

**GENERAL MEDICAL COUNCIL REGIONAL REVIEW
OF MEDICAL EDUCATION AND TRAINING IN
THE NORTH WEST OF ENGLAND 2013-14**

TRUST RESPONSE TO:

Final Report of Visit to

Royal Lancaster Infirmary 2013 / 14

The Trust welcomes the opportunity to respond to the findings of the report, subsequent to the GMC visit to the University Hospitals of Morecambe Bay, at Lancaster Royal Infirmary in October 2013.

The Trust notes that the report identified that RLI was providing a good educational experience in most cases, in respect of both teaching and clinical exposure. The report noted areas where improvements had already been made, and highlighted where further work needs to occur. The Trust was aware of the areas requiring improvement and work is already underway to achieve this. The Report identified four requirements to be met in order to ensure that GMC standards are achieved, and four further recommendations where areas for improvement related to the standards could be improved.

A detailed response is outlined in the grid attached, in relation to the requirements and recommendations outlined in the Final Report.

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GMC Regional review of medical education in North West England

Report of Visit to Royal Lancaster Infirmary

Requirements for the LEP	Response and Actions of the LEP
<p>1. Ensure that rotas use current terminology when referring to the grades of doctors in training.</p> <p>TTD 1.2, 1.5</p>	<p>The Trust has previously published a memorandum on the terminology to be applied to all training grades in respect of their correct designation (reflecting their stage of training and competence) and appropriate names for the rotas in which they participated.</p> <p>This culture change has not been easy to achieve and a further drive to ensure change in both the designation of the rotas and the doctors participating in those rotas that will correctly identify their stage of training and expected competence has been commenced. It is felt that the key to achieving this is the elimination of the term SHO (senior house officer). In this regard the Trust is working with other trusts in the North West and HEE north west to agree a common nomenclature for rotas across the region.</p> <p>The previous memorandum has been updated, and will be distributed to all staff as soon as there is confirmation on agreed nomenclature for rotas across the region (April 2014)</p>
<p>2. Ensure that rotas consistently provide cover from doctors with a range of skills that is sufficient to manage a ward at night and to provide clinical supervision as necessary</p> <p>TTD 1.2, 1.5</p>	<p>The Trust has increased support for doctors providing cover to reduce to a minimum the time spent in educationally unproductive tasks by enhancing the role of the "night coordinator". This is intended to ensure trainees have more time to review with seniors (complete).</p> <p>The Trust is producing clear guidance to trainees at all levels about the process for escalation and referral for advice and review, with respect to the doctors to be contacted, and contact details. This includes access to consultants at all times. Evidence from weekly incident reviews has identified that supervision and guidance is available but not always accessed. Information on how to access supervision and guidance will be implicitly stated in all rotas (May 2014).</p>
<p>3. Put in place a clear and consistent policy across all departments to make sure that there is adequate time for both undergraduate and postgraduate education in consultant job plans.</p> <p>TTD 8.4, TD 162</p>	<p>The Trust is aware of the inconsistent application of guidance on job planning for educational roles, and a policy has been drafted that will ensure that this can be achieved in the most effective and consistent way. The policy will be introduced no later than end May 2014, once consultation and appropriate amendments are completed.</p>
<p>4. Clinical supervisors of GPSTs must be familiar with the GP curriculum and have access to the GP e-portfolio.</p> <p>TTD 5.2, 5.20</p>	<p>The Trust has been in consultation with the GP leads to ensure that trainers are familiar both with the GP curriculum and the use of the e-portfolio.</p> <p>Training sessions are being established for this purpose and will henceforth be run at least six monthly. A process setting out key requirements for trainers and a point of access to obtain advice and guidance is being established forthwith (April 2014).</p>

Recommendations for the LEP	Response and Actions of the LEP
<p>1. Ensure all GPSTs are released for scheduled teaching.</p> <p>TTD 5.4</p>	<p>The Trust has revised the training programmes for GPSTs so that potential clashes between departmental teaching and GP training days are avoided for GPSTs working in the Emergency Department. (Completed)</p> <p>All GPSTs are released from on-call to ensure they can attend GP Training. Completed from November 2013.</p> <p>The Education Centre has set up internal monitoring of attendance at GP teaching to feed back to departments as soon as problems arise. Completed.</p>
<p>2. Improve the access to, and use of, videoconferencing technology and computers and phones on wards. This will support discussion of education issues between the different LEPs within UHMBNFT, and support doctors in training to access systems to support clinical practice and education on wards.</p> <p>TTD 7.1, 8.5 TD 152</p>	<p>The Trust is augmenting its existing video-conferencing facilities to reduce unnecessary travelling between sites in the Education Centres at FGH & RLI. It is also exploring further options to extend this facility to the main lecture theatres. The Trust is also providing Web-ex facilities for small group teaching.</p> <p>Trust has also invited trainees to identify the need for more Phones/computers/Desks in and around ward areas and will address this issue accordingly to ensure provision is appropriate for better training environment.</p> <p>For completion 2014</p>
<p>3. Take advantage of the geographical proximity of local GP training practices to develop links between supervisors of GPSTs in primary and secondary care.</p> <p>TTD 6.8, 7.3</p>	<p>The Trust is currently engaged with the GP educational leads to ensure that there is a programme to disseminate knowledge about curriculum requirements for GPSTs to the hospital trainers, and the use of the e-portfolio. It is expected that establishing links in this way will improve collaboration and consequently the educational experience.</p> <p>It is anticipated that this programme will run 6 monthly, and will be supplemented by appropriate contacts in relation to establishing an advice and guidance service when required on a more urgent basis.</p> <p>For completion summer 2014.</p>
<p>4. Clarify and communicate to Foundation Doctors the different meetings where they can raise issues about their training at the LEP.</p> <p>TTD 6.7</p>	<p>Information about meetings at which they can raise issues will be routinely made available at induction, and also posted in the education centres. (completion August & May 2014)</p> <p>There is a junior doctors Forum and the membership of this has been widened to specifically include all Foundation Trainees. This Forum is co-chaired by site based ADME's and the mess president. It meets four times a year and the minutes are distributed to all trainees.(completed)</p> <p>There is trainee doctor representation on the Post Graduate Medical Education Board [cross bay], site based Education Committee and a Foundation Doctor currently attends the Joint Local Negotiating Committee. (completed).</p> <p>The Medicine Division has established a monthly Trainer, Trainee Forum to address specific educational issues, and it is hoped that this good practice will be emulated in an appropriate form by other Divisions.(completed)</p>