General Medical Council

Visit report on University Hospitals Bristol NHS Foundation Trust

This visit is part of the South West regional review to make sure organisations are complying with our standards and requirements, which are set out in *Promoting excellence: standards for medical education and training*.

Summary

Education provider	University Hospitals Bristol NHS Foundation Trust
Sites visited	University Hospitals Bristol, Education and Research Centre
Programmes	We met with individuals from the following programmes: Undergraduate: University of Bristol Medical School Postgraduate: foundation, core medical training, acute internal medicine, cardiology, emergency medicine, gastroenterology, respiratory medicine
Date of visit	15 April 2016

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 that should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 1: Learning environment and culture (R1.13)	The 'scared to prepared' induction programme for doctors in training and treasure hunt for medical students are innovative ways that prepare doctors in training and students for their placements.

		(See paragraphs 18 and 19)
2	Theme 2: Educational governance and leadership (R2.2)	The Trust board demonstrates strong accountability for educational governance and this ensures that both undergraduate and postgraduate education and training are taken seriously at board level. (See paragraph 37)

Areas working well

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

Number	Theme	Areas working well
1	Theme 3: Supporting learners (R3.14 and 3.16)	The mentor and career support services that the Trust provides for postgraduates are commendable. (See paragraphs 47, 50 and 62)
2	Theme 3: Supporting learners (R3.14 and 3.16)	Medical students reported that they value the level of help and support given to them by the Trust administrative staff (See paragraph 50)

Requirements

When the requirements that sit beneath each of our standards are not being met, we outline where targeted action is needed and map to evidence we gathered during the course of the visit. We will monitor each organisation's response to these requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 5: Developing and implementing curricula and assessments (R5.9)	The Trust must make sure that all doctors in core medical training have the opportunity to attend teaching sessions and clinics, so they can meet the curriculum outcomes. (See paragraphs 29, 79 and 81)

Recommendations

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

Number	Theme	Recommendations
1	Theme 1: Learning environment and culture (R1.19)	The Trust should ensure that they monitor and manage any adverse impact that non-training grades and other healthcare professionals may have on the education of doctors in training and medical students. (See paragraph 31)

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' eg where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards
S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.* **S1.2** *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1)

1   All doctors in training and medical students who we met told us that they understand the process they should use to raise concerns.

- Medical students explained that they are taught about raising concerns in their induction during the first week of university. They also commented that the teams they work with on their placements are supportive. For example, we were told about a situation where a student was worried about a patient and reported it to a foundation doctor who encouraged her to write down her concerns. The doctor then passed this on to the consultant and the concern was dealt with.

- Doctors in training said they are comfortable with raising concerns with senior members of staff in their department or the nursing team where relevant. They also told us that there is an incident reporting system which they can access online if needed.

2   Medical students would appreciate a reminder about how they formally raise a concern after induction. This is because, if they miss the induction, students say they do not get any information afterwards about this subject. Medical students did tell us that everybody is very helpful and approachable so this does not cause too many issues.

Dealing with concerns (R1.2)

3 Doctors in training feel that they get good feedback on any patient safety issues that have been raised. They feel there is an open atmosphere at the Trust and they have no concerns talking to any of the team. Senior managers attend doctor in training forums to outline what actions have been taken in response to their feedback or concerns. Doctors in training also told us that they have debrief sessions following the raising of and dealing with a patient safety concern.

4 Medical students told us that they are encouraged by their supervisors to write a reflection on patient safety a couple of times a year, which includes reflecting on how the Trust deals with concerns.

Supporting the duty of candour (R1.4)

5 All of the medical students and doctors in training we met told us that they are aware of GMC's guidance *Good medical practice* and the concept of duty of candour.

Educational and clinical governance (R1.6)

6 Doctors in training and medical students know what to do if they have concerns about the quality of care at the Trust; they said they would speak to a manager in charge of the department or their educational supervisor depending on the situation.

7 Medical students feel comfortable to say when they are unable to do something; they work within the limits of their competence. They said that there is a good culture at the Trust. They feel able to watch and make mistakes, and said it is a good learning environment.

Appropriate capacity for clinical supervision (R1.7)

8 Overall, we saw that the learning environment is safe for patients and supportive of medical students and doctors in training.

- Most doctors in training who we met told us that they always have access to suitable clinical supervision and a supervisor on call who they can ask for help.

- In cardiology, doctors in foundation training told us that supervision is not as well organised and it is not always possible to have a senior colleague on the ward. Doctors in foundation training explained that contacting the consultants can be very time consuming and difficult.

- Doctors in higher training in acute medicine told us that there is always a consultant present on the wards. However, in respiratory medicine and cardiology, doctors in higher training told us that suitable supervision is not always readily available.

9 All doctors in higher training told us that they can manage clinics independently. However, if needed, they can phone a consultant to discuss any issues or concerns that arise. They feel that consultants are always willing to help especially when they are short staffed in any of the departments. Furthermore, doctors in higher training in cardiology also told us that out-of-hours care is very consultant led. There is always a 'consultant of the day' present in medicine departments.

Appropriate level of clinical supervision (R1.8)

10 Doctors in training told us that they have an appropriate level of clinical supervision the majority of the time. They said that they feel confident in their clinical supervisors' competences and experiences. In addition, doctors in training and medical students affirmed that they have never been left to work outside of their competences. They commented that all senior colleagues and consultants check that students are happy to undertake doing particular procedures.

Identifying learners at different stages (R1.10)

11 During the visit, doctors in training and staff at the Trust frequently used the terms 'senior house officer', 'SHO' and 'registrar'. They had a common understanding that 'SHO' can include doctors in second year of foundation training (F2), doctors in the first and second years of core medical training, and doctors in the first few years of specialty training. The term 'senior house officer' or 'SHO' is ambiguous for doctors in training, members of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors. Furthermore, doctors in training could be asked to work beyond their competence or without adequate supervision.

Taking consent appropriately (R1.11)

12 Foundation doctors commented that they are not allowed to take consent and none of them has been asked to do so.

Rota design (R1.12)

13 Foundation doctors told us that generally, the rotas are designed to enable them to access appropriate training and clinical supervision. We heard that in cardiology, rotas are issued four weeks in advance and it is clear what is expected of foundation doctors. They commented that doctors training in medicine tend to have fewer days off than those in surgery, but they understand that doctors training in surgery work longer hours and there is a lot of demand for patient care on medicine wards. However, foundation doctors did report that the rota gaps can go unfilled when doctors are off sick, thus increasing their workload.

14 Doctors in core medical training stated that their rotas are stretched and so there are many gaps. These gaps are often communicated at the last minute, leaving the department unable to release the doctors to access their training. In addition,

educational supervisors told us that dates for core medical training days run by Health Education England working across the South West (HEE SW) are not being shared early enough. This means that rotas have already been organised and there is not sufficient notice to release doctors for the training. Doctors in core medical training confirmed that due to high workload pressures, they could not easily access training days.

15   Doctors in higher training in cardiology reported that there is no cover in the evenings from doctors in the first or second year of foundation training (F1 or F2 doctors). They feel that gaps in rotas are increasing due to sickness among staff, which is increasing workload pressures. These gaps in rotas are not easily filled using locums. Doctors in foundation and higher training said the workload they experience in this Trust is average compared with other trusts in the region.

16   We heard from medical students on placement in certain specialties that they are not formally timetabled to attend outpatient clinics. As a result, only the same, most eager students are able to access these clinics. Students outlined their concerns regarding this stating that sufficient clinic experience might be limited to only a small group of the most proactive students. However, in some specialties students are formally timetabled to attend clinics.

17   Senior managers acknowledged the growing gaps in rotas and explained that they are looking into various solutions. For example, we heard that junior doctors in non-training posts are being used to cover service in some departments.

Induction (R1.13)

18   Educational supervisors we met praised the 'scared to prepared' induction programme at the Trust, which is used to induct doctors in the first year of foundation training (F1). The programme is designed by a dedicated team of F2 doctors who make sure the content is relevant and meets the needs of F1s. Through the programme, F1 doctors get an opportunity to shadow an F2 in the department where they will be working. F1 doctors told us that they value this experience as they gain a secure understanding of the job they will do before they start. IT training is also part of the Trust's induction programme.

19   Medical students said that they had an induction before their placements, which gave them clear guidance on their role. They also told us that they had an opportunity to shadow foundation doctors at the Trust. Year 3 students told us about a highly appreciated treasure hunt that the clinical fellows had set up to help them learn the layout of the hospital. They really appreciated this aspect of their induction and felt it was an excellent way of learning their way around the hospital.

Good Practice 1: The 'scared to prepared' induction programme for doctors in training and treasure hunt for medical students are innovative ways that prepare doctors in training and students for their placements.

20 Year 2 medical students commented that they receive a lecture and tour of the hospital to get accustomed to their learning environment before starting their placements. They also receive training in manual handling, clinical governance, health and safety, and infection control. However, they do not get a sufficient understanding of how the hospital deals with service pressures and how best to engage with the workforce as a medical student during these times. They suggested that the induction would be more helpful if it specifically outlined what they will see on the ward and the pressures that various healthcare practitioners face on a daily basis.

21 Doctors in foundation training told us that departmental induction is sufficiently thorough and meets their needs. During induction, a consultant clearly outlines their duties and their role in the team, workplace policies and supervision arrangements.

22 Doctors in higher training stated that in their induction the consultants talked through how to complete incident forms and the Trust's fitness to practise processes, which they found helpful and informative.

Handover (R1.14)

23 Doctors in training told us that handover is generally well organised at the Trust. As a result, there is a good continuity of care for patients during handover periods. Weekend handover notes are hand-written. Doctors in higher training told us that handwritten notes can be problematic because sometimes the handwriting is not legible or is difficult to interpret, or the notes can be misplaced. Senior managers told us that the Trust is trialling an electronic service to enable a smoother transition between medical teams, which would eliminate the need for handwritten notes.

24 Doctors training in the Medical Assessment Unit (MAU) told us that the Medway system is used effectively for handover in the department. They praised the system of nursing handover between the emergency department and MAU where nurses physically move with the patient to make sure their colleagues have a better understanding of the patient and any issues they may be experiencing. Doctors in training said that their handovers could be improved by incorporating aspects of the nurses' practices into their own systems.

Educational value (R1.15)

25 In cardiology, doctors in core and higher training felt that they sometimes miss out on observing or working on more interesting cases in the tertiary cardiac centre because they have to do tasks, such as discharge letters, which could be done by other professionals. As a result, they feel that the experience in cardiology is not always educationally worthwhile. Foundation doctors stated that as the department has a high flow of patients coming in and out of the department, they too are often asked to complete admin tasks, which reduces the variety of learning and clinical opportunities.

26 In acute medicine and gastroenterology, there are two dedicated training lists and numerous opportunities for ad-hoc training. Doctors training in these departments state there is a lot of educational value.

Protected time for learning (R1.16)

27 Senior managers told us that there is formal teaching for doctors in training on Wednesdays. Educational supervisors agreed and said that the academic year is well organised. In addition, there is a day a week in cardiology that is strictly for clinical teaching. There are also regional teaching days and good access to simulation facilities.

28 Doctors in training stated that their ability to attend these organised teaching sessions is variable. For example, doctors training in surgery said it is difficult to attend, as the high workload and service pressures could leave the department in a critical state. In cardiology, doctors in training stated that service pressures prevented them from attending formal teaching sessions. However, they did state that there is good access to simulation facilities and good training on the use of ultrasound.

29 Doctors in core medical training commented that they do not have suitable access to study leave, regional teaching, or local teaching.

- There does not seem to be any correlation between the rota design for doctors in core medical training and their regional teaching. For example, there are four regional study days organised in the year but they cannot attend teaching sessions like these or go on study leave because, if they do, the ward is technically understaffed. In one instance, doctors in core medical training said that educational supervisors resorted to flipping a coin to decide who could attend a regional teaching session.

- Doctors in core medical training commented that it would help departments plan rotas if HEE SW could release dates of teaching days at the start of the year. We are concerned that doctors in core medical training are at risk of not meeting their learning outcomes if they are unable to attend mandatory training sessions and outpatient clinics as required in the curriculum.

  Requirement 1: The Trust must make sure that all doctors in core medical training have the opportunity to attend teaching sessions and clinics, so they can meet the curriculum outcomes.

Multiprofessional teamwork and learning (R1.17)

30 Educational supervisors told us that learning occurs in multiprofessional teams. Doctors in training get the opportunity to work with and learn from other professionals, for example, a great deal of the teaching at foundation level is done by specialist nurses. Furthermore, fifth-year medical students receive skills assessment

training by pharmacists. Educational supervisors said that they would like to see more multiprofessional teaching and learning in the curriculum, but they recognise there are limitations to this because of increasing service pressures.

Capacity, resources and facilities (R1.19)

31 Non-training grade doctors (for example in clinical fellow posts) and other healthcare professionals are making up a significant part of the workforce. Whilst we heard that their presence was beneficial in addressing workload issues and rota gaps, it is important to recognise that where non-training grades are potentially competing for training opportunities with trainees in approved posts there is a risk of adversely affecting the education and training of regulated groups. We would expect the LEPs to monitor their educational capacity and manage any adverse educational impact that non-training grades and other healthcare professionals may have on doctors in training posts and medical students.

Recommendation 1: The Trust should ensure that they monitor and manage any adverse impact that non-training grades and other healthcare professionals may have on the education of doctors in training and medical students.

32 Medical students told us that teaching is well organised; they feel that there is sufficient capacity, resources and facilities to enable this. For example, there is a wide variety of teaching on offer, such as bedside teaching, case presentations, teaching with doctors in training, and lectures.

33 Doctors in training commented that there are suitable IT facilities at the Trust, but there are not enough computer stations to meet the needs of all learners during busy periods.

34 Senior managers set out their plans to invest in a new student facility in collaboration with the Medical School at the University of Bristol. The new education facility will include at least 12-15 rooms with options for large and small group teaching, as well as common rooms, social facilities and accommodation. This will increase the provisions available for students and enhance the overall student experience.

Access to technology enhanced and simulation-based learning (R1.20)

35 The Trust has invested in providing simulation-based learning opportunities within their training programmes. Both medical students and doctors in training commented on the vast opportunities they have to use simulation and technology enhanced facilities. Senior managers told us that they have devised a way of bringing simulation facilities to the wards, so doctors in training can access the facilities without needing to leave the ward. Doctors in training and medical students stated that this has made simulation facilities more accessible and useful.

Access to educational supervision (R1.21)

36 Doctors in training said that they have regular access to educational supervision. They commented that their educational supervisors are very approachable and supportive.

Theme 2: Educational governance and leadership

Standards
S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.* **S2.2** *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.* **S2.3** *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Systems and processes for managing and controlling the quality of medical education and training (R2.1)

37   There are effective and clear educational governance systems and processes at the Trust. Senior managers told us that they quality manage their undergraduate programme through forums and meetings with students, and with the senior management teams in Bristol Medical School and the Trust. Furthermore, every year senior managers hold Academy Dean days where they share good practice.

Accountability for quality (R2.2)

38   Educational and clinical governance is excellent at the Trust as the board is fully engaged in managing medical education. Education managers are well represented at board level and there is a clear interrelationship between the director of medical education and the executive directors of the Trust. Senior managers told us that they put a great deal of effort into integrating their educational governance systems throughout the Trust, and make sure that medical education features fortnightly in their business and strategic meetings.

   Good practice 2: The Trust board demonstrates strong accountability for educational governance and this ensures that both undergraduate and postgraduate education and training are taken seriously at board level.

39   Senior managers told us that the board are well informed about all aspects of education, including progression. There are clear structures in place to monitor quality at every level, and accountability sits with the board. The director of medical education sits on the senior leadership team and regularly introduces medical education items on the agenda to be discussed. There is also a junior doctor committee with representatives from each hospital's speciality area and in their meetings they discuss education concerns and monitor quality.

Considering impact on learners of policies, systems, processes (R2.3)

40   Doctors in training said that they feel the Trust ascertains their views on policies, systems and processes via the end of rotation questionnaire. Doctors training in gastroenterology told us that the Trust is particularly receptive to their feedback, as consultants in this department asked the doctors in advance what they wanted to see and then organised the training around their needs.

41   Foundation doctors stated that they are able to share any concerns and request changes to policies, systems and processes in their feedback to the Trust. However, it is not always clear what changes have been made as a result of feeding back, because by the time changes are made, they have moved on to the next stage of their training. A few doctors in higher training said that they believed that the Trust does consider learners when planning and assessing their processes because there have been distinct improvements in the Foundation Programme based on their feedback. For example, in cardiology, all doctors in training are now given a detailed rota and extra Trust grade staff have been employed to help alleviate some service pressures in the department. Senior managers suggested that doctors in training may experience feedback fatigue from the number of surveys they complete, but the managers recognise that doctors' feedback is imperative to their quality management and control processes.

42   Senior managers told us that they also collect feedback from patients about doctors in training and use this information to enhance and make changes to their programmes.

Evaluating and reviewing curricula and assessments (R2.4)

43   Senior managers at the Trust told us that many of the educational supervisors assist with unit leadership and curriculum design at Bristol Medical School. They commented that there is a great deal of cross-fertilisation and integration between the Medical School and Trust via regular meetings. This ensures that frameworks for curricula and assessments are consistently monitored by both the School and Trust. Members of the medical education team at the Trust are currently working with the Bristol Medical School on the new MB21 curriculum.

Sharing and reporting information about quality of education and training (R2.8)

44   Senior managers at the Trust told us that they have a very close working relationship with Bristol Medical School, which is enhanced by the close proximity of the organisations. Divisional directors from the Medical School and Trust work together, sharing information about the quality of education and training. In their meetings, the divisional directors and managers:

- discuss issues of importance to students based on feedback they have received

- hold performance reviews with the board

- track compliance with rotas, including discussing how to address rota gaps and their effect on student placements.

The Trust is also aware of Bristol Medical School's strategic direction, and senior managers from both organisations sit on a partnership board that meets quarterly.

45 Senior managers told us that they have a good working relationship with HEE SW. However, they do not feel that HEE SW clearly communicates with the Trust when they are recruiting doctors in training for particular departments, such as radiology. They believe that HEE SW have not fully addressed issues such as rota gaps and the seniority of doctors in training despite numerous communications about their concerns.

46 The director of medical education has a good working relationship with most of the heads of the postgraduate specialty training schools – for example, with the school of paediatrics where senior managers are invited to school board meetings. However, the senior management team does not feel it has a close working relationship with all of the schools, and it is working with HEE SW to improve this. There is increased integrated working between the schools with the harmonisation of the Severn and Peninsula Health Education England local offices, which they find positive.

Monitoring resources, including teaching time in job plans (R2.10)

47 Senior managers told us that they effectively monitor the allocation of educational resources. As a result, they are building a team of enthusiastic educators, which will include clinical teaching fellows. Senior managers also said that they have incorporated education professional activities in all job plans.

Managing concerns about a learner (R2.16)

48 Educational supervisors told us that they have a clear system and process to identify, support and manage doctors in training who they are concerned about. All concerns are logged on the e-portfolio, and appropriate support is put in place depending on whether the concern is about a doctor's health, conduct, performance, professionalism or progress. Senior managers also confirmed that there is a named mentor and career officer who can support doctors in training when needed.

Area working well 2: The mentor and career support services that the Trust provides for postgraduates are commendable

Sharing information about learners between organisations (R2.17)

49 Senior managers told us that the transfer of information about doctors in training between organisations is not always smooth. The information about which doctors are coming to the Trust and when is not always clear or timely. HEE SW explained that it delays giving the Trust information to make sure the information is accurate.

50 We heard about a few foundation doctors who had been experiencing some difficulties completing their training. These difficulties meant they needed reasonable adjustments to be made to their programme. Foundation doctors told us that this information is supposed to be logged on their e-portfolio and this is how information about them is transferred within and between organisations.

Theme 3: Supporting learners

Standard
S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Learner's health and wellbeing; educational and pastoral support (R3.2)

51 All medical students and doctors in training who we met confirmed that they have access to suitable resources to support them in their health, wellbeing and educational needs at the Trust. Doctors in training have clinical and educational supervisors who they meet with regularly, and all supervisors are supportive, helpful and contactable. For pastoral support, doctors in training have a named person – the mentor and career support officer – who meets their needs and is a highly regarded resource, offering advice and support in a number of areas. Medical students said the administrative staff at the Trust are very helpful and supportive; they effectively supplement the support that students receive from their Medical School.

   Area working well 3: Medical students reported that they value the level of help and support given to them by the Trust administrative staff

Undermining and bullying (R3.3)

52 All of the foundation doctors and medical students we met stated that they had not experienced any form of undermining or bullying. They said that if they experienced or witnessed any, they would go to their educational supervisor or, if this was inappropriate, the mentor and career support officer.

53 Doctors in higher training in respiratory medicine told us of an ongoing case of bullying and undermining evident in their department. They stated that the problem was due to the way consultants communicated with doctors in training. Doctors in training commented that they felt disappointed because there has been an extensive delay in feedback from senior managers to those involved about how the Trust is dealing with the issues and what the next steps will be.

Information on reasonable adjustments (R3.4)

54 Doctors in training stated that their educational supervisors provide them with information on reasonable adjustments. We met with a few doctors in training who temporarily needed reasonable adjustments due to injury, and they said their educational supervisors were very supportive in providing the information they needed to access these adjustments.

55 Medical students commented that the Trust is very supportive for those who need reasonable adjustments. For example, we were told how the Trust accommodated and supported a student who had broken their back. Students also said that if they had to miss some of their lessons or placements, the Trust worked with Bristol Medical School to provide extra catch up sessions for any teaching they had missed.

Student assistantships and shadowing (R3.6)

56 All of the foundation doctors we met stated that they had been supported by a period of shadowing before starting foundation training.

Information about curriculum, assessment and clinical placements (R3.7)

57 Medical students told us that Bristol Medical School provides them with a clear and concise curriculum and assessment guide, which is followed at the Trust.

Supporting doctors in less than full-time training (R3.10)

58 Doctors in less than full-time training at the Trust are fully supported. We met some of these doctors, who said that senior managers clearly recognise their requirements and there is no attempt to block any flexible working arrangements. However doctors training in respiratory medicine said that those who job share sometimes have difficulty meeting their training requirements.

Support on returning to a training programme (R3.11)

59 We heard that doctors in training who are returning to a programme following a career break are fully supported by the Trust, which makes sure the transition is as seamless as possible.

Study leave (R3.12)

60 Foundation doctors stated that their regional teaching is commendable and they have access to structured study leave time. However, doctors in core medical training cannot access study leave due to the high workload in their departments.

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

61 Doctors training in general internal medicine told us that it can be difficult getting assessments completed on a busy ward and, in some cases; feedback is only provided upon request. Additionally, they commented that it was difficult to be involved in the acute care assessment tool (ACAT) when they had been on call. However, doctors in training stated that the feedback provided following workplace based assessments (WBA) was particularly helpful. In general internal medicine, doctors in training told us that the time allocated to a WBA consisted of two hours for the observation and an hour for feedback and debrief. Foundation doctors stated that

they receive regular feedback on their performance and can also request further feedback when needed.

62 Most medical students we met said that they are given detailed feedback after their written exams. However, there was limited feedback in portfolio work and continuous assessments and students said they need more detailed feedback in order to improve. Educational supervisors told us that after the assessment of the long case examination, they do not always get an opportunity to give personal verbal feedback to students. Educational supervisors said it is difficult to standardise their marking due to the variability of long cases used for this assessment. Therefore, there is little opportunity for them to evaluate and question how well they have formulated and delivered their feedback to students.

Support for learners in difficulties (R3.14)

63 There is excellent support in place for doctors in training who may be in difficulties. Doctors in training told us that there is a clear procedure for learners to access confidential, independent, non-judgemental support via the mentor and career support officer. Senior managers said that without the pastoral support they have in place, there would be more referrals made to the HEE SW professional support unit. Senior managers also told us the mentor and career support they provide means that doctors in training usually overcome any concerns and, where this is not possible, the professional support unit is a helpful resource.

Career support and advice (R3.16)

64 Medical students and doctors in training told us that the Trust provides suitable career advice via the mentor and career support officer. Throughout the visit, we heard that this support is highly regarded by doctors in training and by trainers. Therefore, we commend this practice and encourage the continued support and development of this resource.

Theme 4: Supporting educators

Standards
S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*   **S4.2** *Educators receive the support, resources and time to meet their education and training responsibilities.*

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

65 Educational supervisors stated that medical education is perceived to be a very important aspect of the job at the Trust. As a result, educators are given a great deal of support to do this well. Educational supervisors say there is a culture of staff obtaining professional postgraduate medical teaching qualifications to further enhance their skills. They also told us about train the trainer courses and the various support mechanisms in place for educators.

66 Educational supervisors say that despite the Trust's commitment to undergraduate and postgraduate medical education, high service pressures can affect the quality of training. There is a desire to implement protected time in job plans, but educational supervisors say space on the wards is an issue and clinics are busy. In response to this situation, some departments have started trialling reduced clinics to allow more teaching time.

67 Senior managers and educational supervisors told us that appraisal of staff takes place annually. They also told us that education forms part of the standard appraisal for all staff not in a leadership role. Educational supervisors commented that there is a process at the Trust where doctors in training and medical students can nominate teachers they appreciate for good teaching and support. They felt this was a positive way of getting credited for the work they do. Furthermore, doctors in training endorsed this nomination process as an excellent way to provide feedback on the positive aspects of their teaching and supervision.

Time in job plans (R4.2)

68 Educational supervisors told us that there is protected time in their job plans for educational purposes. Undergraduate teaching is externally funded via service increment for teaching allocations (SIFT). Clinical supervisors told us that they are given 1.5 supporting professional activities (SPAs) on average. Educational supervisors are given an additional 1 SPA for educational supervision. Senior managers stated that within these 2.5 SPAs, an educational supervisor is expected to see at least three doctors in training for an hour per week. Educational supervisors told us that with the SPA allocation, they can be asked to fulfil a number of roles and

they are all under extreme pressure due to the increasing workload on the wards and in clinics.

Educators' concerns or difficulties (R4.4)

69 Educators said they are well supported in their roles and, if they had any concerns or difficulties, they would feel confident that they would have the support of the senior management team. They confirmed that there is a clear policy at the Trust that allows them to take either a formal or an informal route when reporting concerns or difficulties. Educational supervisors at the Trust also told us that when there is an adverse incident, there is support within the hospital departments, in the Trust and in HEE SW.

Working with other educators (R4.5)

70 Educational supervisors said they have a very solid relationship with Bristol Medical School and there is a great deal of integrated working between the School and Trust. Many of the university leads are honorary or direct employees of the Trust.

71 Educational supervisors told us that their main concern about working with educators at the university is that occasionally, changes to the curriculum are not effectively disseminated. Furthermore, educational supervisors advised us that many of these changes happen at short notice leading to confusion.

Recognition and approval of educators (R4.6)

72 Senior managers told us that the Trust is preparing well for the GMC's plans to recognise and approve all medical trainers.

Theme 5: Developing and implementing curricula and assessments

Standard
S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.* **S5.2** *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Informing curricular development (R5.2)

73 Senior managers told us that staff at the Trust are involved in the redesign of the medical curriculum at Bristol Medical School. (See R2.4, paragraph 42 for further details.)

Undergraduate curricular design (R5.3)

74 Medical students told us that their curriculum allowed them to gain appropriate experiences in a clinical environment. Year 2 students, for example, confirmed that they have placements early in their course, which means they have early contact with patients. The long case examination, although not popular with most students we met, has the benefit of allowing students to integrate clinical science with theory and practice. Furthermore, the student gets a view of the long-term care and support of patients by doing this piece of work.

75 Senior managers told us that they have simulation facilities that are accessible to medical students. There is now equity of access to simulation facilities across the different departments, which has expanded the learning opportunities for every student.

Undergraduate clinical placements (R5.4)

76 Medical students told us that they are happy with their clinical placements at the Trust. Students spoke positively about the real and simulated experiences they get and the vast opportunities to develop their clinical skills. Students experiencing placements in emergency medicine commented that the department was particularly well organised; and that the clinical placement was linked well to their curriculum.

77 Medical students told us that there is variability between the Academies in regard to the quality of placements and there are minor differences in teaching, but that they appreciate these differences. For example, some of the Academies offer a great deal of structure and direction, whereas others advocate more independent learning. Medical students said that they appreciate these differences and do not want the curriculum to be standardised across the Academies. Senior managers reiterated this viewpoint; they commented that the outcome data suggest there is little to no

difference between the Academies. Senior managers told us that Bristol Medical School celebrates the differences between the Academies, and they rotate the students so they can experience different environments.

Fair, reliable and valid assessments (R5.6)

78 Medical students told us that marking across the Academies is not consistent particularly in the long case examination. Some students said that they feel their work is assessed unfairly and they questioned the reliability of the long case assessments. Additionally, educational supervisors said it is difficult to standardise their marking due to the variability of long cases used for this assessment.

Training programme delivery (R5.9)

79 Doctors in core medical training said there is limited access to local and regional teaching due to service pressures. They feel that the onus is on service provision and not on education. Educational supervisors stated that doctors in core medical training have a fixed afternoon every week in their timetable for teaching and this is based on their competency requirements. Doctors in core medical training, educational supervisors, and senior managers at the Trust acknowledged that regional teaching can be cancelled occasionally. Doctors in core medical training have to attend at least 70% of their teaching to meet the requirements of their annual review of competence progression (ARCP), but this was clearly a struggle for some doctors. Senior managers stated that they try to track when doctors in training cannot attend their training.

80 Doctors in core medical training told us that they were finding it difficult to access the clinics they needed in order to meet their training requirements. Educational supervisors were aware of the competences that doctors in training must meet and they feel that, even though doctors in core medical training may find it difficult to access clinics, this does not affect their progression through training. Senior managers agreed with this, as doctors in training are not failing their ARCP. Senior managers stated that there have been few issues with or differences in the achievement of doctors in training on an annual basis.

81 In gastroenterology and medicine, doctors in training and specialty leads report a similar problem with accessing the correct number of clinics. The specialty leads are looking at how to alleviate this pressure, possibly by asking doctors in training to use their study leave time to go to clinics.

82 Although outcomes data hasn't yet identified an issue, we are concerned that doctors in core medical training are at risk of not meeting their learning outcomes if they are not able to attend mandatory training sessions and outpatient clinics, as required in the curriculum. Doctors in core medical training told us that meeting the service requirements supersedes their training, so this needs to be reviewed by senior managers at the Trust.

83   Doctors in training told us that they receive equality and diversity e-training, but they do not feel that they learn anything new. Some departments supplement the standard e-training with tailored training on the cultures and backgrounds of patients that doctors in training can expect to see in that department. For example, doctors training in MAU had a session on the practices of Jehovah's Witnesses, as this department encounters many patients practising this religion. The doctors told us that this ethical training was extremely valuable.

84   Overall, all of the doctors in training we met during the visit stated that they would recommend their placements to others.

Examiners and assessors (R5.11)

85   Educational supervisors told us that they have been trained appropriately in assessing doctors' progress, and are being adequately supported by senior managers in their roles. The doctors in training we met did not report any issues about the assessment of their training.

Team leader/ Regional coordinator	Dr Richard Tubman
	Professor Stewart Irvine (Regional coordinator)
Visitors	Ms Jill Crawford
	Dr John Jones
	Dr Katie Kemp
	Professor Olwyn Westwood
	Mr Tony Whyte
GMC staff	Emily Saldanha (Education Quality Assurance Programme Manager)
	Jessica Ormshaw (Education Quality Analyst)
	Abigail Nwaokolo (Education Quality Analyst)
Evidence base	1 - Organogram
	001.01 - Medical Education Quality Organisational Structure Organogram. Published: July 2012, updated Jan 2016 to include committee details
	001.02 - University Hospitals Bristol Constitution: Terms of reference, Published: Jan 2015
	001.03 - MB ChB Terms of References for CommitteesTerms of reference. Published: 2015
	001.04 - Terms of Reference Medical and Dental Education Committee: Terms of reference. Published: August 2014
	001.05 - Terms of Reference SLT: Terms of reference Published: July.2015
	001.06 - Terms of Reference Education Group: Terms of reference. Published: April 2015
	001.07 - Terms of Reference JDDC: Terms of reference. Published: Sept 2015
	001.08 - Terms of Reference Foundation Review Meeting: Terms of reference. Published: Sept 2015
	2 - Quality Management Framework
	002.01 - HEE SW Quality Framework Policy. Published: Nov 2015
	3 - Minutes of two recent Meetings
	003.01 - UHB Contract Meeting Minutes 2015. Minutes published:

Jan.2016

003.02 - South Bristol Academy Visit Report 2015. Minutes published: May 2015

4 - Educational Risk Register

004.01 - UHB Quality Register Jan 16. Published: Jan.2016

5 - Equality and Diversity Strategy

005.01 - Equality, Diversity and Human Rights Policy Policy. Published: Jan.2014

005.02 - Equality, Diversity and Human Rights in Employment Policy. Published: Jan 2016

005.03 - Addendum - Status of E&D Policy (Email)

6 - Documentation To Support The Management Of Risks and Concerns

006.01 - AMG Agenda Jan 2016 Agenda. Published: Jan 2016

006.02 - Attendance Concern Form. Published: Academic year 15/16

006.03 - Staff Concern Form. Published: April 2013

006.04 - Student Concern Form. Published: Academic year 14/15

006.05 - Absence Occupational Health Referral Form. Published: Oct 2010

006.06 - Absence Supporting Attendance Policy. Published: Nov 2014

006.07 - Complaints and Concerns Policy. Published: Aug 2015

006.08 - MDEC Reporting Template. Published: March 2014

006.09 - Medical and Dental Capability Concerns Policy. Published: May 2013

006.10: Tackling Bullying and Harassment at Work Policy. Published: October 2012

006.11 - Trainee Support Referral Form. Published: Sept 2014

006.12 - Speaking Out and Whistleblowing Policy and Procedure, Published: June 2015

7- Contextual Information

007.01 - LEP Contextual Information Request Document, Published: Jan 2016

007.02 - Annual Update to Supervisors, PowerPoint Presentation.