

Visit Report on Dorset County Hospital NHS Foundation Trust

This visit is part of our regional review of undergraduate and postgraduate medical education and training in Wessex.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

Education provider	Dorset County Hospital NHS Foundation Trust
Sites visited	Dorset County Hospital
Programmes	<p>Undergraduate: University of Southampton, Faculty of Medicine - Year 5 students</p> <p>Postgraduate: foundation, general practice, medical registrar specialty training</p> <p>We did not meet with doctors in core medical training during our visit.</p>
Date of visit	20 February 2018
Were any serious concerns identified?	<p>During our visit we were concerned about the negative impact rota gaps and service pressures are having on doctors in training, and in particular foundation year 2 (F2) supervision out-of-hours, as we found that this group can often be working at night without adequate supervision. This led us to highlight out-of-hours supervision of F2 doctors as a serious concern, due to the potential risk this poses to both trainee and patient safety.</p> <p>Following our visit we raised such concerns with the Postgraduate Dean, and sought assurance from the trust</p>

about supervision arrangements and the support available for F2s working at night in the specialty for the first time. The trust responded with immediate actions they have taken to address our concerns.

To ensure changes are sustainable, we have set a requirement around out-of-hours supervision for F2 doctors, so that we can continue to monitor the situation and seek regular updates from the trust.

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.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards. These should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 1 (R1.5)	Favourable events reporting forms (FERFs) in paediatrics are an innovative way of rewarding excellence. We encourage the trust to consider rolling out FERFs across other specialties.

Area of good practice 1: Favourable events reporting forms (FERFs) in paediatrics are an innovative way of rewarding excellence. We encourage the trust to consider rolling out FERFs across other specialties.

- 1 The trust is finding more ways of rewarding excellence. For example, areas working well at the trust and the people responsible are mentioned in a weekly briefing from the Chief Executive. We also heard about a system to reward good work in paediatrics: Alongside the systems to report concerns, such as DATIX and exception reporting, there are also favourable events reporting forms (FERFs) in the paediatrics department for reporting colleagues who have done something well.
- 2 The foundation and higher trainees we spoke to were positive about their experience of FERFs, describing it as a useful platform for recognising good work and feedback

on performance, helping them to feel valued. FERFs can contribute to e-portfolios and so can contribute to assessment.

- 3 We commend the trust's efforts to reward excellence and are particularly impressed with the FERFs system in paediatrics. FERFs has been positively received and highly rated by the groups we spoke to. We suggest extending the system to other specialties so that good work can be recognised in other departments in a similar way.

Areas that are working well

We note areas 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 1 (S1.2)	Trainees and trainers are well supported as clinicians and educators in the trust.
2	Theme 1 (R1.1)	The Guardian of Safe Working is highly valued at the trust and patient safety reporting appears to be well understood at postgraduate level. The trust is responsive to concerns and there is widespread trainee involvement at all levels, including with senior management.
3	Theme 1 (R1.14)	Handover for psychiatry patients is working well, it is safe and consultant led.
4	Theme 1 (R1.20)	Simulation is valued at the trust and we commend the simulation team on delivering training in response to patient safety events and concerns.
5	Theme 2 (R2.2)	Senior members of the organisation were visible, identifiable and approachable by all grades. We found a clear educational governance structure for managing the quality of education and training.
6	Theme 5 (R5.4)	Undergraduate education was highly rated by fifth year medical students. Students are welcomed in the organisation and found the experience valuable in preparing for their foundation year.

Area working well 1: Trainees and trainers are well supported as clinicians and educators in the trust.

- 4 Both the doctors in training and the clinical supervisors that we spoke to generally felt well supported in their roles as clinicians and educators. There were 140 doctors training at Dorset County Hospital and 160 consultants, of which 87 were clinical supervisors at the time of our visit. The small size of the hospital helps to foster good working relationships, and we repeatedly heard about the dedication and hard work of all staff contributing to a positive culture at the hospital.
- 5 Senior management described a two-way and transparent relationship with HEE Wessex, and told us how this underpins the trust's supportive learning environment. Educational and clinical supervisors were also positive about the support they receive from HEE Wessex and talked about opportunities for development in their roles. They commented that the trust offers a high level of training for junior doctors.
- 6 Placements in foundation training at this trust tend to be longer in duration than other rotations, which allow foundation doctors more time to settle in post and build up relations. Foundation trainees told us that they feel valued and listened to by the trust. The registrars we spoke to told us how much they enjoy working at the trust and felt confident that they would meet their Annual Review of Competence Progression (ARCP) outcomes. They also commented on the range of opportunities they have exposure to when it comes to fulfilling the requirements of their curricula.
- 7 We heard throughout the visit of various ways that the trainees and trainers are well supported and it's evident that the trust recognises the importance of education and training. All groups we spoke to told us that they would recommend working at this trust, and Paediatrics and Care of the Elderly were cited as particularly good departments to work in. We have therefore identified the culture of support as an area that is working well at the trust.

Area working well 2: The Guardian of Safe Working is highly valued at the trust and patient safety reporting appears to be well understood at postgraduate level. The trust is responsive to concerns and there is widespread trainee involvement at all levels, including with senior management.

- 8 Exception reporting is a new mechanism under the 2016 terms and conditions of the junior doctor contract that allows all doctors to report concerns with their training, such as educational opportunities that have been missed and breaches in hours worked which may compromise their safety or training. The GMC strongly support the introduction of the new system as we're aware that increasingly doctors are adversely affected by excessive pressures on healthcare services across the UK. We therefore explored the culture around exception reporting during our visit.
- 9 The trust has been open and transparent with trainees around the importance of exception reporting in order to create a culture to embrace the need of putting

patient safety at the heart of working practice. Doctors in training that we met confirmed this as they told us that the trust encourages them to complete exception reports.

- 10** The role of the Guardian of Safe Working (GOSW) has been introduced in many LEPs across the country in response to the junior doctor contracts to protect patients and doctors, by making sure doctors are not working unsafe hours in response to service pressures. One of the roles of the GOSW is to receive and appropriately action exception reports. During our visit, senior management explained that the trust's GOSW has sight of all the issues that are raised via exception reports, and clinical and educational supervisors are also notified of the issues raised. We were told that reports compiled by the GOSW on the topic of exception reporting are regularly reviewed by senior management and sighted by the Trust's Board. The GOSW attends Board meetings four times a year. Documentation submitted before our visit highlighted that exception reporting is discussed in great detail at these meetings, and that the GOSW is present in such meetings to facilitate discussions and take forward actions.
- 11** 180 exception reports have been submitted since the system was introduced to the time of the visit, most of which are raised by foundation trainees. The GOSW has set a deadline to compensate trainees through time off in lieu (TOIL) within four weeks of them raising the exception report. The GOSW also explained that themes are identified to pinpoint specialties at risk and patient safety concerns, which are then raised with senior management and the Trust's Board.
- 12** The trainees that we spoke to mostly felt listened to within the trust; and we heard evidence that the trust acts on their feedback, and makes changes based on this. Trainee representatives have been appointed for general practice (GP), F1 and F2 to facilitate the link with senior management. There is also an awareness of the Chief Resident Programme rolled out by HEE Wessex and the Chief Registrar role appears to be securely in place at Dorset County Hospital.
- 13** Doctors in training were positive about the junior doctor forum, which acts as a useful interface with senior management and they said functions better at Dorset County Hospital than other trusts they have worked at. There is attendance from senior management at meetings, for example the Director of Medical Education (DME) has presented outcomes from school visits at the junior doctor forum. Actions set at previous meetings are updated at the next meeting and senior management explain how they are resolving concerns raised.
- 14** Doctors in training told us they use DATIX, an electronic system for incident reporting, and that they are encouraged by consultants to report patient safety incidents. This was supported by the senior management team who told us that there are formal reporting pathways for trainees to take, such as raising a concern with their consultant or reporting it through DATIX. We heard there is easy accessibility to DATIX: The DATIX system has a button to indicate whether it's a patient safety

concern, doctors in training are given ipads with DATIX installed and there is also a link to DATIX on the front page of the trust's intranet.

- 15** We heard that consultants at the trust investigate the concerns raised and are receptive and reactive to concerns. Doctors in training often receive feedback over email to explain how their concern has been taken forward. We also found clinical supervisors are supported at the trust; and supervisors told us they feel comfortable raising any issues with the DME.
- 16** It's clear that the trust values the importance of ensuring concerns are acted upon, staff are well supported in raising concerns and the importance of patient safety is promoted. We have therefore identified this as an area that is working well. We're aware that nationally there's not a culture and awareness of the importance to exception report, and we commend the trust's ethos and approach to raising the profile of exception reporting.

Area working well 3: Handover for psychiatry patients is working well, it is safe and consultant led.

- 17** We understand that safe and efficient handover is a service priority for the trust. The registrars we spoke to explained that handover for psychiatry patients had high involvement from the consultant psychiatrist. In obstetrics/gynaecology, the pregnant psychiatry patients are flagged so psychiatry teams can keep a close eye. In medicine, the psychiatric nurse is present when psychiatry patients are admitted for medical injuries.
- 18** The handover process for psychiatry patients can be variable across other locations in the UK. At Dorset County Hospital we heard about strong links with psychiatry across a number of departments, which helps to ensure a safe handover for psychiatry patients. We identified this as an area that is working well.

Area working well 4: Simulation is valued at the trust and we commend the simulation team on delivering training in response to patient safety events and concerns.

- 19** Simulation facilities are highly rated at the trust. Prior to our visit, Dorset County Hospital submitted documentation on their Multidisciplinary Introduction to Non-Technical Skills (MINTS) course. MINTS is aimed at final year medical and nursing students and the course provides an opportunity to work alongside colleagues in other disciplines. The course also contains an introduction to human factors and how to use this to improve acute clinical care on the wards. It's intended to be interactive with everyone practising simulation as part of a team and participating in small group sessions.
- 20** The importance of feedback in simulation training is acknowledged by the senior management team. Patient safety events and concerns are used as scenarios in

simulation training. There is a debrief for medical students and doctors in training at the end of the sessions to discuss how well they performed. Students and doctors in training are also given the opportunity to comment on the quality of teaching and facilities, so that improvements can be made to the sessions as a result.

- 21** The visit team were not able to hear feedback about the course from medical students on placement as they had not participated in the MINTS course at the time of the visit, but were due to take it. However we heard positive feedback about simulation in postgraduate training. Foundation trainees told us about the high quality of teaching from the sim technician. The registrars we spoke to confirmed how simulation training is a useful resource for bringing together different professions. The specialties they named were paediatrics and obstetrics/gynaecology, where the multi-professional aspect of simulation is working particularly well. Educational and clinical supervisors were also highly supportive of the simulation lab and facilities at the trust and explained how they enable trainees to learn and practise key procedures, such as chest draining.
- 22** Overall, we found that the trust enhances the quality of education received by the medical students and doctors in training through simulation. The trust values the importance of learning through simulation and multiprofessional working to ensure a collaborative and synergised approach to patient care. We have therefore identified this as an area that is working well.

Area working well 5: Senior members of the organisation were visible, identifiable and approachable by all grades. We found a clear educational governance structure for managing the quality of education and training.

- 23** Education and training is high on the senior management team agenda but there are challenges around short staffing and rota gaps. Senior management are strongly in support of the '[Eight high impact actions to improve the working environment for junior doctors](#)' published by NHS Improvement and this formed part of their presentation to the visit team at the start of the day.
- 24** Accountability for educational governance in the organisation at board level had significantly improved in the last couple of years. We found well-structured governance systems in place, with clear lines of reporting to the Trust Board. For example, we heard that one of the ways education is sighted at board level, is through reports prepared by the DME and GOSW. Additionally, the DME and GOSW attend board meetings when necessary.
- 25** Senior members of the organisation are visible, identifiable and approachable by all grades, and both the doctors in training and educational and clinical supervisors that we spoke to confirmed this. For example, we were told that senior members of staff regularly attend the junior doctor forum, and the visibility of senior management helps them to feel well supported in their roles as clinicians and educators.

- 26** There are a number of committees to support educational issues, including a medical education forum that is chaired by the DME. Prior to our visit, we had sight of the types of evidence that inform education quality at the trust. These evidence sources were corroborated by senior management at the visit and include: The trust's DATIX risk reporting system, junior doctor forum, exception reporting, school visits from HEE Wessex, ARCP feedback and the GMC's national training survey (NTS).
- 27** Senior management told us that the two topics which are of high profile and regularly discussed are rota gaps and the GMC's NTS results. Both red and green indicators from the NTS results are scrutinised and the red and pink flags are used to form action plans to make improvements. The GMC's NTS results are also raised with the Board so they are aware of the priorities in education and training. We found that the trust demonstrates insight into the connection between workforce issues and education and training concerns. For example, data from exception reporting is analysed to show how gaps in rotas affect the quality of training. Other topics relating to education and training that are regularly discussed include: Specialty specific issues, allocating enough time in job plans for educators and transparency around how monies for education is spent.
- 28** To summarise, we observed an organisation with effective governance systems and strong, visible leadership that collectively work together to support trainees and trainers in their clinical duties and as educators within the trust.

Area working well 6: Undergraduate education was highly rated by fifth year medical students. Students are welcomed in the organisation and found the experience valuable in preparing for their foundation year.

- 29** The trust had eight medical students on placement at the time of the visit and all students attended to share their experience with us. The students were in Year five at Southampton Medical School, and the final year going through Southampton's previous curriculum.
- 30** Dorset County Hospital has a good reputation amongst students. The small size of the hospital helps to create a family-like atmosphere. Students told us they were offered more time and attention than at other trusts because all of the students are in the same year and there is only a small number. They felt well prepared beforehand to go on placement, as they received an email several months in advance with information about the placement and what specialty they would be in. Students were also positive about the induction, which took place on the first morning they joined. They were given advice on how to make the most out of their time on placement and told us of staff picking them up when the induction finished and showing them to their wards.
- 31** Students receive a lot of feedback on their performance, mainly through the Assessments of Clinical Competence (ACCs) required by the medical school. There are three consultants allocated by the trust for signing off ACCs. The assessments give

the students a sense of their progress and how they are performing; and students told us they found these assessments robust and added value to their learning. Students also receive informal feedback from consultants during their bedside teaching.

- 32** We heard about the high quality of teaching at the trust, which helped the fifth year medical students feel prepared to progress to foundation year. Most of the teaching is carried out by junior doctors but we heard that consultants are also committed and enthusiastic towards teaching. There are plenty of clinics and ward teaching and students commented that they always feel part of the team. All of the students were confident that they would meet the competencies required by the medical school's curriculum. Each student has a practical skills logbook, which they find achievable to work through. They confirmed they are not asked to do anything outside their competence and there is a good level of supervision available for any tasks they are not comfortable undertaking.
- 33** Each student is allocated a 'link consultant' who is in one of the specialties the student rotates through. The link consultant is introduced to the student they are responsible for at the beginning of the placement, they are one of the consultants doing the ACCs for the student and they also complete an end of placement feedback form on the student's performance.
- 34** Students thought they are receiving more preparation at Dorset County Hospital towards their Objective Structured Clinical Examinations (OSCEs) exams than at other trusts. Southampton medical school runs mock OSCEs that only take place three weeks before the actual exam. In the meantime, students are getting extra practice organised locally by the trust, and some of the junior doctors have done mock OSCEs with them. Students were also aware of opportunities for inter-professional learning on the MINTS course, which they were due to take during their placement at Dorset County Hospital.
- 35** The trust has a positive relationship with Southampton Medical School. At the end of each placement, the students are asked for feedback about their experience. The school conducts physical visits to placements every three years.
- 36** Overall, the visit team concluded that undergraduate education at the trust is well constituted and run. Students spoke highly of their time here noting that they have the right experience to meet curriculum outcomes, the environment is supportive with a good induction, educators are welcoming, dedicated and provide excellent teaching. All of the students we spoke to told us that they would recommend a placement at this trust. One of the students had switched their preference for foundation year to Dorset County Hospital, when they were originally planning to leave the region, as a result of the experience they have received here as an undergraduate student. We have therefore identified the delivery of undergraduate education as a strength within the trust.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 1 (R1.12) Theme 2 (R2.14)	The trust must review and monitor out-of-hours supervision for F2 trainees and ensure F2s working at night in the specialty for the first time are appropriately supported.
2	Theme 2 (R2.10) Theme 4 (R4.2)	The trust must continue to develop clear and transparent systems to monitor how educational resources are allocated and used.

Requirement 1: The trust must review and monitor out-of-hours supervision for F2 trainees and ensure F2s working at night in the specialty for the first time are appropriately supported.

37 The trust was open with us about the challenges they are facing with short staffing and rota gaps. In speaking to various groups, we heard that it's possible for F2s to be working a few hours at night without direct on site supervision. We heard this may occur when F2s have not received a prior focused training or competency assessment, and it is possible that F2s are working in the specialty for the first time. We heard that F2s felt exposed, unsupported and uncertain in their decision making out-of-hours.

38 According to rotas at the time of the visit, it is possible for an F2 to be the most senior person working on site. The term 'senior house officer' (SHO) is regularly used on rotas and encompasses doctors in F2, doctors in the first and second years of core training (CT1, CT2), and doctors in the first two years of run-through specialty training (ST1, ST2). The term SHO is ambiguous for doctors in training and patients, as it does not specify the level of training of the individual doctors and, in this case, can lead to an F2 being put on rota as the most senior person at night and at risk of undertaking procedures outside of their competence.

- 39** In terms of supervision arrangements for foundation doctors: We heard about F1 and F2 trainees doing ward rounds in the absence of a senior doctor, and that sometimes the locum consultants hired by the trust to fill rota gaps are of poor quality. Also, as noted above, it is possible for an F2 to be working on a ward on their own, we heard that there is a registrar or consultant on call but they are usually a 20 minute drive away. It's trust protocol for registrars to be awarded protected sleep time between 3-7am, meaning that they cannot be contacted by the foundation doctors during this time.
- 40** Understaffing at the trust is central to the issues with supervision arrangements, heavy rota gaps and increased workload pressures. It creates challenges in maintaining flexibility of working arrangements for trainees. Whilst there are regular conversations with HEE Wessex about workforce and allocation of trainees, we heard that the geographical location of the trust causes difficulty in attracting doctors to train there.
- 41** Foundation trainees told us that rota gaps sometimes negatively impact on the education they are receiving, and a few trainees raised exception reports about missing teaching because of service pressures. Doctors in foundation training said they are being asked to cover an increased number of shifts and becoming exhausted as a result. Educational and clinical supervisors also spoke about the strain of rota gaps, and told us that they feel under increased pressure as Dorset County Hospital has significantly more gaps in comparison to other trusts in the region.
- 42** Senior management told us about short term and long term solutions to their workforce issues, which are currently impacting on supervision of doctors in training. While rotas in medicine tend to have the biggest difficulties, we heard that rotas in surgery are managed well. Senior management told us about plans to move rota management from individual departments to being co-ordinated trust-wide. We heard about a Task and Finish Group that reviews rota gaps and there are plans to introduce physician associates in the coming years; staff and associate specialist grade doctors and advanced nurse practitioners are used to compensate for rota gaps in the meantime.
- 43** As outlined at the beginning of the report, this was raised as a serious concern during our visit due to the potential risk to both trainee and patient safety. Following our visit we raised our concerns with the Postgraduate Dean, and sought assurance from the trust about supervision arrangements and the support available for F2s working at night in the specialty for the first time. The trust responded with immediate actions they have taken to address our concerns. However, as we remain concerned about the negative impact rota gaps and service pressures are having on doctors in training, we have set a requirement for the trust to address. Through monitoring this requirement, we will check that changes to F2 supervision out of hours are sustainable.

Requirement 2: The trust must continue to develop clear and transparent systems to monitor how educational resources are allocated and used.

- 44** The Trust was transparent about the challenges they have with job planning and allocating enough time to supervisors to meet their educational responsibilities. Pre-visit documentation submitted to us from the trust explained that time for education is planned but acknowledged a lack of uniformity in the process. The Trust's Board has approved a project to investigate and improve the allocation of time in job plans; the Director of Human Resources is leading this project.
- 45** The trust now have an Information Analyst reviewing transparency of money coming in to the trust, how it is allocated to training and whether supervisors are compensated appropriately. The intended outcome is that job planning will be allocated fairly across all the supervisors.
- 46** Educational and clinical supervisors confirmed that time is allocated in job plans for their supervisor roles, which is currently 0.125 SPA per trainee, but it's not enough in practice. They told us about a good programme of continuing professional development (CPD) offered by the trust and opportunities for development in their roles, which they have little time to follow up on under current work pressures.
- 47** A lack of time in job plans poses a risk to educators in their ability to carry out their role in a way that promotes safe and effective care and a positive learning experience for trainees. Sufficient time in job plans would also grant educators the flexibility to pursue their own career development. We have therefore set a requirement for the trust to develop clear and transparent systems to monitor how educational resources are allocated and used; and we will await the outcome to the Board approved project that is currently underway.

Recommendations

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

Number	Theme	Recommendations
1	Theme 1 (R1.13) Theme 5 (R5.9)	The trust should review the structure for local induction for postgraduate learners.
2	Theme 3 (R3.10)	The trust should review and monitor processes for implementing less than full-time training.
3	Theme 3 (R3.12)	The trust should review the system for granting annual leave and study leave and ensure clear communication to trainees.

Recommendation 1: The trust should review the structure for departmental induction for postgraduate learners.

- 48** All learners, undergraduate and postgraduate, need to have a departmental induction for each placement and rotation. This induction should clearly set out their duties and supervision arrangements, their role in the team, how to gain support from senior colleagues, the clinical or medical guidelines and workplace policies, and how to access clinical and learning resources.
- 49** Pre-visit documentation submitted to us from the trust about induction included: A shadowing programme for F1; a shadowing week checklist; induction checklist for trainees and presentation slides for a welcome and introduction to the trust by the DME.
- 50** Foundation trainees confirmed they had a trust induction, which was useful and prepared them well. We heard mixed feedback about departmental induction; it was reported as working well in some departments, such as Intensive Care Medicine (ICM) but inadequate in other departments, such as medicine and ear, nose and throat surgery (ENT) where trainees felt at risk of undertaking procedures outside their competence. We heard that problems with departmental inductions were reported to the Foundation Programme Director and improvements were made as a result.
- 51** Registrars told us that they had a trust induction, which provided them with name badges and immediate access to systems. We heard of some instances when induction was inadequate for trainees returning to work after maternity leave and

those in less than full time training. Registrars also reiterated that departmental induction is variable according to specialties.

- 52** We remain concerned about the variability in departmental induction across specialties. We didn't find a clear understanding of how departmental induction should be organised, delivered and audited. We are concerned that doctors in training may start a rotation without receiving an adequate induction to local processes and procedures, which has the potential to lead to patient safety incidents. We have therefore set a recommendation for the trust to address.

Recommendation 2: The trust should review and monitor processes for implementing less than full-time training.

- 53** The GMC's role is to ensure that educational quality and coherence is maintained when a doctor is in less than full-time (LTFT) training. The GMC [issued a position statement on conditions for less than full-time training](#) in November 2017.
- 54** Out of 140 doctors training at Dorset County Hospital, at the time of our visit nine were training LTFT. The registrars told us that LTFT training could be managed better, for example by factoring the needs of LTFT trainees when planning rotas and night shifts. We heard that some departments are managing LTFT training by reducing the 'normal working days' more than out-of-hours shifts. For example, if a doctor is training LTFT at 60% it could mean a split of 70% night shifts and only 50% 'normal working days'. Trainees consider this split to be disproportionate and could reduce learning opportunities for training, such as time to attend clinics.
- 55** LTFT training was working better in some departments than others and most of the issues we heard about were in medicine. We heard that the registrars raised issues with LTFT training with the trust and rotas were adjusted as a result but other LTFT trainees are still on rotas that could be disproportionate. Educational and clinical supervisors we spoke to were aware which trainees were working less than full-time.
- 56** We found evidence to suggest that the experience of LTFT training at the trust can be improved. We didn't find a clear understanding of how doctors training LTFT are supported and their experience seemed uncertain and variable across specialties. We have set a recommendation for the trust to investigate around managing LTFT training.

Recommendation 3: The trust should review the system for granting annual leave and study leave and ensure clear communication to trainees.

- 57** Foundation trainees we spoke to reported difficulties with access to annual leave and study leave, to the point where some foundation doctors were losing annual leave days. The registrars told us that they are granted study leave but there are challenges booking annual leave. Both groups of trainees explained that rota gaps are the cause and mentioned emergency medicine in particular, where they are only allowed to book a maximum of a week off at a time.

58 Our discussions with doctors in training concerned us that annual leave and study leave are not always appropriately granted and we have set this as an area for improvement. When we spoke to senior management, there was awareness about the barriers to accessing leave and such concerns have been escalated to the Trust Board. In response to this, we heard that rotas are being revised in emergency medicine, which should help to reduce challenges with booking leave.

Acknowledgement

We would like to thank Dorset County Hospital NHS Foundation Trust and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.

Team leader	Professor Simon Carley
Visitors	Dr Steve Capey Mr Aiknaath Jain Dr Katie Kemp
GMC staff	Emily Saldanha, Education Quality Assurance Manager
Evidence base	The trust prepared a lengthy document submission in line with our guidance. The documentation submitted was used to inform our visit and a full list is available on request.