

Visit to the Ipswich Hospital NHS Trust

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

Review at a glance

About the visit

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| Visit date | 10 November 2015 |
| Site visited | Ipswich Hospital |
| Programmes reviewed | Undergraduate: School of Clinical Medicine at the University of Cambridge and Norwich Medical School at the University of East Anglia. Postgraduate: foundation, core medicine, obstetrics and gynaecology (O&G), paediatrics and surgery. |
| Areas of exploration | Patient safety, balance between service delivery and training, induction, handover, medical education organisation, management and leadership, quality management processes, equality and diversity, placements and curriculum delivery, assessment and feedback, support for students and doctors in training, student assistantships and preparedness, training and support for trainers, and transfer of information. |
| Were any patient safety concerns identified during the visit? | No |
| Were any significant educational concerns identified? | No |

**Has further regulatory
action been requested
via enhanced
monitoring?**

No

Summary

- 1 Ipswich Hospital serves around 385,000 people from Ipswich and East Suffolk. The students, doctors in training and staff we met were all based at Ipswich Hospital.
- 2 We visited Ipswich Hospital as part of our regional review of undergraduate and postgraduate medical education and training in the East of England. During the visit we met with doctors in training in foundation, core medicine, O&G, paediatrics and surgery. We met students in years four, five and six of the clinical medicine programme at the School of Clinical Medicine at the University of Cambridge. We were unable to meet students from Norwich Medical School at the University of East Anglia during this visit. However, we were able to talk with students with experience of placements at Ipswich Hospital on our visit to Norwich Medical School.
- 3 We found there is a supportive educational environment at the trust. Students and doctors in training are receiving good teaching and clinical exposure in a range of specialties. We heard that despite recent changes there are still concerns about the workloads of doctors in training at night in medicine.

| Areas of exploration: summary of findings | |
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| Patient safety | <p>All of the students and doctors in training that we met were aware of how and when to raise patient safety concerns. However, we heard of instances where doctors in training, from a range of specialities, did not receive feedback after they had raised concerns.</p> <p>All of the doctors in training said they work within their competence and only seek patient consent where they understand the proposed intervention and its risks. We also heard that they are generally appropriately supervised. However, foundation doctors in surgery reported difficulties accessing support at night. Please see recommendation 1.</p> <p>A number of doctors in training raised concerns with the hospital's new Nerve Centre system, which is the trust's electronic patient monitoring system. Please see recommendation 2.</p> |
| Balance between service and training | Doctors in training told us that the balance between service delivery and training is appropriate in the |

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| provision | <p>majority of specialities. We heard that doctors in training are receiving good practical experience and have access to appropriate teaching and study leave.</p> <p>However, issues with the balance were reported in medicine by foundation and core medical doctors in training. Please see requirement 1.</p> |
| Induction | <p>We heard that students and doctors in training are receiving appropriate inductions.</p> <p>Year one foundation doctors in training told us they particularly enjoyed learning from year two foundation doctors.</p> |
| Handover | <p>All of the doctors in training we spoke to reported well organised and effective handover arrangements.</p> |
| Medical education organisation, management and leadership | <p>Education is supported by the trust's senior management team. The trust's workforce and education committee reports directly to the board and the Chief Executive and Medical Director have a visible presence. Doctors in training and clinical and education supervisors reported that the senior management team are visible and responsive to any issues raised.</p> <p>Senior managers told us that they have good relationships with Health Education East of England, the School of Clinical Medicine at the University of Cambridge and Norwich Medical School at the University of East Anglia. Senior managers told us that they are asked to increase the number of medical student placements every year. Increasing medical student placements and the potential impact of the Physician's Associate Programme pose challenges for the trust. To help meet these challenges, the trust plans to undertake an analysis of service increments for teaching (SIFT). Please see recommendations 3 and 4.</p> |
| Quality management processes | <p>We heard that a variety of methods are used to manage the quality of education at the trust.</p> <p>Everyone we met told us that the trainee voice is valued. We heard that the trainee doctor forum was</p> |

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| | <p>recognised as an effective mechanism through which concerns could be raised, addressed, and escalated.</p> <p>All of the students and doctors in training said the trust is receptive to their feedback. We were particularly impressed with the innovative steps the trust took after receiving feedback about foundation doctors training in Psychiatry, GP and Pathology feeling deskilled. Please see good practice 1.</p> |
| <p>Equality and diversity</p> | <p>We did not hear any concerns from medical students or doctors in training about being treated unfairly or without equality of opportunity.</p> <p>The trust's Diversity board, which is led by a Non-Executive Director and reports to the Workforce and Education Committee, is responsible for ensuring matters relating to equality, diversity and human rights in training are identified and comply with employment law, the Equality Act 2010, the Human Rights Act.</p> |
| <p>Placements and curriculum delivery</p> | <p>The students that we met spoke positively about their placements at the trust. We were told that the placements were well organised and that the teaching and educational facilities are good.</p> <p>All of the doctors in training said they would recommend the trust to a colleague. We heard that doctors in training are receiving good teaching and clinical exposure in a range of specialties. We were particularly impressed with the exceptional teaching provided to doctors training in paediatrics. Please see good practice 2.</p> <p>The students and doctors in training spoke highly of the teaching of clinical skills and simulation. Doctors in training told us that they valued the excellent simulation facilities and the opportunities to work with and learn from other health and social care professionals.</p> |
| <p>Assessment and feedback</p> | <p>All of the students and doctors in training we met told us that they receive regular feedback on their performance.</p> |

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| | <p>We heard that doctors in training are being appropriately assessed. However, we were also told that doctors training in O&G sometimes found it difficult to undertake their work based assessments.</p> |
| <p>Support for students and doctors in training, including supportive environment</p> | <p>Students and doctors in training told us there is a supportive educational environment at the trust. We were told that the staff in the Education Centre are extremely supportive and helpful.</p> <p>We were impressed with the support provided to doctors in training involved in serious untoward incidents. Clinical and educational supervisors told us that doctors in training are provided with feedback by the clinical lead and then meet with their educational supervisor to reflect on what had happened. We heard that the focus is on learning from the incidents rather than apportioning blame.</p> |
| <p>Student assistantships and preparedness</p> | <p>The students from the School of Clinical Medicine at the University of Cambridge did not know whether they would have the opportunity to undertake a Student Assistantship period, and what it would entail.</p> <p>Students told us they valued the teaching of clinical skills and simulation. They explained that this teaching allowed them to increase their confidence before moving onto the wards.</p> <p>We heard that students from Cambridge School of Clinical Medicine were concerned about their preparedness for prescribing drugs. We were also told that it was possible for students to end the placement without performing basic diagnostic procedures.</p> |
| <p>Training and support for trainers</p> | <p>We found there is an organisational culture of valuing staff at the trust. We heard that trainers are appropriately trained and appraised.</p> <p>Although we heard there is a clear trust policy on the allocation of programmed activities (PAs) for education, the distribution is delegated to a divisional level. Senior managers and trainers told us this has resulted in a disparity in how job planning is</p> |

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| | undertaken and sessions distributed. Please see requirement 2. |
| Transfer of information | Clinical and educational supervisors told us that they receive and share information about doctors in training with relevant individuals and bodies when appropriate. |

Areas of good practice

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

| Number | Paragraph in <i>Tomorrow's Doctors The Trainee Doctor</i> | Areas of good practice for the LEP |
|--------|---|--|
| 1 | TTD 6 | The innovative use of foundation doctors training in psychiatry, GP and pathology to support service delivery and improve their education. |
| 2 | TTD 6 | The exceptional teaching and support provided to doctors training in paediatrics. |

Good practice 1: Supporting service delivery while improving education.

- 5** The senior management team told us they received feedback from foundation doctors training in psychiatry, general practice and pathology that they felt they were becoming deskilled. To address this, the trust has provided them with opportunities to work on medicine wards. This enabled them to improve the education experience of these doctors in training while supporting service delivery.

Good practice 2: The exceptional teaching and support provided to doctors training in paediatrics.

- 6** We were particularly impressed with the teaching and support provided to doctors training in paediatrics. We observed a cohesive consultant body who were focused on preparing doctors to have the best paediatric training experience and knowledge possible. Doctors in training told us that education is embedded in the department and that they have a varied caseload and receive excellent learning experiences. We heard that doctors in training have easy access to study leave, receive excellent training, and are encouraged and supported in reporting incidents using the Datix

system. We also heard that the Head of School is visible, approachable and responsive to any issues that are raised.

Requirements

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

| Number | Paragraph in <i>Tomorrow's Doctors The Trainee Doctor</i> | Requirements for the LEP |
|--------|---|---|
| 1 | TTD 1, 6 | The monitoring of the medical workload overnight must continue and if necessary, actions taken to ensure the safety of patients and doctors in training. |
| 2 | TTD 6, 8 | The distribution of programmed activities (PAs) for education must be further considered at trust board level to ensure appropriate recognition of trainer equity and support across divisions. |

Requirement 1: The medical workload overnight

- 7 Before our visit, the trust made us aware that the workload at night on the medical wards was high. Health Education East of England had also highlighted the high workload for middle grade and core level trainees on the medical wards during the evening and overnight in their Quality Performance Review in January 2015.
- 8 We heard from senior managers and educational and clinical supervisors that the workload on their medical wards out-of-hours has been increasing for some time. This was supported by the foundation and core medical doctors in training that we spoke with. We also heard that year one foundation doctors in training are sometimes scheduled for 19 days in a row.
- 9 Senior managers explained that they have increased the number of doctors on the wards and that they have received feedback indicating this has eased workloads. We were told that the issue is still under review to ensure that the improvements are sustained. The foundation and core medical doctors in training that we spoke with told us that the workload on the medical wards at night was still too high.

Requirement 2: The distribution of programmed activities

- 10** In advance of our visit, the trust told us that it recognised the allocation for programmed activities (PAs) for educational supervision was inconsistent. Educational and clinical supervisors confirmed that there are inconsistencies but that the trust is currently reviewing the job plans of trainers.
- 11** Senior managers told us they were committed to ensuring that trainers have appropriate and fair recognition of their educational duties. The trust has a job planning policy in place and is allowing each division to implement its policy. However, senior managers and trainers told us that this has resulted in inconsistent job planning across divisions and there is a lack of responsibility for this at trust board level.

Recommendations

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

| Number | Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i> | Recommendations for the LEP |
|--------|--|--|
| 1 | TTD 1, 6 | We encourage the trust to continue to monitor the workload of surgical foundation doctors in training. They should ensure that foundation doctors in training know how to escalate issues, and that their educational needs are not overwhelmed by service requirements. |
| 2 | TTD 1, 6 | The trust should continue to listen to the voice of those experiencing issues with the Nerve Centre system. We encourage the trust to continue to develop the system to support patient safety and the educational experience of doctors in training. |
| 3 | TD 6, 8 | We encourage the trust to complete the analysis of service increments for teaching (SIFT) to ensure appropriate and transparent expenditure. |
| 4 | TD 8 | We encourage the trust to consider the potential impact of the development of the Physician's Associate Programme on the education of medical students, and ensure that any challenges regarding this are mitigated. |

Recommendation 1: The workload of surgical foundation doctors in training

- 12** The 2015 GMC National Trainee Survey results highlighted concerns with workload and supervision in surgery at the trust. This was supported by Health Education East of England's Foundation Training Quality Management Visit report dated April 2015, which also raised concerns about workload and supervision in surgery.
- 13** The senior managers that we met acknowledged that there were issues with workload and supervision in surgery and that action was being taken to resolve these issues. This included moving from a firm based to a ward based system, improved systems for handover and additional registrar presence during the day.
- 14** Foundation doctors training in surgery acknowledged that changes had been made. They said their workloads remain high but are manageable. Doctors training in Urology also reported some issues with supervision at night. We heard that the on-call registrars were not always providing support when requested. Foundation doctors told us that when they were unable to get support from the on-call registrar, they would be forced to contact a consultant for help. They said the consultants were always very supportive, but they would benefit from clearer escalation routes.

Recommendation 2: The electronic Nerve Centre system

- 15** Doctors in training thought the system was a good idea and would help improve patient safety. However, we heard a number of concerns about the implementation of the system, particularly about the use of the alerts that are sent to doctors. Some doctors in training felt nursing staff were over reliant on the system to alert doctors to deteriorating patients. We were also told that not everyone in the trust is using the system, and that the handheld devices do not work in the doctors' mess.

Recommendation 3: The analysis of service increments for teaching

- 16** Before our visit, the trust made us aware of the increasing challenges in delivering undergraduate medical education. The senior managers we spoke to on the visit confirmed that clinicians are stretched for time to meet their education and training responsibilities and that the trust has insufficient student accommodation and teaching space.
- 17** Senior managers told us that to help meet these challenges the trust is undertaking an analysis of service increments for teaching (SIFT) to ensure appropriate and transparent expenditure.

Recommendation 4: The impact of the Physician's Associate Programme

- 18** We heard that the trust is working with the University of East Anglia to develop the MSc Physician Associate Studies Programme. This will include hosting student placements at a time when they are facing increasing challenges in delivering

undergraduate medical education. The senior management team told us they have not yet decided how they will accommodate Physician Associate students but they recognise it will impact on their resources.

Acknowledgement

We would like to thank Ipswich Hospital NHS Trust and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.