

## Health Education Thames Valley

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Dear Vicky

Many thanks for the helpful and comprehensive report following the regional review of postgraduate medical education in Thames Valley undertaken by the GMC in autumn 2014.

The report has been carefully considered at our Quality Management Committee and has also been discussed at the Health Education Thames Valley [HETV] Senior Leadership Team. What follows are general comments on behalf of the HETV Senior Leadership Team to the requirements and recommendations for HETV.

Appended is a detailed action plan for HETV and the three LEPs visited as part of the review:

- 1) Oxford University Hospitals NHS Trust [John Radcliffe Hospital]
- 2) Buckinghamshire Healthcare NHS Trust
- 3) Frimley Health NHS Foundation Trust [Wexham Park Hospital]

I would first like to state that HETV welcomes this report as an endorsement of its quality management system; in addition to highlighting areas of good practice we recognise those areas requiring further attention.

### Requirements

**HETV 1: "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."**

We welcome and endorse this requirement. The broad issue of recognition of clinical and educational supervision has already been identified by HETV as an area for further attention and development.

Much progress has already been made with respect to ensuring a consistent approach to both training of clinical and educational supervisors in secondary care as well as ensuring that this role is

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respected and valued by local educational providers. However, our impression which has been validated by the visiting team is that overall, adherence to the HETV standards for educational supervisors is at this moment relatively patchy, even within the same education provider. The reasons for this are numerous but mainly relate to the pressures of service delivery against the prioritisation of education provision. We feel that this requirement as stated by the GMC will enable us to achieve the standards required in a robust, sustained and consistent manner across Thames Valley which will be for the ultimate benefit of patients and our trainees.

Following the advice of the lead visitor, Prof McGowan, we will use the HETV Board as the vehicle whereby this change will be rapidly achieved. There are nine Trust chief executives on the HETV board; the GMC report and our response to it as a LETB will be a major discussion item at the March meeting of our board. We will seek active acknowledgement of the importance of the issue from the Board as well as its engagement in our region-wide action plan to ensure compliance with GMC standards. We will continue to include the recognition of clinical and educational supervision as a standard agenda item on our visits to education providers and will move to include this as an additional item at School Visits.

**HETV 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:**

- **Oxford University Hospitals**
- **Stoke Mandeville Hospital**
- **Wexham Park Hospital"**

Thank you for this requirement which we feel forms part of our continuing quality management process of the educational environment within secondary care. We have commenced our 2015 annual Education Quality Visits to trusts; I will ensure that robust evidence is provided by the relevant education providers and we will use a process of regular reporting and monitoring liaising with the relevant Directors of Medical Education. It should be noted that it is standard practice for appropriate trust representatives to attend our regular Quality Management Committee meetings in order to provide us with reassurance that requirements are being met. We will keep the GMC fully informed of the outcomes of this process and will alert you if we feel that standards are not being readily met.

### Recommendations

**HETV 1: "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 fulfill the requirements of the curriculum"**

We have already shared our concerns regarding the early years training in Histopathology in Wycombe General Hospital (ST1-2) and appreciated the input of the GMC when we undertook the exceptional visit there in 2014. In Thames Valley, ST1-2 training has been traditionally based at Wycombe Hospital and was one of the early Histopathology schools established about seven years

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ago. Until the relatively recent past, trainee experience at Wycombe Hospital in Histopathology was satisfactory. However, as you know the situation has rapidly changed due to a combination of factors. It is our intention to re-establish Wycombe Hospital as a centre that provides high quality early years training in Histopathology. We have been monitoring on a monthly basis progress towards structured goals on behalf of the trust. We are revisiting the department in May 2015 and if insufficient progress has been made, then with regret we would need to discuss with the GMC the process for removal of trainees from that location.

In addition to the above, we will assist the newly appointed Head of School for Histopathology in the implementation of her recent review of ST1-2 provision with Histopathology in order to ensure a consistent approach to training, adherence the best practice and ensuring that trainees in the speciality are placed in environments most suited to meet their training needs.

**HETV 2: "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"**

We are grateful to the GMC for highlighting this issue which has particular relevance for both patient safety and trainee well-being. We will ask the Directors of Medical Education to provide evidence that the above recommendation is put in place with immediate effect; in addition, *including time from handover* will be a standard agenda item for all visits to education providers. Progress regarding this will be monitored and reported to the GMC. While we will focus particular attention of the three local education providers visited during the regional review, it is our intention to ensure adherence to this recommendation across Thames Valley.

**HETV 3: "The variability in the quality of training experience in general practice in secondary care across the region should be addressed"**

The interface between primary and secondary care education is an important one and we read this recommendation with concern. In order to address this concern effectively, we feel we need to investigate underlying reasons and contributing factors. We have asked the GP Dean and her team to undertake a review of all the training schemes across HETV as a matter of some urgency and report back to the Senior Leadership Team and Quality Management Committee. In addition, all of the relevant secondary care training posts will be evaluated in terms of their relevance to the current GP training curriculum. We will therefore use this concern and recommendation to considerably enhance the secondary care experience of our GP trainees. In addition, this recommendation will also be discussed where appropriate on all visits to secondary care education providers.

**HETV 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. This would strengthen the committee and help to ensure issues such as bullying and undermining can be reported effectively through this channel"**

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Thank you for this recommendation which we will undertake. We agree that the Trainee Advisory Committee (TAC) has the potential to become an even more effective channel of communication and means of engagement between the trainee community and HETV.

The TAC has already assisted HETV with respect to supporting trainees who were fearful of registering their concerns formally with us; we continue to have trainee representatives on visits to trusts and when possible they are also represented on relevant postgraduate medical education committees.

We agree that the current arrangements are relatively informal and much of what is achieved is undertaken as a result of the enthusiasm, initiative and goodwill of the trainees involved. Inevitably, those holding key roles within the TAC tend to move on and it is the case that the current chair has achieved his CCT and the secretary and deputy are also moving on having served the maximum term as members of the committee. This gives us the opportunity to formalise the support we should give to the ongoing development of this important committee. We will secure the appropriate administrative resources from HETV to support the committee; working with the outgoing chair, we will devise job descriptions for the chair, deputy chair and secretary. We will also think about succession planning as the lifespan of these roles is relatively limited. In addition, we will approach the Leadership Academy which is co-located with HETV in Thames Valley House to devise a programme of development for these three TAC roles.

### **HETV 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."**

This is an interesting and potentially innovative solution that could address two of the challenges faced by trainees in Thames Valley: 1) variation in quality of teaching between the individual trusts 2) the logistics of travelling between different centres (although HETV is a small LETB, it is geographically dispersed with considerable access difficulties due to traffic). We believe that NHS Education Scotland have successfully implemented a managed educational network across all trusts in the country. We have asked our Foundation School Director to explore how a managed educational network could enhance foundation training in Thames Valley; the outcomes from this have the potential to positively influence other trainees in specialties where attendance at regional training days is an essential curricular requirement.

### **HETV 6: "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"**

We welcome this recommendation which we fully endorse. The Foundation School Director and her team will ensure a consistent approach to foundation forums (both the central HETV Foundation Training Forum and those based within education providers). Furthermore, we will explore ways by which the Foundation Forums can be affiliated to the Trainee Advisory Committee (TAC).

**Good practice**

**HETV 1: "The training, deployment, engagement and linkages of the lay representatives and their involvement to enhance the quality management and sharing of good practice."**

Thank you for this comment. We are delighted that our approach to lay representatives is considered to be particularly appropriate. We will continue to develop our team of lay representatives and have already been approached by the Medical and Dental Recruitment and Selection Team from Health Education England for further details. We will be writing formally to Health Education England advising that the GMC considered that our approach was one worthy of dissemination.

Finally, the HETV Senior Leadership Team would like to express their appreciation of the visiting GMC team, in terms of professional approach, positive engagement with us and balanced judgment. Overall, we found the visit to be formative and helpful to HETV at this stage in our development. In particular, the report has been helpful in identifying a potential weakness in our approach to quality management: this result from a degree of variation between individual departments in trusts which can result in inconsistency of standards across Thames Valley. We hope to address this particular issue over the coming year and report progress to the regulator.

With best wishes



**Dr Michael Bannon**  
**Postgraduate Dean, on behalf of the Senior Leadership Team**  
**Health Education Thames Valley**

**Cc** – HETV Board  
HETV Senior Leadership Team  
HETV Postgraduate Medical Education Committee  
HETV Quality Management Committee  
HETV Directors of Medical Education  
HETV Heads of School  
HETV Lay Representatives