

## Visit to Norfolk and Norwich University Hospitals NHS Foundation 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

<b>Visit date</b>	12 October 2015
<b>Site visited</b>	Norfolk and Norwich University Hospital
<b>Programmes reviewed</b>	Undergraduate: Norwich Medical School at the University of East Anglia  Postgraduate: Foundation, dermatology, radiology, cardiology (medicine); and paediatrics.
<b>Areas of exploration</b>	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 including the environment, student assistantships and preparedness, training and support for trainers, and supportive environment.
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No

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

No

## Summary

- 1** Norfolk and Norwich University Hospitals NHS Foundation Trust (the trust) consists of the Norfolk and Norwich University Hospital (NNUH) and Cromer and District Hospital, with some services available at other sites across Norwich. The visit was held at NNUH. The students, doctors in training and staff we met were either based at one of the hospitals or worked across both sites.
- 2** We visited NNUH 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 core medicine, foundation and medicine and paediatrics specialties. We met students in years three, four and five of the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme at Norwich Medical School at the University of East Anglia.
- 3** We found that medical education and training is important in the trust. Medical students and doctors in training are well supervised, supported and are receiving good clinical exposure in a range of specialties. Concerns with the management of rotas and workload were identified. We heard that these problems are impacting the balance between training and service delivery.

### Areas of exploration: summary of findings

#### Patient safety

All of the students and doctors in training we spoke to were aware of their duty to report patient safety concerns. We heard that students and doctors in training know how to raise concerns and that they receive feedback from the trust. Students and doctors in training told us they were well supervised and consent was well understood.

The senior management team told us that the trust is within the top 25% of trusts for incident reporting and is focused on patient safety.

We noted a range of individuals from a number of different groups using the outdated term 'Senior House Officer' or 'SHO' when referring to rotas and level of training.

Please see requirement 5.

<p><b>Balance between service and training provision</b></p>	<p>Almost all of the doctors in training we spoke to reported problems with rotas, which had an impact on their training and education. There appeared to be particular problems with rotas in medicine. We heard that rota gaps were making it difficult for doctors in training to attend educational teaching sessions and clinics. We also heard that rotas were making it difficult for some doctors in training to take study leave.</p> <p>We were told that doctors in training were routinely working longer than their scheduled hours.</p> <p>The educational management team and supervisors were aware of the difficulties balancing service pressures with education and training. We heard that improvements had been made filling rotas following recent changes to the trust’s Medical Staffing Department.</p> <p>The educational management team spoke of their success in introducing nursing practitioners, pharmacists and advanced neonatal practitioners to free up time for doctors in training to access education and training.</p> <p>Please see requirements 1 and 2.</p>
<p><b>Induction</b></p>	<p>Some of the doctors in training raised concerns regarding the management and delivery of their inductions.</p> <p>A foundation doctor in medicine told us they were unable to attend their departmental induction as it clashed with their hospital induction. We also heard that a doctor in training in paediatrics had to wait a month to attend their trust induction.</p> <p>The education management team were unaware of any issues with inductions.</p> <p>Please see requirement 4.</p>
<p><b>Handover</b></p>	<p>We heard that the coordination of handovers at night was generally well organised at the trust. Doctors training in cardiology told us about the new handover</p>

	<p>systems currently being used in the department; they felt this was working well.</p> <p>Some of the doctors in training told us that handovers in their departments during the day were varied in consistency and quality. We heard that information was often not passed over appropriately during handovers in medicine and paediatrics.</p> <p>Please see requirement 3.</p>
<p><b>Medical education organisation, management and leadership</b></p>	<p>Education was supported by the trust and the Director of Medical Education is on the trust's executive board. We heard examples of educational issues being raised to the trust's board and being appropriately resolved.</p>
<p><b>Quality management processes</b></p>	<p>The senior managers we spoke with told us that they used a variety of methods to manage educational quality within the trust. We heard they provide and receive regular feedback to and from Norwich Medical School and have a supportive relationship with Health Education East of England.</p> <p>Doctors in training told us that they regularly provided feedback via their trainee forum. However, we heard from some doctors in training in paediatrics that the trust had not responded to recent concerns raised about their rotas.</p> <p>While the Organisation Wide Learnings (OWLs) are useful in sharing educational issues, some educational and clinical supervisors thought the frequency should be rationalised.</p>
<p><b>Equality and diversity</b></p>	<p>There were no concerns from medical students or doctors in training about being treated fairly or with equality of opportunity. All of the doctors in training we asked had received equality and diversity training.</p> <p>Clinical and educational supervisors were up-to-date with their equality and diversity training, which was supported by the education management team. However, we noted that this training was not specific to their roles as educational trainers.</p>

## Placements and curriculum delivery

All of the medical students that we met stated they would recommend the placement to a colleague.

Students and doctors in training told us they were receiving good clinical exposure in a range of specialties. The trainers are approachable, supportive and engaged in teaching and education.

Some of the third and fourth year medical students we met felt that some placements are over capacity. While this is not preventing them from achieving the outcomes of their curriculum, the students told us they would prefer to be in smaller groups. In contrast, the year five medical students work with fewer students on each ward, which enables them to gain more clinical experience.

Both medical students and doctors in training reported problems accessing IT systems at the trust. Some told us that they have difficulties accessing the trust's IT systems due to the limitations of the inductions they received. We also heard that there are issues with IT account logins expiring and there being delays in having these reset.

We heard that rota gaps for foundation doctors in medicine and doctors in training in paediatrics have led to limited attendance at clinics and teaching, and issues taking study leave.

The senior and education management team told us that doctors in training hand their pagers in when attending teaching sessions. While we heard that some doctors in training in paediatrics have bleep free teaching, this is not the case for foundation doctors. Therefore we heard that foundation doctors often had to leave teaching sessions.

Doctors in training highly valued the supportive teaching towards the Membership of the Royal Colleges of Physicians (MRCP) exam.

We were told by doctors in training that they receive training in professional skills but release for attendance is sometimes difficult as it is held at a different LEP (Cambridge University Hospitals NHS

	<p>Foundation Trust). One doctor in training spoke extremely highly of their experience on the Health Education East of England's Chief Residents' Leadership &amp; Management Programme.</p> <p>Please see good practice 1.</p>
<p><b>Assessment and feedback</b></p>	<p>Undergraduate medical students told us of the recent improvements made to the assessment process: assessment consistency had been improved and information promptly shared. However, they explained that some of the feedback from the trust was too generalised and did not provide them with adequate information on their development or progress.</p> <p>We heard that feedback for foundation doctors is varied. Doctors in training were positive about their experiences in cardiology, but had more limited access to feedback in other medical specialities.</p> <p>We heard that rota gaps also exacerbated access to timely feedback and assessments.</p> <p>Educational and clinical supervisors told us that high workloads are affecting the balance between service and training. Supervisors in paediatrics confirmed that they are not always available to undertake timely assessments.</p> <p>Please see requirement 1.</p>
<p><b>Support for students and doctors in training including the environment</b></p>	<p>On the whole, undergraduate medical students and doctors in training felt that the trust and Health Education East of England's (HEEoE's) local office are supportive.</p> <p>A minority of doctors in training noted some isolated incidents and occurrences of undermining, but did not feel this is a widespread issue at the trust. We were told that the senior management team encourages doctors in training to raise concerns, including those around bullying and undermining and is committed to addressing these.</p> <p>Undergraduate medical students and year one</p>

foundation doctors valued the careers advice they receive. They spoke highly of the advice provided by the speciality societies and of the careers fair. However, some of the year two foundation doctors noted that more careers advice would be helpful, for example support towards their application to general practice, core and specialty training, and access and release for taster sessions, which they said had been restricted due to rota gaps.

Please see recommendation 1.

We heard positive experiences from doctors in training who had approached Health Education East of England for support. However, a considerable number of supervisors were unaware of the Professional Support Services available via HEEoE for doctors in training requiring additional support.

We were told that relationships with nursing staff had been very strained in the neonatal department last year. Doctors in training said that HEEoE's and the trust had been very supportive in resolving the issue. The doctors in training spoke very highly of the buddying system recently introduced. We were told that the system is helping to improve working relationships between doctors in training and nursing staff in the neonatal department.

Please see good practice 2.

### **Student assistantships and preparedness**

The undergraduate medical students who had been on their assistantship for three weeks all spoke very highly of their experiences. They told us they felt the placement was building their confidence and preparing them well for their first foundation posts. We heard that they enjoyed working with current year one foundation doctors and the supportive teams on the wards.

Foundation doctors told us that their experience of assistantships at the trust last year varied and in some cases were limited.

### **Training and support**

Clinical and educational supervisors told us that they were well supported at the trust. We heard that

<b>for trainers</b>	<p>trainers were appropriately trained and appraised.</p> <p>The trust has worked hard to ensure that all trainers have sufficient time in their job plans to train, supervise, assess and provide feedback to support and develop doctors in training. However, not all of the supervisors we spoke to have the equivalent of 0.25PA per trainee, per week, in their job plans.</p> <p>Please see recommendation 2.</p>
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## 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 5.4	The supportive Membership of the Royal Colleges of Physicians (MRCP) exam teaching.
2	TTD 6.17	The use of a buddying system in the neonatal department between nursing staff and doctors in training is working well and helping to improve interdisciplinary working relationships.

### Good practice 1:

- 5** Health Education East of England's Quality and Performance Review of the trust in May 2015 found the MRCP teaching was of excellent quality and was greatly valued by all the doctors in training they met. We heard of similar experiences from the doctors in training we met.
- 6** Doctors in training praised the MRCP exam teaching and support they receive. One doctor in training described the teaching as 'amazing'. The trust's senior management team told us that the teaching has been praised in numerous School of Medicine visit reports and receives excellent feedback from doctors in training. The senior

management team reported that the excellent teaching was reflected in the trust's high pass rates for the MRCP exam.

## Good practice 2:

- 7** Doctors in training told us that relationships with nursing staff were strained in the neonatal department last year. To help address this issue, the trust introduced a buddying system in the department between nursing staff and doctors in training. We heard that this has helped to improve interdisciplinary working relationships.

## 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</i> / <i>The Trainee Doctor</i>	Requirements for the LEP
1	TTD 5.4, 5.5, 6.10, 6.24	The trust must review the management of medicine rotas to ensure that there is appropriate balance between training and service delivery. This should allow for release for clinics, regional teaching, study leave, bleep free training sessions and appropriate planning for rota gaps.
2	TTD 6.10	The trust must monitor the hours of doctors in training in medicine (Foundation, core and specialty) to check compliance.
3	TTD 1.6	The trust must improve the process of coordination and timing of handovers during the day.
4	TTD 6.1	The timing of induction must be reviewed to ensure that doctors in training are appropriately informed with the necessary information about the trust and department before they start work. This should include rotas in advance and IT access.
5	TTD 1.2	The out-of-date terminology used to refer to and identify doctors in training must not be used. The expected level of competence of different junior tier grades should also be communicated more

		clearly to the wider team.
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### **Requirement 1: The management of medicine rotas**

- 8** Before our visit, the trust told us that rising emergency demand had created challenges balancing service versus training. This was exacerbated by difficulty in filling posts, particularly in acute and emergency medicine. During a visit in May 2015, Health Education England also noted that gaps in the rota were not actively managed, with the impact on rotas and consequent high workload resulting in trainees being unable to meet curriculum requirements.
- 9** This is supported by what we heard from the doctors in training during our visit. Foundation doctors in medicine told us that rotas are making it difficult for them to attend educational teaching sessions.
- 10** Some of the doctors in training in medicine told us that rotas and gaps were preventing them being released to attend clinics, educational teaching sessions and take study leave. In some instances, doctors in training had to use their annual leave to fulfil the requirements of the curriculum due to problems with the rota design. We heard that some doctors in training do not think that the trust is proactive in filling rota gaps. Concerns were also raised about the limited communications in designing and sharing rotas in an appropriate time.
- 11** Clinical and educational supervisors were aware of the problems with rotas and told us about improvements that were being made to the Medical Staffing Department, and the trust's policy on locum agencies.

### **Requirement 2: Monitoring the hours of doctors in training**

- 12** Almost all of the doctors in training we met told us that they were routinely working longer than their scheduled hours. We were told by doctors in training in medicine that they were last monitored for compliance with their contracted hours and the European Working Time Directive in November 2014.

### **Requirement 3: The process of handovers during the day.**

- 13** We heard that the coordination of handovers at night was generally well organised. We heard that the new handover systems used in the cardiology department were working well.
- 14** However, some of the foundation and specialty doctors in training told us that the quality of handovers in medicine and paediatrics during the day did vary. We heard that the handover processes and systems are not always followed and this has led to the omission of information. Health Education East of England's visit to the trust in

May 2015 recommended that consultant-led handover in medicine, in particular morning handover, needs to be formalised.

#### **Requirement 4: The coordination and timing of inductions**

- 15** Foundation doctors in training in medicine and core medical trainees raised concerns regarding the management and delivery of their inductions. Some doctors in training said that they are not provided with sufficient information in advance of their inductions and that many of the inductions are extremely busy.
- 16** We heard some concerns about the timing of some inductions, for example some departmental and trust inductions clashed, some doctors in training have started work without their rotas or access to the trust's IT system.

#### **Requirement 5: Terminology used to refer to and identify doctors in training**

- 17** We noted a range of individuals from a number of different groups using the outdated term 'Senior House Officer' or 'SHO' when referring to rotas and level of training. We also saw badges with the term. This could lead to confusion about the expected level of competence of the doctor in training and concerns regarding supervision and patient and trainee safety, especially when sharing on-call commitments.

## **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.

<b>Number</b>	<b>Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i></b>	<b>Recommendations for the LEP</b>
1	TTD 6.9	The trust should work with the Foundation School and Health Education England to provide more support on careers advice, particularly for foundation year two doctors in training.
2	TTD 6.34	The trust should ensure that all educational and named clinical supervisors have the equivalent of 0.25PA per trainee, per week, in their job plans.

### **Recommendation 1: More support on careers advice**

**18** Year two foundation doctors explained that they would benefit from more careers advice. We heard that they had not received any information or advice about applying for general practice, core and specialty training.

### **Recommendation 2: Protected time in trainers' job plans**

**19** We heard that the trust is working to ensure that all trainers have sufficient time in their job plans to train, supervise, assess and provide feedback to support and develop doctors in training. We encourage this work to ensure that all educational and named clinical supervisors have the equivalent of 0.25PA per trainee, per week, in their job plans.

## **Acknowledgement**

We would like to thank Norfolk and Norwich University Hospital Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.