

Visit Report on Circle Nottingham NHS Treatment Centre

This visit is part of the East Midlands regional review.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	Circle Nottingham Treatment Centre
Sites visited	Circle Nottingham Treatment Centre
Programmes	Undergraduate and postgraduate training programmes
Date of visit	21 October 2016
Overview	<ol style="list-style-type: none"> 1 We visited Circle Nottingham NHS Treatment Centre (the centre) as part of our review of undergraduate and postgraduate medical education and training in East Midlands. This was the first time that the GMC visited a private provider as part of a regional review. The visit was different from the visits to NHS trusts; the main aim was to gain a better understanding of how private providers work with NHS trusts to provide targeted education and training for learners, and how this contributes to the educational experience of doctors in training in the region. 2 The centre was founded in 2004 and started delivering services in 2008. Circle Nottingham is part of CircleHealth which runs hospitals, rehabilitation and health services across the UK. The centre is the largest day care centre in Europe and provides a wide range of outpatient, inpatient, diagnostic and therapeutic services. It has 60 consultation rooms, five main

theatres, three surgery theatres, four endoscopy rooms and an 11 bedded short stay ward.

- 3** The centre does not have its own allocation of learners. Instead, they work in partnership with the Nottingham University Hospitals NHS Trust (NUH). Medical students and doctors in training who are completing their attachment or training rotation at NUH spend short period of times at the centre where they observe and attend clinics. In this regard, the centre plays a similar but more structured role to that of an outpatient department in a standard NHS Trust.*

* Disclaimer: This report reflects findings and conclusions based on evidence collected prior and during the visit.

Areas that are working well

We note areas that are working well where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	Theme one (R1.1)	<p>There is an open culture at Circle Nottingham Treatment Centre and learners and educators are encouraged to raise patient safety concerns.</p> <p>See paragraphs 1 & 2</p>
2	Theme three (R3.3)	<p>The medical students and doctors in training we met spoke highly of the level of support and teaching they receive at Circle Nottingham Treatment Centre.</p> <p>See paragraph 19</p>
3	Theme four (R4.2)	<p>The educators we met said they feel supported and are given ample time to teach.</p> <p>See paragraph 22</p>

Recommendations

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

Number	Theme	Recommendations
1	Theme one (R1.13)	We encourage the centre to implement inductions more rigorously or make them mandatory. See paragraph 10
2	Theme two (R2.2)	The centre should review and align their own standards in accordance with GMC standards. See paragraph 16

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards. Please note that not every requirement within *Promoting Excellence* is addressed; we report on 'exceptions' e.g. where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards
<p>S1.1 <i>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.</i></p>
<p>S1.2 <i>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.</i></p>

Raising concerns (R1.1)

- 1 During our visit we heard from managers, clinical supervisors and learners that they are encouraged to raise concerns. Learners said there is an open culture at the centre and they would initially raise any patient safety concerns to their consultant or clinical supervisor. Learners said that the environment and facilities at the centre are safe and provide a positive experience for both patients and learners.
- 2 The centre management team told us about the *Stop the Line* initiative; a concept they have taken from the motor industry and used to stop the production when any problem is identified. The centre has adapted and applied this concept to the healthcare environment and we were told during the visit that anyone working at Circle Nottingham Treatment Centre, including learners, is encouraged to raise concerns and empowered to stop treatment until issues have been investigated. The centre will be implementing a newer version of Datix which will enable them to record the level of the doctor raising the concern and identify when learners are involved in patient safety incidents.

Area working well 1: There is an open culture at Circle Nottingham Treatment Centre and learners and educators are encouraged to raise patient safety concerns.

Dealing with concerns (R1.2) and Learning from mistakes (R1.3)

- 3 The management team told us that anyone can trigger the *Stop the Line* process. Whoever raises the concern has to notify senior leadership within an hour and an interim course of action is decided.

- 4 Following a trigger, the centre follows a clear and swift process whereby collective problem solving is enabled, the interim actions are reviewed and a decision is taken. The clinical unit prepares a report for the centre leadership and instructions are disseminated, and if necessary changes to the processes are made within 25 days. Within 30 days a review of the new plan of action is undertaken.

Supporting duty of candour (R1.4)

- 5 The centre management team told us that they have a duty of candour policy and actively promote it. The learners we met were made aware of this duty during their induction at NUH.

Appropriate capacity for clinical supervision (R1.7); Appropriate level of clinical supervision (R1.8) and Appropriate responsibilities for patient care (R1.9)

- 6 The learners we met reported a very good level of clinical supervision. They emphasised that consultants and clinical supervisors have more time to supervise and teach at the centre than in other hospitals.
- 7 The consultants we met said they feel they have capacity and time to teach. Learners are not left unsupervised and the service provision at the centre is consultant led. Consultants and clinical supervisors decide on the responsibilities which are allocated to doctors in training; this is based on their level of training and expertise.

Rota design (R1.12)

- 8 Rotas for doctors in training are designed by NUH and the centre is informed when doctors in training will be attending clinics. Doctors in training told us that rotas are compiled at the start of the week and they are informed when they need to be at the centre.

Induction (R1.13)

- 9 The centre management team told us that they have recently introduced their own, organisation-wide, induction which is run every fortnight and that all learners are encouraged to attend before starting their attachment. The centre keeps attendance registers for the doctors in training who attend induction, and shares these with Health Education England working across the East Midlands (HEE EM).
- 10 The clinical supervisors we met said that they go through the clinical induction with learners who are being rotated to the centre for the first time. This is appropriate considering the ad-hoc way doctors in training are placed at the centre (see paragraph 8). However, not all the learners we met had been able to attend the organisation-wide induction. Those who had, said that induction involved a tour of facilities and was more of a corporate induction, and they were given brochures to read in their own time.

Recommendation 1: We encourage the centre to implement inductions more rigorously or make them mandatory.

Educational value (R1.15)

- 11** Doctors in training receive outpatient day case surgery experience at the centre and most of their inpatient experience at NUH. Clinical supervisors said that doctors in training receive bespoke educational experience, and that there is usually competition between doctors in training to access the training opportunities at the centre.

- 12** The learners we met said that they feel consultants and supervisors at the centre have more time to dedicate to teaching and training. They said that they can undertake a wide breadth of procedures and gain invaluable relevant experience. The doctors in training particularly enjoy the experience of dealing with patients in clinics where they can take a leading role, but at the same time being supervised by the consultant. The doctors we met were training in obstetrics and gynaecology and said that their experience at the centre alone would not be sufficient to meet the curricular requirements. Doctors in training would like more clinics and theatre opportunities to be available; currently they struggle to fulfil their curricula requirements with the existing number of clinics that they attend.

Theme 2: Education 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.*

Quality manage/control systems and processes (R2.1)

13 During our visit we enquired about the systems that the centre has in place to support education and training. Doctors in training who attend clinics at the centre are linked to NUH and the governance of their overall training is covered by the trust. The centre manages the quality of the environment where learners attend clinics in order to fulfil their curricular requirements, and NUH is primarily responsible for the educational oversight of their attachment. We were reassured that during the time they spent at the centre they are adequately supervised and supported and work in a safe environment.

Accountability for quality (R2.2)

14 The centre has paid particular attention to creating a safe and positive environment for patients and learners. However the learners we met felt that, although the learning gained during clinics is valuable, the centre sees them more as an integral workforce for service provisions. Learners did not feel that the centre had a particular interest in their training and education.

15 The centre management team told us that they would like to do more with regard to education and training e.g. formalise further the agreements regarding the learners' rotations to the centre. Currently, they receive rotas for doctors in training every week and are unable to plan in advance for them. The centre does not have any direct links with the University of Nottingham School of Medicine and does not know in advance when medical students will be on site.

16 At the moment, the centre's own standards are not aligned to GMC standards; if Circle Nottingham Treatment Centre were to become more involved in the management and oversight of training, this would be essential work.

Recommendation 2: The centre should review and align their own standards in accordance with GMC standards.

Managing concerns about a learner (R2.16)

- 17** The centre does not have a formalised process for managing concerns about learners. However the clinical supervisors we met said they have good working relationships with the training programme directors (TPDs) at NUH. They are able to meet up and discuss any concerns about learners, which can be taken forward by the processes in place at NUH if required.

Theme 3: Supporting learners

Standard

S3.1 <i>Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.</i>
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Learner's health and wellbeing; educational and pastoral support (R3.2)

18 The educational and pastoral support for learners is the responsibility of NUH rather than the centre, although any issues are discussed between the organisations.

Undermining and bullying (R3.3)

19 The learners we met reported no instances of undermining and bullying during their rotations at the centre. The learners we met said that the consultants, clinical supervisors and everyone else they work with at the centre are dedicated and supportive.

Area working well 2: The medical students and doctors in training we met spoke highly of the level of support and teaching they receive at Circle Treatment Centre.

Feedback on performance, development and progress (R3.13)

20 The learners we met told us they receive feedback about their interactions with patients and the procedures they undertake. There are no formalised channels of feedback, but the learners said that they receive regular informal feedback which they find very useful. The clinical supervisors we met said they are keen to provide feedback to learners and do so on a regular basis.

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.*

Induction, training, appraisal for educators (R4.1)

21 The clinical supervisors we met confirmed that they are trained, inducted and appraised for their roles. Education responsibilities feature in their appraisals. They also have access to the training organised by HEE EM.

Time in job plans (R4.2)

22 Clinical supervisors are allocated two SPAs per week, with 0.25 SPA allocated for educational responsibilities. The supervisors we met said that they have enough time for their teaching and educational duties.

Area working well 3: The educators we met said they feel supported and are given ample time to teach.

Theme 5: Developing and implementing curricula and assessments

Standard

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by 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.*

Undergraduate curricular design (R5.3) and Training programme delivery (R5.9)

- 23** Through the various meetings with managers, doctors in training, students and trainers we were able to establish that Circle Nottingham Treatment Centre is an important partner in the delivery of the undergraduate and postgraduate curriculum for students and doctors in training. The clinics that learners attend at the centre are essential in ensuring they meet some part of the curricula requirements. However, we heard that learners in higher levels of training sometimes are unable to train on more complex procedures at the centre.
- 24** The learners we met said that it is therefore essential for them to rotate through other hospitals in order to comply with their full training programme requirements. The centre management is keen to take on more responsibility with regard to training and education and we acknowledge that there is opportunity to do this.

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