Introduction

This report draws together the overall themes about medical education and training across the Thames Valley region of southern England in 2014–15. The findings come from visits to three local education providers (LEPs) across four sites, two medical schools and one local education and training board (LETB).

Why did we choose Thames Valley?

We selected this region because:

- it has an independent medical school at the University of Buckingham – we wanted to explore the impact on and opportunities it provides other organisations in the region

- of the five acute National Health Service (NHS) trusts in the region, three have educational or patient safety concerns that are subject to our enhanced monitoring process*

- we wanted to find out why some longstanding issues that the LETB had identified continued with improvements but without resolution for a long time

- we had not visited Health Education Thames Valley (previously called the Oxford Deanery) or the Oxford medical school since 2009.

What do we know about the region?

Even before beginning our review of medical education and training across Thames Valley we had a good understanding of many of the key issues across the region. The quality of scheduled reporting from Health Education Thames Valley is good, and challenges in postgraduate training across the region are well known and shared appropriately with us.

We’ve also been quality assuring the proposals for an independent medical school at the University of Buckingham since 2012 with the most recent visit in April 2014. The first intake of medical students began its studies in January 2015, following the Thames Valley regional review.

Oxford medical school is one of the oldest in the UK. It offers a six-year undergraduate programme divided into three years of pre-clinical and three years of clinical study and a four-year accelerated programme for graduates holding a first undergraduate degree of sufficient quality in any discipline.

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* Enhanced monitoring is the process by which we support medical schools, deaneries and local education and training boards to resolve safety and quality issues in medical education and training. Issues that require enhanced monitoring are those that we believe could adversely affect patient safety, doctors’ progress in training, or the quality of the training environment.
What changes have been happening in Thames Valley?

Our visit to Wexham Park Hospital took place on 9 October 2014, a little over a week after Heatherwood and Wexham Park Hospitals NHS Foundation Trust was acquired by Frimley Health NHS Foundation Trust.

This was undoubtedly a period of change for the staff of the hospital, but one that they viewed positively and as an opportunity. This allowed the trust to be withdrawn from special measures* by the Care Quality Commission (CQC). Similar to our enhanced monitoring, LEPs are put in special measures when there are serious failures in quality of care or concerns that current managers and procedures are not able to make improvements without support. Staff were keen to build on good work being done to address systemic problems and to learn from colleagues at Frimley Park Hospital, which the CQC rated as outstanding in September 2014.

To the north of region, Milton Keynes Hospital NHS Foundation Trust is preparing to become the major clinical partner for the independent medical school at the University of Buckingham. Clinical placements will also be provided outside the region at Bedford Hospital NHS Trust and at St Andrew’s Healthcare in Northampton.

Oxford University Hospitals NHS Trust, the major provider of clinical placements of Oxford medical school, is in the process of applying to Monitor for foundation trust status. It has been running a series of internal risk summits in a concerted effort to identify and address challenges. Although largely focused on service provision, this will necessarily have an impact on education and training.

Health Education Thames Valley has been established since April 2013 but continues to operate in a context of change. Health Education England is now in the process of implementing the second phase of its Beyond Transition programme. This has seen a move from having one director of education and quality in each LETB, to four directors across larger regions of England taking a more strategic overarching role.

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* www.cqc.org.uk/sites/default/files/special_measures_guide.pdf
What did we do?

To understand the experiences of students and doctors in training in the Thames Valley region, we visited four sites across three LEPs, two medical schools and the LETB; Health Education Thames Valley. The visits took place between October and November 2014.

The maps on pages 4–5 show the location of these organisations.

At the time of the visits there were no students on the programme at Buckingham medical school. We did speak to medical students from Oxford medical school during two of the LEP visits, doctors in training at all three LEPs, their teachers and supervisors, and the management teams running each organisation. We also surveyed students from Oxford medical school before the visits.

Evidence used to establish the focus of visits

We survey all doctors in training across the UK once a year. We looked at the results for Thames Valley and how they compare nationally to help us identify areas to explore during the visits.

Other sources of evidence used to identify which LEPs to visit and which specialties to investigate during the visits included:

- scheduled reports from Health Education Thames Valley and Oxford medical school
- evidence collected through enhanced monitoring
- self-assessment by both the medical schools and the LETB
- data held by other regulators, including the CQC.

In this report we’ve summarised the regional themes and listed examples of good practice and areas where improvements have been made. You can read the detailed reports of the visits at www.gmc-uk.org/education/13041.asp.
Introduction
Introduction

General Medical Council

University of Buckingham Medical School

University of Oxford Medical School

Buckinghamshire Healthcare NHS Trust (we visited Stoke Mandeville Hospital)

Oxford University Hospitals NHS Trust (we visited the John Radcliffe Hospital and Nuffield Orthopaedic Centre)

Frimley Health NHS Foundation Trust (we visited Wexham Park Hospital)

Health Education Thames Valley

LETB

LEP

Medical school
Regional themes

Given the small size of the region and only one established medical school it was challenging to identify themes in undergraduate medicine.

Overall, we were impressed by the quality of teaching, academic and pastoral support, and oversight of issues within the medicine programmes at Oxford medical school. Buckingham medical school is still in its infancy, with no students on the programme at the time of the visit. We found that the school was making appropriate progress for the stage of implementation. We will continue to monitor the school’s development and plans to increase clinical placements in LEPs across Thames Valley, including those where Oxford medical school students are currently placed.

Many of the themes we identified across Thames Valley initially appear to relate to providing health services and caring for patients, rather than to education and training. However, doctors in training play a significant part in providing healthcare. Increased service pressures and the need to make efficiency savings have a direct impact on the time available for, and the quality of, education and training.
Patient safety and managing concerns

Across Thames Valley there are three concerns that are subject to our enhanced monitoring process. There is also one recently closed item that has been under enhanced monitoring where Health Education Thames Valley removed doctors in training from an environment that was not conducive to learning under appropriate supervision.

Of the three concerns, two were explored during the regional review and in both cases we found a significant commitment by the LEPs to remedy the situation. Improvements had been made in both areas though work remained to be done. At one LEP, although the educational concern is only partially resolved, there has been considerable progress made regarding patient safety.

Ongoing patient safety issues

We also heard about two potential patient safety issues at Wexham Park Hospital, both of which are known to the hospital and have been highlighted in previous CQC reports. The first is the use of an escalation ward known as the Snowdrop Unit. This is a ward that is normally closed but re-opens when the number of patients can’t be accommodated in the permanently staffed wards. The second is the process of admission from the emergency department to the acute medical unit and specialist wards across the LEP. We will continue to monitor progress in addressing these concerns and ask the LEP to share with us any updates it gives to the CQC.

These issues are longstanding and have yet to be fully resolved – a pattern reflected in the dean’s reports from Health Education Thames Valley. These reports are detailed and demonstrate that Health Education Thames Valley is good at identifying problems, but that they often continue for some time with partial improvement but without resolution.

When we raised this with the postgraduate dean he was swift to respond. A monthly reporting programme has been implemented for all LEPs with items open in the dean’s report since 2012 or before to make sure ongoing problems can be resolved before the next report is submitted in October 2015.
Listening to patients and the public

The Francis Inquiry into failings in care at Mid Staffordshire NHS Foundation Trust from 2005–09 highlighted the fundamental importance of listening to patients – this has been embraced throughout Thames Valley.

At Oxford medical school, we found particularly good practice. The school has developed a group of lay clinical teaching associates to teach clinical skills and the patient’s perspective. This is supported by a thoughtful approach to patient involvement.

The school has a lead for patient and public involvement, and since 2008 has developed a group of clinical teaching associates to help students develop skills for gynaecological examinations and a more patient-centred approach.

Student evaluation collected through the school’s quality management process about the clinical teaching associates’ sessions has also been positive. It has resulted in a clinical teaching associate receiving a nomination for a school-wide teaching award.

Involving lay representatives

Health Education Thames Valley employs a cohort of lay representatives to be involved in every aspect of its work. We found their training, deployment and engagement to be good practice.

Each appointment is for a fixed four year term. 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. They told us that one requirement for the role was for them not to have worked in the NHS.

The lay representatives attend Health Education Thames Valley quality management visits. They review the visit reports and check they are an accurate reflection of the findings. The lay representatives give 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, which assess whether doctors in training have met the requirements of their curriculum and can move into the next year of training, include a lay representative. Each lay representative will write a report following the panel, to drive improvement and give assurance that due process is followed. This allows the lay representatives to identify and share best practice between the specialty schools.

Buckingham medical school is also making good progress towards meeting our recommendation to revise quality management procedures to increase the planned level of patient and public involvement.

The school has also set up a patient group with 14 people. Lay involvement is in place on committees such as a fitness to practise group, a concerns group and the board of studies. The school is considering lay involvement in quality visits.
Making sure doctors in training work within their competence

We set a requirement of the then Oxford Deanery as part of our 2009 review of foundation training that rotas be more appropriately named in line with current terminology to avoid confusion and unrealistic expectations of clinical competence of doctors in training in the Foundation Programme.

As with previous regional reviews in London and the North West of England, outdated, inaccurate and unspecific terminology is still widely used when referring to doctors in training. We found many examples of this at the LEPs we visited.

Doctors in training in the first year of the Foundation Programme (F1) have provisional registration with a licence to practise, which limits their scope of practice. When they complete F1, they can apply for full registration and to begin the second year of the Foundation Programme (F2).

Doctors in training who have completed the Foundation Programme can, if appointed, begin specialty training. However, hospital rotas at all three LEPs visited remain organised using the terms senior house officer and registrar. On the so-called SHO rota, there might be an F2 doctor in training undertaking a four-month post in a specialty they have never worked in before and a doctor beginning their third year of specialty training.

The experience and expectations of these two doctors in training should be different but, by placing them in a single SHO category, it becomes harder for colleagues to understand what they are competent to do and what level of supervision they need.

Addressing incorrect terminology

We did find a clear commitment from the director of medical education at Oxford University Hospitals NHS Trust to end the use of this out-of-date terminology – we were pleased to hear of a local initiative to identify skills and competence of doctors in training for the wider healthcare team. For example, in the labour ward a poster identified common reasons to call for medical assistance mapped to the level of doctors in training skilled to deal with each condition or required procedure.

Unfortunately, this was not replicated throughout the LEP. We heard that doctors in their third year of training to become neurosurgical consultants were placed on the same rota as F2 doctors in their first neurosurgical job. This impacted not only on the ability of others to understand the skill and ability levels of doctors in training, but also on their attainment of curricular competences.

We have now required all three LEPs to make sure they use appropriate terminology when referring to doctors in training, and that Health Education Thames Valley monitor this in all LEPs across the region.
Regional themes

What did our visits show about the experiences of doctors in training on the Foundation Programme?

We met foundation doctors at each of the three LEPs we visited and found a committed, bright and enthusiastic group of doctors working very hard, long hours and with varying levels of supervision and quality of training.

Foundation doctors, although the least experienced doctors in the LEPs, are often relied upon to deliver the first tier of service and work the most shifts out of hours with supervision provided remotely. We heard that steps had been taken to improve the support and supervision for foundation doctors who work in the surgical emergency unit at the John Radcliffe Hospital. While some issues remain, there is an acknowledgement that further work is required and will be supported.

A lack of support for foundation doctors

At Wexham Park Hospital, foundation doctors didn’t always have sufficient senior support on medical wards during night and weekend shifts. Often, this wasn’t because senior doctors were absent, but they were less available because of their own volume of work. There is also a reliance on locum doctors that can mean when support is available it is of variable quality.

We recommended that alternative arrangements be made for clinical supervision of foundation doctors if workload and understaffing mean clinical supervision is insufficient.

Considering doctors in training who move between LEPs

Following our visit to the then Oxford Deanery in 2009, we recommended it review guidance on core curriculum teaching to take into account the movement of foundation doctors between LEPs.

An associate foundation school director was appointed to review the formal teaching programme for foundation doctors. This included developing a guide on the timing and content, to make sure there is commonality and that any doctors in training who transferred between LEPs wouldn’t repeat learning. This is helpful, but we were told that there is still variation in the quality of the teaching.

Continue >>
Positive evaluation of training
At Oxford University Hospitals NHS Trust, the teaching was considered to be excellent and we recognised this as good practice. There is an active committee, which manages foundation teaching locally. We were impressed by the quality and analysis of the evaluation data collected.

Doctors in training we met in both years of the foundation programme were enthusiastic about the local teaching they received, telling us that it was extremely well organised and clinically focused. They said there was a member of staff allocated to hold their pagers to make sure their training was uninterrupted. The teaching had been designed by a consultant who was familiar with the requirements of the Foundation Programme and the level of competence that is expected of graduates.

We also heard that a recent away day had been used to revise the teaching programme, with the intention of creating more interactive sessions. It was clear that the foundation teaching programme is well designed and delivered, and subject to regular and considered review by those responsible for it.

Areas where training needs improving
Core curriculum teaching at Wexham Park and Stoke Mandeville Hospitals was less well received. It was frequently cancelled, was not guaranteed to be without interruption, and was sometimes delivered remotely with no opportunity to ask questions or interact. The topics were often based around the key interests of those available to teach the session, rather than mapped to the learning needs of the foundation doctors.

A teaching programme to help doctors in training make the transition from F1 to F2 called Bridging the Gap has been introduced with varied success. Again, it appears to be most effective at Oxford University Hospitals NHS Trust where there is practice that could be shared across the region and we recommended that Health Education Thames Valley set up a managed educational network to facilitate this.
Reporting incidents

All three LEPs had a means for staff, including doctors in training, to raise concerns about incidents relating to the safe care of patients.

At Buckinghamshire Healthcare NHS Trust a number of routes for raising concerns had been established. These included an online reporting system used throughout much of the NHS, a confidential phone line and an anonymous patient safety form. Multiple routes to raise concerns and report incidents could lead to ambiguity and it wasn’t possible for the LEP to give doctors in training feedback on incidents reported anonymously.

Across all three LEPs, doctors in training had reported incidents using the same online reporting tool. The vast majority had not received any feedback about the incidents they reported, their involvement or lessons to be learned.

New ways to give feedback to doctors in training

We did hear of some embryonic processes for giving feedback to doctors in training at Wexham Park Hospital and Oxford University Hospitals NHS Trust. These involved the directors of medical education reviewing all online reports of incidents either raised by or involving a doctor in training.

At Oxford University Hospitals NHS Trust there is a designated administrator in the education centre who works with colleagues in clinical governance to identify incidents raised by or involving doctors in training. The director of medical education meets the administrator each week to review these incidents. If a patient has come to any harm through the incident, this is reported to Health Education Thames Valley as the postgraduate dean is the responsible officer for all doctors training in the region.

There is a formative learning and clinical practice form at Oxford University Hospitals NHS Trust which is supposed to be sent to the doctor in training with a covering letter recommending they discuss the incident with their educational supervisor, who also receives a copy. None of the doctors in training we interviewed had received this letter or form, or met with their educational supervisor to discuss an incident. Serious incidents and near misses also inform simulation exercises for doctors in training.

Although we were satisfied that there were appropriate ways for students and doctors in training to report patient safety incidents, we found the feedback to be insufficient or absent. We therefore made recommendations to all three LEPs that feedback on incidents should be given to all doctors in training, who either report or are involved in an incident. This will make sure the educational opportunities afforded by quality and risk management processes are being maximised.
Levels of workload

It’s fair to say that a high workload was having an impact on all those we met during the regional review; whether doctors in training, their supervisors, clinical teachers of medical students or those involved in the management of education and the LEPs.

There was an evident commitment by the doctors in training to make the needs of the patients their first priority. However this heavy workload, exacerbated by additional pressure on the service experienced during the winter months and gaps in rotas, meant doctors in training were frequently working beyond their contracted hours – sometimes beyond the 48-hour week of the Working Time Regulations. This inevitably affects the quality of education and training, with some doctors in training unable to attend regional or local teaching and a reduction in on-the-job teaching.

The handing over of patients was not routinely factored into working hours and in one LEP a single foundation doctor was expected to attend three handover meetings at the same time. The handover of patients is not only integral to the safety of the care they are providing but an excellent learning opportunity for doctors in training.

Workload pressures were felt most acutely in Stoke Mandeville and Wexham Park Hospitals. At Wexham Park Hospital such a high number of beds were occupied that patients often could not leave the emergency department as there was nowhere to house them and a temporary escalation unit was opened and manned by locum staff.

Solutions to manage patient flow

One potential solution was trialled at Wexham Park Hospital earlier in 2014 and we heard about the successful Spring to Green initiative. This involved a special focus from clinicians for a two-week period to support patient flow and increase clinical engagement throughout the trust. The project resulted in an improvement in patient flow and bed availability. It also highlighted the staffing resources needed to manage workloads. As a result, additional staff members have been appointed to work in radiology and occupational therapy.

Another initiative that, though perhaps not designed for this reason, was having a beneficial impact on the workload of doctors in training – and therefore their opportunity to train – was the nurse outreach service at Stoke Mandeville Hospital.

Very skilled senior nurses are deployed across busy departments to take blood, cannulate patients and give clinical support – this gives F1 and F2 doctors in training an improved educational experience.

Foundation doctors, their supervisors and the management team at Stoke Mandeville Hospital all recognise the immense value of this service. This support allows the foundation doctors to access other learning opportunities and learn additional skills.

This all-pervasive issue resulted in the most requirements and recommendations of the LEPs.
Our requirements and recommendations to address heavy workload patterns

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<thead>
<tr>
<th>LEP</th>
<th>Requirement</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Buckinghamshire Healthcare NHS Trust</td>
<td>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.</td>
<td>The work intensity of clinical placements should be appropriate for learning. 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.</td>
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<tr>
<td>Frimley Health NHS Foundation Trust</td>
<td>The monitoring of rota hours must be consistent across departments to ensure that doctors in training are not working more than their contracted hours. Working patterns and workload in obstetrics and gynaecology must add educational value and enable doctors in training to meet the requirements of their curriculum.</td>
<td>Alternative arrangements should be made for clinical supervision of foundation doctors and GP specialty trainees (GPSTs) if workload and understaffing mean clinical supervision is not optimal.</td>
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<tr>
<td>Oxford University Hospitals NHS Trust</td>
<td>Handover must be factored into all rotas for doctors in training. 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.</td>
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Regional themes

Listening to doctors in training

The Francis Inquiry and the 2013 Berwick review of patient safety highlighted the importance of listening to doctors in training, who are often at the frontline of service delivery. They are also a semi-transient group that moves between and within hospitals, bringing a fresh perspective and an understanding of how things work elsewhere.

One important way that we (and previously the Postgraduate Medical Education and Training Board) have been doing this, since 2006, is through the annual national training survey. Doctors in training give their views on the quality of training, can raise concerns over patient safety and highlight where undermining and bullying are occurring.

You can read more about the national training survey and view its results at www.gmc-uk.org/nts.

Forums for doctors in training

The voice of doctors in training was being captured well at Stoke Mandeville Hospital through a very effective foundation doctors’ forum. Health Education Thames Valley also has a Trainee Advisory Committee that could prove particularly useful to get a picture of training perceptions across the region, but would benefit from additional protected time and secretarial support.

The foundation forum at Wexham Park Hospital was less effective. Many foundation doctors were not aware of the forum, its role and function or their representatives. A consistent opportunity for foundation doctors to communicate with the senior team might have highlighted sooner that problems persisted with the escalation ward and patient flow from the emergency department.

The foundation forum at Stoke Mandeville Hospital includes other sites within Buckinghamshire Healthcare NHS Trust and is clearly valued by the Foundation Programme directors and senior managers.

The investment of the LEP in the forum is recognised by the foundation doctors and membership is competitive. Foundation doctors apply to represent their peers and are rewarded, not only with the ear of the senior team, but also with a bespoke leadership development programme.

The representatives meet four times a year with the Foundation Programme director, and two go to the postgraduate medical education board at Buckinghamshire Healthcare NHS Trust quarterly meetings. They are also encouraged to initiate quality improvement projects, collect opinions from other foundation doctors and take issues to the foundation school.

The foundation forum at Wexham Park Hospital was less effective. Many foundation doctors were not aware of the forum, its role and function or their representatives. A consistent opportunity for foundation doctors to communicate with the senior team might have highlighted sooner that problems persisted with the escalation ward and patient flow from the emergency department.
Acknowledging the professional role educators play

The consultants and general practitioners who supervise and train doctors in training are important role models for them. We recognise the need to support these clinicians and professionalise this aspect of their roles.

We are doing this through the implementation of the recognition and approval of trainers, supported by the guidance on training developed by the National Association of Clinical Tutors UK and the Academy of Medical Educators, both commissioned by Health Education England.

There were some examples of bullying and undermining

Unfortunately, not all of those involved in education and training are role models. We note that there have been a small number of cases of bullying and undermining of doctors in training in Thames Valley. We were pleased by the response of Health Education Thames Valley, which has included escalation of concerns to our enhanced monitoring processes and the facilitation of Stop it workshops to help departments identify and put an end to inappropriate behaviours. We noted marked improvements in obstetrics and gynaecology at Wexham Park Hospital and will continue to monitor progress in other LEPs.

Several trainers in the region excel in their roles

Some excellent and inspiring educators were identified in trauma and orthopaedics and neurosurgery at Oxford University Hospitals NHS Trust. We also heard universal appreciation of those responsible for the design and delivery of the foundation curriculum teaching at Oxford University Hospitals NHS Trust and the clinical course at Oxford medical school.

Although there was clearly enthusiasm and commitment for educational roles, consultants don’t have enough time in their job plans to deliver education and training. Most clinical and educational supervisors we met had some time in their job plans for postgraduate training, though this was not universal and was inconsistently applied.

There was little formal recognition of the teaching given to students at Oxford medical school in consultant job plans and we welcomed Oxford University Hospitals NHS Trust’s commitment to address this. We have received similar assurances from Milton Keynes Hospital NHS Foundation Trust in relation to Buckingham medical school.

Given these inconsistencies, we made requirements of the three LEPs we visited and Health Education Thames Valley to make sure there is adequate time in job plans for those involved in medical education.
Good practice and areas where there have been improvements

Regional reviews are largely risk based – we identify where there might be problems and our visits can help to resolve these issues. The good practice we find during visits, and areas where risks have been identified and successfully managed locally leading to improvements, are equally important to share.

The table on pages 19–21 summarise the good practice and improvements we found.

Although we didn’t identify any good practice at the Buckingham medical school during this visit, we did in April 2014. As the medical school did not have any students at the time of the visit, it is challenging to demonstrate good practice before policies and processes have been fully implemented and evaluated. We were pleased to note improvements in response to our previous requirements and recommendations in the short period of time since they were set and the visit.
Looking for good practice to share

For the first time in a regional review, we visited sites to investigate potential good practice in Thames Valley. We identified two sites where training in two specialties had sustained above average results in our national training survey or better results than other sites within Thames Valley.

We found arrangements in trauma and orthopaedics at Oxford University Hospitals NHS Trust and particularly at the Nuffield Orthopaedic Centre ensure that doctors training in the specialty are well supported and supervised and have good access to training opportunities and teaching.

Similarly, 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 are tailored to suit individual requirements.

The full list of good practice and improvements is given below and you can read more in the report of each organisation at www.gmc-uk.org/regionalreviews.
## Good practice and areas of improvement in Thames Valley

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<tr>
<th>Organisation</th>
<th>Good practice</th>
<th>Areas where there have been improvements</th>
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<tr>
<td><strong>Buckingham medical school</strong></td>
<td>The school has improved the student selected components and has ensured they map to <em>Tomorrow’s Doctors</em> (2009) outcomes.</td>
<td>The school has made significant progress in recruiting general practices and the educational experience of the general practice tutors/supervisors that have been selected is encouraging.</td>
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<td><strong>Oxford medical school</strong></td>
<td>The school has developed a group of lay clinical teaching associates to teach clinical skills and the patient’s perspective. This is supported by a thoughtful approach to patient involvement and engagement with best practice nationally.</td>
<td>Opportunities provided through the ambulance first responder scheme, which provides good experience for some students and contributes to the local health service.</td>
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<td>Peer-teaching by Year 6 students which supports students to make the transition to Year 4 and aids the development of clinical skills.</td>
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### Organisation

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<th>Organisation</th>
<th>Good practice</th>
<th>Areas where there have been improvements</th>
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<tr>
<td><strong>Health Education Thames Valley</strong></td>
<td>The training, deployment, engagement and linkages of the lay representatives and their involvement to enhance the quality management and sharing of good practice.</td>
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<td><strong>Buckinghamshire Healthcare NHS Trust</strong></td>
<td>The selection and management of Buckinghamshire Healthcare NHS Trust foundation representatives is well supported and valued by the foundation doctors. We heard that the management and leadership training that the selected forum representatives receive is extremely useful.</td>
<td>The intensive therapy unit nurse-led outreach programme provides good educational opportunities for foundation doctors as well as excellent clinical support.</td>
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<td><strong>Frimley Health NHS Foundation Trust</strong></td>
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<td>The job planning and rota arrangements for ST5 and ST6 doctors training in obstetrics and gynaecology have been improved to ensure appropriate supervision and educational opportunities.</td>
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<tr>
<td>Organisation</td>
<td>Good practice</td>
<td>Areas where there have been improvements</td>
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<tr>
<td>Oxford University Hospitals NHS Trust</td>
<td>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. 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. 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 multi-professional training offered on treating patients with dementia is valued by students and doctors in training.</td>
<td>The steps taken to improve the support and supervision for foundation doctors working in the surgical emergency unit at the John Radcliffe Hospital. While some issues remain, there is an acknowledgement that further work is required and will be supported. The quality of paediatric placements for GPSTs at the Horton Hospital has been improved significantly; there is potential for this to be shared more widely across the other sites within Oxford University Hospitals NHS Trust.</td>
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What next for Thames Valley?

We will continue to visit Buckingham medical school each year as part of a rolling quality assurance programme until the first intake of students has graduated. We will monitor the school’s progress towards meeting our requirements and recommendations through these processes.

Oxford medical school and Health Education Thames Valley will update on their progress towards meeting our requirements and recommendations through their scheduled reports to us. This will include updates on the requirements and recommendations made to the LEPs where students and doctors are trained.

To make sure we are proportionate in our monitoring, where issues we have identified are being reported to other regulators, we will ask only to see a copy of these updates.

We will continue to support medical schools, the local education and training board and local education providers throughout the region and will meet regularly with them to give advice and support. We must also consider how we use our learning from this and other regional reviews to identify themes for UK wide exploration and where we should take a lead in facilitating solutions.

The use of out-of-date terminology to describe doctors in training is widespread and not unique to Thames Valley. We identified similar problems in the regional reviews of London, the North West of England and Yorkshire and the Humber. Solutions are already being trialled in these regions and we have the opportunity to share learning.