Supervisors Summary - Aug 2014 OUH 512 Trust Management Executive Paper - Concerns in relation to Neurosurgical Training Recovery 13.03.14 OUH 523 Foundation Surgical Trainees at the Churchill - ITR Report 2013</p>	<p>56)</p> <p>Oxford University Hospitals good practice 2 (12-15)</p>	<p>training</p>	<p>Southampton. We heard at OUH that the partnership is working well. We heard from the HoS and TPDs at the HETV visit that there is dissatisfaction with cardiac surgery training at OUH; and that a decision needs to be taken about Oxford continuing which would be explored at a meeting in December.</p> <p>The teaching programme and representative forum for foundation doctors is recognised as good practice at Oxford University Hospitals.</p> <p>See requirement 2</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		OUH 524 Trust Management Executive Paper - Post-Graduate Education in Surgery 11.04.13			
6.13, 6.29	Support for Cardiothoracic and Paediatric surgery trainees; difficulties getting education.	OUH 208 OUH Education & Training Committee 01.07.14 OUH 302 OUH LEP Annual Report Aug 13-Jul 14 OUH 503 Numbers of Educational Supervisors Appropriately Trained - Jan 14 Doc 512 Trust Management Executive Paper - Concerns in relation to Neurosurgical Training Recovery 13.03.14 GMC LEP OUH – regional review evidence report	Oxford University Hospitals requirement 5 (53-56)	HoS and TPDs for cardiothoracic surgery	See above regarding delivery of cardiothoracic training at Oxford University Hospitals. See requirement 2
6.18	Policies and support for bullying and undermining	HWP C033 Bullying & Harassment Policy - tpp423 HWP C032 O&G GMC Visit Action	Wexham Park Hospital – page 6 'Undermining'	HETV management Heads of	HETV aware of local issues with bullying and undermining and works with

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		Plan - Aug 2014	Wexham Park Hospital improvement 1 (8-9)	Schools and training programme directors Trainee representatives.	Trusts to address. Progress made at Wexham Park Hospital to address concerns in obstetrics and gynaecology which has been under enhanced monitoring.
6.20	Policies, awareness and support for less than full time training	HWP C029 Deanery appointed full time training posts HETV School Visit Report 2013: Foundation	n/a	n/a	No issues identified at LEP visits requiring triangulation at the HETV.
6.21	Support for doctors in difficulty	HWP website-Helping a Trainee in Difficulty BHT Anonymised doctors in difficulty	n/a	Quality management team	The HETV Professional Support Unit provides support to doctors in training and to their educators as required, as well as through specific training workshops.

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
					Standard met.
6.32, 6.33	Explore the culture of supporting education: explore concrete ways which prioritises and supports education.	OUH (unnumbered doc) Oxford Uni Trust Contextual information OUH 508 Support for Doctors and Dentists in Training OUH 513 GMC Survey 2014 Free Text Comments - OUH Responses OUH 607 OUH Department of Medical Education Foundation Programme Newsletter - Issue 14 Aug 2014	n/a	HETV management team Quality management team	Note the annual HETV educational awards. Positive recognition for innovations in the region. Standard met.
6.35	Staff support, including job planning and training for trainers	GMC LEP OUH – regional review evidence report OUH 518 2013 Surgical Training Case Study Outline HWP C032 O&G GMC Visit Action Plan - Aug 2014 BHT Medical student information HWP C036 Contextual Information - Question 9	Oxford University Hospitals requirement 4 (48-52) Stoke Mandeville Hospital requirement 5 (24-	HETV management HoS and TPDs	On all our visits to the LEPs we found inconsistency and ambiguity regarding the time that is given to consultants involved in training. See requirement 1 . HETV found some initial difficulties at the local level in

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		5.1 Annual Trust Report 2014 Bucks BHT PGME Educational Supervisor Course 5.1 Annual Trust Report 2014 Bucks School Visit Report 2014: Ophthalmology & 5.7	27) Wexham Park Hospital requirement 4 (20-23)		meeting requirements of GMC Approval and Recognition of Trainers but note improvement. HETV will continue to update the GMC on progress in meeting the milestones of the Approval and Recognition of Trainers process. See requirement 2
Domain 7: Management of education and training					
7.1 <i>Tomorrow's doctors</i> 156	Relationships between OUH, BHT and OUMS	OUH 201 OUH & UOx Joint Education & Training Committee Meeting Minutes 04.09.13 OUH 202 OUH & UOx Joint Education Committee Meeting Minutes 12.06.14 OUHT 205 OUCAGS Executive	n/a	Postgraduate dean HETV management	The postgraduate dean is jointly appointed by the University of Oxford and Health Education England. He sits on medical school committees and shares strategic information

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		<p>Meeting Minutes 28.01.13 OUHT 206 OUCAGS Executive Meeting Minutes 12.11.13 OUHT 207 OUCAGS Steering Committee Meeting Minutes 01.07.13 OMS 001 Oxford Medical School Contextual Information</p>			<p>however in practical terms reports to Health Education England.</p> <p>The Director of Clinical Studies at OUMS has been invited to join the panel of one Exceptional Visit, but does not attend and is not involved with HETV visits as a matter of course, regardless of whether they are to departments with medical students.</p> <p>There are continuing discussions with the relationship and involvement in Buckingham Medical School.</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
					Standard met.
7.3	Governance and management of foundation and relationship between Foundation Programme and specialties, including surgery	OUH 112 OUH Committee Organogram OUH 531 OUH Feedback on Foundation Posts in Surgery Nov-Dec 2013 OUH 537 OUH Foundation Surgery Enhanced Visit Summary – Oct 2013 Doc 537 OUH Foundation Surgery Enhanced Visit Summary – OUH610 Foundation Trainees Representative Group End of Year Report 2013-14 GMC Enhanced Monitoring documents 5.1 Annual Trust Report 2014 Bucks BHT MEC minutes 23.7.14	Oxford University Hospitals improvement 1 (26-30)	n/a	No issues identified at LEP visits requiring triangulation at the HETV. Standard met.

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
Domain 8: Educational resources and capacity					
8.1, 8.4	Explore impact of staffing shortages and workload issues raised in survey/trust documents; include changes to site configuration	<p>OUH108 HETV Annual Visit Mar 2014 - DME Presentation</p> <p>OUH 205 OUCAGS Executive Meeting Minutes 28.01.13</p> <p>OUH 302 OUH LEP Annual Report</p> <p>OUH 303 OUH Risk Summit CEO Presentation - Mar 2014</p> <p>OUH 528 HETV Investment Proposal</p> <p>OUH 536 OUH Response to HETV School of Surgery Visit Report</p> <p>OUH 627 Trust Management Executive Meeting Report - Supporting postgraduate medical education 26.06.14</p> <p>Graphs: configuration & workload increase</p> <p>GMC: HETV exceptional visit report on surgery at John</p>	<p>Wexham Park Hospital recommendation 4 (35-38)</p> <p>Stoke Mandeville Hospital recommendation 2 (31-34)</p>	n/a	<p>Note concerns at Wexham Park Hospital about rota gaps and quality of locum doctors impacting upon foundation and GPST doctors.</p> <p>Also issues at Stoke Mandeville Hospital with high workloads reported by doctors training in care of the elderly, ophthalmology and GPST posts.</p> <p>See requirement 2</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
		Radcliffe Hospital GMC 010 LETB HETV-regional review evidence report v2.0 HWP C029 Deanery appointed full time training posts HETV 5.23 5.24 5.14 - Foundation School Visit Reports & action plan			
8.7	Facilities available for doctors in training, including access to Wi-Fi and clinical skills centres	HETV 5.8 - Annual Trust Report 2014 HETV Agreed Quality Grading Summary 2013-14 Trust Response to Ophthalmology Visit Requirements (Bucks)	n/a	n/a	No issues identified at LEP visits requiring triangulation at the HETV. Standard met.
Domain 9: Outcomes					
9.1	Explore potential good practice in the delivery of T&O surgery at the NOC including reasons	GMC 001 Evidence report on Oxford Medical school OUH 101-107 (education mtng minutes)	Oxford University Hospitals good practice 1 (8-11)	n/a	No issues identified at LEP visits requiring triangulation at the HETV.

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
	for above outliers, learning applicable at rest of trust etc.	OUH 302 OUH LEP Annual Report OUH 501 OUH Performance of Foundation Educational Supervisors - Audit 2 2013-14			Standard met.
<p>Standard 3: The postgraduate deanery must have structures and processes that enable the GMC standards to be demonstrated for all foundation and specialty training, and for the trainees, within the sphere of their responsibility.</p>					
SD3.3	Explore the dissemination of practice and learning across LETB and within trust; explore lessons from improvements to GP paed programme at Horton.	OUH 203 HETV OUH Educational Quality Visit Report Mar 14 HETV 5.29 School Visit Report 2014: General Practice (Paediatrics) GMC 001 LEP OUH – regional review evidence report	n/a	n/a	<p>Heads of Schools go to other specialty ARCPs, to share information and understand how other Schools ARCPs are run.</p> <p>Information is shared and discussed at bi monthly HOS meetings.</p> <p>The quality team pick out good practice from school</p>

Paragraph in The Trainee Doctor	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
					<p>reports and share with all.</p> <p>HOS and TPD development day includes workshops and presentations for areas that are working well.</p> <p>Standard met.</p>
SD3.7	Explore issues related to perceptions of patient safety issues as raised in the survey	GMC survey: regional theme	n/a	n/a	<p>No issues identified at LEP visits requiring triangulation at the HETV.</p> <p>Standard met.</p>

Appendix 2: Document register

Document number	Document name	Description	Publication date and version	Source
1. Organogram, or other explanation of management and governance structures				
1.1	Organisation Chart: HETV August 2014	Organisation chart showing the current staffing structure, as at 7 August 2014	August 2014	Internal document
1.2	Organisation Chart - HEE & LETBs Autumn 2014 (post restructure)	Draft structure following the initial stages of the 'Beyond Transition' activities	May 2014	http://hee.nhs.uk/wp-content/uploads/sites/321/2014/05/HEE-Realising-Our-Potential-consultation-document.pdf
1.3	Summary of organisational changes	Overview of changes to the organisation over the last 10 years	July 2014	Internal document
2. Quality management strategy and any related operational guidance				
2.1	Draft HETV Policy for Quality Management of Postgraduate Medical & Dental Education	Policy currently under annual review. Draft version for 2014 submitted, plus a link to the current 2013-14 policy	August 2014	http://www.oxforddeanery.nhs.uk/pdf/PGMDE%20Quality%20Management%20Policy%20-%202013.pdf
2.2	HETV Visit Evaluation: Template	Please also refer to appendix 4 of the Draft HETV Policy for Quality Management of Postgraduate Medical & Dental Education	March 2014	Internal document, shared with Trusts at the time of their EQV
2.3	Example HETV Visit Evaluation: Central & North West London	CNWL submitted HETVs Visit Evaluation form recently following their July EQV	August 2014	Internal document
2.4	GMC Feedback: Histopathology Enhanced Visit	The GMC joined HETV at a recent enhanced visit to Histopathology at Bucks, the feedback from the GMC has proved very helpful	July 2014	GMC
2.5	Quality Management Committee Minutes June 2014	The QMC meet monthly; responsible for confirming the suitability of posts and programmes within HETV and to oversee the process for addressing, managing and resolving issues	June 2014	Internal document

Document number	Document name	Description	Publication date and version	Source
2.6	Quality Management Committee Minutes July 2014	As above	July 2014	Internal document
2.7	HETV Revalidation Policy	Policy currently under annual review. Draft version submitted (no appendices available at this time). The policy has not previously been published on the HETV website	July 2013	Will be available on the HETV website once approved
2.8	HETV Board Paper: ARCP Outcomes 2014	Paper written to inform the HETV board about ARCP outcomes for 2012-13	July 2014	http://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/485/2014/07/17.-HETV-170714_13-ARCP.pdf
2.9	HETV Board Paper: GMC Survey Results 2014	Paper written to inform the HETV board about LETB specific results from the 2014 NTS	July 2014	http://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/485/2014/07/15.-HETV-170714_11-GMC-Survey.pdf
2.10	How To Guide: GMC Survey Results 2014	Guidance produced by the QAM to assist colleagues with navigating the GMC NTS Analysis Tool	June 2014	Internal document provided to colleagues who wish to use the NTS Analysis tool
2.11	Lay Representatives' Handbook 2014	A comprehensive guide produced for LRs, covering all aspects of HETV, generally reviewed annually	August 2014 v2	http://www.oxforddeanery.nhs.uk/pdf/Lay%20Representatives%27%20Handbook%202014(1).pdf
2.12	Summary of Lay Representative Reports 2013	All HETV LRs complete an annual report relating to the school/s they are allocated to. One LR then authors an overall summary report which encompasses themes from all reports. The 2014 summary report will be available at the time of the GMC Visit to HETV	August / September 2013	Circulated via email to relevant HoS and SSMS
2.13	School Visit Logistics: Guidance Paper	Guidance written by the QAM to assist schools in preparing for and arranging Trust visits	January 2014 v1	Circulated via email to Hos and SSMS

Document number	Document name	Description	Publication date and version	Source
3. LETB risk register				
3.1	HETV Operational Risk Register: August 2014	LETB wide risk register, reviewed and updated monthly	August 2014	Internal document
4. Equality and diversity strategy				
4.1	HEE Equality & Diversity Policy	HEE E&D policy, due to be reviewed April 2014	February 2013 v1.3	Made available to staff via email
4.2	Oxford Deanery Equality & Diversity Policy 2011	HETV is considering its wider E&D strategy which will incorporate HEE and GMC requirements NB. URL only	June 2011	http://www.oxforddeanery.nhs.uk/pdf/Deanery%20Equality%20%26%20Diversity%20Policy%20-%20November%202011%20FV1.pdf
4.3	Less Than Full Time Training Policy	HETV are currently reviewing the internal support structures in place for LTFTT. A policy review will also be undertaken and it is anticipated that a revised document will be available at the time of the GMC visit	August 2009	http://www.oxforddeanery.nhs.uk/pdf/Less%20Than%20Full%20Time%20Training%20(2011)%20fv1.pdf
4.4	Information for International Medical Graduates	HETV provide guidance for IMGs on the website NB. URL only	October 2012	http://www.oxforddeanery.nhs.uk/pdf/IMG%20web-page%20-%20revised%20October%202012%20v2.pdf
4.5	HETV Protocol for Supporting and Developing Doctors and Dentists in Training	This document is included for reference only, please see doc ref 8.1	August 2014 v2.1	http://www.oxforddeanery.nhs.uk/pdf/Oxford%20Protocol%20for%20Supporting%20andDeveloping%20Trainees2013.pdf
5. LEP quality management reports and action plans for the selected regional review sites to be visited				
Buckinghamshire Healthcare NHS Trust:				

Document number	Document name	Description	Publication date and version	Source
5.1	Annual Trust Report 2014	Contains progress against known issues, details of new issues emerging, proposed prospective quality gradings	August 2014	Bucks
5.2	Agreed Quality Grading Summary 2013-14	Output from autumn quality reviews	Spring 2014	http://www.oxforddeanery.nhs.uk/about_oxford_deanery/hetv_quality_management/qmc_autumn_reviews.aspx
5.3	Educational Quality Visit Report 2013	Visit to review local QC processes NB. EQV 22 August 2014	May 2013	Not published but included for the GMC
5.4	School Visit Report 2013: Foundation	School visits are an information gathering process and form a key part of HETVs established QM processes	May 2013	Not published but included for the GMC
5.5	School Visit Report 2013: General Practice	School visits are an information gathering process and form a key part of HETVs established QM processes	May 2013	Not published but included for the GMC
5.6	School Visit Report 2014: Ophthalmology	School visits are an information gathering process and form a key part of HETVs established QM processes	May 2014	Not published but included for the GMC
5.7	Trust Response to Ophthalmology Visit Requirements (Bucks)	Trust response to school mandatory requirements, see 5.6	August 2014	Not published but included for the GMC
Heatherwood & Wexham Park Hospitals NHS Foundation Trust				
5.8	Annual Trust Report 2014	Contains progress against known issues, details of new issues emerging, proposed prospective quality gradings	August 2014	HWPH
5.9	Agreed Quality Grading Summary 2013-14	Output from autumn quality reviews	Spring 2014	http://www.oxforddeanery.nhs.uk/about_oxford_deanery/hetv_quality_management/qmc_autumn_reviews.aspx
5.10	Review of Quality Gradings June 2014	Please see June QMC Minutes (doc 2.2)	June 2014	Not published but included for the GMC
5.11	Educational Quality Visit Report 2013	Visit to review local QC processes	May 2013	Not published but included for the GMC

Document number	Document name	Description	Publication date and version	Source
5.12	Educational Quality Visit Report 2014	Visit to review local QC processes	April 2014	Not published but included for the GMC
5.13	School Visit Report 2014: Foundation	School visits are an information gathering process and form a key part of HETVs established QM processes	April 2014	Not published but included for the GMC
5.14	HWPH Foundation Action Plan July 2014	Trust response to school mandatory requirements, see 5.13	July 2014	Not published but included for the GMC
5.15	School Visit Report 2013: General Practice	School visits are an information gathering process and form a key part of HETVs established QM processes	April 2013	Not published but included for the GMC
5.16	School Visit Report 2014: Obstetrics & Gynaecology	Exceptional visits occur mainly when HETV is concerned about progress being made by a LEP to address and resolve known major issues	April 2014	Not published but included for the GMC
5.17	HWPH Obstetrics & Gynaecology Action Plan July 2014	Trust initial response to school mandatory requirements, see 5.16	July 2014	Not published but included for the GMC
Oxford University Hospitals NHS Trust				
5.18	Annual Trust Report 2014	Contains progress against known issues, details of new issues emerging, proposed prospective quality gradings Incomplete due to several departments not having submitted data to the Trust at the time of return to HETV (once received this can be shared with the GMC)	August 2014	OUH
5.19	Agreed Quality Grading Summary 2013-14	Output from autumn quality reviews	Spring 2014	http://www.oxforddeanery.nhs.uk/about_oxford_deanery/hetv_quality_management/qmc_autumn_reviews.aspx
5.20	Review of Quality Gradings June 2014	Please see June QMC Minutes (doc 2.2)	June 2014	Not published but included for the GMC
5.21	Educational Quality Visit Report 2013	Visit to review local QC processes	March 2013	Not published but included for the GMC
5.22	Educational Quality Visit Report 2014	Visit to review local QC processes	March 2014	Not published but included for the GMC

Document number	Document name	Description	Publication date and version	Source
5.23	School Visit Report 2013: foundation (March)	School visits are an information gathering process and form a key part of HETVs established QM processes	February 2013	Not published but included for the GMC
5.24	School Visit Report 2013: Foundation (October)	Exceptional visits occur mainly when HETV is concerned about progress being made by a LEP to address and resolve known major issues	October 2013	Not published but included for the GMC
5.25	School Visit Report 2014: Foundation (March)	School visits are an information gathering process and form a key part of HETVs established QM processes	March 2014	Not published but included for the GMC
5.26	August 2014 Trust Response to March 2014 Foundation School Visit Requirements	August 2014 Trust Response to March 2014 Foundation School Visit Requirements, see 5.25	August 2014	Not published but included for the GMC
5.27	January 2014 Trust Response to October 2013 Foundation Visit Requirements (Surgery)	January 2014 Trust Response to October 2013 Foundation Visit Requirements (Surgery), see 5.24	January 2014	Not published but included for the GMC
5.28	February 2014 Trust Response to October 2013 Foundation Visit Requirements (Surgery)	February 2014 Trust Response to October 2013 Foundation Visit Requirements (Surgery), see 5.24	February 2014	Not published but included for the GMC
5.29	School Visit Report 2014: General Practice (Paediatrics)	School visits are an information gathering process and form a key part of HETVs established QM processes	February 2014	Not published but included for the GMC
5.30	School Visit Report 2013: Surgery	(incorporating Cardiothoracic and Neuro) School visits are an information gathering process and form a key part of HETVs established QM processes	March 2013	Not published but included for the GMC
5.31	School Visit Report 2014: Surgery (March)	(incorporating Cardiothoracic and Neuro) March 2014 visit lead to the decision to revisit CT in June 2014. The visit report and mandatory requirements are in the process of being agreed and finalised and the report will be available to the visiting team by the end of the summer.	March 2014	Not published but included for the GMC

Document number	Document name	Description	Publication date and version	Source
5.32	August 2014 Trust Response to March 2014 Neurosurgery Visit Requirements	August 2014 Trust Response to March 2014 Neurosurgery Visit Requirements, see 5.31	August 2014	Not published but included for the GMC
5.33	OUH Neurosurgery Action Plan 2014	Action plan prepared by the OUH ad approved by their Trust Management Executive to address the concerns outlined in 5.31 and 5.32	July 2014	Not published but included for the GMC
6. Evidence of the evaluation and impact of the examples of good practice identified in the most recent DR and in Q8 of your contextual information				
6.1	Lay Representatives: Summary of training provided for LR, to	HETV holds quarterly training days which cover a variety of topics	July 2014	Internal document
6.2	Lay Representative: LR Report with HoS Response to concerns raised	LR reports form key part of QM processes. Included here as an example for the GMC	July 2014	Internal document, circulated to relevant personnel
6.3	Emergency Medicine Taskforce: Update	Emergency Medicine Task and Finish Group: In response to the challenges faced by Emergency Medicine across the Thames Valley region, the HETV Board commissioned a Task & Finish Group to focus on this priority area.	July 2014	Internal document, circulated to relevant personnel
6.4	2023 challenge: HETV Board Paper Update	2023 Challenge calls for junior doctors and undergraduates to put forward bold and innovative ideas which have the potential to deliver a positive impact for the NHS and patient care.	March 2014	http://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/485/2014/03/7.-HETV-200314_3-2023-Challenge.pdf
6.5	2023 Challenge: University of Southampton Evaluation	Evaluation of the above	January 2014	Internal document, circulated to relevant personnel
6.6	Online Patient Safety Module: Evaluation (Trust Induction)	Evaluation of the on-line patient safety module which complements the face to face induction for F1s	February 2014	Internal document, circulated to relevant personnel

Document number	Document name	Description	Publication date and version	Source
6.7	Online Patient Safety Module: DEQ Letter to Trusts August 2014 (Trust Induction)	Initial HETV response to the 2014 completion rates of the online patient safety module	August 2014	Letter sent via email to all relevant Trust contacts and HoS
6.8	Investment Prospectus: Update on projects relating to medical education & training	Strategically investing in and shaping the education and training of our current and future workforce is key to enabling a cultural shift to embed the Board's Thames Valley values set and to help bring about improvements in patient outcomes and experience.	August 2014	
6.9	Educator Awards: 2014 Nominating Instructions	HETV award ceremony to recognise the work, achievements, and efforts made by educators and trainees throughout the Thames Valley region.		http://www.oxforddeanery.nhs.uk/pdf/Nov%2014%20Eds%20Awards_Nominating%20Instructions.pdf
6.10	Educator Awards: 2014 Nomination Form	As above		http://www.oxforddeanery.nhs.uk/docs/Nov%2014%20Eds%20Awards_Nomination%20Form5.docx
6.11	School of Emergency Medicine Quality Analysis Tool	A Quality Assurance Tool to inform (and as evidence to support), the grading of LEPs in the Annual School report for the Quality Management review process.	May 2014	
6.12	Educator Appointment Audit	Review of HETVs educator appointment processes carried out by HE South West. Please note that this pdf is incorrectly dated. The correct date is June 2014.	June 2014	
6.13	Revalidation: Information for Trainees January 14	Helpful information for HETV trainees re Revalidation	January 2014	http://www.oxforddeanery.nhs.uk/pdf/Information%20for%20Trainees%20Jan14.pdf
6.14	Medic Support: Annual Report 2014	Annual report on activities carried out by Medic Support 2013-14	June 2014	

Document number	Document name	Description	Publication date and version	Source
6.15	Medic Support Information Flyer	Information for trainees NB. URL only		http://www.oxforddeanerycdu.org.uk/downloads/Medic%20Support%20Information%20Flyer%20April%2014.pdf
6.16	Hearing the junior doctor's voice - Buckinghamshire Healthcare NHS Trust	Initiative rolled out by Bucks providing drop-in sessions for trainees to raise concerns	May 2014	Bucks
7. Head of School reports for specialties selected for the regional review				
7.1	Annual School Report 2013: Foundation	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	November 2013	Internal document
7.2	Annual School Report 2013: General Practice	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	September 2013	Internal document
7.3	Annual School Report 2013: Histopathology	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	November 2013	Internal document
7.4	Annual School Report 2013: Medicine	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	October 2013	Internal document
7.5	Annual School Report 2013: Obstetrics & Gynaecology	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, quality gradings details of new issues emerging,	September 2013	Internal document

Document number	Document name	Description	Publication date and version	Source
7.6	Annual School Report 2013: Ophthalmology	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	September 2013	Internal document
7.7	Annual School Report 2013: Surgery	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	October 2013	Internal document
7.8	Annual School Report 2014: Template	Annual specialty specific reports submitted to the QMC, providing updates on progress against known issues, details of new issues emerging, proposed prospective quality gradings	May 2014	Internal document
8. Doctors in difficulty policy				
8.1	HETV Protocol for Supporting and Developing Doctors and Dentists in Training	Policy from the HETV CDU. Draft policy submitted, plus URL to previous version	August 2014 v2.1	http://www.oxforddeanery.nhs.uk/pdf/Oxford%20Protocol%20for%20Supporting%20andDeveloping%20Trainees2013.pdf
9. Bullying and harassment policy/ies				
9.1	HEE Policy: Respect & Dignity at Work	HETV staff adhere to HEE policies. Trainees will follow local processes from their employing Trust.	January 2013	Made available to staff via email
10. Agreements and memoranda of understanding with the following organisations regarding the delivery of training:				
a. Local education providers (as per request 5). NB: If agreements are based on a common template, please only provide one version for information rather than the specific agreements with each provider.				
10.1	Learning & Development Agreement Template 2014	The agreement in place between the Authority and Placement Provider for Practice Placement and learning activity.	2014	

Document number	Document name	Description	Publication date and version	Source
Contextual information				
2.	Health Education Thames Valley contextual information	HETV completed contextual information request document	2014	HETV