

Action Plan for Health Education Thames Valley

Requirements

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HETV 1	Next scheduled report to the GMC	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.	<p>1. This has been discussed at a number of HETV Board meetings, and the critical importance of the educator role has been emphasised to Local Education Providers.</p> <ul style="list-style-type: none"> 2 June 2014 Board Paper: http://thamesvalley.hee.nhs.uk/files/2014/05/8.-HETV-020614_4-Mandatory-training.pdf 2 June Board Minutes: http://thamesvalley.hee.nhs.uk/files/2014/07/3.-HETV-170714_M-Draft-minutes-June-Board.pdf 17 July 2014 Board Paper: http://thamesvalley.hee.nhs.uk/files/2014/07/9.-HETV-170714_5-Mandatory-training.pdf 17 July Board minutes http://thamesvalley.hee.nhs.uk/files/2014/07/9.-HETV-170714_5-Mandatory-training.pdf 	<p>The importance of the recognition and endorsement of the educator roles [clinical and educational supervisor, Training Programme Director, and College Tutor] will be re-affirmed at the March HETV Board meeting.</p> <p>Active sign-up to the GMC policy will be sought.</p> <p>Regular updates will be presented to the HETV Board</p>	<p>22 March 2015</p> <p>22 March 2015</p> <p>Ongoing</p>	Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>014/09/3.-HETV-110914 M-Draft-minutes-July-14.pdf</p> <p>2. Discussion relating to progress being made by LEPs to meet GMC standards for the <i>Recognition and Approval of Trainers</i> has previously been a standing agenda at HETV Education Quality Visits to LEPs, and uptake of training is monitored by the LEPs and by the HETV Associate Dean for Educator Development.</p> <p>3. HETV has worked with Health Education Wessex to develop appropriate metrics for the standards set out in the national Learning & Development Agreement [LDA]. Specific metrics relating to supervision and time in job plans:</p> <ul style="list-style-type: none"> ▪ <i>The organisation has identified a sufficient proportion of the clinical workforce fully qualified to undertake an education support role and who are given sufficient time and resources to undertake these duties;</i> ▪ <i>The organisation can demonstrate the appropriate use of tariff to support educational infrastructure and ensures that education and training are robustly reported infrastructure).</i> <p>The move towards a more multi-professional approach to quality management, Education Quality Visits to LEPs include a review of all red RAG-rated LDA metrics.</p>			

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HETV 2	Next scheduled report to the GMC	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 	<ol style="list-style-type: none"> 1. The action plan in response to the GMC visit requirements has been developed in partnership with the three local education providers visited as part of the regional review. 2. It has been agreed that additional time will be added to the bi-monthly Directors of Medical Education meeting to review progress [LEP specific and HETV-wide] to address the GMC requirements and recommendations 3. Questions relating to progress to meet GMC visit requirements have been added to the templates for the 2015 Annual Trust Reports. 4. Time to discuss progress to meet GMC visit requirements has been added to the programme for the 2015 Education Quality Visits. 	<p>The management and review of issues and concerns is an established and embedded aspect of our quality management processes.</p> <p>LEPs will be invited to submit an additional progress report prior to the October 2015 Dean's report to the GMC.</p>	<p>DME meetings: 3 March 2015; 13 May 2015; 9 September 2015; 11 November 2015.</p> <p>Annual Trust Reports deadline: Monday 3 August 2015.</p> <p>2015 HETV Education Quality Visits: <ul style="list-style-type: none"> ▪ OUH – 18 March 2015 ▪ Frimley Health: 28 April 2015. ▪ Bucks Healthcare: 16 June 2015 </p> <p>Dean's Report to GMC – 31 October 2015</p>	Postgraduate Dean
OUH 1	Next scheduled report to the GMC	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.	The Trust is actively discouraging the use of the term 'SHO' and is working towards ensuring that this term is not used on doctors' duty rotas.	<p>Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p><i>Please see HETV Requirement 2.</i></p>	<p>2015 HETV Education Quality Visits: OUH – 18 March 2015</p> <p>Annual Trust Reports deadline: Monday 3 August 2015.</p>	Director of Workforce Planning and Director of Medical Education.
OUH 2	Next scheduled report to the GMC	Handover must be factored into all rotas for doctors in training.	As part of the Care 24/7 project (this can be evidenced in the roll out at the Horton General Hospital to date), the Trust is advocating that the formalised handover meetings are incorporated into the rotas and include the incoming and outgoing staff.	<p>Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p><i>Please see HETV Requirement 2.</i></p>	<p>Trust timeline: July 2015</p> <p>HETV Review: March 2015 & August 2015</p>	<p>Director of Clinical Services</p> <p>Postgraduate Dean</p>

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>Streamlining the process using SBAR provides a platform to go through a Handover Process in a SMART way that will limit the time taken. It also emphasises the need for leadership and that opportunities for training and education within the process are utilised. Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p>The Trust is putting together a video that will reinforce these behaviours and has engaged their juniors in the negotiations on shift times etc to date.</p>			
OUH 3	Next scheduled report to the GMC	The recovery plan in neurosurgery must be implemented in full, the pace of implementation accelerated, and progress monitored and reported.	<p>The new junior doctor rota is now EWTR compliant and a further monitoring exercise is underway in March 2015 as part of the gathering for information for the Trust Management Executive (TME).</p> <p>The increase in the pace of implementation requires additional investment of resources especially for the provision of advanced nurse practitioners and the action plan is to submit a formal resource request to the TME in April 2015. An additional neurosurgery trainee can potentially be called back to the rota to provide support out of hours in the event that a gap emerges. The issue with spinal surgery taking place in a private hospital where the trainees cannot operate will be addressed by bringing this back to the OUHT.</p>	<p>Resource request to TME</p> <p>Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p><i>Please see HETV Requirement 2.</i></p>	<p>April 2015</p> <p>HETV Review: March 2015 & August 2015</p>	<p>Clinical Director</p> <p>Postgraduate Dean</p>

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
OUH 4	Next scheduled report to the GMC	Clinical and educational supervisors in all departments, including undergraduate clinical teachers, must have an adequate allocation of time in their job plans for training.	Trust policy on this is that any consultant with bona fide teaching and training responsibilities who can demonstrate a substantial contribution to medical student teaching or post-graduate training will have this recognised in their job plan. The Trust has an agreed tariff for educational supervisors and named clinical supervisors. This position is endorsed by both the Trust Education and Training Committee and the Joint University-Trust education committee and these committees will continue to monitor this policy based on feedback from trainers gathered through the agency of the Department of Medical Education	Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	July 2015 HETV Review: March 2015 & August 2015	Director of Clinical Services Postgraduate Dean
OUH 5	Next scheduled report to the GMC	Learning opportunities in cardiothoracic surgery must be integrated into service provision to ensure that doctors in training are able to progress appropriately within their training.	Learning opportunities for trainees in cardiothoracic surgery have been further integrated into service provision by the advent of the new cardiothoracic rota at the beginning of February 2015. This rota was designed to address issues raised by trainees regarding enhanced theatre training time and an opportunity for designated time for administration, statutory and mandatory training, audit and research. Initial feedback from the current trainees has been positive particularly with respect to a significant improvement in in-theatre training.	The Divisional Education Lead (who is a cardiothoracic surgeon) will monitor progress with respect to meeting the GMC requirements ahead of the formal feedback to and review by HETV in July 2015. Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	July 2015 HETV Review: March 2015 & August 2015	Clinical Lead Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
BHT 1	Next scheduled report to the GMC	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.	The Trust has already had discussions within the core medical education committee emphasising the need to refer to doctors in training by their correct grade. The Trust recognises that this is important in order that trainees are not being asked to work beyond their competencies. The Trust has also informed the rota coordinator in medicine of the need to use correct gradings for trainees.	This now needs to be disseminated to education leads at departmental level and rota coordinators in specialities other than medicine Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	April 2015 HETV Review: June 2015 & August 2015	Bucks DME Postgraduate Dean
BHT 2	Next scheduled report to the GMC	ST1 doctors in ophthalmology must not be running the eye emergency clinic at Stoke Mandeville Hospital without direct supervision.	ST1 doctors will have a named Consultant Supervisor for each session. This Consultant will be able to review the patients if required, in addition, to giving verbal advice. The Consultant will be located nearby but not in the same clinic room, thus providing the same supervision as in the clinic setting. This is in addition to the on call consultant who is responsible for all the eye casualty patients during their on call period.	Review of process with trainee feedback after one month Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	April 2015 HETV Review: June 2015 & August 2015	Anna Mead (Ophthalmology Education Lead) & Bucks DME Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
BHT 3	Next scheduled report to the GMC	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.	The Trust has obtained the monitoring calendar from Medical HR Human Resources which includes monitoring of hours for all trainees within the three divisions (Integrated Medicine, Surgery & Critical Care and Specialist Services)	Monitoring has already occurred in December 2014 and produced very poor return rates. The Trust will discuss at the next PGMEC (where a member of HR will be present) how they can ensure that return rates for further monitoring can be improved. Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	May/June 2015 HETV Review: June 2015 & August 2015	Bucks DME Postgraduate Dean
BHT 4	Next scheduled report to the GMC	Clinical supervisors of GPSTs must be familiar with the general practice curriculum and have access to the general practice e-portfolio.	The Bucks PDs will be meeting with specialty leads and then they will disseminate to their teams.	Trainees will be given more guidance so they can inform their CSs. Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	June 2015 HETV Review: June 2015 & August 2015	Bucks GP Programme Directors and Associate Director + DME Postgraduate Dean
BHT 5	Next scheduled report to the GMC	Clinical and educational supervisors in all departments, including undergraduate clinical teachers, must have an adequate allocation of time in their job plans for training.	It is already agreed that educational supervisors should have a minimum of 0.125 SPAs per trainee. Currently there is no additional provision in consultants job plans for clinical supervision and this needs to be addressed.	Negotiations need to take place between the DME and Medical Director to ensure that adequate time in consultants' job plans is provided for clinical supervision. Progress to meet this requirement will be monitored by HETV via	June/July 2015 HETV Review: June 2015 & August 2015	Medical Director & Bucks DME Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
				Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>		
FHT 1	Next scheduled report to the GMC	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.		Clinical Education Directorate at FHT to work with Medical HR to ensure information on Bleep lists is renamed. This is a difficult change to culture and requires cooperation from College Tutors and Clinical leads. Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	Commence August 2015. HETV Review: April 2015 & August 2015	Led locally by Director of Clinical Education & Clinical Tutor. Postgraduate Dean
FHT 2	Next scheduled report to the GMC	The monitoring of rota hours must be consistent across departments to ensure that doctors in training are not working more than their contracted hours.		Electronic Diary cards are being trialled at FHT to review hours of junior doctors. Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	Commencing March 2015 HETV Review: April 2015 & August 2015	Led by Medical Human Resources Manager Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
FHT 3	Next scheduled report to the GMC	Working patterns and workload in obstetrics and gynaecology must add educational value and enable doctors in training to meet the requirements of their curriculum.	A Local Faculty Group has been set up to "Hear the Trainee Voice".	<p>Job plans for trainee doctors must be reviewed by College Tutor and Clinical Leads to best reflect the delivery of the curriculum and the service needs.</p> <p>Progress to meet this requirement will be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p><i>Please see HETV Requirement 2.</i></p>	<p>Commenced February 2015. All job plans to be reviewed before next cohort of trainees start.</p> <p>HETV Review: April 2015 & August 2015</p>	<p>Led locally by Clinical Tutor and College Tutor for O&G. MEM.</p> <p>Postgraduate Dean</p>

Recommendations

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HETV 1	Next scheduled report to the GMC	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.	<p>A detailed response and action plan has been submitted by the Head of School to the Postgraduate Dean. Headline actions are as follows:</p> <ol style="list-style-type: none"> 1. Training will be monitored across the region to ensure that there are not imbalances between training and service provision. 2. The balance of training will be monitored within each LEP to ensure that trainees are able to achieve the curriculum requirements 3. The School will endeavour to balance the junior and senior trainees posted within different centres. The planned rotations for August 2015 are a move towards this, and will be continually monitored. 4. The ST1 School will be integrated better with the rest of the School of Histopathology within the region. 5. Communication within the region will be improved, both between trainees, and between trainees and the education faculty 	<p>All trainees will be attending a session on giving and receiving feedback.</p> <p>All consultants involved in training within the region will receive training on giving feedback.</p> <p>There is an already established action plan in place for Wycombe General and HETV will continue to monitor this by way of the monthly QMC meetings and a re-visit to Wycombe in May 2015. HETV will look to develop a contingency plan for the redeployment of Wycombe Hospital Histopathology trainees if the outcome of the re-visit in May 2015 is unsatisfactory.</p> <p>The Head of School will be encouraged to share best practice models from Oxford University Hospitals NHS Trust with Buckinghamshire Healthcare NHS Trust.</p> <p>Progress to meet this recommendation will also be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p><i>Please see HETV Requirement 2.</i></p>	<p>March 2015</p> <p>Tbc</p> <p>QMC [19 March; 17 April; 21 May; 19 June].</p> <p>Re-visit to Wycombe Hospital: 22 May 2015.</p>	Postgraduate Dean, and Head of School for Histopathology

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HETV 2	Next scheduled report to the GMC	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.	Handover has been added to the Education Quality Visit agendas for 2015.	<p>HETV will write to all LEPS to communicate that time for handover must be within rota hours, across all departments by 1 October 2015.</p> <p>'Handover' will be added to the agenda for School Visit programmes for 2015-17 regardless of whether pre-visit surveys have raised handover as a concern/issue.</p> <p>Progress to meet this recommendation will also be monitored by HETV via Education Quality Visits and Annual Reports.</p> <p><i>Please see HETV Requirement 2.</i></p>	<p>1 October 2015</p> <p>Ongoing</p>	Postgraduate Dean
HETV 3	Next scheduled report to the GMC	The variability in the quality of training experience in general practice in secondary care across the region should be addressed.	<ol style="list-style-type: none"> 1. Identification of the details behind the statement. GP Dean and school manager to visit all training schemes across HETV to gather information (5 currently visited) 2. Relevance of training posts to curriculum: <ul style="list-style-type: none"> ▪ as part of expansion all new posts will be most relevant to GP ▪ initial discussion with Head of School of Medicine to instigate any 'swops' of posts between schools that can be orchestrated for August 2015 3. Tailoring of posts to curriculum <ul style="list-style-type: none"> ▪ Issue discussed in PDs meeting December 2014 	<ol style="list-style-type: none"> 1. Windsor scheme still to be visited (awaiting meeting of scheme with Frimley DME before actioning this meeting) 2. Two further actions: <ul style="list-style-type: none"> ▪ 7 new placements will commence in August 2015 (e.g. in interface medicine) ▪ Further discussion to review the detail 3. Feedback collected from trainees in end of post survey re: 	<p>May 2015</p> <p>August 2015</p> <p>April 2015</p> <p>July 2015</p>	

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<ul style="list-style-type: none"> ▪ Agreement to revive 'learning outcome' (LO) statements first developed in 2007 or develop new statements where missing for each post ▪ January 2015 – trainees / Clinical supervisors, informed of LOs by PDs for next post ▪ February 2015 – use of Learning outcome statements across school at post change over 	<ul style="list-style-type: none"> ▪ relevance of post ▪ Familiarity by CS of intended LOs ▪ Release to Outpatient clinics 		
				Refinement of process	August 2015	
				Review of process at scheme visits by GP Dean & School Manager	Autumn 2015	
				PDs working with clinical supervisors where posts are recognised to be least appropriate for GP trainees e.g. T&O / renal medicine to try to orchestrate maximal opportunity to attend	Spring 2015	
			4. Familiarity of Clinical Supervisors with GP curriculum <ul style="list-style-type: none"> ▪ Insertion of information on this into the generic ES / CS training sessions (inclusion of GP educators into the faculty for this course) ▪ Faculty offered to lead on teaching session on clinical supervision and how to differentiate across the range of trainees in a department ▪ PDs to identify CS for each post and upload onto ePortfolio 	4. Encouragement for one member of the department to lead on GP trainees	Spring 2015	
				Delivery of sessions (Bucks HT planned for April 2015)		

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>5. Further development of trainee educational reps</p> <ul style="list-style-type: none"> ▪ Expectation expressed that attending the quarterly meeting with GP Dean / deputy is not optional 	<p>5. Development of a standard role description to include attendance at meetings to feedback to GP Dean / participate in QM events / contribute to the Trainee advisory committee</p>	May 2015	
HETV 4	Next scheduled report to the GMC	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.	<p>1. We have previously considered formalising the current arrangements regarding the chair, deputy chair and secretary of TAC; some discussion has taken place with the Leadership Academy</p>	<p>1. Secretarial support for the TAC will be identified</p> <p>2. Meet with current chair of TAC to explore how TAC may be enhanced as a forum between HETV and trainees</p> <p>3. Definition of formal description of TAC chair and deputy chair roles</p> <p>4. Liaison with local Leadership Academy to exploit potential of these roles in terms of leadership development</p>	August 2015	Postgraduate Dean
HETV 5	Next scheduled report to the GMC	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.	Recruiting to replacement Associate Foundation School Director role. This individual will lead for developing the teaching agenda across the FS. The role includes responding to this GMC requirement	Review progress six months after commencing post	Complete recruitment and uptake of post by end of May 2015. Review progress end of November 2015	Foundation School Director & Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HETV 6	Next scheduled report to the GMC	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.	Plan to recruit a 0.5 PA fixed term appointment of a project lead. This individual will look at examples of good practice and come up with recommendations to the LETB in response to this GMC requirement.	Review and support this proposal. Initiate recruitment to FTA. Review the report and act on recommendations.	Write job description and recruit to FTA. Complete by end of June 2015. Project to complete by the end of March 2016.	Foundation School Director & Postgraduate Dean
OUH 1	Next scheduled report to the GMC	The relevance of secondary care placements for GPSTs should be increased.	It is acknowledged that there have been difficulties with consultants in secondary care not being aware of the curricula requirements of GP trainees. The DME is now meeting regularly with the GP trainers to work through a process of addressing this department by department.	Progress to meet this requirement will be monitored by HETV and by the School of General Practice, via Education Quality Visits and Annual Reports. <i>Please see HETV Requirement 2.</i>	July 2015 EQV to OUH: March 2015 ATR 2015: 3 August	Dean for General Practice and Director of Medical Education. Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
OUH 2	Next scheduled report to the GMC	The quality of online induction and training materials, departmental induction in some specialties, and the information provided to medical students when starting placements should be improved.	No departmental induction is undertaken online. There is a 'hospital orientation' eLearning package which is over and above the induction requirements. As part of the GMC 'Recognition of Trainers' process we are developing named clinical supervisors in each Division who will have specific responsibility for ensuring adequate induction in each department of that Division.	Progress to meet this requirement will be monitored by HETV, via Education Quality Visits and Annual Reports.	July 2015 EQV to OUH: March 2015 ATR 2015: 3 August	Director of Medical Education Postgraduate Dean
OUH 3	Next scheduled report to the GMC	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.	The Trust now has a system in place that allows trainees (or anybody) who activates a Datix report to obtain feedback by the simple expedient of putting a notice on the front page of the reporting system which informs the reporter that they can contact <Datix@ouh.nhs.uk> to email for details of the outcome.	Progress to meet this requirement will be monitored by HETV, via Education Quality Visits and Annual Reports. Heads of School carrying out routine and exceptional school visits to LEPs will also ask trainees about feedback and learning from incidents.	July 2015 EQV to OUH: March 2015 ATR 2015: 3 August 2015 School Visits	Director of Medical Education. Postgraduate Dean
BHT 1	Next scheduled report to the GMC	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	BHT has been providing monthly 1hr Lessons Learnt feedback sessions to the FY1 & FY2's since October 2014. From January 2015, additional 30 minute monthly Lessons Learnt sessions are now being delivered that are open to all members of staff within the Trust but are based on a clinical incident. Sign in sheets from both are maintained and stored. Certificates of attendance are given together with scanned copies of their 'reflection' feedback answers.	Datix reports will be run that have either been entered by a Dr/consultant etc or purports to a trainee being involved in an incident. A new process is in place to inform the SDU lead of such entries to ensure the educational opportunities afforded by quality and risk management processes are being maximised.	March 2015	Bucks DME & Medical Education

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
		management processes are being maximised.		Progress to meet this requirement will be monitored by HETV, via Education Quality Visits and Annual Reports. Heads of School carrying out routine and exceptional school visits to LEPs will also ask trainees about feedback and learning from incidents.	July 2015 EQV to Bucks Healthcare: June 2015 ATR 2015: 3 August 2015 School Visits [May & June 2015].	Postgraduate Dean
BHT 2	Next scheduled report to the GMC	The work intensity of clinical placements should be appropriate for learning.	The Trust recognises that some posts particularly within general medicine are exceptionally busy. They have tried to ensure that trainees do not work over their contracted hours but there is no doubt that the intensity of work is high in many of the medical posts.	Further monitoring of hours in all specialities and perhaps to conduct twice yearly monitoring rather than the current annual process. Progress to meet this requirement will be monitored by HETV, via Education Quality Visits and Annual Reports, and via the GMC National Training Survey results.	June/July 2015 July 2015 EQV to Bucks Healthcare: June 2015 ATR 2015: 3 August	Associate Director of HR (Medical) & Bucks DME Postgraduate Dean
BHT 3	Next scheduled report to the GMC	The quality and delivery of the Buckinghamshire Healthcare NHS Trust induction for the foundation programme should be improved.	The delivery of the foundation induction programme is discussed in detail at the fortnightly MEC meeting several months before induction happens. The Trust has already improved induction considerably by increasing the time spent shadowing which is what trainees said they wanted.	The Trust will look at how they can deliver statutory and mandatory training in a way that is acceptable to trainees – mostly by elearning and we recognise that this needs to be improved to allow more time for training on issues that really matter to the trainees. Action plan from recent survey: <ul style="list-style-type: none"> Should be spread over 2-3 days and not just have one day full of lectures 	August 2015 July 2015	Bucks DME & Foundation Training Programme Directors

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
				<ul style="list-style-type: none"> ▪ Extra information from outgoing FY1s. Much more info at induction about on-call shifts, and what different shift patterns mean. ▪ Important to have A.M and P.M sessions for ward shadowing. <p>Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, the Foundation School Board, and Annual Trust Reports.</p>	EQV to Bucks Healthcare: June 2015 ATR 2015: 3 August	Postgraduate Dean
BHT 4	Next scheduled report to the GMC	The quality and delivery of the local teaching for the foundation programme should be improved.	The curriculum is set by the Foundation School and the Trust has included additional clinical topics and Lessons Learnt sessions. The Trust has asked for feedback from trainees and tried to act on this feedback.	<p>The quality of teaching is often down to the quality of the speakers and we will be looking to recruit outside speakers with a reputation for engaging talks.</p> <p>HETV will encourage Buckinghamshire Healthcare to review the OUH foundation programme to identify areas of good practice which could be disseminated across the LEPs.</p> <p>Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, Foundation School Board meetings, and Annual Trust Reports.</p>	August 2015 EQV to Bucks Healthcare: June 2015 ATR 2015: 3 August	Bucks DME & Foundation Training Programme Directors Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
BHT 5	Next scheduled report to the GMC	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.	The DME has already been given an additional PA by HETV.	The Trust is looking to appoint an Associate DME partly funded by the Trust. Postgraduate Dean will discuss with Medical Director at Buckinghamshire Healthcare future arrangements and support for the DME function [April 2015].	July 2015	Bucks DME
FHT 1	Next scheduled report to the GMC	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.	The Risk office must inform the Clinical Tutor of all serious incidents involving junior doctors. Educational Supervisors must also be made aware so that reflective learning can take place following a discussion between the ES and the trainee.	Where a Junior doctor reports an incident it is the responsibility of the person investigating the issue to report back to the junior doctor. Additionally members of the Education Directorate attend the Patient Safety group and any trends with issues can be shared with Education leads to support change of practice amongst juniors. Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, and Annual Trust Reports. Heads of School carrying out routine and exceptional school visits to LEPs will also ask trainees about feedback and learning from	EQV: April 2015 ATR: August 2015 Ongoing	Led locally by Director of Clinical Education & Clinical Tutor. QBM. MEM Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
				incidents.		
FHT 2	Next scheduled report to the GMC	The new online induction and training materials should be improved to ensure doctors in training do not face technical difficulties when completing the modules and can learn about workplace policies in a timely manner.	The induction process at FHT is under review for the newly merged Trust. There will continue to be some on-line learning and FTH is aware of informatics issues that need to be resolved.	It is anticipated that the new induction will be available across all FHT sites from August for doctors. Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, and Annual Trust Reports.	Commenced November 2014 EQV: April 2015 ATR: August 2015	Led locally by Head of L&D QBM. MEM. TEL officer Postgraduate Dean
FHT 3	Next scheduled report to the GMC	The content of the 'Bridging the Gap' training course for foundation doctors should be reviewed to ensure it is meeting their training needs	Content of Bridging the Gap is reviewed prior to August intake from Oxford Foundation School.	Work closely with existing trainees around content to identify the real FY1 anxieties as they are about to leave and ask the FY2s what they wish they had known. Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, and Annual Trust Reports.	By August 2015 EQV: April 2015 ATR: August 2015	Led locally by Clinical Tutor FYTPDs & MEM Postgraduate Dean
FHT 4	Next scheduled report to the GMC	Alternative arrangements should be made for clinical supervision of foundation doctors and GPSTs if workload and understaffing mean clinical supervision is not		Clinical Tutor is meeting with the FTPDs and GP VTS TPDs to discuss. Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, and Annual Trust Reports.	On-going EQV: April 2015 ATR: August 2015	Led locally by Clinical Tutor FYTPDs & GPVTS TPDs Postgraduate Dean

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
		optimal.				
FHT 5	Next scheduled report to the GMC	The foundation doctors would benefit from improved support for the foundation forum so that it can provide an effective means to improve the training experience.		<p>FTPD and CT to review with trainee's best time to have forum and discuss the use of Trainee Reps feeding back to Local Faculty Groups. Coffee and cake chats will also continue.</p> <p>HETV will encourage Frimley Health to work with Buckinghamshire Healthcare and the Oxford Foundation School to identify areas of good practice which could be disseminated across the LEPs.</p> <p>Progress to meet this requirement will be monitored by HETV, via Education Quality Visits, and Annual Trust Reports.</p>	<p>On-going</p> <p>EQV: April 2015 ATR: August 2015</p>	<p>Led locally by Clinical Tutor FYTPDs</p> <p>Postgraduate Dean</p>

Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
HETV 1	Next scheduled report to the GMC	The training, deployment, engagement and linkages of the lay representatives and their involvement to enhance the quality management and sharing of good practice.	<p>Information relating to the HETV model for training and deploying Lay Representatives has been shared with the Medical and Dental Recruitment and Selection (MDRS) team of Health Education England via the HETV Recruitment Manager.</p> <p>Information relating to the appointment of HETV Lay Representatives, the areas of work they cover, their allocation to Schools and Specialties, and their training and appraisal is also available on the HETV website. http://www.oxforddeanery.nhs.uk/about_oxford_deanery/hetv_quality_management/hetv_lay_representatives.aspx</p> <p>The HETV Quality Team has agreed that agendas for future Lay Representatives Quarterly Training Days will be directed by the group, specifically focusing on those areas where they would value further information. In addition, there will be a Lay Representative-led session at each meeting, looking to particularly share with the wider group information relating to activities of the Quality Management Committee.</p> <p>The 2015 Lay Representatives appraisals have now concluded and been written up. Themes emerging across the group have been summarised and shared.</p>	<p>The Postgraduate Dean will bring these areas of good practice to the attention of the HEE Director of Education & Quality, and the Chair of COPMeD.</p> <p>HETV is in the process of confirming the programme for the 2015 Educators Study Day. At the time of the study day, the Lay Representatives will be two years through their four-year appointment, and they will be invited to speak to the faculty on their experiences and suggestions for future development.</p> <p>The Quality Team is writing to each LETB, and Royal College/Faculty, sharing information relating to the HETV Lay Representatives and with an invitation to meet with key members of the quality teams within each organisation to share best practice.</p>	<p>April 2015</p> <p>October 2015</p> <p>March 2015</p>	<p>Postgraduate Dean, Associate Dean for Quality, and Quality Assurance Manager</p> <p>Associate Dean for Educator Development, & Associate Dean for Quality Management</p> <p>Associate Dean for Quality, and Quality Assurance Manager</p>

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
OUH 1	Next scheduled report to the GMC	Arrangements in trauma and orthopaedics ensure that doctors training in the specialty are well supported and supervised and have good access to training opportunities and teaching.		<p>The Trauma & Orthopaedics Training Programme Director will liaise with the Head of School of Surgery, and the team of supervisors in post t the Nuffield Orthopaedic Centre to facilitate the sharing of this good practice across Thames Valley.</p> <p>The Postgraduate Dean will bring these areas of good practice to the attention of the HEE Director of Education & Quality, and the Chair of COPMeD.</p>		Postgraduate Dean and Head of School of Surgery
OUH 2	Next scheduled report to the GMC	Foundation training benefits from a well-designed and delivered teaching programme. There is also a local forum for foundation doctors, a subset of whom also sit on the Health Education Thames Valley regional foundation forum.		<p>The Foundation School Director will ask the OUH FTPD to share details of the teaching programme, and any internal evaluation of it.</p> <p>HETV will explore the NHS Education Scotland concept of a 'managed network' by liaising with the Technology Enhanced Learning Department.</p> <p>The Postgraduate Dean will bring these areas of good practice to the attention of the HEE Director of Education & Quality, and the Chair of COPMeD.</p>		Postgraduate Dean and Foundation School Director

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
OUH 3	Next scheduled report to the GMC	The histopathology service at the John Radcliffe Hospital is designed to maximise educational opportunities for doctors training in histopathology. There are structures to identify the learning needs of doctors in training and provide an educational experience in the department which is tailored to suit individual requirements.	The Head of School of Histopathology has undertaken a review of training in this specialty and will implement its conclusions over the next year.	The Postgraduate Dean will bring these areas of good practice to the attention of the HEE Director of Education & Quality, and the Chair of COPMeD.		Postgraduate Dean and Head of School of Histopathology
OUH 4	Next scheduled report to the GMC	The multi-professional training offered on treating patients with dementia is valued by students and doctors in training.		The HETV Health Dean, and the named HETV Dementia Lead will work with the OUH DME to disseminate information relating to this. The Postgraduate Dean will bring these areas of good practice to the attention of the HEE Director of Education & Quality, and the Chair of COPMeD.		Postgraduate Dean, HETV Health Dean, and the OUH Director of Medical Education
BHT 1	Next scheduled report to the GMC	The selection and management of Buckinghamshire Healthcare NHS Trust foundation representatives is well supported and valued by the foundation	The information on how Bucks foundation representatives are selected and supported has been shared at the Foundation Training Programme Directors Committee and with the Foundation School Director, and the HETV Foundation Trainee Forum Chair.	Details of the External Facilitator who runs the management and leadership training has also been shared. The Postgraduate Dean will bring these areas of good practice to the attention of the	May/June 2015	FTPDs & DME

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
		doctors. We heard that the management and leadership training that the selected forum representatives receive is extremely useful.		HEE Director of Education & Quality, and the Chair of COPMeD.		