General Medical Council

Visit to Calderdale and Huddersfield NHS Foundation Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see the General Medical Council website.

Review at a glance

About the visit

Visit date	24 October 2014
Site visited	Calderdale Royal Hospital
Programmes reviewed	Undergraduate - Leeds School of Medicine, foundation, obstetrics & gynaecology and paediatrics
Areas of exploration	Patient safety, rota gaps, handover, induction, quality management processes, equality and diversity, placements and curriculum delivery, assessment and feedback, support for students and trainee doctors, student assistantships and preparedness, training and support for trainers, transfer of information, bullying and undermining
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via enhanced	No

monitoring?	

Summary

1 We visited Calderdale and Huddersfield NHS Foundation Trust as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and the Humber. During the visit we met with foundation doctors years one and two from a range of specialties including surgery, paediatrics and obstetrics & gynaecology, and higher specialty trainees in paediatrics and obstetrics & gynaecology. We also met students in years 4 and 5 of the MBChB programme at Leeds School of Medicine.

2 Calderdale and Huddersfield NHS Foundation Trust is run over two sites; Calderdale Royal Hospital and Huddersfield Royal Infirmary. The two sites are on the peripheries of the Yorkshire and the Humber region. The visit was held at Calderdale Royal Hospital, where we met with trainees and staff who were either based at one of the hospitals, or worked across both sites.

3 In general, we found the provision of education and training within the Trust to be good. The medical students we met were positive about the training they had received, reporting that they felt supported and enjoyed working as part of a close-knit team, which is more evident here than at other placements they had experienced. In the main, the doctors in training we met with also described a supportive environment, although some concerns regarding workload and rota gaps were identified. Access to teaching was also an issue for both foundation doctors and higher specialty trainees. This is largely due to rota gaps, resulting in a high workload for trainees which limits their opportunities to attend teaching sessions. Whilst the education management team were aware of rota gaps, it was not clear how the impact of these gaps on the provision of education was being considered at Trust board level, and were therefore being appropriately addressed.

Areas of exploration: summary of findings	
Patient safety	There appears to be an open reporting culture for both doctors in training and students at Calderdale and Huddersfield NHS Trust. Those we met during the visit were aware of their duty to report patient safety issues and all are confident that they know who to speak to if they had a concern. We heard of a clinical placement reporting tool that has been recently introduced by Leeds School of Medicine as a means for students to flag dangerous or good practice through a Red, Amber, Green (RAG) card system. Some students were aware of this reporting mechanism and we heard examples of its use from the students we met with.

	The foundation doctors and higher specialty trainees (HSTs) we met were not aware of any current patient safety issues. A number of them, however, did discuss concerns with current and ongoing rota gaps and high workload issues, which they felt could potentially lead to patient safety issues if not addressed. Please see requirements 2 and 3 and the next section.
Rota gaps	Discussion with doctors in training throughout the visit indicated that rota gaps are having a detrimental impact on two areas; workload and access to teaching. Rota gaps have resulted in a high workload within certain departments, and we heard that this is particularly prevalent for foundation doctors on weekends. Please see requirement 2. Rota gaps were also recognised by all the doctors in training we met as having a detrimental impact on their ability to access regular teaching sessions. This was of particular concern for foundation year two doctors. Please see requirement 3.
Handover	Handover was found to be an area working well within the Trust. Foundation doctors we met with indicated that handover took place regularly and was well attended by consultants and members of the multidisciplinary team. Similarly, doctors training in paediatrics gave an example of a detailed handover process where time for handover is protected. Obstetrics and gynaecology doctors in training confirmed that a full handover takes place every twelve hours, and that the handover within this department is one of the best they have experienced. Please see "area where there has been an improvement" 1.
Induction	The quality of local departmental induction across the Trust was found to be varied. Whilst the obstetrics and gynaecology foundation doctors we met with reported receiving a very good half day departmental induction, foundation year one doctors within colorectal surgery reported not receiving a formal departmental induction when they started. Please see

	requirement 4.
Quality management processes	The flow of information between the Trust and Leeds School of Medicine seemed to be working well. Internal quality control processes also seemed to be working well, and the education management team were aware of the issues that are ongoing within the Trust, for example rota gaps. From the documentation reviewed prior to the visit, and in discussion with the foundation doctors and higher specialty doctors in training, it was not clear how quality information is shared with the Local Education and Training Board (LETB), for example difficulties with trainees accessing teaching due to rota gaps. Please see recommendation 2.
Equality and diversity	The doctors in training and staff we met with indicated that they were receiving equality and diversity training, with paediatric trainees receiving it through their induction every 6 months, when they rotate to another post. Obstetrics and gynaecology trainees confirmed that they had all received equality and diversity training as part of an e-learning package. The educational supervisors we met with also indicated that they have access to online equality and diversity training, and that they must refresh their training every three years. We also heard that anyone who is involved in the student recruitment process must complete equality and diversity training. Standards for this aspect of delivery are being met.
Placements and curriculum delivery	The students we met with were very happy with the quality of placements they had experienced at both sites within the Trust. Students suggested that there is a close working environment where they are able to get to know the wider team they are working with. They indicated that this was unlike other placements they had experienced, and therefore their experiences at the Trust compared favourably. We heard from the management team that clinical skills and simulation training is a rapidly evolving area of development across the Trust, and there is a

	new simulation centre at Huddersfield. The students we met with were aware of this and they have been invited to experience the new centre. The clinical supervisors we met with also indicated that they receive very positive feedback regarding simulation training at the Trust. The foundation and higher specialty trainees we met with indicated that they had access to a wide range of clinical skills through their rotations, and the majority of them would recommend the Trust to other doctors in training. The training programme director for foundation year one (FY1) indicated that FY1 training is mapped to the curriculum, and foundation year one doctors agreed that this was the case. For foundation year two (FY2) doctors we heard that there is a lack of generic teaching, and rota gaps mean that they are often unable to attend teaching sessions; therefore it was unclear how foundation year two competencies in the curriculum were being met. Please see requirement 3.
Assessment and feedback	On the whole, assessment and feedback that students and doctors in training receive on their progress was found to be working well at the Trust. Students described different ways they are assessed whilst on placement and gave examples of end of placement assessments and case based discussions. They also indicated that assessments are timetabled in advance so they are aware of when they are going to be. They were happy with the level of the written and verbal feedback they received on these assessments. Paediatric doctors in training indicated that they receive a lot of assessments where they are observed, and that they receive helpful feedback following these observations. It was indicated, however, that the frequency of these assessments are greater at a lower specialty trainee level, and that assessments get more difficult to access as doctors in training progress. Obstetrics and gynaecology doctors in training indicated that the feedback they receive is always constructive. Standards for this aspect of delivery are being met.

Support for students and trainee doctors	Students indicated that they felt very supported by staff who are engaged and happy to teach, as were the foundation doctors when students had shadowed them. The foundation doctors and doctors in training we met with were generally satisfied with the level of support they received from both their educational supervisor and their clinical supervisor. On the whole, foundation doctors felt able to access senior support, although due to rota gaps particularly on weekends, this was not always the case. Please see requirement 2. Higher specialty trainees (HSTs) within Paediatrics suggested that despite rota gaps, there is a feeling that they can access additional support if needed and they don't feel out of their depth or isolated. Obstetrics and gynaecology HST doctors supported this view, stating that they can access support from consultants when needed.
Student assistantships and preparedness	The foundation doctors we met with who had graduated from Leeds School of Medicine described a three week shadowing period they completed in addition to their student assistantship. As this took place in the ward they were going to be working on, they found this experience invaluable in preparing them for their foundation year. Year 5 students we met with described a variable experience of prescribing teaching during their assistantship. Whilst they indicated that the new undergraduate curriculum integrates prescribing, they would welcome more opportunities to put what they have learnt into practice under appropriate supervision during the assistantship. The majority of the foundation doctors we met with suggested that their curriculum, including student assistantships and shadowing, had prepared them well for their foundation year.
Training and support for trainers	Educational supervisors spoke of training that was available to them, both at Trust and LETB level in relation to their role. They are offered a one day training session locally, but this is not mandatory.

	They were also aware of training provided by the LETB, which includes both online and face to face teaching. Educational supervisors are required to refresh their training every five years. Whilst the clinical supervisors we met with spoke of training they received for their role, including a two day training for trainers session and online update sessions, we did not hear of any mechanisms in place to ensure that clinical supervisor training is kept up to date, and heard of a training session last being attended ten years ago. We also found that clinical supervisors do not have time for training in their job plans, are not being appraised for their roles, and many spoke of not receiving any feedback on the quality of the assessments that they are doing. Please see requirement 5 and recommendation 1.
Transfer of information	We heard from the education management team that there are processes in place for communicating information about individual students from the medical school to the Trust. The foundation doctors we met with agreed with this, although we heard of one example where an individual's learning needs were not communicated between the medical school and the foundation year. The process for the transfer of information from the LETB to the Trust was not clear. We heard from educational supervisors that they do not always receive information about doctors in training from the LETB, and they are therefore sometimes reliant on the information they get from the trainee alone. We also heard that educational supervisors change on a yearly basis, and this can make the transfer of information process difficult, as the necessary information about a student or doctor in training isn't always shared with the new educational supervisor.
Bullying and undermining	Students and doctors in training had a good awareness of the bullying and undermining processes in place, and where to access support if required. The foundation doctors indicated that they would approach their educational supervisor if they experienced, or became aware of, any undermining

	or bullying issues. Paediatric doctors in training mentioned a video that was part of their induction, which told them how to report any bullying or undermining issues they became aware of. Obstetrics and gynaecology doctors in training indicated that they had not witnessed or experienced any bullying or undermining practices, and that Trust policies regarding this are well publicised. The education management team suggested that that bullying and undermining is not a particular issue of concern for the Trust, and our discussions with students, doctors in training and staff throughout the visit supported this.

Area where there has been an improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in *Tomorrow's Doctors (TD)/The Trainee Doctor (TTD)*	Area where there has been an improvement
1	TTD 1.6	The organisation of handover has been improved. Structured and detailed handover processes are now in place.

Area of improvement: The organisation of handover processes

4 Prior to the visit, documentation was submitted by the Trusts we visited, the LETB, and the medical school. As part of the evidence submitted by the LETB, a recent quality management visit report by Health Education Yorkshire and the Humber to Calderdale and Huddersfield NHS Foundation Trust (April 2013) was reviewed.

5 The LETB quality management report indicated that handover was an area requiring improvement. A condition was set requiring the Trust to review the current handover arrangements within acute medicine at Calderdale Royal Hospital. Whilst this visit did not specifically look at acute medicine, as part of the visit we met with foundation doctors currently within colorectal surgery, paediatrics, obstetrics and gynaecology and urology. We also met with a wide range of clinical supervisors, including those

providing acute medical supervision. The foundation doctors we met with were positive about the handover experience within a range of specialties, indicating that it takes place regularly and is well attended by consultants and members of the multidisciplinary team. The educational supervisors we met with confirmed that previous issues raised regarding handover had been acted on. Clinical supervisors also reported receiving good feedback regarding handover.

6 It is clear that changes to handover processes have been implemented since the LETB visit. We found that handover in general is working well at the Trust.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in *Tomorrow's Doctors* / *The Trainee Doctor*	Requirements for the LEP
1	TTD 1.2	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.
2	TTD 1.11	Foundation doctors in surgical posts must have timely access to senior support at weekends.
3	TTD 5.4	There must be scheduled, regular educational teaching sessions in place, and doctors in training at all levels must be able to access them.
4	TTD 6.1	All doctors in training must receive a departmental induction. An up to date, accurate record of those who have, and have not received a departmental induction should be closely monitored.
5	TTD 8.4	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.

Requirement 1: Current terminology must be used when referring to the grades of doctors in training and designing rotas.

7 Throughout the visit, the doctors in training we met with frequently used the term 'senior house officer' (SHO) to refer to doctors in training from foundation year 2, core medical training years 1 and 2 and general practice specialty trainees. This term

was particularly in use amongst foundation doctors when describing their escalation procedures, as they had been told to escalate any concerns to the 'SHO' on their team.

8 The term 'senior house officer' or 'SHO' provides ambiguity for doctors in training, as it does not specify the level of the individual doctor. Furthermore, other staff members may not be aware of the level of experience of the doctors on the rota and may as a result ask such doctors to work outside the limits of their competence or without appropriate supervision.

Requirement 2: Foundation doctors in surgical posts must have timely access to senior support at weekends.

9 In discussion with foundation year one doctors, we heard that within surgery, accessing senior support on weekends is difficult due to low staff numbers. This also has a detrimental impact on the workload of junior doctors during this time. A particular example given was where there was no 'senior house officer' available on a Saturday, and the locum that came in to replace them took six hours to arrive. Discussion with the education management team indicated that they were aware of issues within surgery, and that they are currently reviewing rotas to ensure that junior doctors are not working without appropriate supervision. It was also acknowledged that staffing levels at weekends is an issue when there are gaps and locum cover. This was supported by foundation doctors in training who indicated that there is no leeway in the weekend rota for someone to be off, for example if they were unwell.

10 We were told that the issue of workload has been raised with the education management team by foundation doctors, but to date it had not been resolved.

Requirement 3: There must be scheduled, regular educational teaching sessions in place, and doctors in training at all levels must be able to access them.

11 Some of the doctors in training we met throughout the visit, at both foundation and higher specialty level had experienced difficulties in attending scheduled teaching sessions. We heard that whilst full time trainees were sometimes unable to attend teaching due to rota requirements, there were also some issues with the scheduling of teaching sessions on the same days each week, which had resulted in less than full time trainees (who do not work on the days teaching takes place) not being able to access regular teaching sessions.

12 The foundation year one doctors we met with gave some examples of not being able to attend teaching due to low staffing levels on the wards they were working in, however they did indicate that generally they were able to attend. We heard that within surgery, although teaching was supposed to be every two weeks, some trainees had not been able to attend most of them as they had either been on a

night shift, on call, or on leave. We also heard that there are only three foundation year two trainees within surgery so it can be a problem attending teaching, as they cannot ensure adequate cover whilst they attend.

13 There appeared to be a lack of regular, scheduled general FY2 teaching in place. We heard that FY2 doctors only have four general FY2 training days during the year; teaching, careers, consent and 'bridging the gap'. The FY2 trainees we met with were concerned that the curriculum appeared to be disconnected to their training. This concern was reflected in the meeting with the clinical supervisors, where we heard that the training programme director (TPD) for FY2s is currently developing a system of training to improve the FY2 experience, as currently it is not satisfactory.

14 Doctors in training in paediatrics also shared concerns about the impact of rota gaps on education and training. It was indicated that trainees are not fulfilling the requirements of curriculum in regards to community posts at ST3-4. Trainees suggested that rota gaps often take priority over educational needs.

15 In discussion with the management team, we heard that rota gaps are a challenge across the Trust currently. There are particular issues in emergency medicine, anaesthetics, orthopaedics and obstetrics and gynaecology. Surgery, anaesthesia and paediatrics also saw a reduction in workforce numbers last year. We heard that the management team are trying to address this through the use of a strong locum service, so trainees aren't taken out to fill rota gaps. It is clear that rota gaps are impacting heavily on the ability of trainees to attend educational teaching sessions. Trainee concerns that they were not being enabled to meet the requirements of their curriculum were found amongst both foundation and higher specialty trainees.

Requirement 4: All doctors in training must receive a departmental induction.

16 During the visit, we met foundation doctors who were currently working within a range of specialties including colorectal surgery, paediatrics, obstetrics and gynaecology and urology.

17 The colorectal surgery foundation year one doctors we met with described not having a departmental induction in their first week of starting at the Trust. Whilst this was rearranged for the following week, they were unable to attend this due to rota demands. Whilst they acknowledged that they had informal discussions with staff and that the existing foundation year ones had been helping them learn the ways of the department, we heard that a formal departmental induction was not provided.

18 In contrast, obstetrics and gynaecology foundation doctors described a detailed departmental induction, where trainees met with consultants and senior registrars, were given a tour of the whole department, and sat down to discuss the department with staff members over the course of a morning. Similarly, the

obstetrics and gynaecology and paediatric higher specialty trainees we met were very complementary about the induction programme they received, indicating it had been very thorough.

19 The education management team confirmed that induction differs between departments. While departments are supposed to provide registers of the doctors in training who have completed their departmental induction to the medical education office, the education management team acknowledged that this was not always the case. It was therefore not clear how the Trust was ensuring that all doctors in training are receiving a departmental induction.

Requirement 5: Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.

20 As part of the visit, we met separately with educational and clinical supervisors from a range of specialties. According to clinical supervisors, educational supervisors have 0.125 PA per trainee to a maximum of 4 trainees for educational supervision within their job plan, but this is not applicable to the clinical supervisor role. Whilst educational supervisors within paediatrics indicated that time for training was included in their job plans, this was not the case for educational supervisors within obstetrics and gynaecology or urology. The clinical supervisors we met with also indicated that they did not have time for training including in their job plans.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in *Tomorrow's Doctors*/ *The Trainee Doctor*	Recommendations for the LEP
1	TTD 6.35	Clinical supervisors should receive feedback on the quality of assessments they are providing, and regular appraisals for their roles.
2	TTD 7.2	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.
3	TTD 8.1	The LEP should work with the LETB to consider the impact of rota gaps on the quality of postgraduate training going forward.

Recommendation 1: Clinical supervisors should receive feedback on the quality of assessments they are providing, and regular appraisals for their roles.

21 Clinical supervisors told us that they are not receiving appraisals for their roles. We asked if appraisal for this role was included as part of their regular consultant appraisal, and we were informed that the clinical supervisor role was not specifically discussed at part of this process. This was agreed by all the clinical supervisors we met, who were supervisors in a range of specialties including surgery, acute medicine and paediatrics.

22 A lack of feedback on the quality of their supervision was also raised as an issue, with clinical supervisors indicating that there is not a section in the consultant appraisal document that gives them an opportunity to give feedback on their clinical teaching role. Clinical supervisors acknowledged that they receive high level feedback on their clinical teaching through the National Training Survey (NTS), but that it is difficult to understand where deficiencies in their supervision are from this information. They indicated that they are not receiving any feedback on the quality of the assessments that they are doing, and they were not aware of any information that is provided by the Trust to the medical school or LETB regarding clinical supervisor training.

23 It was clear from speaking to the clinical supervisors that they do not feel that their role is recognised, with regard to a lack of time in job plans, and a lack of appraisal and feedback. Whilst the students and doctors in training we met with were generally satisfied with the quality of clinical supervision they were receiving, clinical supervisors should be appraised and given feedback on their performance within their roles, to ensure that opportunities to improve the quality of supervision for students and doctors in training are not missed.

Recommendation 2: The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.

In discussion with the senior management team, we heard that there is a weekly executive board meeting which is chaired by the chief executive of the Trust. This is attended by every executive director and divisional directors who are clinical leads.

24 Whilst we heard that issues concerning education and training are discussed at board level, education and training is not a standing item on the agenda of this meeting. In relation to requirement 3 regarding the impact of rota gaps on the ability of trainees to access education sessions, it is clear that this is a longstanding issue within the LEP, and therefore should be regularly considered by the board alongside issues concerning the delivery of service. The quality of medical education and training should therefore be formally and regularly reviewed at LEP board level to secure sustainability, as services are reconfigured across the two main hospital sites. In regards to future plans for reconfiguration, we also found

little evidence of a detailed, formalised training and education strategy. A clearly documented plan would provide all stakeholders are with appropriate information regarding the future of education provision within the Trust, to ensure that the sustainability of education is being suitably considered going forward. Board plans should also be shared formally with the LETB and Medical School.

Recommendation 3: The LEP should work with the LETB to consider the impact of rota gaps on the quality of postgraduate training going forward.

25 Throughout the visit, we heard from the education management team, supervisors, and doctors in training that rota gaps are an ongoing issue for the Trust. In discussion with the education management team, we heard of initiatives to address these gaps, for example the reorganisation of services and the development of a workforce strategy, including the consideration of roles within multidisciplinary teams.

26 The LEP management team are clearly aware of ongoing issues with rota gaps. They indicated that where they have gaps in rotas and have to employ locums, this is a concern for them. From our discussion with the doctors in training it is clear that regular use of locums is not the only concern, but doctors in training at all levels not being able to access scheduled teaching sessions (see requirement 3), senior support out of hours in some cases (see requirement 2) and having an extremely high workload were the key concerns identified. Whilst rota gaps are a known issue, in line with requirement 5, it is not clear that the LEP executive board is fully considering the impact of these rota gaps on postgraduate education and training. In line with this, it is not clear what the formal processes are for notifying the LETB of any ongoing issues with trainees accessing teaching at the Trust.

27 In meetings with the management team during the visit, we discussed means of sharing information between the Trust and the LETB, and heard of the importance of the roles of the director of medical education and associate postgraduate dean in achieving this. Whilst informal relationships for sharing information appeared strong, the formal mechanisms for sharing information between the two organisations were less clear. This is in line with our review of the documentation provided prior to the visit, where it was not clear what information is collated across the LEP and formally shared with the LETB. In discussions held over the course of the visit, whilst we were made aware of initiatives to address rota gaps, it appeared that these were being considered locally, rather than jointly with the LETB. As the LETB hold overall responsibility for the quality of postgraduate training within the region, formal, documented processes should be evident to demonstrate that the LETB are being kept informed of any issues that may impact upon the quality of postgraduate training going forward, such as rota gaps.

Acknowledgement

We would like to thank Calderdale and Huddersfield NHS Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.