

Regional review of medical education and training in the East of England: 2015–16



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Introduction

This report draws together the overall themes of medical education and training across the East of England in 2015–16. The findings come from our visits to seven local education providers (LEPs), two medical schools and one local education and training board (LETB) in the region.

Why did we choose the East of England?

In 2014 we published a schedule of regional visits with the aim of visiting each region and country within the UK over a seven-year period.* We visited the East of England as part of this schedule.

What do we know about the region?

There are two medical schools in the East of England. These are University of East Anglia, Norwich Medical School and University of Cambridge, School of Clinical Medicine. Between the two schools, there were a total of 1,057 medical students during the 2015-16 academic year.

The LETB, Health Education East of England (HEEoE) is the body responsible for managing postgraduate education and training across the East of England, and is accountable to Health Education England.

We last visited University of Cambridge, School of Clinical Medicine in 2008 and Norwich Medical School in 2007. We last visited postgraduate training in the region in 2010.

What changes have been happening in the East of England?

Health Education East of England has recently undergone changes in its management structure. There is now a recently appointed local Director and a Postgraduate Medical Dean in place. The role of Responsible Officer resides with the Postgraduate Medical Dean. Senior managers at the visit told us that they are in the early stages of a three year

* The schedule published on our website can be found [here](#). Wales, the West Midlands and London are not listed as they were visited in 2012–13 and 2013–14.

project on the repatriation of posts used currently by London to East of England programmes.

At the time of the visits, within the East of England there were sixteen cases subject to our enhanced monitoring* process. Of the seven LEPs we visited in the regional review, six trusts had departments in enhanced monitoring. These were:

- Bedford Hospital NHS Trust – A case in anaesthetics and another case in paediatrics
- Cambridge University Hospitals NHS Foundation Trust – A case in ophthalmology and another case in clinical pharmacology
- East and North Hertfordshire NHS Trust – A case in general (internal) medicine, general surgery, ophthalmology and another case in otolaryngology, plastic surgery
- Ipswich Hospital NHS Trust – A case in emergency medicine
- LETB wide – A case in psychiatry (relates to Norfolk and Suffolk NHS Foundation Trust)
- The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust – A case in emergency medicine, geriatric medicine and paediatrics

Following recent updates, we have since closed five items where changes made have resolved the issues and are shown to be sustainable. These include paediatrics at Bedford Hospital NHS Trust; general (internal) medicine, general surgery, ophthalmology and otolaryngology, plastic surgery in East and North Hertfordshire NHS Trust; and emergency medicine in Ipswich Hospital NHS Trust. HEEoE proactively use the enhanced monitoring process as a valuable resource for quality managing the wide range of trusts in the region.

One of the major LEPs we visited, Cambridge University Hospitals NHS Foundation Trust, had received a critical CQC report and was judged to be inadequate in October 2015. Consequently, there have been changes in senior management and at the time of the visit there was a new acting Chief Executive in place. In the East of England, currently five trusts are in special measures following CQC visits. Furthermore, many of the trusts are experiencing financial pressures, which may have an impact on the quality of training they provide. However, we found senior managers were working hard to mitigate this.

* Enhanced monitoring is the process by which we support medical schools, deaneries and LETBs to resolve safety and quality issues in medical education and training. Issues that are subject to enhanced monitoring are those that we believe could adversely affect patient safety, doctors' progress in training, or the quality of the training environment.

At University of Cambridge, School of Clinical Medicine, significant curricular changes are underway to improve the curriculum for all students.

What did we do?

To understand the experience of medical students and doctors in training in the East of England, we visited seven LEPs, University of East Anglia, Norwich Medical School, University of Cambridge, School of Clinical Medicine and HEEoE between October and December 2015.

We chose the seven LEPs based on our own evidence and on evidence from other healthcare organisations. These were:

- Bedford Hospital NHS Trust
- Cambridge University Hospitals NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Ipswich Hospital NHS Trust
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust

Evidence used to establish the focus of visits

We survey all doctors in training across the UK once a year through our national training survey*. We looked at the results for the East of England and how they compare nationally to help us identify areas of potential risk to explore during the visits.

Other sources of evidence used to identify which LEPs to visit and which specialties to investigate during the visits included:

- scheduled reports from Health Education East of England and the medical schools
- evidence collected through enhanced monitoring
- self-assessment by the medical school and the LETB
- data held by other regulators, including the CQC.

In this report, we have summarised the regional themes and listed areas that are working well as well as where improvements are needed. You can read the detailed reports of the visits at <http://www.gmc-uk.org/education/26806.asp>.

We have well developed evidence about postgraduate training. Our annual survey of doctors in training has a very high response rate and gives us a great deal of information on the quality of training across the UK. We also receive routine updates from LETBs and deaneries on their progress in addressing concerns they have identified through their local quality management processes.

We receive routine reports from medical schools. During 2015, before our visits, we also carried out a survey of medical students from Norwich Medical School and Cambridge School of Clinical Medicine to learn more about their experience at the medical school and while on their clinical placements at LEPs. 59.4% of medical students at Norwich Medical School and 35.3% of medical students at Cambridge School of Clinical Medicine responded to the survey. This provided sufficient evidence for us to explore on our visit to the medical schools in November 2015.

Our regional reviews consider several specialties and stages of training in more detail. The above evidence informs our decision on which of these to consider. For this review, we focussed on the following training programmes:

- foundation

*You can find out more about our national training survey on our website: <http://www.gmc-uk.org/education/surveys.asp>

- general internal medicine
- general surgery
- anaesthetics
- intensive care medicine
- trauma and orthopaedic surgery
- obstetrics and gynaecology
- paediatrics
- plastic surgery (higher trainees)
- psychiatry

During the visits, we spoke to medical students, doctors in training, their teachers and supervisors, and the management teams of each organisation. We also asked each organisation we visited to give us further information before our visit, to help inform our visits and the review.

Regional themes

There are two medical schools in the East of England. The overwhelming majority of students that we met were happy with their course and would recommend their medical school to others. Students spoke in positive terms about the delivery of the curriculum and the wealth of experience they gained through the different placements at the LEPs. The schools are responsive to feedback and they continue to revise their curricula based on feedback from medical students. The overall satisfaction of students at their respective universities is above 90%, as detailed in the national student survey (NSS) 2015.

Furthermore, the vast majority of doctors in training would recommend their post to another, even those in areas of high service pressure. The LEPs felt supported by both the medical schools and the LETB. There were many examples of innovation being supported in the trusts such as the regional Chief Resident programme and the simulation and cadaveric facilities at Cambridge University Hospitals NHS Foundation Trust.

Overall, this is a positive report and during our visits to the different organisations, we were pleased to see that where aspects appeared to not be working as well, the LEPs, schools and HEEoE were moving in the right direction to ensure improvements.

Challenges of Geography

In the East of England, recruitment is a challenge, particularly in some of the more remote areas. Some of the trusts are located in close proximity to London which means many of the doctors in training move to London to complete their training or, alternatively, doctors in training from London go to trusts in Essex, Hertfordshire and Bedfordshire to train. The travel times between trusts can be extensive, and hence the students and doctors in training we spoke to expressed concern about the fatigue they experienced as a result of this. Senior managers at the schools and in the trusts outlined the difficulties in managing programmes and rotations due to the geographical complexities evident in the region. Furthermore, training programme directors and heads of school outlined the challenges of delivering regional teaching in a location which all doctors in training could access relatively easily.

In some of the remote areas, we heard from doctors in training and students about IT challenges which affected their access to hospital systems, key study materials and interactive resources. Moreover, in Norfolk and Suffolk NHS Foundation Trust the large number of mental health sites, located in different areas, is an especially complex problem for students, doctors in training and those managing the provision.

Safety of patients and doctors in training

During the course of our regional review we raised two serious concerns at Bedford Hospital NHS Trust.

- Foundation year 2 doctors in trauma and orthopaedic (T&O) and ear, nose and throat (ENT) surgery were found to be working during the night at weekends with off-site clinical supervision. We require Foundation doctors to have direct supervision at all times.
- Foundation doctors were found to be sharing their log-in details with locum doctors to allow access to clinical assessments and prescribing, resulting in the foundation doctor signing off prescriptions for patients they have not seen.

In regard to the first concern, we raised the matter with the senior management team at the visit. In a written response sent to us after the visit, the senior management team confirmed that they now ensure foundation doctors have ready access to middle grade doctors from the emergency department during out of hours. We are reassured that the trust have addressed this issue.

In regard to the second concern, the trust were made aware of this issue prior to the visit and had raised it as a Datix (a healthcare risk management application) report due to the risks it held. Following the raising of the serious concern, the trust acted quickly and effectively. The medical director ensured that from the day of the visit, all locums received

identifiable temporary log-ins and IT packs. This was followed up with a letter to all medical staff informing them of these IT packs for locums and confirming that if passwords were previously shared with locums they must be changed immediately. We are reassured that the trust have addressed this issue.

In Cambridge University Hospitals NHS Foundation Trust, there was a potentially serious concern with the management of theatre which as it appeared, could have had an impact on patient safety and training. Emergency surgery had been delayed a number of times so that it occurred in the 'out of hours' period. This potentially left the doctors in training (particularly core trainees) with less support and little opportunity to gain worthwhile theatre experience.

The concern was reported to the senior management team at the end of the visit. The trust were asked to investigate this concern further and undertake a risk assessment on the management of theatre at the hospital to establish whether it was having an effect on patient safety and the quality of training.

The trust responded by conducting a thorough investigation into the matter. We received a written response from Cambridge University Hospitals NHS Foundation Trust within the time we set. We are satisfied with their response and recognise that the management of theatre is not a patient safety issue. However, there has been an impact on the quality of training. Senior managers have a suitable action plan in place: to increase theatre capacity at the trust; to modify workload; and to ensure an appropriate level of cover for surgery both in hours and out of hours for doctors in training.

High service pressures and the impact on education and training

In advance of our visit, HEEoE told us that one of the issues we would find prevalent in the LEPs is major service delivery challenges, particularly around finances, governance, workload and staffing. Indeed, across the seven LEPs we visited, we found that the increasing workload led to difficulties in simultaneously meeting service pressures and ensuring good quality training. Service pressures impacted on learning opportunities in two major ways: by reducing opportunities for on the job-learning in wards, clinics and theatre, and by decreasing the time available for doctors in training to attend teaching. The effects of increasing service delivery demands on education and training differed in the various trusts. Overall, the most affected programme from the increasing workload was foundation training.

Case study: The impact of an increasing workload on Foundation training at Queen Elizabeth Hospital King's Lynn

In Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, we heard clear distinctions between the experience of higher and foundation trainees within surgery. This related mainly to the impact increasing workloads was having on the different cohorts of doctors in training. Whilst foundation doctors felt that for them there was too heavy a focus on delivering a service, doctors in higher training indicated that there was a very good balance between service and education. Higher doctors in training felt they were accessing excellent experiences and training opportunities in surgery. They were also complimentary about the level of support they received from consultants. However, the negative impact of service delivery on the foundation doctors in training was evident as they did not feel the balance between service and training was right. This is an area the senior management team recognise needs further development.

In some trusts such as Bedford Hospital NHS Trust and Norfolk and Norwich University Hospitals NHS Foundation Trust, they are looking at alternatives such as physician associates and nurse specialists to aid in the medicine department and help relieve some of the service pressures. In fact, in Norfolk and Norwich University Hospitals NHS Foundation Trust, the education management team spoke of their success in introducing nurse practitioners, pharmacists and advanced neonatal practitioners to free up time for doctors in training to access education and training. However, despite this, there are still issues at the trust. Almost all of the doctors in training we met told us that they are routinely working longer than their scheduled hours.

Case study: Finding solutions when dealing with service pressures and its effect on education and training at Ipswich Hospital NHS Trust

During our visit to Ipswich Hospital NHS Trust, we saw how they were dealing with service pressures and their attempt to reduce the effect this may have on training. When foundation doctors training in psychiatry, GP, and pathology felt they were becoming deskilled, as they were not getting enough medical exposure the trust provided them with opportunities to work on acute medical wards. Therefore, these doctors in training were deployed to help with acute medical intake. This helped the foundation doctors training in psychiatry, GP, and pathology enhance and utilise their skills on the wards and consequently, it helped alleviate the service pressures on others.

Another area which has an impact on the delivery of service, education and training are gaps in rotas. Rota gaps were evident in all seven of the LEPs visited as part of the regional review. In some trusts, doctors in training told us that it was impossible for them to take study leave or to attend clinics or theatre sessions, due to the heavy workloads, pressures of service and gaps in rotas. Even though senior managers acknowledged the

tension between delivering service and good quality training and were working hard to mitigate this, some doctors in training were still working very long hours. We found in the majority of LEPs, there was a reliance on locums to fill rota gaps, who were not always familiar with local procedures. In some cases, locums could not use or even access the more complex IT systems to enable them to work efficiently. In Bedford Hospital NHS Trust for example, as mentioned earlier in the report, this led to doctors in training having to share log-in details with locums. Overall we felt there is a need for vigilance at all levels so that there is timely recognition of when gaps in rotas critically impinge on patient safety and the experiences of doctors in training. Furthermore, it is essential that the LEPs ensure all rotas are compliant with Working Time Regulations (WTR).

Case study: The positive culture of learning in the obstetrics and gynaecology (O&G) department in Bedford Hospital NHS Trust

During our visit to Bedford Hospital NHS Trust, the doctors in training in O&G that we met told us that the department was very supportive and had many training opportunities. They felt that their posts were focused more on training rather than service provision and said supervisors were keen to make sure that their training needs were met through assessments. The O&G rota has been designed so that doctors in training work with the same team and consultant consistently. This works well to strengthen relationships amongst the team and to ensure continuity in relation to training and patient care. They mentioned that while the on-call rota was busy, they felt well supported with good supervision and all consultants were accessible and helpful.

Doctors in training told us that they had very good scanning experience through the scanning trainer and good access to theatre. We heard that midwives encourage doctors in training and help them get experience.

Handover

Handover was reported to be variable at the seven LEPs we visited during the review. From our meetings with key groups it seems that arrangements for handover are more formalised in some specialties than others, even at the same site. For example in Cambridge University Hospitals NHS Foundation Trust, doctors in training in intensive care, plastic surgery and acute medicine commented that handover works well. In anaesthetics, there is no formal handover system, however handover is consultant led. In general surgery, ward based handover involves hand written notes which are exchanged between foundation doctors with clear potential for error or omission.

In Norfolk and Norwich University Hospitals NHS Foundation Trust, on the other hand, handover varied according to the time of day. In the night, handover was generally well organised and was working well. In contrast, doctors in training told us that during the day, handover was more varied in consistency and quality. For example, we heard that

information is often not passed over appropriately during handovers in the day, particularly in medicine and paediatrics.

Notably, we also heard about improvements being made to ensure smoother and safer handovers at some trusts. In East and North Hertfordshire NHS Trust and in the obstetrics and gynaecology department at Bedford Hospital NHS Trust, the doctors in training we met unanimously agreed that handover arrangements were highly effective due to the improvements that have been made to structure the process. Moreover, in Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, there has been a recent development of a new electronic system. The aim of this system is to improve issues with the paper handover system. Early feedback from foundation doctors state that this has already started to make fundamental improvements to the system. From this regional review, it is clear that handover works best when timetabled. We heard the most positive feedback from doctors in training when handover is well-structured and all the team are present.

Supervision

Supervision varies in quality across the different LEPs and the different departments within a trust. We heard of challenges in providing appropriate supervision, especially for foundation doctors. This was largely due to rota gaps and service pressures. A number of doctors in training we met informed us that access to supervision was at times limited. For example, we met doctors in training who stated that they have a clinical supervisor who oversees their clinical work, but during out of hours they are sometimes left to work on their own. Clearly working beyond competence has the potential to compromise patient safety.

Case study: Supervision of foundation doctors in training at Norfolk and Suffolk NHS Foundation Trust

At Norfolk and Suffolk NHS Foundation Trust, the supervision of foundation doctors is variable. Whereas some foundation doctors commented that they receive good levels of support and clinical supervision, others commented that this was not their experience. A small minority of the foundation doctors noted that they feel unsupported and that they sometimes work above their competence levels in the absence of clinical supervisors. In addition, it was evident through their feedback that night and weekend cover is often patchy and there are significant staff vacancies in some rotations. This particularly leaves foundation doctors in clinical situations with little support and can lead to them working outside the limits of their competence or without appropriate supervision.

We set a requirement for the trust to ensure that foundation doctors always have access to a senior colleague to advise them in clinical situation; the trust has produced an action plan outlining how they will fulfil this requirement, and we will monitor closely.

Feedback from incident reporting

In a majority of the trusts that we visited as part of the regional review, medical students and doctors in training confirmed that they were clear on how to report a patient safety concern and were also aware of their duty to do so. In Cambridge University Hospitals NHS Foundation Trust for example, when patient safety issues are raised, they are disseminated across the trust to share good practice and to ensure that they learn from each case.

Most of the trusts use Datix for doctors in training to report clinical incidents. However, in some cases, we found that there was a lack of feedback from incident reporting. Some doctors in training we met commented that when they report clinical incidents through Datix they seldom receive feedback on the resolution of issues. This means that, unlike in Cambridge University Hospitals NHS Foundation Trust, the LEPs miss an important learning opportunity, as doctors in training could benefit from the analysis of incidents to see how they could be prevented in future. Sharing actions taken in response to reporting issues also helps to foster an open reporting culture.

At Cambridge University Hospitals NHS Foundation Trust, we heard that senior managers are currently introducing a new patient safety reporting system (QSiS) which students and doctors in training will use to report concerns. It is too early in the implementation of the QSiS system to evaluate its impact but senior managers intend to use this to make the incident reporting system even more efficient.

Case study: Incident reporting at Norfolk and Suffolk NHS Foundation Trust

At Norfolk and Suffolk NHS Foundation Trust, all of the doctors in training we spoke to were aware of their duty to report patient safety concerns and they were clear on the appropriate channels they need to use to raise concerns. However, we heard from some of the core and specialty doctors in training that the process for raising concerns is variable, with some feeling that it is a long process which is not fit for purpose. Furthermore, in some cases there is a lack of suitable feedback given when concerns are raised. For example, concerns were raised about doctors in training who had been victims of an assault by patients suffering from mental health issues out of hours. Despite filling in a Datix form they did not receive any formal feedback or debrief regarding the assault. It was noted that initial support occurred but a formal follow up was lacking. Some of the core and speciality doctors in training seemed accepting that physical, verbal and racial abuse from patients was just part of their role. In addition, a small minority of the foundation doctors that we met also outlined similar worries around raising concerns. They said that they do not feel supported to raise concerns.

Thus, we set a requirement for Norfolk and Suffolk NHS Foundation Trust to improve their concerns and incident reporting systems to collect sufficient feedback in order to enable learning from concerns raised. Doctors in training must also feel supported to raise concerns and should receive adequate support following the raising of a concern.

Terminology used in postgraduate education

During our visits to the seven LEPs we heard at the vast majority of sites that most doctors in training, educational and clinical supervisors and members of the education management team frequently used terms such as 'senior house officer' (SHO) or 'registrar'. These terms do not specify the level of doctor training, making it very difficult to differentiate between foundation year 2 doctors, core medical year 1 and 2 or general practice specialty doctors in training. The use of this terminology could lead to confusion as consultants, nurses and other team members may not be able to identify the level of the doctor in training.

Inconsistency in the time allocated in job plans for education

At the LEPs, we heard that, overall, educational and clinical supervisors receive suitable training and are appraised for their educational role. However, many of the educational and clinical supervisors we met reported that they did not have sufficient time in their job plans for their educational commitments and thus there were variable experiences of job planning. We heard that, in many cases, supervisors continue to support doctors in training in their own time, through their own goodwill and commitment despite service pressures. We recognise that this is a challenge for many LEPs and not just within the East of England. HEEoE stated that they have worked with the LEPs to outline what is expected of them in regard to the clinical supervision role. Furthermore, they use their quality visits to the LEPs to ensure that supporting professional activities (SPA) time is discussed and is featured in job plans.

When visiting the LEPs as part of the regional review, we found that the time allocated in job plans for educational purposes varied greatly across the different trusts. For example, on our visit to Ipswich Hospital NHS Trust, we found that each division implements the job planning policy as they wish, which has resulted in inconsistent job planning across the trust and a lack of responsibility for this at Board level. In contrast, we heard in Cambridge University Hospitals NHS Foundation Trust that each consultant is already allocated 0.375 SPA and an additional 0.125 per educational supervisee. However, consultants and doctors in training reported that this is applied inconsistently and due to the pressures of an increasing workload, they were not always able to access the professional activity. It is important that those with an educational role have appropriate time to train. We support HEEoE in continuing to support trainers in their roles to ensure further consistency across the region.

Equality and Diversity

During our visits, we found the collation of equality and diversity data on doctors in training or trainers is not uniformly thorough. Moreover, any data that is collated is not analysed in sufficient detail and often, education management teams were unsure about how they could use this data effectively. Issues can arise from this lack of analysis of the protected characteristics of doctors in training and trainers with potential for significant impact on a trainee's experience and progress. Without either the use of existing data or the collection of data by the education departments there is a risk that differential experience and achievement may be overlooked.

Furthermore, the quality of training in equality and diversity for educational and clinical supervisors was variable. In some cases; it was too general and not specific to their roles as trainers. We advised all of the LEPs to work with HEEoE to ensure that the equality and diversity data collected relates to all characteristics protected under the Equality Act 2010.

Case study: The Cultural Competency programme

The cultural competency programme is an initiative designed by HEEoE to improve the cultural literacy of the healthcare system in East of England. We heard that cultural awareness training is delivered to doctors in training and staff initially through induction. It is delivered multi-professionally and is addressed continuously throughout the year as part of the training programme. This training is supplemented through resources on the intranet. Senior managers who have accessed the programme commented that the cultural competency programme enables their doctors in training and trainers to develop their professionalism and leadership skills whilst enhancing their cultural awareness. The training programme directors we met commented that this is a valuable aspect of their equality and diversity training. We encourage the further development of this programme to include other aspects of equality and diversity. Furthermore, we encourage HEEoE to continue to train senior managers to run sessions in their LEPs to address the equality and diversity concerns outlined here and in the individual LEP reports.

Induction

The delivery and quality of induction is variable across the different LEPs. Trust induction was generally appropriate and valued by the doctors in training we met on the visits. However, within some of the trusts, different specialties had different experiences of departmental induction. When departmental induction works best, doctors in training comment that it is well organised. They receive a full induction with clear information about their role in the team and departmental processes, and induction is relevant to their level of training. However, when departmental induction does not work well, there may be

an impact on the learning experience. In most of these cases, doctors in training told us that the departmental induction they received was not relevant to their level of training and the locality in which they were working. Moreover, doctors in training either had to wait for a number of weeks, even a month before receiving a departmental induction. In the worst cases, trainees did not receive an induction at all.

Case study: Induction at Cambridge University Hospitals NHS Foundation Trust

The quality of the departmental induction for doctors in training is variable at Cambridge University Hospitals NHS Foundation Trust. Core trainees in surgery told us that they did not receive an induction, whereas in anaesthetics, doctors in training commented that induction was very well organised. Foundation doctors were also given the opportunity to work shadow, which was part of their departmental induction.

Additionally, those who had received an induction commented that the quality was variable, with some being trained on all aspects including the IT system EPIC, and others being given just a brief oral introduction. This introduction lacked vital information about their role in the team. The foundation doctors and doctors in training we spoke to said they would benefit from an appropriate and consistent departmental induction every time they started a new post.

Good practice and areas where there have been improvements

Regional reviews are risk based – we identify where there might be problems and our visits can help to resolve these issues. However, we also hear of good practice and areas where risks have been identified and successfully managed locally, leading to improvements. Detailed below are some of the many positive findings from our regional review of East of England.

The regional Chief Resident programme

The Chief Resident programme initiated at Cambridge University Hospitals NHS Foundation Trust in 2010 enables doctors in training to develop their leadership and management skills. All of the doctors in training involved in this programme that we met were extremely positive about it and stated that it really helped their self-development. Additionally, doctors in training commented that the programme allowed them to access a range of opportunities to learn about healthcare management alongside their clinical studies. Doctors in training particularly appreciated the chance to complete a service improvement project as part of the programme. Senior managers at the Cambridge University Hospitals NHS Foundation Trust outlined that a great advantage of this programme is the fact that chief residents act like an educational conduit between managers and doctors in training. This enables both parties to keep informed about issues affecting the trust.

The Professional Support Unit

The Professional Support Unit (PSU) was created to help support doctors in training who were experiencing some form of difficulty by enabling them to access consistent, expert advice when needed. When a doctor in training is identified as being in difficulty at an LEP, the LEP can refer them to the PSU for further support. This has been successful because HEEoE have been able to formalise the support they offer doctors in training using careful, individually tailored, resources to help them through challenging times. The trainee representatives we spoke to praised the PSU as a much needed resource. They particularly appreciated the sensitivity displayed by the PSU when a doctor in training is referred to them.

The Faculty of Educators

The Faculty of Educators is HEEoE's support programme put in place to aid the professional development of all of the clinical educators in the region. The programme provides support to clinical supervisors through the different stages of their career. Senior managers state that the Faculty of Educators encourages innovation and excellence to ensure high level medical education for all in the East of England. The heads of school and directors of medical education we met commented that being part of the Faculty of

Educators enabled staff to access good professional development training. An example is the recent training in managing doctors in difficulty, and leadership in medical education. The programme has led to a real sense of an educational community in the East of England.

The Medical Aspirations outreach programme

Norwich Medical School run the Medical Aspirations outreach programme. This programme was set up in 2011. It is aimed at up to 30 students in year 12 in Norfolk and North Suffolk schools and colleges from backgrounds under-represented in the field of medicine. This includes students who are from a low-income household or who have no family history of higher education. The programme includes a three day residential course at the University of East Anglia to help students learn about the medical profession and to encourage them to apply to study medicine. This course offers taster sessions at the school and information on suitable work experience, as well as spending time in a hospital setting. The school offers further support by inviting these attendees back for a mock interview. All Medical Aspirations attendees receive a guaranteed interview for medicine at the school, providing they meet the academic criteria. However, the aim of the course is to encourage students from different backgrounds to apply to study medicine anywhere, not just Norwich Medical School.

The undergraduate Clinical Supervisor programme

In Cambridge School of Clinical Medicine, an aspect of good practice is the undergraduate Clinical Supervisor programme. The programme involves selected doctors in training supervising undergraduate students. They help deliver the teaching programme offering support to students particularly in preparation for examinations. The Clinical Supervisor programme is very popular with students and staff alike. In fact, the clinical students we met commented that the programme was a welcome support in the regional trusts in which they work and study. It is managed well with regular contact and direction maintained through termly newsletters, meetings with the supervisor programme lead and via the clinical supervisor representatives. As part of this programme, clinical supervisors are given the opportunity to undergo a staff development programme for which they get an Associate Fellow of the Higher Education Academy (AFHEA) accreditation.

Using student and trainee feedback to make improvements to training and the educational experience

In both of the medical schools, we heard about changes the senior managers are making to their curricula and assessments in light of students' feedback. In Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, we heard about the revival of the junior doctor forum, which is a mechanism for senior managers to hear the concerns of doctors in training at the Trust. We were given an example of issues with shift patterns and the foundation rota, which as a result of being raised through the junior doctor forum, is being

reviewed by the education management team. Furthermore, in East and North Hertfordshire NHS Trust, we saw that there is a clear structure in place to ensure doctors in training have a voice on the education board to express concerns that have been raised within their departments. Doctors in training we spoke to felt changes had been made to improve handover, for example, as a result of feedback given to the trust. We saw such practices in other trusts we visited which highlights the great improvements that have been made to ensure students and trainees views are sought and suitable action is taken as a result of this.

Undergraduate education and training

In the East of England, the two medical schools, Cambridge School of Clinical Medicine and Norwich Medical School, have very different curricular structures and history. Both schools have clearly expressed visions and values statements. We also found considerable individual and complementary strengths at each school.

The University of Cambridge is a confederation of schools, faculties, departments and colleges. Medical education is jointly delivered by the School of Biological Sciences and the School of Clinical Medicine. Medical students are admitted to one of 29 colleges and can study the standard medical course, (MB BChir) the Cambridge Graduate Course or the MBPhD programme. Prior to this regional review, our last visit to Cambridge School of Clinical Medicine was in 2008 as part of our Quality Assurance of Basic Medical Education.

We identified four areas of good practice during our visit to the school:

- The undergraduate Clinical Supervisor programme. This is a highly valuable teaching tool and resource for students.
- The excellent variety of programmes on offer to students including the access to research opportunities.
- Excellent support mechanisms in place for teaching staff.
- The development and roll-out of Coordinating Regional Clinical Sub-Deans.

Norwich Medical School is part of the Faculty of Medicine and Health Sciences at the University of East Anglia. The MB BS programme is a five year integrated course. The School also runs a foundation year programme (A104) for students to progress onto the five year MB BS Programme. Prior to this regional review, our last visit to Norwich Medical School was in 2006/07 as part of our Quality Assurance of Basic Medical Education.

We identified four areas of good practice during our visit to the school:

- The Medical Aspirations outreach programme.
- The innovative teaching the school is providing using other health and social care professionals and students.
- The effective assessment of professionalism in the programme.
- The support provided to students that fail final exams in year five of the programme.

Cambridge School of Clinical Medicine and Norwich Medical School share some common issues, relevant to medical education in the region as a whole. For example: the threat of potential capacity pressures on undergraduate placements; the challenges of the

geographical location as outlined earlier in this report; the pressures of ensuring time in job plans for clinical and educational supervisors in the LEPs and their shared concerns about the need for greater transparency of the undergraduate tariff distribution so that they are better informed by HEEoE. We heard about the regional education quality liaison group which includes representation from both schools and HEEoE. This group could potentially be strengthened with a revision of the terms of reference to enable discussion around these shared concerns.

Both schools have introduced various measures to help address the regional issue of difficulties with recruitment especially in light of service pressures at the LEPs. At the University of Cambridge, School of Clinical Studies and School of Biological Sciences they are currently making changes to their curriculum so that all pre-clinical students admitted from 2014 onwards stay in Cambridge and its associated local education providers for their clinical studies. Prior to this date approximately half of their students completed clinical studies in London or Oxford. This will ensure that Cambridge medical students continue to gain clinical experience in the East of England region and may stay working in the region after their medical studies. Furthermore, Norwich Medical School's Medical Aspirations outreach programme was set up to support widening participation in the local area. In 2014, 42% of medical aspirations attendees applied for the MB BS or foundation programme. Of those who applied, 38% were successful. Furthermore, Norwich Medical School are working with local LEPs to deliver the MSc Physician Associate Studies Programme which will ensure the suitable training of and access to physician associates in the region and may help relieve some of the service pressures.

Prior to the visits, we were concerned that clinical supervisors may get confused about the two different medical school curricula in the LEPs where both students have placements (such as Ipswich Hospital NHS Trust and Queen Elizabeth Hospital King's Lynn NHS Foundation Trust). However, in practice, this is not a major problem and is thus being well managed at the LEPs.

Postgraduate education and training

According to our 2015 national training survey there are 3850 doctors in training across the region, including 618 in foundation training. HEEoE works with 387 LEPs; 2 are major teaching hospitals, 1 is a tertiary referral centre, 16 are district general hospitals, 5 are mental health trusts and 363 are community providers.

We identified the following areas of good practice at HEEoE:

- The valued and effective PSU is an excellent support mechanism in place for doctors in training. It enables doctors in training to access consistent, expert advice when needed.
- The development of the Faculty of Educators provides a high level of support to clinical supervisors.
- The cultural competency programme provides well-balanced training to enhance doctors in training and trainers' cultural awareness.

HEEoE told us that the East of England has a positive educational culture and we found this during the visits where it was widely reported at the LEPs. There is extremely strong board engagement in all but one of the LEPs that we visited. This is evidenced by the clear governance structures and reports from the Boards that we read prior to the visits, and through comments made by directors of medical education and doctors in training themselves. We also found that there are strong trainee representative structures at all levels across the region. This ensures that the views of doctors in training are sought and their input forms part of the local quality management processes. In addition, we heard positive experiences from doctors in training who had approached Health Education East of England for support. It was widely reported during LEP visits that HEEoE are accessible.

What is next for the East of England?

Following our visits to HEEoE, Cambridge School of Clinical Medicine and Norwich Medical School, we have set out requirements and recommendations for each organisation in our detailed visit reports (<http://www.gmc-uk.org/education/26806.asp>). The schools and HEEoE will provide us with an action plan outlining how they intend to meet these requirements and recommendations with a clear timeline. They will update us on their progress through scheduled reports. Additionally HEEoE will monitor and report updates on the requirements and recommendations from the LEP visits. We will also look at how to share the areas of good practice with other stakeholders. Part of this will be a regional day that we will be hosting in April 2016, to which we have invited representatives from Cambridge School of Clinical Medicine, Norwich Medical School, HEEoE and all LEPs in the East of England region.

We will continue to support all our stakeholders in East of England, and will meet regularly with them to give advice and support. This will make sure that any challenges in meeting the requirements and recommendations of the regional review can be addressed.

We will also take our learning from this review and apply it to the regional reviews of the South West and East Midlands, which are scheduled for 2016-17.

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