

Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	Occupational Medicine
LEP (Trust/Site) reviewed:	Held at Willow Terrace Road, Leeds Trainees interviewed based at Sheffield Teaching Hospitals, Leeds Teaching Hospitals and Healthworks (Industry sector).
Date of Visit:	5 th October 2015

SECTION 2: FINDINGS FROM THE VISIT	
SUMMARY	
<p>There was a good representation of both trainees and trainers.</p> <p>Both the Trust and departmental inductions were deemed sufficient and the trainees felt prepared to start in their roles. The private sector induction was deemed particularly good with ample opportunity for shadowing colleagues.</p> <p>All trainees have an educational supervisor and are receiving start, mid-point and end point meetings.</p> <p>The trainees are getting experience of a good variety of cases which are appropriately allocated to the trainees after triage by a senior member of the team. However clinics are generally unsupervised.</p> <p>Most trainees felt well supported by their trainer; however there was an appreciation by the trainees that the consultants are busy and some felt reluctance to seek support at certain times. Some trainees were concerned that they were unable to obtain protected time with their trainer and it is at times difficult to get assessments completed.</p> <p>Trainees must complete two fully written up workplace visits per year. They felt that they would benefit from conducting more of these; however this is not currently possible as the consultants do not have time to accompany them. Only one hour per week is factored in for supervision, the workplace visits can take half a day.</p> <p>The Trainees do not currently rotate to different locations during placement. Both the trainees and trainers felt that adding this could be of benefit in terms of offering a more varied experience to the trainees. A combination of Public and Private sector experience was discussed.</p> <p>Educational leadership was identified as a missing element in this specialty. The employment of an Education Leadership figure was considered to be an effective way to ensure that the trainees are meeting the requirements of the curriculum. Quality management of this specialty will fall to the national school in the future; a leadership figure is required in the interim. Regional teaching was not generally viewed as well organised by both trainers and trainees, and is difficult to arrange. Consultants are not regularly attending regional teaching. Generally there appeared to be a lack of structure in terms of curriculum requirements and the lack of standardisation was frustrating to the trainees. This will be addressed by the emergence of the national school.</p> <p>Trainers have struggled to meet with their trainees and to sign off reports stating work and health recommendations to patients. The specialty does not generally require urgent consultant support; however time does need to be identified in which the trainees can seek support. Trainees presently can contact consultants by phone.</p> <p>None of the trainees felt undermined, bullying and harassment is not an issue.</p> <p>The trainees felt that they maintained an appropriate work-life balance.</p>	

Since the last visit the following action has been taken:

- Discussions are taking place regarding the implementation of the national strategy.
- Trainee information is now available
- There is no deficit in quality data available.
- The ARCP process is now a national process run by the national school.
- Recent programme review had 4 out of 5 trainees present. Trainee anonymity is preserved. Trainees also complete the HEYH survey which includes Occupational health.

AREAS OF STRENGTH

No	Site	Area	
		All	The trainees receive a broad degree of experience, especially on industry based placements which involves travel around the region to a variety of establishments.
		All	The trainees receive more protected study time than most specialties. One day per week is granted to trainees in order to allow them time to study towards the MSc in Occupational Medicine.

AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline
1	All	All	Rotation of placements	<p>The specialty currently does not rotate. The Specialty needs to consider how a rotation arrangement might work to maximise the educational opportunities available in both the private and public sectors.</p> <p>Conversations to have begun between the HoS and the LEPs with regard to the organisation of rotations within 6 months.</p>	April 2016
2	All	All	Outpatient clinic - Clinical supervision and report approval	<p>There are concerns regarding the supervision of trainees at outpatient clinics. Although the panel were informed that cases are triaged by a senior member of the team before distribution to the trainees, there was concern over a large number of reports that are being issued to patients which have not received a senior review. Whilst it is appreciated that the trainees are not making urgent clinical decisions, the issued reports reflect decisions that may impact on a patient's wellbeing.</p> <p>The panel recommends that standards for Outpatient supervision are shared with the trainees.</p> <p>A plan should be put in place to ensure that reports are signed off by a member of the senior team. The LEP must identify a named clinical supervisor for this. To be in place within three months.</p>	<p>January 2016</p> <p>January 2016</p> <p>April 2016</p>

				An audit of the process should be conducted within 6 months.	
3	All	All	Workplace Visits – access to accompanying Trainer	Only the minimum number of workplace visits are being achieved. The trainees would gain wider experience if they could carry out more than the minimum number. The issue is limited access to trainers to accompany the trainee. The panel recommend that the specialty audit how many visits the trainees have done. This will help to establish the number of visits actually being undertaken. The LEP needs to identify a named clinical supervisor for this.	January 2016
4	All	All		An educational leadership figure needs to be put into post in order to support educational delivery in the interim period before the national school takes ownership of the specialty.	March 2016
5	All	All		Trainer job plans need review to ensure that appropriate time for training is factored in. Trainers need to be available to support the trainees.	January 2016

SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)

No further action required – no issues identified	
Monitoring by School	Yes
Speciality to be included in next round of annual reviews	
Level 2: Triggered Visit by LETB with externality	
Level 3: Triggered Visit by LETB including regulator involvements	

Section 4: Decision (To be completed by the Quality Team)

NEXT PROGRAMME REVIEW TO TAKE PLACE IN THREE YEARS (2018).

Section 5: Approval

Name	Mr Peter Taylor
Title	Deputy Dean, Health Education Yorkshire & Humber
Date	11 th November 2015

DISCLAIMER:

In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.