

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE CONNÉTABLE OF ST. JOHN
QUESTION SUBMITTED ON MONDAY 7th MARCH 2022
ANSWER TO BE TABLED ON MONDAY 14th MARCH 2022**

Question

“Will the Minister advise –

- (a) how Jersey has been rated for Junior Doctors in the Wessex region for each of the last 6 years;
- (b) how many applications have been received from Junior Doctors in each of the last 6 years;
- (c) whether there has been any warning that our continued membership of the Wessex Junior Doctor scheme is at risk; and
- (d) whether he will publish the latest Foundation School visit feedback report?”

Answer

- a) The most recent review of Doctors’ training was carried out by Health Education England in relation to our Foundation Doctors’ training programme in January this year. This is a cyclical review which normally takes place every 2-3 years, but, as with all other training programme reviews across the UK, was delayed due to COVID.

The previous review was in 2017, when Jersey received a green 1 rating.

**Green
1**

Meets all national standards for education and provides an appropriate training experience. Clear action plans for any challenges which arise, with the impact of difficult to resolve issues minimised.

The format of the report has since changed and a rating is no longer given as part of the report. The 2022 review does not give a rating, but provides feedback which falls into 3 main categories:

- Mandatory requirements
- Recommendations
- Areas of good practice

The mandatory requirements covered 3 areas to improve which were to:

- (i) Provide support for the Foundation Doctors in one area to both produce their rotas and help fill gaps if there are absences. Up until now, these Drs have been managing their own rotas (as is common for junior doctors) to cover their day-to-day duties and overnight shifts. However, occasionally they have felt that they have been left to find cover particularly if someone goes off sick. We have advertised for rota co-ordinators and expect to have these posts filled by the 1st of April. In the interim period, a temporary arrangement has been put in place to address this.
- (ii) The foundation Drs in one area felt that they were not supported enough by more senior staff on occasions when they had to deal with sicker patients.

(iii) The foundation Drs in the same area felt that the communication between their senior staff and senior staff in other areas was on occasions poor, again leaving them with less support than they would like when dealing with sicker patients. To address both these points, very clear lines of escalation have been explained to these foundation Drs in that they should immediately ask the consultant on call for help. They are also being proactively supported through the daily operational hub meetings where they are being asked to highlight any patients they have concerns about and support is being provided where necessary.

The recommendations included:

(i) Giving consideration to changing the Foundation Teaching programme that is run on an annual basis, which means it is repeated as Foundation Drs are with us for 2 years. We may make it a 2-year programme or split the teaching so that 1st year and 2nd year Drs are taught separately. This is on-going work.

(ii) Review our induction programmes for each specialty so that there is a more robust induction programme for every specialty when these Drs move, which happens 3 times a year. All specialties are being asked to review their individual induction programmes and feedback to the education team.

(iii) The organisation should consider how to further embed a culture of teaching and learning across all areas of the hospital to maximise the learning experience for trainees. This is already part of a bigger piece of work reviewing our educational offering for all professional groups which we are undertaking this year.

Areas of good practice included:

(i) The education team was highly valued; trainees reported that the team was supportive, easily accessible and organised.

(ii) Trainees reported good support from educational supervisors across the hospital.

(iii) The TRiM programme to provide support for those who have had a traumatic experience was highly valued. (TRiM is a peer-led system used in many different settings and workplaces to support workers who may have undergone traumatic experiences; it originated in the military but has been adopted by others including healthcare.)

(iv) The Review Panel heard reports of a significant positive change in the experience of trainees in a department.

(v) Trainees were very appreciative of the quality of accommodation provided by the government which allows them to access training on the island.

- b) We don't receive applications for junior doctors directly as the whole recruitment process is managed by Health Education England (HEE) Wessex. There is a central competitive clearing system, whereby new graduate UK Drs (and some overseas Drs) apply for Foundation Training posts throughout the UK and rank their preferences.

Foundation doctors and GP trainees are placed with JGH by Health Education Wessex under the terms of the NHS Education Contract. Health Education Wessex places 14 foundation year 1 doctors, 13 foundation year 2 doctors, and 8 GP trainees with HCS for each rotation. JGH's medical staffing department is responsible for completing all pre-employment checks and issuing employment contracts for the junior doctors. At any one point, HCS will have some doctors working in mental health wards and GP practices as well as in the hospital as part of their speciality rotation.

- c) There has been no such warning. Indeed, we are in the process of increasing the number of Foundation training posts in the coming years in response to the increase in the number of students studying medicine in the UK. Health Education Wessex has asked us to take an extra 2 trainees in 2023 and a further 3 in 2024.
- d) We will be releasing the latest report, subject to appropriate redactions, once it has been disseminated to our staff.