NHS
Health Education England

Review of Bradford District Care NHS Foundation Trust *(Postgraduate Medical)*

Quality Assurance of Local Education and Training Providers

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Guidance

From 1 April 2015 Health Education England, working across Yorkshire and the Humber (HEE YH) introduced a new quality function and team structure. The quality function is responsible for leading and overseeing the processes for the quality assurance and quality management of all aspects of medical and non-medical training and education. Our aim is to promote an ethos of multi-professional integrated working and believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE YH invests £500 million every year on commissioning a wide range of education on behalf of local and national health systems. It has a duty to ensure that the Education Providers delivering this education provide a high standard of professional education and training.

In developing our new framework we have developed a set of standards for education providers built around five themes. The five themes have been chosen to reflect the multi-professional aspects of training and care and to ensure all Healthcare Regulator standards can be aligned.

All standards have been mapped against the following regulatory documents:

- NMC Quality Assurance Framework Part Three: Assuring the safety and effectiveness of practice learning
- Future pharmacists: Standards for the initial education and training of pharmacists (May 2011)
- HCPC Standards of education and training: Your duties as an education provider
- GMC Promoting Excellence: Standards for medical education and training

Standards are built around 5 core themes:

Theme 1	Supporting Educators
Theme 2	Supporting Learners
Theme 3	Learning Environment and Culture
Theme 4	Governance and Leadership
Theme 5	Curricula and Assessment

1. Details of the Review

Visit Date(s)	10 May 2016

Visit Panel / team

Name	Role
Jon Hossain (Visit Chair)	Deputy Postgraduate Dean
Paul Rowlands	Head of School – Psychiatry
Andrew Brennan	Associate Postgraduate Dean
Lynne Caddick	Deputy Foundation School Director
Linda Garner	Quality Manager
Kim Maskery	Quality Co-ordinator
Hannah Snead	Programme Support Co-ordinator

2. Summary of findings

The visit was well organised by the Trust and there was excellent representation of ESs and trainees.

The Trust were confident of gaining 100% compliance towards Milestone 4 by the July 2016 GMC Trainer Accreditation deadline with the majority of trainers reportedly fully trained and the remaining outliers booked onto training. The trainers found the training to be relevant and interesting.

The panel's overall findings are that trainees are well supported and that teaching is regular and extensive. The DME's efforts to demonstrate the attempts to make changes within the Trust through the production of a local survey were appreciated by the panel. Linked to this is the Trust's production of a poster which defines the different levels of training to help phase out the use of the term 'SHO'. The Trust agreed to share this as an example of best practice.

Staffing levels within the department are appropriate with trainers having time to provide education and trainees having sufficient time to attend.

3. Good Practice and Achievements

- It is apparent that the trainees feel very well supported by the consultants. Dr Beavan and Dr Aspin were identified as particularly supportive ESs.
- The three hour teaching blocks for the Foundation and Core trainees and the protected teaching time available for trainees was praised.
- There is evidence of effective supervision structures involving all training levels.

Specialty findings

Psychiatry

Great emphasis was placed on the high level of support available to trainees of all levels, it was evident that the trainees feel comfortable in the working environment and that support is always on hand when required. Condition four of the BDCFT QM report dated 15th October 2014 highlighted an issue with trainees feeling that they were being asked to work beyond their level of competence. This area was explored and the general consensus amongst the trainees is that this often stems from the nursing team not fully understanding the limits of the procedures that they can deliver at their particular level. This issue currently centres on prescribing medication. Trainees feel that if they are asked to work beyond their competence that they would always contact a consultant for guidance and that this support is always available. It was emphasised that despite this, there exists a positive working relationship between nurses and doctors. The trainees feel that this is an improving situation and the DME reported improvements made to the induction package to include details of each of the training levels and the responsibilities within each to help the team understand each other's responsibilities. There was no evidence identified from the visit to suggest that Foundation trainees are expected to make management decisions or patient discharge decisions independently.

A similar issue arising from the discussion with the core and foundation trainees was the perceived absence of an on-site consultant during the 12 hour out of hours shift. Although consultants are contactable at any time it is a GMC stipulation that on-site supervision be available at all times for Foundation trainees. Whilst the Trust report

that on-site supervision is always available in the form of the bleep holder or a senior nurse, it was stipulated that an explanation of non-consultant support should be given to trainees as part of the induction process to ensure that trainees understand who can support them when a consultant is not on site. The Royal College of Psychiatrists has produced guidance on their website about Foundation Trainees in Psychiatry which the trust can refer to:
http://www.rcpsych.ac.uk/pdf/A%20Guide%20to%20Psychiatry%20in%20the%20Foundation%20Programme.pdf

Condition two of the BDCFT QM report dated 15th October 2014 relating to trainees being asked to leave their patients to go to another site was discussed. Trainees confirmed the update provided by the DME; that a First Response team has been put in place to deal with assessments requested by acute hospital wards. The First Response team was praised by the trainers and trainees for their work and the opportunity to work with the First Response team was seen as a valuable learning experience by the trainees.

Feedback regarding the induction process was mixed. Most trainees felt that the process was useful and extensive and they started in post fully understanding their role. However, there was some criticism around delays between completing RIO training and receiving passwords for the system. It was accepted that induction training and the issue of passwords had been delayed due to industrial action. Condition three of the BDCFT QM report dated 15th October 2014 focused on the delivery of induction training, which in the opinion of the trainees had an operational rather than a clinical focus. The RIO induction has been rewritten by a higher Psychiatry trainee and the revised version has been well received. The suggestion was made for induction to include a period of shadowing and ideally for RIO passwords to be available at the time of the RIO induction. Two of the trainees did not feel that they had received an adequate induction at all; one felt let down by the induction process and was unprepared to start work, the other is based in the Forensic unit and due to the nature of the environment should have been briefed on the patients and security procedures. This highlights the need for the introduction of a robust local induction; trainees could be involved in writing this to help cement learning and to accurately pass on the intricacies of the role and processes to new trainees.

Teaching was highlighted as a particularly strong area with three hour sessions held on a weekly basis. The trainees feel that the Communication Skills workshop has been useful as well as attendance at clinics on an observational basis. FY2s have their own patients and run their own clinics which are supervised and followed by CBDs. This is a very stimulating educational environment and was described as a well-tailored introduction to Psychiatry for FY2s. The Balint groups were disliked by some trainees although it was considered valuable by the panel to continue to run these but to emphasise the purpose and format of the Balint group to trainees.

The mechanism for handover and bed management was difficult to interpret from trainees' attempts to describe the process. The description of the process by the ESs did not match that provided by the trainees. Condition one of the BDCFT QM report dated 15th October 2014 focused on handover and the need for a more robust system. An e-handover process has been introduced and this system is currently being piloted and feedback collected. There does not appear to be any sense of order with regard to patient allocation to beds, the trainees' patients are scattered across wards making tracking patients problematic.

One concern raised by trainees and ESs alike is the amount of time spent by trainees typing up Psychiatric assessments which tend to be lengthy and in-depth. The consultants and some of the higher trainees have access to the BigHand digital dictation facility. The Trust has a small IT department and arrangement and funding of BigHand licences for all trainees was perceived to be costly. This is discouraging trainees and reinforcing an undervaluing perception; some trainees are being limited to a certain number of patients by their ES to ensure that the number of write-ups is achievable. One trainee was predominantly carrying out typing duties over doctoring. The Trust must adopt strategies which would free up trainees to see more patients and lessen the typing load.

It was identified that trainees are working during the day, are on call during the night and are then attending work the next day for sessions that cannot be cancelled. The trainees did not feel that this was an issue for them as call outs are rare and there exists a culture in which trainees are witnessing their superiors regularly working

long stretches thus creating the expectation for trainees to replicate this behaviour. It was considered wise to introduce a policy to deal with the potential for these problems, which should not be difficult to implement as the frequency of on call is low; any commitments following a night on call should be cancellable in the event a trainee is called out on multiple occasions. The Trust will contravene EWTD and health and safety legislation if the trainees do not get the requisite rest.

Condition five of the BDCFT QM report dated 15th October 2014 related to trainees wishing to gain more exposure to community training opportunities. Survey data suggests that trainees may still not be getting these opportunities as lack of experience was highlighted as an issue. Response from the Trust suggests that trainees are encouraged to attend community training opportunities and that timetables have been adjusted to facilitate this although the Trust accept that further work needs to be done in this area.

One higher trainee working in CAMHS has experienced a lack of support and for three months the department was without a consultant. The trainee felt that valuable learning opportunities had been missed but the trainee is still on track to successfully complete training. The trainee remained positive about the post and expressed appreciation of the team and clinical supervisor support. It was stressed that this trainee should not have been left unsupervised.

Time for training is not reflected in ES job plans. Although ESs are finding time to train this information needs to be explicit in the ES job plan. Some ESs felt that they would benefit from individual feedback and asked whether the Trainee surveys would deliver a breakdown of feedback for individual ESs, unless an ES is named specifically by a trainee in the free text sections of the survey then it is not possible to derive individual feedback only trend analysis, it was, therefore, suggested that the Trust should conduct their own feedback exercise.

A discussion ensued regarding the educational viability of three month GP placements matched against a six month placement with Old Age psychiatry added in. Some felt that the three month format gave the trainees sufficient experience. The chair will take this back to the GP school. Issues with securing long cases in Psychotherapy for trainees has almost prevented a trainee from completing training in the past although the trainers reported a more coordinated approach in securing cases for trainees through liaising with the psychotherapists.

The programme was deemed extremely valuable for those wishing to pursue a career in Psychiatry.

No instances of bullying or harassment were reported.

Conditions

The following conditions were identified at the visit:

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.8 Clinical Supervision)**	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.	
HEYH Condition Number	1	
LEP Site	All	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern	Trainees do not know who to contact when seeking advice on clinical care for patients during out of hours or receive contradictory advice.	
Evidence for Concern	Trainees reported contacting consultants by telephone during the out of hours shift and being unaware of a senior team member offering senior support during this shift. When asked, the Foundation and Core trainees claimed to not have access to an on-site supervisor while working the 12 hour out of hours shift. It was established when speaking to trainers and the DME, that the trainees are always supported and that in the absence of a consultant the bleep holder or a senior nurse is available.	
Action 1	Provide trainees with clear guidance that identifies who should be contacted.	**3 months**
Action 2	Discuss the perceptions trainees have regarding the perceived lack of support and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	**3 months**
Evidence for Action 1	Copy of senior cover rota for Psychiatry trainees.	**Immediate**
Evidence for Action 2	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	**Immediate** **1 month** **3 months**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.13 Induction)**	Organisations must make sure learners have an induction for each placement that clearly sets out: • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.	
HEYH Condition Number	2	
LEP Site	All	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern	Trainees are not provided with a relevant induction at the Trust that provides them with access to relevant policies, IT, or initial mandatory training.	
Evidence for Concern	Whilst the panel understand that the inductions may have been affected to some extent by the recent industrial action, it was clear there was some concern related to the Trust induction with regard to log-ins and access to RIO. Concern was expressed at the need for some trainees to start in post without an introductory RIO session. This must be provided prior to starting in placement. One Foundation trainee reported not receiving a local induction.	
Action 1	Provide all trainees with a relevant departmental, specialty or ward induction.	**August**
Action 2	Evaluate the effectiveness of departmental induction.	**Post August intake**
Evidence for Action 1	Copy of departmental induction programme.	**Post August intake**
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	**Post August intake**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.14 Handover)**	Handover** of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice. ***Handover at the start and end of periods of day or night duties, every day of the week.*	
HEYH Condition Number	3	
LEP Site	All	
Specialty (Specialties)	Psychiatry	
Trainee Level	All	
Concern 1	There is no handover. (The handover process requires definition)	
Concern 2	Handover is not attended by appropriate members of staff (Urgent cases are handed directly to the duty doctor)	
Concern 3	Handover does not provide opportunities for learning.	
Evidence for Concern	When asked about handover, the trainees could not adequately describe the process and their description did not match that of the trainers. The needs of some patients have been overlooked due to the absence of a robust handover and bed management process. A case was highlighted whereby a patient waited eight days to be transferred to the Airedale site and one case where an MRI scan was taken and not examined for four weeks and a pituitary tumour was evident on the scan. It was emphasised by the Chair that it is at the Trust's discretion as to how they arrange bed management; however, the process needs to be made clear to ensure that trainees and consultants know where their patients are. Comments from trainees indicated that the duty doctor is relied upon heavily and any acute issues will be handed over straight to the duty doctor; the trainee workload can be light as a result. Trainees feel overlooked and feel that they are missing out on valuable experience. The handover and bed management arrangements need definition and need to be communicated to trainees. Trainees need to be utilised more effectively so as to ensure that training opportunities are not being missed and so that the duty doctor is not put under undue pressure.	
Action 1	Introduce a handover system that meets Specialty standards.	**6 months**
Action 2	Make appropriate changes to working arrangements to allow relevant staff to attend handover.	**3 months**
Action 3	Evaluate effectiveness of handover.	**6 months**
Evidence for Action 1	1. Production of handover policy 2. Staff training completed 3. Handover introduced 4. Introduction evaluated 5. Handover policy explained to new starters	**2 months** **3 months** **4 months** **6 months** **Induction**
Evidence for Action 2	Summary of revised rotas and work arrangements.	**3 months**
Evidence for Action 3	1. Copies of handover documentation 2. Description of handover system and bed management policy	**3 months** **3 months**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Resources	bma.org.uk/-/media/files/…/safe%20handover%20safe%20patients.pdf www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.12 Rotas)**	Organisations must design rotas to: • make sure learners have appropriate clinical supervision • support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in the UK • provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme • give learners access to ES • minimise the effect of fatigue and workload	
HEYH Condition Number	4	
LEP Site	All	
Specialty (Specialties)	Psychiatry	
Trainee Level	Higher	
Concern 1	Trainees are provided with rotas, which do not provide them with sufficient opportunities for rest and recreation.	
Evidence for Concern	It was identified that trainees are working during the day, are on call during the night and are then attending work the next day. The trainees did not feel that this was an issue for them as call outs are rare and there exists a culture in which trainees are witnessing their superiors regularly working long stretches thus creating the expectation for trainees to replicate this behaviour. It was considered wise to introduce a policy to deal with the potential for these problems, which should not be difficult to implement as the frequency of on call is low; any commitments following a night on call should be cancellable in the event a trainee is called out on multiple occasions. The Trust will contravene EWTD and health and safety legislation if the trainees do not get the requisite rest.	
Action 1	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	**3 months**
Evidence for Action 1	Copies of rotas.	**3 months**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Resources	http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns http://careers.bmj.com/careers/advice/view-article.html?id=20001163# https://www.rcpsych.ac.uk/pdf/A%20Guide%20to%20Psychiatry%20in%20the%20Foundation%20Programme.pdf	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.19 Capacity)**	Organisations must have the capacity resources and facilities** to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme, and to provide the required ES and support. ***Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.*	
HEYH Condition Number	6	
LEP Site	All	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern 1	Trainers are concerned that the department does not have the sufficient admin resources to provide high quality training for Foundation, Core and some Higher trainees.	
Evidence for Concern	Trainees are spending a lot of time typing up in-depth clinical assessments of patients. Some trainers have limited the number of patients seen by a trainee to allow time for the reports to be typed up. Higher trainees and consultants have access to BigHand but the Foundation and Core trainees do not.	
Action 1	Investigate the trainers' concerns and produce an action plan to address them. Time in typing must be reduced for junior trainees.	**6 months**
Evidence for Action 1	Copy of investigation and action plan with a review of the impact of the changes that have been made.	**6 months**
RAG rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Further Review		
Resources		

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.19 Capacity)**	Organisations must have the capacity resources and facilities** to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme, and to provide the required ES and support. ***Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.*	
HEYH Condition Number	7	
LEP Site	All	
Specialty (Specialties)	Psychiatry	
Trainee Level	All	
Concern 1	Trainers do not have sufficient time in their job plans to provide an appropriate level of clinical and educational supervision for the trainees for whom they are responsible.	
Evidence for Concern	The panel were concerned that time for training is not reflected in Educational Supervisors' (ES) job plans. Although it was clear that the ESs are finding time to train, this information needs to be explicit in the ES job plan.	
Action 1	Ensure that job plans reflect the time that trainers are using to carry out their responsibilities as educational supervisors.	**6 months**
Evidence for Action 1	Confirmation that appropriate changes have been made to job plans.	**6 months**
RAG rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Further Review		
Resources		

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