

Action Plan for Health Education North West

Requirements

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
HENW 1	Next scheduled report to the GMC	HENW must work with Blackburn, Macclesfield and Leighton Hospitals to ensure that workloads allow adequate educational opportunities for doctors in training.	HENW is already working closely with these three sites to ensure that workloads allow adequate educational opportunities for doctors in training	In addition to the scheduled monitoring activity, these three sites are subject to enhanced monitoring via HENW's QM processes. The Trusts will be revisited during the following 12 months to allow the position to be updated.	October 2014	Postgraduate Dean for Health Education North West
HENW 2	Next scheduled report to the GMC	Ensure that arrangements are made to provide appropriate externality for annual review of competency progression (ARCP) panels.	Each specialty has been made aware, via Specialty School Managers, Associate Deans, Training Programme Directors and Heads of Schools of the need to review their externality arrangements in the light of the Deanery integration project and the findings of the GMC visit and	Evaluation of the 2014 ARCP season will identify whether externality has been maintained in line with Gold Guide and local requirements.	October 2014	Postgraduate Dean for Health Education North West, Heads of Schools, Training Programme Directors, Associate Deans, Quality Team

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			to make new arrangements where externality has been compromised.			
HENW 3	Next scheduled report to the GMC	<p>HENW must monitor and support the LEPs to meet the requirements set out in the LEP reports for the following sites:</p> <ul style="list-style-type: none"> • Manchester Royal Infirmary • Aintree University Hospital • The Walton Centre • North Manchester General Hospital • Royal Lancaster Infirmary • Royal Preston Hospital 	<p>The action plans submitted by each LEP have been agreed by the Postgraduate Dean. At a meeting of DMEs and Medical Directors with HENW the use of outdated terminology was discussed and a plan agreed to introduce consistent approaches across HENW.</p>	<p>The action plans will be monitored during routine QM activity (monitoring visits, annual reporting cycle) and also via special reporting in line with GMC timelines (eg October DR update)</p>	October 2014	Postgraduate Dean for Health Education North West
AUH 1	Next scheduled report to the GMC	<p>Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.</p>	<p>The following actions have been taken by the Trust to date:</p> <p>Senior House Officer is no longer an official designation for a Training Grade. Most Trusts, including Aintree, continue to use the term SHO to group together F2 doctors and Core Medical/Surgical year 1 trainees</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>An approach which will allow easy identification of the level of training of individual doctors is under development.</p>	October 2014	Postgraduate Dean for Health Education North West

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			<p>as they are frequently on the same rota. However, they do have different levels of experience and educational needs and there is a lack of clarity in many Directorates about the difference between F2 and a Core Trainee, particularly in surgical specialties.</p> <p>The following action is being taken:</p> <ul style="list-style-type: none"> • The College Tutors, who have particular responsibility for the core trainees, and the Foundation Training Director have been asked to look at the duties of these doctors to make sure their needs are being met. • Currently there is no way of managing many of the middle grade on-call rotas without including both Core and F2 trainees. It is proposed that these rotas should be designated as Middle Grade rather than SHO and the competencies and duties of F2s on these rotas must be fully 			

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			<p>taken into account. Aintree has separate education programmes for F2 and CMT trainees. CST trainees have a regional programme as well as local teaching.</p>			
AUH 2	Next scheduled report to the GMC	Foundation doctors must only take consent if they have been appropriately trained and are competent to do so.	<p>The following actions have been taken by the Trust to date:</p> <p>The only consent that Foundation Doctors are allowed to undertake is for bronchoscopy, gastroscopy and sigmoidoscopy after certified training. This has been mandated and all Directorates now adhere to this requirement. There is on-going audit to check adherence.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>Monitoring of consent procedures in the workplace is monitored through the normal QM processes.</p> <p>The situation regarding Capacity Training has been recognised as an issue and the Foundation Programme Director is incorporating this in the F1 and F2 programmes. All Directorates have been alerted about this issue and in particular the Elderly Care Directorate has been asked to ensure specific training is given to their doctors.</p>	October 2014	Postgraduate Dean for Health Education North West

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AUH 3	Next scheduled report to the GMC	Clinical supervisors of GPSTs must be familiar with the GP curriculum and have access to the GP e-portfolio.	<p>The following actions have been taken by the Trust to date:</p> <p>All our Educational and Clinical Supervisors are fully trained to the Deanery Level 1 standard. However, we have not undertaken any specific training for the needs of GP trainee supervision. Discussions have been undertaken with the Deanery and it has been agreed that a separate teaching programme will be organised for Clinical Supervisors who have GPVTS trainees. This will be organised by the Deanery in 2014. The Deanery School of General Practice has also been asked to provide all Clinical Supervisors with access to the e-portfolio.</p>	<p>HENW will monitor the Trust's actions to date through the School of GP and visits to the LEP, and their further planned actions as below:</p> <p>The Programme that we provide for the GPVTS Trainees is under review for the 2014 August intake.</p>	October 2014	Postgraduate Dean for Health Education North West
AUH 4	Next scheduled report to the GMC	Ensure that all staff with responsibility for educational and clinical supervision have time allocated for education in their job plans.	<p>The following actions have been taken by the Trust to date:</p> <p>This has been relayed to the Medical Director and all the heads of Clinical Services. All Educational Supervisors are now aware that they should have 0.25PA per trainee. This will be audited with a questionnaire later in the year. Currently</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>It is recommended that from 2014:</p> <ul style="list-style-type: none"> • Specific time is given within Consultant Job Plans for educational 	October 2014	Postgraduate Dean for Health Education North West

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			educational time for education and clinical supervision is not clearly defined within job plans.	<p>supervision.</p> <ul style="list-style-type: none"> That time is allocated for College Tutors. <p>The number of sessions set aside for both Undergraduate and Postgraduate Tutors is increased.</p> <p>An update will be requested in 6 months for the October Dean's Report and the inclusion of time in job plans will be monitored at the next annual assessment visit.</p>		
MRI 1	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.	<p>The following actions have been taken by the Trust to date:</p> <p>Rotamasters written to by DME to ask for removal of old terminology from publications.</p> <p>Trust Security service provided with a pre-approved list of job titles</p> <p>Risk management system amended to remove old nomenclature.</p> <p>Briefing paper drafted for senior corporate managers to coincide with release of publications on GMC website</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>Introduction of coloured lanyard system delineating differing training grades</p> <p>Campaign to launch this Trust wide patient safety initiative including magazine publications, wall charts for clinical areas, staffnet article.</p> <p>Education sessions for Foundation Doctors to support them correctly identifying themselves when</p>	July 2014	Postgraduate Dean for Health Education North West

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				<p>in clinical practice and how this enhances patient safety</p> <p>Liaison with Hospital Switchboard management team and Hospital at Night Team to support use of correct terminology.</p>		
MRI 2	Next scheduled report to the GMC	Ensure that all CMT and CST inductions allow doctors in training to receive access to information technology (IT) systems prior to working on the wards.	<p>The following actions have been taken by the Trust to date:</p> <p>Significant progress has been made in this area. A new system of allocation was piloted in February 2014 enabling individual passwords to be ready in a timely manner. Audit is being carried out and results being collated.</p> <p>This pilot highlighted further learning opportunities to enhance the process which will lead to further improvements in August 2014.</p> <p>A mechanism for the immediate issue of emergency passwords 24 hours a day is now available on the Trust intranet site. This allows the issue of a temporary secure password.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>The pilot highlighted the area of accuracy of new starter information which can impact on the timely issue of passwords. This is an integral workstream of a targeted Task and Finish group working on this issue.</p>	July 2014	Postgraduate Dean for Health Education North West

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MRI 3	Next scheduled report to the GMC	Ensure that all staff with responsibility for educational and clinical supervision have agreed job plans, including allocated time for education.	<p>The following actions have been taken by the Trust to date:</p> <p>Developmental work is underway with a specialist software provider to explore enhancing the Trust's revalidation and appraisal mechanisms to record this data more accurately. This will also facilitate discussions between supervisors and appraisers around effective use and appropriate allocation of educational PAs.</p> <p>The Trust supports the use of the NW Deanery guidance for PA allocation for educational roles.</p>	HENW will monitor the Trust's actions to date	September 2014	Postgraduate Dean for Health Education North West
NMGH 1	Next scheduled report to the GMC	Ensure that all staff with responsibility for educational and clinical supervision have agreed job plans, including allocated time for education.	<p>The following actions have been taken by the Trust to date:</p> <p>Job plans for all doctors were addressed last year and a new round has commenced, job planning is taking place April to June Job planners have guidance on time for education.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>A new job planning IT module is currently being sourced which will make it much easier to track job plans.</p> <p>Updated guidance on job planning is available for Clinical Directors/Medical Director.</p> <p>Educators will be encouraged by exception to raise any issues.</p>	30 June 2014	Postgraduate Dean for Health Education North West

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NMGH 2	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.	<p>The following actions have been taken by the Trust to date:</p> <p>a. Survey to be carried out on trainees following February 2013 induction this ensured correct titles had been issued.</p> <p>b EWTG Project Manager to ensure correct rota template being used in all departments.</p> <p>c. Head of Medical & Dental Education raised concern that national contract for trainees still contains old terminology, such as "SHO". Referred to Health Education England.</p> <p>d. A paper has been produced Medical Recruitment Manager for the Executive Directors approval which proposes the standardisation of job titles for all medical & dental posts and the impact on trust systems.</p> <p>e. A review of the 192 telephone directory has been undertaken removing all incorrect terminology.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>Once approval of the proposals in (d) have been received from the Executive Directors the Trust can begin the necessary work to amend existing records & systems.</p>	Timescales yet to be agreed	Postgraduate Dean for Health Education North West
RLI 1	Next scheduled report to the GMC	Ensure that rotas use current terminology when referring to the grades of doctors in training.	<p>The following actions have been taken by the Trust to date:</p> <p>The Trust had previously published a memorandum on the terminology to be applied to all training grades in respect of their</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>The previous memorandum has been updated, and will</p>	October 2014	Postgraduate Dean for Health Education North West

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			<p>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 HENW to agree a common nomenclature for rotas across the region.</p>	be distributed to all staff as soon as there is confirmation on agreed nomenclature for rotas across the region.		
RLI 2	Next scheduled report to the GMC	Ensure that rotas consistently provide cover from doctors with a range of skills that is sufficient to manage a ward at night and provide clinical supervision as necessary	<p>The following actions have been taken by the Trust to date:</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</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>The Trust has increased support for doctors providing cover to reduce to a minimum the time spent in</p>	October 2014	Postgraduate Dean for Health Education North West

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			<p>ensure trainees have more time to review with seniors.</p>	<p>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>		

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RLI 3	Next scheduled report to the GMC	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>The following actions have been taken by the Trust to date:</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.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>The policy will be introduced no later than end May 2014, once consultation and appropriate amendments are completed.</p>	May 2014	Postgraduate Dean for Health Education North West
RLI 4	Next scheduled report to the GMC	Clinical supervisors of GPSTs must be familiar with the GP curriculum and have access to the GP e-portfolio.	<p>The following actions have been taken by the Trust to date:</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>HENW will monitor the Trust's actions to date and their further planned actions as below:</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.</p>	October 2014	Postgraduate Dean for Health Education North West
RPH 1	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations by others of a doctors' competencies.	<p>The following actions have been taken by the Trust to date:</p> <p>The Trust has been taking actions for some time to ensure that current terminology is used to refer to the grades of doctors. This has included:</p> <ul style="list-style-type: none"> Instructing all departments 	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>A breakdown of responsibilities for each grade has just been produced by the Emergency Department and this will be</p>	April 2014 plus ongoing reinforcement.	Postgraduate Dean for Health Education North West

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			<p>to use the correct terminology</p> <ul style="list-style-type: none"> • Checking official rotas and documentation contain the right terms • Ensuring name badges are issued with the current titles. • Correcting individuals use of the incorrect titles as each incident occurs <p>Where breaches of this instruction are identified, these are specifically addressed directly with the areas concerned. Compliance is monitored by the IRG QA Team, who collate central evidence documentation. It is evident that some individuals still use these terms informally to describe certain rota groups, but with time and increasing irrelevance and monitoring, the use of these terms should cease.</p> <p>All directorates promote eradication of the use of the terms SHO and Registrar and have ensured that all staff groups including nursing and secretarial staff are aware of the correct titling of junior doctors. This message has been further reinforced at each intake and will</p>	<p>rolled out across all areas for display and circulation among local staff.</p>		

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			continue to be monitored via IRG.			
RPH 2	Next scheduled report to the GMC	RPH should provide reliable supervision for paediatric ST4 (and above) doctors in training during outpatient clinics.	<p>The following actions have been taken by the Trust to date:</p> <p>An assessment of clinic numbers is currently being undertaken to establish if all clinics can be consultant led.</p> <p>Discussions are also taking place with middle grades as to how best to deliver supervision on the clinic patients they see, as this will depend to some extent on what stage the trainee doctor is at.</p> <p>The paediatric focus group in November did not identify any further issues with supervision.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>Progress on actions will be reviewed further within the IRG quarterly review due in May 2014.</p>	Mar-May 2014 IRG review plus ongoing monitoring.	Postgraduate Dean for Health Education North West
RPH 3	Next scheduled report to the GMC	Doctors in training must be made aware of the processes and systems in place when patients are transferred between different clinical environments.	<p>The following actions have been taken by the Trust to date:</p> <p>A number of training sessions for doctors in training regarding the Trust policies related to patient transfer were delivered in November as an immediate and urgent response to the concern raised by the GMC. These sessions were delivered by a clinical team nominated by the Operations Director. This teaching session has now been</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>Ongoing monitoring of trainee feedback.</p>	Nov 2013 – COMPLETED plus ongoing feedback monitoring.	Postgraduate Dean for Health Education North West

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			integrated into the foundation teaching and induction programmes. The session includes an explanation of relevant Trust procedures and training on the McKesson software, which identifies patient locations. In addition, a presentation on professionalism is delivered to trainees to outline their reporting responsibilities and to promote effective escalation of patient safety concerns, given that upon investigation by the Trust it was highlighted that the concern raised to the GMC by a junior doctor had not been reported internally by that individual.			
WC 1	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.	<p>The following actions have been taken by the Trust to date:</p> <p>We accept that the term "SHO" is used as a short-hand for these different levels of junior medical staff, a practice which is very widespread throughout the NHS and borne of decades of use.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>An approach which will allow easy identification of the level of training of individual doctors is under development.</p> <p>We acknowledge the problems with this terminology and will try to eradicate it, but realise that this will require considerable</p>	October 2014	Postgraduate Dean for Health Education North West

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				<p>and sustained education of all staff and of patients.</p> <p>We are drawing up plans which include considering:</p> <ul style="list-style-type: none"> a) Distinctive badges or even uniforms for different levels of junior medical staff b) Explanatory written information for ward nursing staff c) Explanatory written information for patients <p>Whilst we acknowledge that the competencies of the different levels of junior medical staff may be different, we also point out that in a specialist Trust like the Walton Centre, their roles almost entirely overlap and the degree of supervision by consultants and higher level specialist trainees is much greater than in other hospitals, and that significant management decisions are taken by these more experienced doctors.</p>		
WC 2	Next scheduled	Learning opportunities available for Core	The following actions have been taken by the Trust to date:	HENW will monitor the Trust's actions to date and	October 2014	Postgraduate Dean for Health

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	report to the GMC	Surgery and ST1-2 doctors in training must be communicated more clearly and opportunities taken to increase the overall educational experience so that training needs are met.	<p>We think that it is incorrect to attribute these problems to the new specialty ward system of deployment.</p> <p>This grade of junior doctor (F2,CST,CMT,ST1-2) rotate around a number of Trusts very frequently. The group interviewed had not previously worked under the team based system.</p> <p>It is more a reflection of the necessarily limited role of the most junior doctors in a largely tertiary specialist trust, especially one where 80% of in-patients are neurosurgical. Nevertheless there are some marvellous training and experiential opportunities from such a setting for those who aspire to capture them.</p> <p>The new specialty ward system was designed to improve patient care and safety, not reasons of efficiency.</p> <p>This internal rota for day release for CST and ST1-2 in</p>	<p>their further planned actions as below:</p> <p>There is a new Head of School of Surgery who will be working with the LEP to ensure that training needs of core surgical trainees are met.</p> <p>There are also other measures which are being rolled out to reduce the more routine and perhaps less educationally stimulating tasks of the juniors:</p> <ol style="list-style-type: none"> 1. Electronic prescribing – EPMA rolled out from mid- March 14, reducing time spent on prescribing and especially on re-writing drug charts.. 2. Roll out Electronic prescribing order comms IT system planned for summer 2014 (delayed for IT reasons but contracts now signed) – this will benefit all by reducing time and effort of paper-based systems and carriage to 		Education North West

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			<p>neurosurgery to attend theatre has been strengthened further and also extended to CMTs in neurology to attend clinic. There has been excellent feedback from current trainees, with ample opportunities for training in theatre. In addition we have arranged the trainees based on their speciality to cover the most appropriate speciality based ward.</p> <p>The additional rota also enables attendance at OPD Clinics 1 day per week</p> <p>The move from team based working to the introduction of a cohorted speciality ward system with an identified junior doctor was introduced for reasons of clinical quality and patient safety. This has been monitored and has proved to be a great success. Ward based working will continue until the numbers of doctors in training can be increased.</p> <p>It is acknowledged that it has taken some time to amend</p>	<p>departments..</p> <p>3. Further improvement of E-patient enabling "hand off" of jobs between colleagues, facilitating training periods away from the wards</p> <p>4. As part of one of the "Forward to Excellence" workstreams to which the Trust Executive and Board are committed, the nurse-led (and consultant anaesthetist supported) pre-admission clerking of non-elective neurosurgery patients will be increased from the present 80%, and in particular the depth and reliability of the clerking increased so that the percentage who do not require any junior doctor clerking on admission will grow from the present 50%.</p> <p>5. The percentage of routine spinal surgery cases dealt with as day cases will be increased over the next two years, so removing these patients from any</p>		

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			<p>Consultant job plans to reflect the new way of cohorted speciality working.</p> <p>Neurosurgical /Neurology combined teaching weekly led by Royal College Tutors for both specialties (F2, CSTs, CMTs and neurosurgery ST1 & 2).</p> <p>Weekly Surgery higher speciality training /teaching every Friday a.m.</p> <p>The number of specialist nurses has increased and their job profiles gradually changed (e.g. the balance of the work plan of the vascular surgery nurses): more are planned but training takes time.</p> <p>The Trust also took on several nurses as "clinical coordinators", senior nurses to take on many clerking and ward "jobs" of the junior doctors. This has not been as successful as we had hoped</p>	<p>contact with junior surgical staff.</p>		

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			and is being re-visited.			

Recommendations

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HENW 1	Next scheduled report to the GMC	Improve the collection and use of QM data at the level of training programmes.	<p>A risk-based approach to the QM of training programmes is currently in place in the area formerly covered by the North Western Deanery. Within the Quality Team's capacity for carrying out specialty programme reviews a number (4 in 2014) are performed each year. The decisions about which programmes to concentrate on are made by a variety of means – NTS results, size of programme, intelligence gleaned from monitoring visits at the LEP level, intelligence gleaned from Heads of Schools, TPDs, Associate Deans etc.</p> <p>Guidance on QM has been sent to all Specialty Schools in Mersey to ensure that they are clear of their responsibilities in this area. Senior managers have met with the Heads of School and School Quality Leads to discuss the</p>	<p>The Deanery integration Design & Delivery group concentrating on the Quality function will work to ensure consistency of approach across the whole HENW patch. Improvements to the collection and use of QM data at the level of training programmes will be made as part of the integration project.</p> <p>Information and data relating to support the QM of training programmes will be used to identify those training programmes which need to be included in the visiting process.</p>	September 2014	Postgraduate Dean for Health Education North West

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			quality processes and the contribution that Schools can make in the QM of programmes. Other information used for triangulation includes Visits and the NTS.			
HENW 2	Next scheduled report to the GMC	HENW should ensure clinical supervisors of GPSTs in secondary care placements understand the requirements of the GP curriculum and are able to access the GP e-portfolio, so that secondary care placements provide educational opportunities which are relevant to their future careers as GPs.	GTPDs have been asked to work with the DMEs at all the LEPs linked to GPST programmes in order to deliver focused CS training on the GP Curriculum. The DMEs have been asked to stress the importance of this with the Consultant workforce. Attendance at these courses will be cpd accredited. The issues around access to the GP Trainee e-portfolio have been raised with the RCGP at a national level. Access is currently managed by the GP section administrative team who can only support this if they have up to date e-mail addresses for consultant clinical supervisors and those supervisors then access and act upon the RCGP and GP Team e-mails linking them to the e-portfolio of the GPSTs they supervise.	<p>This will be audited for the new cohort of trainees starting August 2014.</p> <p>In addition HENW will focus on the overall experience of GP trainees as part of the plan to improve recruitment.</p>	October 2014	GP Director for Health Education North West
HENW 3	Next scheduled report to the GMC	Improve access to educational opportunities for doctors in CMT and	The LETB is working with the Heads of Schools in both Mersey and North Western localities to ensure that appropriate	Educational opportunities for doctors in CMT and CST will continue to be the subject of concentrated QM activity	October 2014	Postgraduate Dean for Health Education North West

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		CST, so that there are sufficient educational opportunities in their placements and they are able to meet the requirements of their training programme.	educational opportunities are available and that the requirements of the programme can be met.	going forward, with a particular focus during monitoring visits.		
HENW 4	Next scheduled report to the GMC	Clarify the structure and lines of accountability within HENW and to HEE and the GMC.	<p>The Postgraduate Medical Dean for HENW is responsible for all doctors in training in the geographical area covered by the LETB. She reports through the Director of Education and Quality to the Managing Director of HENW. She also has professional accountability to the Medical Director of HEE.</p> <p>The Postgraduate Medical Dean is the Responsible Officer for HENW and is the Accountable Officer for postgraduate medical education.</p>	The Deanery Integration Project will further reinforce the accountability arrangements.	September 2014	Postgraduate Dean for HENW
HENW 5	Next scheduled report to the GMC	HENW should produce a plan for the internal restructuring of the LETB which addresses risks arising from the integration of two separate QM systems.	HENW is in the midst of the Deanery Integration Project. One of the key functions this project will consider is Quality which is being driven by a dedicated Design & Delivery Group.	The Quality Design & Delivery Group, comprising of key personnel, will produce the plan for greater collaboration across the deaneries to present to the Project Board by Autumn 2014	October 2014	Postgraduate Dean for HENW

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HENW 6	Next scheduled report to the GMC	HENW should continue to monitor and support the LEPs to implement the recommendations set out in the reports for each of the six LEPs visited.	The action plans submitted by each LEP have been agreed by the Postgraduate Dean.	The action plans will be monitored during routine QM activity (monitoring visits, annual reporting cycle) and also via special reporting in line with GMC timelines (eg October DR update)	October 2014	Postgraduate Dean for Health Education North West
AUH 1	Next scheduled report to the GMC	Doctors in training should be provided with guidance and training to report clinical incidents.	The following actions have been taken by the Trust to date: <ul style="list-style-type: none"> • Reassessing the current training for DATEX at the time of Induction with a view to emphasising its importance. • To use one of the regular Foundation and CMT teaching session to provide more in-depth education and discussion regarding the reporting of clinical incidents. • The DME has attended the Senior Divisional Meeting to emphasize that trainees need to be encouraged to undertake reporting by Directorate Clinicians and Managers. • Regular breakdown of the number and proportion of incidents reported by trainees compared to other members of staff. 	HENW will monitor the Trust's actions to date and an update will be requested in 6 months for the October Dean's Report and the inclusion of time in job plans will be monitored at the next annual assessment visit.	October 2014	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
AUH 2	Next scheduled report to the GMC	The LEP should introduce systematic collection of quality data including evaluation from doctors in training to support its quality control processes.	<p>The following actions have been taken by the Trust to date:</p> <ul style="list-style-type: none"> • Specific exit interviews are carried out for all CMT Trainees. • All Foundation Doctors and GPVTS have one-to-one interviews with Clinical Tutors. • The Deanery undertakes a local survey of all Trainees at Aintree before their annual visit. • Regular trainee meetings occur in Medicine led by Dr Paul Albert and in surgery by Mr Lee Martin. • Ad hoc meetings occur throughout the year with different groups of trainees. 	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>It is suggested that we collate this quite extensive information more formally and introduce an exit interview/questionnaire for all trainees.</p> <p>HENW will request an update in 6 months' time for the October Dean's Report.</p>	October 2014	Postgraduate Dean for Health Education North West
AUH 3	Next scheduled report to the GMC	The LEP should make alternative arrangements for clinical supervision of foundation doctors working in medical specialties if workload or understaffing mean clinical supervision is not optimal.	<p>The following actions have been taken by the Trust to date:</p> <ul style="list-style-type: none"> • The Deanery have provided funding for a further two Acute Medical Registrars. However, there are recruitment difficulties in filling these posts, and the Deanery has approved hybrid posts. • Discussions continue with Gastroenterology regarding their commitment to acute 	<p>HENW will monitor the Trust's actions to date and an update will be requested in 3 months. This issue will also be monitored through the School of Medicine.</p>	October 2014	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			<p>medicine. They will be increasing their involvement with the acute take form April 2014.</p> <ul style="list-style-type: none"> • A further two Clinical Fellow Posts will be employed by the Trust to provide extra on call time. One of these posts will be in gastroenterology to mitigate time lost. • The Trust is in discussions with the Deanery regarding the effect of this on Aintree of moving registrar posts at short notice to fill gaps in other Trusts. 			
AUH 4	Next scheduled report to the GMC	Aintree should ensure that high workloads in CMT do not prevent doctors meeting their training requirements for attending outpatient clinics.	<p>The following actions have been taken by the Trust to date:</p> <p>This issue has been addressed in the past but remains a problem. The Directorates with CMT trainees have been told that one of conditions for having CMT Trainees is that they must be released to attend clinics.</p>	HENW will monitor the Trust's actions to date through the School of Medicine.	October 2014	Postgraduate Dean for Health Education North West
MRI 1	Next scheduled report to the GMC	MRI should ensure that high workloads in CMT do not prevent doctors meeting their training requirements for attending outpatient clinics.	<p>The following actions have been taken by the Trust to date:</p> <p>The trainees interviewed all achieved the required number of clinic sessions. However, we recognise that this can require robust time management and</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>We will investigate the feasibility of fixed or scheduled clinics in the rota</p>	May 2014	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			pro-activity on their part.	<p>with the Divisional rota managers.</p> <p>We will audit the current cohort of CMT trainees in April 2014 to establish if this remains an issue, and scrutinise the national GMC Trainee Survey 2014.</p> <p>We will discuss the issue and take advice from the Training Programme Director for CMT.</p>		
NMGH 1	Next scheduled report to the GMC	Increase the supervision and support for doctors in training, so that they are able to take advantage of educational opportunities in their placements.	<p>The following actions have been taken by the Trust to date:</p> <p>The W&C directorate has approved 2 extra middle grade doctors at night to ensure patient safety and increased opportunity to improve clinical attendance, increased opportunities for learning out of hours and defined the rota of the Tier 2 doctor attending clinics during daytime.</p> <p>In A&E they have established a stable 5 person consultant team and from 1/9/14 they are proposing to have an 8 man senior team comprising of 4 consultants and 4 GPSI's in</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>In A&E they are to recruit extra middle grades by offering a guaranteed training and secondment to allow progression via CESR to the specialist register.</p>	June 2014	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			place.			
NMGH 2	Next scheduled report to the GMC	The LEP and the LETB should support senior education staff to implement robust systems for the quality control to ensure the provision of the highest quality of medical education throughout the LEP.	<p>The following actions have been taken by the Trust to date:</p> <p>Robust systems are already in place but do not appear to have been well communicated. We are addressing this by updating our web pages with various flow charts which demonstrate the QA systems in place.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>Transitional DME's in post and the interviews for the substantive positions are to be held on the 29th April. Assuming internal candidates are successful they technically have to give 3 months' notice for alteration of job plans. It is therefore planned that over the summer they will begin a piece of work to conduct an audit of what we currently have in place with a gap analysis and actions plans for senior staff.</p>	Not yet defined more information will be included in our LEP report in Sept.	Postgraduate Dean for Health Education North West
RLI 1	Next scheduled report to the GMC	Ensure all GPSTs are released for scheduled teaching.	<p>The following actions have been taken by the Trust to date:</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</p>		Completed	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			<p>Emergency Department. Status: 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>			
RLI 2	Next scheduled report to the GMC	Improve the access to, and use of, videoconferencing technology and computers and phones on wards. This will support the 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>The following actions have been taken by the Trust to date:</p> <p>The Trust is augmenting its existing video-conferencing facilities to reduce unnecessary travelling between sites in the Education Centres at FGH & RLI.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>It is also exploring further options to extend this facility to the main lecture theatres. The Trust is also looking at 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</p>	October 2014	Postgraduate Dean Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
				better training environment.		
RLI 3	Next scheduled report to the GMC	Take advantage of the geographical proximity of local GP training practices to develop links between supervisors of GPSTs in primary and secondary care.	<p>The following actions have been taken by the Trust to date:</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>HENW will monitor the Trust's actions to date and their further planned actions as below:</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>	August 2014	Postgraduate Dean Health Education North West
RLI 4	Next scheduled report to the GMC	Clarify and communicate to foundation doctors the different meetings where they can raise issues about their training at the LEP.	<p>The following actions have been taken by the Trust to date:</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</p>	HENW will monitor the Trust's action to date.	Completed	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			<p>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>			
RPH 1	Next scheduled report to the GMC	The ST1-ST3 paediatric rotas should include time for morning and evening handovers.	<p>The following actions have been taken by the Trust to date:</p> <p>There are three handovers at 9am, 5pm (4pm on Neonates) and 9pm, which are scheduled to</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>This will continue to be</p>	Nov 2013 COMPLETED plus ongoing review.	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			last 30 minutes and this is included in the shift time for those doctors on long days. The Directorate have contacted trainees to ensure their full understanding of the rota design. Within the last focus group in November 2013, trainees confirmed that handover sessions were held and feedback was discussed with leads in February.	monitored within the quarterly IRG process.		
RPH 2	Next scheduled report to the GMC	RPH should ensure foundation doctors understand the structure of their scheduled teaching programme and how it relates to their educational outcomes.	<p>The following actions have been taken by the Trust to date:</p> <p>The teaching programme is designed to cover the generic topics within the curriculum. Trainees are asked to give feedback on all sessions attended, as well as mapping their learning to the curriculum on the Horus portfolio. Teaching feedback is monitored and discussed at 1:1 meetings, which all trainees participate in, so the linkage to curriculum is explicit. A presentation has now also been delivered and integrated into the programme to ensure trainee awareness of these facts and to encourage feedback.</p> <p>We also publish the teaching programme on the intranet</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>We are in the process of increasing our publication to include the full list of topics to be covered over the year.</p> <p>In addition, IRG focus groups include discussions about quality of teaching and this will continue to be monitored and action planned.</p>	<p>Nov 2013 Presentation delivered.</p> <p>Mar 2014 intranet publication of programme with monthly updates.</p> <p>June 2014 publication of full list of topics for August intake. Ongoing IRG reviews.</p>	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			which trainees have access to			
RPH 3	Next scheduled report to the GMC	RPH should ensure that the regional neurosurgery "mock" examination remains a formative assessment.	<p>The following actions have been taken by the Trust to date:</p> <p>Information on the nature of the 'mock' examination has been cascaded to all trainees and added to directorate induction. Directorate Leads confirm that the exam is essentially formative and serves as a guide to further development for the trainees but does have a summative element for senior trainees, being considered for the actual exam. This clarification has been provided.</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>This will continue to be included within induction.</p>	Nov 2013 COMPLETED	Postgraduate Dean for Health Education North West
WC 1	Next scheduled report to the GMC	The Walton Centre should enable CST and ST1-2 doctors in training to gain experience in leading handovers.	<p>The following actions have been taken by the Trust to date:</p> <p>We suspect that there has been a misunderstanding here. There are two distinct handovers each morning. The first (7:45am) is between the night shift (junior doctor and senior nurses) and the forthcoming dayshift (all the junior doctors and senior nurses). This hands over the ward issues of all inpatients (neurological and neurosurgical). Immediately following this the surgical juniors join the</p>	<p>HENW will monitor the Trust's actions to date.</p>	October 2014	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			<p>neurosurgical team meeting (starts 8am) in which the senior specialist trainee and the surgical "fellow" and the consultant neurosurgeon who were on the day and night before discuss and hand over to all the other consultant neurosurgeons and the middle grade staff: this meeting deals with the numerous (30-50) "emergency" neurosurgery referrals made to the Trust in the previous 24 hours from its catchment 16 DGHs and beyond, the majority of whom are still in the DGHs and many never become inpatients. The former handover meeting is designed for the junior medical staff, whilst the latter has to be at a much higher level. The CSTs and ST1s & ST2s attend and can ask questions etc, but could never lead this second handover.</p> <p>DME suggests that Senior 2nd on call trainee from previous evening should attend 7.45 meeting for mentoring purposes –all can then attend Consultant meeting at 8am.</p> <p>There has always been an evening handover at 8:30pm</p>			

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			<p>where the outgoing two evening junior staff and senior nurses hand over to those coming onto the night shift.</p> <p>In addition a quick handover has commenced just between the daytime junior staff at 5pm and those who are still here in the evening, for handover of issues on present inpatients and of expected emergency admissions. This has started and is working well, facilitated by the iPod system for swapping of information on patients.</p>			
WC 2	Next scheduled report to the GMC	The Walton Centre should provide additional mentoring and career advice to the ST7-8 neurosurgery doctors in training to support them in deciding upon a special interest.	<p>The following actions have been taken by the Trust to date:</p> <p>All ST3-7s already have regular meetings with their educational supervisors and on a daily basis with the consultants on the firm to which there are allocated on a rotation, During these years, they rotate around the various neurosurgical sub-specialties, which is essential to meet the full training curriculum. Those who express an interest are encouraged to pursue this by conducting an in-depth audit or case series review, or</p>	<p>HENW will monitor the Trust's actions to date and their further planned actions as below:</p> <p>To cater for all neurosurgical trainees, we will arrange for them to be asked on an annual basis by their educational supervisor specifically about their subspecialty interests and if they wish for any advice or mentoring about career opportunities and any other issues plus reinforcement of support from consultant</p>	October 2014	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
			undertaking more formal research in an out –of- programme. Many take these opportunities for marking out their special interest subject. Advice is already freely given to those who ask.	colleagues. Post CST subspecialty fellowships are also readily available in almost all subspecialties.		
WC 3	Next scheduled report to the GMC	The Walton Centre should improve the extent to which neurosurgical training engages with the School of Surgery at ST1/CT1 level.	The following actions have been taken by the Trust to date: The current TPD will ensure engagement at regional and local level, and that WCFT is involved in teaching at Junior surgery levels and higher ones also if ever requested -College tutors/TPD to co-ordinate.	HENW will monitor the Trust's actions to date.	October 2014	Postgraduate Dean for Health Education North West

Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
HENW 1	Next scheduled report to the GMC	Availability of the postgraduate deans and general responsiveness of HENW to support all those involved in education and training		Aim to continue this area of good practice during the Deanery Integration Project with all the challenges that brings	Ongoing	All staff led by the Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
		across the Mersey and North Western regions.				
HENW 2	Next scheduled report to the GMC	HENW provides the <i>Training the Trainers</i> course for all doctors in higher specialty training. Completion of the training course is requirement for the completion of specialty training.		Aim to continue this area of good practice during the Deanery Integration Project with all the challenges that brings. It is one of the early implementation areas.	Ongoing	Postgraduate Dean for Health Education North West
HENW 3	Next scheduled report to the GMC	HENW has developed processes to deliver inductions, contracts and Disclosure and Barring Service (DBS) checks for doctors in training which minimises the administrative impact of doctors undertaking placements across different organisations during their training.		Aim to continue this area of good practice during the Deanery Integration Project with all the challenges that brings	Ongoing	Postgraduate Dean for Health Education North West

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
NMGH 1	Next scheduled report to the GMC	The system for collecting evaluation data from, and providing feedback to, doctors training in the paediatric department	This system has been ongoing for a number of months and the feedback from process has been regular shared at team meetings and at the Medical Education Forum. Quality improvement and trainee satisfaction has been presented nationally by the Speciality lead.	ADME for W&C is leaving in April and this has been passed over to the Speciality lead for paediatrics for them to take it forward. The ADME has confirmed this will continue.	Ongoing Process	Postgraduate Dean for Health Education North West
NMGH 2	Next scheduled report to the GMC	The LEP's implementation of training for supervisors which exceeds minimum standards required by HENW.	All Clinical (L1) & Educational (L2) supervisors in O&G were trained to Level 2 as standard and this has been rolled out across the Trust.	Having received the GMC guidelines on L1/L2 changes to the new requirements in terms of domains information has been issued to CS/ES who were are in the process of ensuring that they meet the requirements and/or are working to achieve them. Ensuring that domain 7 requirements of CPD are met annually – this has also been communicated to all appraisers in the trust to check – this was done in April 2013.	April 2015	Postgraduate Dean for Health Education North West
RPH 1	Next scheduled report to the GMC	The use of simulation and clinical skills assessment for the assessment of foundation, ST1 and ST2 doctors before taking up their posts				

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
		within the organisation.				