QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

King's College Hospital NHS Foundation Trust (Princess Royal University Hospital)

Foundation

Risk-based Review

Quality Review report

Date: 24 May 2016
Final Report

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Quality Review details

Background to review	In October 2013 the Princess Royal University Hospital (PRUH) in Orpington Kent was merged with King's College NHS Foundation Trust, following the dissolution of South London Healthcare NHS Trust in October 2013. Through the year, 2014 – 2015, the Trust had invested a lot in the transformation of the newly acquired hospital, transforming the PRUH into one of London's largest orthopaedic centres with outstanding patient outcomes. The Trust had also converted PRUH's stroke unit from an unaccredited status to one of the top 20 units in the country. Despite these positive developments, Health Education England (HEE) deemed it necessary to review the quality of education and training at the Trust following the merger. A visit had taken place in October 2014 which highlighted that there were some concerns which the Trust needed to address regarding: • Inadequate number of clinical and non- clinical staffing levels • Poor educational facilities which were in need of repair and development • Lack of simulation-based training for the trainees • Lack of support for junior trainees from the consultant body • Issues of bullying and undermining behaviour Additionally, having recently merged with King's College NHS Foundation Trust, the last visit highlighted that culturally the two sites were working separately and were not fully combined as one Trust. The visit team wanted to investigate how far the Trust had progressed in this regard, and whether the legacies of the single entity Trust remained. Furthermore the latest published General Medical Council National Training Survey 2015 (GMC NTS) identified that there were a number of red and pink outliers in the foundation programme across a number of specialties relating to 'study leave', 'overall satisfaction', 'access to educational resources', 'clinical supervision', as well as 'clinical supervision out-of-hours', 'adequate experience', 'supportive environment', 'induction' and 'study leave'. The foundation visit team wanted to address the underlying causes for the poor survey results by engaging with the trainees, as well as with the trainers, while simultaneously addressing any patient safety concerns that the trainees might have had and any issues relating to bullying and or undermining behaviour that might have arisen.
Specialties / grades reviewed	The visit team met with foundation year one and two (F1 and F2) trainees across all specialities.
Number of trainees and trainers from each specialty	32 F1 trainees, seven F2 trainees, training programme director (TPD) for the foundation programme, medical education manager (MEM), foundation programme administrator and seven educational supervisors (ES) across emergency medicine, acute medicine, haematology, geriatrics and general practice (GP).
Review summary and outcomes	The visit team thanked the Trust for accommodating the visit. The visit team found that there had been a number of positive developments at the Trust since the last visit and heard from the trainees and trainers that improvements had been made in a number of areas. It was evident that: • The trainees found the Trust to be a friendly and supportive environment and trainees were well engaged • The Quality, Innovation, Productivity and Prevention (QIPPs) course which

	the Trust had implemented was found to be beneficial to the trainees, who were able to complete projects and interact with their F2 colleagues • The trainees reported the teaching in cardiology, during and after ward rounds, to be of a very high standard • The trainees found there to be good team work at the Trust and they reported working well with the nursing staff and other members of the multidisciplinary team (MDT) However, the visit team found that there were a number of areas which still needed to be improved upon, one of these being a concern related to patient safety and issued the Trust with an immediate mandatory requirement (IMR), as F2 trainees in paediatrics were left unsupervised at high risk deliveries, when they did not have the right skills, which posed a patient safety risk. Other areas which the Trust was required to improve were as follows: • Both F1 and F2 trainees reported that there was no foundation teaching in gastroenterology, respiratory medicine and surgery firms. The visit team felt that teaching should be reviewed across all specialties within the Trust • The F1 trainees working within the acute medical unit (AMU) reported that they were arriving one hour before the start of their shift to allocate patients to consultants and write patient lists. It was reported that this practice would cease in September 2016, however the visit team felt that it needed to stop as soon as possible as it was an inappropriate activity for the trainees • There was no medical handover out-of-hours in the downstream wards and the visit team felt that this needed to be strengthened. However, it was noted that there was a good nursing handover • The on-call rota was not being disseminated to both the F1 and F2 trainees in a timely manner which made it difficult for trainees to book annual leave and study leave • The F2 trainees' did not understand how the study leave budget worked, and although it was reported that they did receive high quality training out of this budget, they were not informed why they were required to take up some of the teaching programmes in the first instance • The trainees found the medical cover to the surgical wards confusing and were unsure which system was in place, and whether it was the 'buddy system' or the specialty trainee they should be contacting. The visit team felt that it was paramount that clarity was provided to trainees around this

Educational overview and progress since last visit – summary of Trust presentation
The director of medical education (DME) gave a presentation to the visit team, detailing the progress made by the Trust in terms of education and training since the last visit. The DME emphasised that the Trust was geared towards education and training and since the last visit improvements had been made in the following areas: • The Trust had implemented the 'learning together' initiative • There were leadership skills courses in place for the trainees • Use of quality improvement project (QIPs course) to imbed leadership skills had been implemented • A mentoring scheme had been set up and trainees were matched with a suitable mentor • Regarding recruitment, there had been an overseas development, in order to reduce medical staff shortages • Simulation teaching around patient safety had been implemented at the Trust

- Joint teaching with Psychiatry has been implemented in order to bridge the boundaries between physical and mental health illness

In terms of support for the trainees, the DME informed the visit team that:

- A positive learning environment had been created through faculty development, where trainees could raise any concerns directly with the faculty
- Concerns and complaints were responded to directly. Foundation programme trainees in particular could meet with the faculty directly on an informal basis, or when needed, email the teams

At the Trust level, to support the continuity of education and training, the DME informed the visit team that although the Trust operated as a single entity, the foundation trainees were based at the PRUH site only, whereas the trainers worked across sites. As the trainees were based at one site, it made the delivery of education and training easier, as they did not have to travel to a different site for teaching or other educational sessions.

Quality Review Team			
Lead Visitor	Dr Mark Cottee, Associate Director of South Thames Foundation School	**External Representative**	Mrs Keyuri Shrotri, Consultant Obstetrician & Gynaecologist and Foundation Programme Director
Lay Member	Catherine Walker, Lay Member	**Trainee Representative**	Dr Christina Kontoghiorghe, Trainee Representative
Scribe	Nimo Jama, Quality Support Officer		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
F1.1	**Patient safety** The foundation year two (F2) trainees in paediatrics reported that whilst working in the neonatal unit, they had been left unsupervised, as the higher trainee who was	

	supervising them was called to the emergency department (ED) to deal with two blue lights call. The trainees informed the visit team that they were left to attend to a patient who was experiencing a high risk birth, which had led to a delivery with the baby in difficulty. The trainee informed the visit team they were unable to take any further steps to deal with this situation, because they had no further training to do so. The trainees reported that they were not trained in neonatal life support (NLS), nor in advanced life support and felt they were out of their depth and felt under intense pressure as the mother was fully alert and the father was also present in the room. The visit team heard that this case had been reported to the medical education committee (MEC) as a patient safety concern. A number of foundation year one (F1) trainees reported that they found the medical cover to the surgical wards confusing and they were unsure which system was in place, and whether it was the 'buddy system' or the relevant specialty trainee they should contact. Regarding out-of-hours cover, the trainees informed the visit team they had struggled with the referrals process as the medical and surgical teams worked differently, and there was no clear guidance in place for either department. It was reported that neither department appeared willing to take responsibility for the care of patients who were admitted to the surgical wards, but presented with a medical problem, or conversely surgery patients who had presented with a medical problem. The F1 trainees explained that they had spent a lot of time going back and forth between the two departments, trying to ascertain who was responsible for these patients. The trainees reported occasions where they found the specialty and associate specialist (SAS) grade doctor in surgery to be very unhelpful. The trainees reported that neither the surgical teams nor the medical teams would take responsibility for patients on surgical wards that were in the end of life care, or needed do not attempt resuscitation (DNAR) decisions made and often made the trainees feel that this was the responsibility of the other team. The visit team was told that as no responsibility was being taken by either team, some of the trainees felt that at times this was left to them and so felt out of their depth.	Yes, see Ref. F1.1a below. Yes, see Ref. F1.1b below
F1.2	**Serious incidents and professional duty of candour** The trainees did not report any serious incidents.	
F1.3	**Appropriate level of clinical supervision** Refer to reference F1.1 above.	
F1.4	**Responsibilities for patient care appropriate for stage of education and training** The trainees complained of having to attend the acute medical unit (AMU) one hour before the start of their shift to allocate patients to consultants and write lists. The trainees stated that this was purely an administrative job, involving a complex excel spreadsheet. Upon allocation of the lists, the trainees reported that they would receive complaints from the consultants about the lists they had allocated to them. The visit team was told by the foundation programme leads that the F1s were required to allocate lists to consultants as the King's College London Hospital NHS Foundation Trust's computer systems had yet to been implemented at the Princess Royal University Hospital (PRUH) site. The visit team was informed that the current cohort of F1 trainees found this task difficult in comparison to other trainees, and there had not been as many problems with the previous F1 trainees. The educational supervisors (ES) reported that the allocation of lists by trainees was a temporary solution and was due to cease in September 2016 when the PRUH site would align the Information Technology (IT) systems with the King's College Hospital site.	Yes see Ref. F1.4 below.

F1.5	**Taking consent** The trainees did not report any concerns with taking consent.	
F1.6	**Rotas** Both the F1 and F2 trainees stated that they had often received their rotas late. The visit team was informed that this was due to the fact that the rotas were designed by one central person who was overburdened and overstretched, which had led to a number of inconsistences. In terms of rota cover, the F2 trainees in ED reported that though the rotas were very tight and there was no room for flexibility, in comparison to other specialties, ED was better. The F2 trainees in medicine, gastroenterology, respiratory medicine and cardiology reported that they often had to stay late to cover the wards. The acute medicine trainees reported that despite coming in an hour earlier to complete the consultant lists, they would not get this time back as they had to cover the wards. The F1 trainees in surgery informed the visit team that they were expected to work nine hour shifts and claim half a day in lieu once a month, however could not claim this back in leave as they were told that the rota was fixed. A number of F1 trainees reported that there were gaps in the rota and the Trust was short of trainees in several specialties. The visit team heard that the on-call evening rota was being covered by one F1 when two F1s were required for the rota.	Yes, see Ref. F1.6 below.
F1.7	**Induction** The F1 trainees reported that the Trust induction was satisfactory and that the Trust had recently implemented an extended induction programme which trainees felt was beneficial to them, especially as this was the start of their medical training. The visit team heard that the quality of local inductions across the departments varied with the ED local induction reported to be consistently good. The trainees in the paediatric rotation told the visit team that the paediatric local induction was questionable. The local induction for acute medicine was reported to be less structured. The trainees who had been in the medicine rotation stated that they were expected to learn the processes for allocating patient lists to consultants from the last F1 trainees. These trainees were also expected to attend the AMU a week prior to the start of their rotation, with some of the trainees not able to attend as they were on call. The trainees reported that there were no other measures put in place to train them and they had struggled in their placement as a result. For those trainees who had been able to attend the induction, they commented that the sessions were very brief so they did not fully understand the systems in place.	Yes, see Ref. F1.7 below
F1.8	**Handover** The trainees reported that the handover process across the departments was inconsistent. The F2 trainees stated that there were twice daily board rounds in the ED which was sometimes too much, although they could see the benefit of this. The trainees reported that acute medicine downstream wards could do with improvement as there was no medical handover out of hours. The F1 trainees reported that handover, at the downstream wards was given by writing on a board but this was often very poorly done, or not done at all. The trainees reported that patients would be arriving on the wards over the weekends, but there was no way of tracking them due to inconsistencies and sometimes, incorrect	Yes, see Ref. F1.8 below.

	handover notes on the board. It was reported there was no admin support as ward clerks did not work over the weekends and patients would not be put on the system until the following week. As a result, it was reported that there were a number of occasions where patients were lost within the hospital. The visit team was told that there was a nursing handover, and the nurses would be able to track down the patients. The trainees often sought the assistance of the nursing staff when they themselves could not find the patients. As previously discussed (Ref. F1.4), the ESs informed the visit team that the PRUH site had not incorporated all of the computer systems from the King's College Hospital site, which allowed the ward location of the patient to be inputted and so were still relying on the boards. The visit team heard that there an electronic patient register (EPR) was due to be implemented which should negate the use of the boards. However in the meantime, the ESs reported that all trainees were diligently told they must put the patient location on the board to ensure that patients were not lost in the hospital, but the trainees failed to do this at times. The ESs stated that even if patients were lost, this was for a very short period of time, and the nurses would locate them.	Yes, see Trust Wide Review Report, Ref. TWR1.6 report.
F1.9	**Protected time for learning and organised educational sessions** The foundation training programme director (FTPD) and medical education manager (MEM) informed the visit team that there was a weekly teaching session (which was always bleep-free), for both the F1 and F2 trainees. Despite this it was stated that there were trainees who were falling below the 70% attendance rate requirement, although the trainees were encouraged to complete e-learning to ensure trainees met their targets. The visit team was told by the MEM that there were problems releasing trainees to attend their weekly teaching sessions in some departments especially within paediatrics, gastroenterology and the ED. However, the visit team heard from the MEM that the ED had its own teaching session in place for the trainees, as did the gastroenterology department. It was reported that there were a number of acute medicine foundation trainees who could attend the teaching sessions so their attendance was better. The visit team was informed that trainees in gastroenterology, respiratory medicine and surgery both at F1 and F2 level reported that there was no departmental teaching suitable for foundation trainees. The surgery trainees in particular were resolute that the ESs were disinterested in providing teaching. The F1 surgery trainees reported that their role was purely one of service provision and not a learning one. The trainees in paediatrics informed the visit team that departmental teaching was inconsistent and that sessions were often cancelled. The F2 trainees in ED confirmed they attended one hour departmental teaching each week, but this was often nurse-led and frequently of little benefit to them. The visit team heard that there was an occasion when it was delivered by a consultant; however the quality of the session was poor, and not well prepared. The trainees spoke of a recent session which they attended stating that it was related to writing discharge letters which they did not find useful, particularly as they were now in their last placement The MEM told the visit team that other educational sessions had been put in place for the trainees although these were not always monitored and incorporated into the official figures. These sessions included a weekly grand round session for the surgical and medical trainees, as well as a two days professional skills course, simulation training, teaching the teacher course, and action learning sets course. The educational supervisors within the ED stated that even during the junior doctors' strikes none of the teaching sessions in the ED were cancelled however, there was no discussion regarding the quality of the teaching in the department. Although there was a significant amount of teaching happening at the Trust it appeared that most of the trainees were not receiving the three hour minimum teaching requirements.	Yes see Ref. F1.9 below

F1. 10	**Adequate time and resources to complete assessment required by the curriculum** The 'access to educational resources' question had generated a red outlier in the GMC National Training Survey (NTS) for 2015 for the Trust, with 33% of trainees rating access to the educational resources as 'poor' and 'very poor'. However, access to library services, online journals and e-learning were rated as 'good' or 'very good'. During the meeting with the senior management team (SMT), the director of medical education (DME) informed the visit team that there was a rationalisation of services at the Trust and that whenever major plans, or reconfigurations, which could potentially impact on education and training were being introduced, they were always discussed at board meetings and escalated to the risk register. The F2 trainees complained of the reduction of their study leave budget, whereas other trainees were questioning what had happened to it. The trainees stated they had been informed by the postgraduate department that there was no budget left for them to attend courses, other than the mandatory courses proscribed by the postgraduate medical education (PGME) department. The trainees stated that this had affected their training and they were unable to book any surgical or radiology training courses. The visit team was also told that trainees were unable to attain training in advanced trauma life support (ATLS) courses, as the study leave budget did not allow for this. During the meeting with the FTPD and MEM, the visit team was informed that the study leave budget was tight as it was nearly all spent on organised courses. The visit team heard that trainees had opportunities to apply for the Guthrie Fund for private study leave and there were trainees who already had and have been approved.	
F1. 11	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The visit team heard from all of the F2 trainees that they had met with their ES at the start and end of their rotation and that they could schedule a meeting with them if required. The F1 trainees reported that they felt they often had to drive the interaction with their ES but they knew they could meet them, and although the meetings with their ES at times felt like a tick box exercise, nonetheless the trainees reported that the assessments were done well by the relevant ES.	

GMC Theme 2) Educational governance and leadership

Standards

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

F2.3	**Systems and processes to identify, support and manage learners when there are concerns** The trainees in ED reported that there had been departmental consultant meetings about the trainees' progression, but they were never informed about their progress in the department. The trainees gave an example where a previous trainee was only informed they were underperforming when they were coming to the end of their rotation and it was too late. The trainees expressed some concerns that they did not want to experience a similar a situation and would have liked to be informed of their progress and have better communication with the consultants about this.	Yes, see Ref. F2.3 below

GMC Theme 3) Supporting learners		
Standards **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**		
F3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The DME informed the visit team that the Trust was supportive and responsive to the needs of trainees. It was stated that there was an open forum at the Trust to raise any concerns and the foundation trainees could meet with the faculty directly on an informal basis and email in between as necessary. If needed the foundation trainees could go the higher trainees who were more experienced and might be able to offer support to them. The visit team was informed that at every induction there was a ten minute discussion dedicated to pastoral support, where trainees were made aware the DME was always available by email if needed. Both the F1 and F2 trainees reported that they had good support from the PGME department and overall they found the PRUH site and the staff to be friendly and supportive.	
F3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees reported that they found there to be a good team work structure at the Trust and that they worked well with nursing teams and the rest of the multi-disciplinary team (MDT). The trainees informed the visit team that during their last rotation a Whatsapp system had been introduced. Regarding this system, there had been instances where the trainees felt undermined as the consultant would often use it inappropriately, by instructing the trainees to go and see the consultant in their office, instead of communicating with them privately and in person. It was reported that this communication system had been removed at the time of the visit, following complaints by the trainees.	
F3.4	**Access to study leave** The GMC NTS in 2015 had generated red outliers for 'study leave' for F2 trainees in the ED, medicine and surgery. Regarding EM, 44 % of the F2 trainees working in the ED rated the study leave encouragement as 'poor', with a further 44% of trainees indicating that it was 'very poor'. The visit team heard from the F2 trainees that they had incurred problems when trying to book study leave as well as their eight days annual leave, and despite sending emails and completing annual leave forms in advance, they would often not receive a response. The trainees advised the visit team, better communication with the rota coordinators would improve this. The visit team was informed by the ESs that there were plans in place for the implementation of a two days turnaround time for responding to emails to trainees regarding annual leave.	Yes, see Ref F3.4 below.

GMC Theme 4) Supporting educators		
Standards **S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.** **S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.**		
F4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The FTPDs and ESs that the visit team met with reported that there were anomalies in the way their educational roles were planned. It was reported that the haematology ES did not have an educational role planned into their job role. The visit team were told that the ES was unable to have the required 0.25 programmed activity (PA) per trainee in their job role.	Yes see Ref. F4.2 below
GMC Theme 5) Developing and implementing curricula and assessments		
Standards **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.** **S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**		
F5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** Regarding F2 surgery, the GMC NTS results in 2015 indicated that 67% of trainees rated the 'practical experience' in the post as 'poor'. For F1 surgery trainees this was a pink outlier and the survey highlighted that only 55% of trainees felt confident that this post would help them acquire the competencies they needed at that particular stage of training. The visit team heard from the trainees that they had received a positive experience in terms of practical experience within the ED and that others spoke highly of the 'Tasters' Week' which they had the opportunity to attend. On the other hand, the visit team noted that the F1 and F2 trainees across the board were not attending clinics or were attending minimal clinics, which fell below the average three clinics sessions required for each rotation.	Yes, see Ref.F5.1 below
F5.2	**An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme** The F2 trainees reported that they felt they were being made to attend a number of training sessions which they felt were at times irrelevant and expressed feelings that for their level, they would have preferred more autonomy in which training sessions they wanted to pursue. The trainees expressed views that they did not understand the reasons for the mandatory courses they were asked to attend, and initially at times did not understand the relevance of these. However upon completing some courses and applying for grants, some trainees were pleased to state that they had acquired skills which they could then demonstrate in application forms. An example of such course was the QIPPs course, which the trainees reported allowed to learn new skills whilst at the same time offering them the opportunity to interact with the other foundation trainees.	Yes, see Ref F5.2 below.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The Quality, Innovation, Productivity and Prevention (QIPPs) course which the Trust had implemented was found to be beneficial to the trainees, who were able to complete projects and interact with their F2 colleagues	Postgraduate Medical Education	Complete the good practice case study pro forma	June 2016

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
F1.1a	Foundation year two (F2) doctors in paediatrics attending high-risk delivery with inadequate training and without direct supervision.	F2 must be appropriately trained and assessed as competent before working without direct supervision. The Trust is required to respond within five working days.	R1.1

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
F1.1b	The Trust is required to ensure that all staff are aware of the ownership of patients on the surgical wards when requiring medical treatment and vice-a-versa, this must include clear lines of referral pathways and clinical supervision and support for trainees. This is during the day and especially out of hours.	The visit team is required to provide the patient referral policy, which clearly identifies patient ownership, patient pathways and provides clarity as to relevant support and clinical supervision foundation trainees have access to. This should be during the day and especially out of hours. The Trust should then provide the LFG minutes which demonstrate that this has been communicated to all trainees and that there is on-going compliance with this issue.	R1.1
F1.4	The Trust is required to implement the IT system on the PRUH site and ensure that foundation trainees are not undertaking inappropriate and heavily administrative duties.	The Trust is required to provide a clear timescale for the implementation of the IT system on the PRUH site and a contingency plan that ensures that foundation trainees are not undertaking the acute medicine list activity.	R1.9
F1.6	The Trust is required to ensure that trainees receive their rotas in a timely fashion and changes to the rotas must be communicated in a timely fashion. It is suggested that the responsibility of the rota is shared.	The Trust is required to provide the rotas for the next six weeks. Trainee feedback demonstrating that they have been given their rotas in a timely fashion and changes communicated effectively should be provided too, in the form of LFG minutes and register.	R1.9

F1.7	The Trusts should review all of its local induction processes to ensure trainees are given orientation of the wards and a run through of the processes.	The Trust is required to provide the outcome of the review, a local induction programme for each department and the LFG minutes of trainee feedback.	R1.13
F1.8	The Trust must create standard operating procedures for handover sessions in medicine and implement set times for handover.	The Trust is required to provide the new handover procedures and LFG minutes which demonstrate that a structured and formal handover is occurring every day.	R1.14
F1.9	The Trust must ensure that all trainees with particular reference to gastroenterology, paediatrics, emergency medicine and respiratory medicine are attending their teaching sessions as required by the curriculum.	The Trust is required to provide the rotas which identify protected teaching time every week or the teaching programmes, the attendance lists of all teaching sessions for consultant and trainee attendance. The Trust is also required to provide LFG minutes which demonstrate that the availability and quality of teaching is a standing item on the agenda and changes are made in line with trainee feedback.	R1.16
F2.3	The ED educational and clinical supervisors must regularly provide feedback to trainees regarding their progression.	The Trust is required to provide evidence of this through the LFG minutes.	R2.2
F3.4	The Trust must provide a clear guidance of the annual leave policy as well as the procedure for requesting annual leave for all trainees during their induction.	The Trust is required to provide the guidance for annual leave, through the induction programme, as well as the LFG minutes.	R3.12
F4.2	Trust should review the job plans of clinical and educational supervisors to ensure that those involved in training and education are remunerated appropriately.	The Trust is required to provide a database of all supervisors demonstrating PA allocation.	R4.2
F5.1	Trust to consider and implement measures to augment the experience offered by the current post in the form of attending clinics, and submit report detailing what has been done and provide evidence that the issues have been rectified.	The Trust must provide the report and LFG minutes which demonstrate that the changes implemented from the report are adequate for the trainees and that trainees are able to attend the clinics.	R3.7
F5.2	The Trust must provide clarity for the trainees relating to the attendance of mandatory courses and education programmes and the allocation of study leave.	Please provide the LFG minutes and the induction programme which demonstrate that The Trust is required to provide the study leave budget guidance as well as study leave policies that are in place through foundation trainees' induction and LFG minutes, which demonstrate that trainees' attendance at mandatory courses and education have been clearly communicated to trainees.	R2.1

Signed	
By the Lead Visitor on behalf of the Visiting Team:	Dr Mark Cottee, Associate Director of South Thames Foundation School
Date:	12 July 2016