

Visit Report on NHS Greater Glasgow and Clyde

This visit is part of our national review of undergraduate and postgraduate medical education and training in Scotland.

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

Education provider	NHS Greater Glasgow and Clyde
Sites visited	Inverclyde Royal Hospital
Specialties and programmes	<ul style="list-style-type: none"> • Undergraduate (Glasgow School of Medicine) • Foundation programme • Core medical training • General internal medicine
Date of visit	11 October 2017
Were any serious concerns identified?	No serious concerns were identified on the visit.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

In this report, we have identified a number of areas working well, have set requirements where there is evidence that our standards are not being met, and have set recommendations where we have found areas related to our standards that should be improved. Each of these areas is addressed in turn, below.

Areas that are working well

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

Number	Theme	Areas that are working well
1	1, 2 (R1.5, 2.3)	Initiatives to involve learners in educational governance appear to be working well.
2	1, 2 (R1.8, 2.14)	Clinical and educational supervision is working well.
3	1, 3 (R1.8, 3.2)	Medical students value the support of clinical teaching fellows.
4	1 (R1.17)	Learners value the opportunities to work with and learn from members of the multi-professional team.
5	5 (R5.4)	The curriculum is covered well within undergraduate posts.

Area working well 1: Initiatives to involve learners in educational governance appear to be working well.

- 1 Within NHS Greater Glasgow and Clyde chief residents have been appointed and they are the voice of the doctors in training on the local senior management clinical governance groups and have access to interactions and meetings around service management. These roles have proved very popular and ensure trainee representation at a senior level.
- 2 The chief resident was in the process of setting up a Junior Doctor Forum and we were encouraged by this initiative as a good opportunity to involve learners in the improvement of educational governance.
- 3 Units are encouraged by the health board to introduce trainee forums with consultant and management attendance. These forums allow interaction between doctors in training, educators and senior management and allow ideas, innovation and areas of concern to be raised and actioned. Another valuable addition to a unit is a representative of the doctors in training who can be a voice for the group.

Area working well 2: Clinical and educational supervision is working well.

- 4 The Glasgow medical students placed in general internal medicine and general surgery in year four told us they are all allocated a named educational supervisor at registration. It was their responsibility to arrange meetings with them but they all felt they could see them as often as needed and received sufficient supervision. In addition to their named supervisors, they found the foundation doctors in training very approachable and helpful and students felt supported by them.
- 5 We heard from the foundation doctors in training and core medical training in general internal medicine that they were assigned a clinical and an educational supervisor at the beginning of the placement and that they were available and easily accessible. They met with them a minimum of once a week and some worked alongside their supervisors on the ward. They all agreed that they felt that the level of supervision was appropriate and always fit with their individual competence and experience. None of the doctors in training we talked to had been asked to work beyond their level of competence.

Area working well 3: Medical students value the support of clinical teaching fellows.

- 6 Prior to the visit, the health board told us that alongside the University of Glasgow, they fund nine clinical teaching fellows who support the delivery of the undergraduate medical curriculum. Applications can come from any grade of doctor who is in a non-training post and wants to broaden their knowledge of medical education. These roles provide both educational and pastoral support to medical students.
- 7 All the medical students we met with at this health board were from Glasgow Medical School. We heard on the visit that they greatly value the support of clinical teaching fellows. They have one for surgery and one for medicine and they can request topics to be taught. They said that the teaching fellows were good at teaching them the relevant topics needed for exams.
- 8 The medical students we spoke to said they feel very comfortable approaching their clinical teaching fellow and would be confident they could discuss any aspect of health and wellbeing with them, if they needed to.

Area working well 4: Learners value the opportunities to work with and learn from members of the multi-professional team.

- 9 All learners that we met with reported that all members of their team were approachable and accessible and they felt welcome and valued. The year four medical students we met with said the staff all know each other and are friendly and approachable. If staff members see them on their own, they ensure there is someone available to teach them. They said they would all consider working at this site in the future.

- 10 Although we did not look at geriatric medicine, we heard from foundation doctors in training who had completed a placement in geriatric medicine. We heard of a good example of their involvement with other professions. They said they interacted with other professions from the very beginning of their placement on the geriatric ward. They had an induction with the nurse practitioners from the stroke unit and the assistant nurse practitioner working in care of the elderly.
- 11 Prior to the visit the health board told us that they had seen a large amount of growth and improvement in training within certain areas due to the introduction of trainee forums and involvement with the senior management team. The doctors in training we spoke to at Inverclyde Royal Hospital had experience of attending the forum at Beatson West of Scotland Cancer Centre. This forum has been highlighted by the health board as an exemplar of multi-professional learning and training leading to improved trainee satisfaction which the health board is keen to replicate in other areas.

Area working well 5: The curriculum is covered well within undergraduate posts.

- 12 Prior to the visit we received a detailed sample of the weekly teaching programme for students in year three undertaking the surgery block. We were also provided with a Preparation for Practice schedule for mock OSCEs aimed at students in year five. These illustrated the good links and collaboration between the medical school and the health board.
- 13 We heard from all the medical students we met that they felt their undergraduate curriculum was very well covered within their posts. Medical students also praised the integration between Inverclyde Royal Hospital and Glasgow Medical School.
- 14 Students said their learning outcomes were made clear to them by their clinical teaching fellows and that the health board responds appropriately to areas where the students require more training. The students we met with said they were confident they would cover everything that was on the curriculum and that the clinical teaching fellow helped identify areas where further teaching would be helpful.
- 15 The educational management team told us that meeting the requirements of the curriculum has not been an issue and that feedback from educators is that they appreciate being allowed to work autonomously.

Requirements

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

- targeted
- outlines which part of the standard is not being met

- mapped to evidence gathered during the visit.

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

Number	Theme	Requirements
1	1 (R1.12)	NHS Greater Glasgow & Clyde must design rotas to allow doctors in training to meet their curriculum outcomes.
2	4 (R4.2)	NHS Greater Glasgow & Clyde must ensure time for education, training and supervision is clearly defined when designing job plans for educators.

Requirement 1: NHS Greater Glasgow & Clyde must design rotas to allow doctors in training to meet their curriculum outcomes.

- 16 The evidence we interrogated prior to the visit suggested that doctors in training found work too intense and that service provision was having an adverse impact on training. It also outlined some rotas which were still non-compliant and were not released in a timely manner.
- 17 The senior management team told us they were aware of the pressures and that where there is an imbalance between training and service, changes are discussed and developed. They have implemented systems within each department to continuing monitoring the imbalance and are discussing the pressures from ward base up to board level.
- 18 The senior management team said they were aware of the decline in results within the National Trainee Survey in 2017 and have created an action plan to address this. They had previously utilised locums to cover gaps and undertake some training responsibilities, but have now decreased the number of locums for both undergraduate and postgraduate teaching and replaced them with initiatives such as the use of clinical teaching fellows.
- 19 The foundation doctors training in general internal medicine in year one said that due to the rota shortages, the focus of their work was often on service provision. They also talked about difficulties getting consultants to complete significant learning events for them in order to meet curriculum outcomes. Consultants needed to be asked repeatedly for sign off, reflecting the work pressures on consultants. The rota shortages also sometimes created difficulties to book leave.
- 20 The foundation doctors in training told us they are regularly called to carry out tasks that were repetitive and presented no educational value, such as taking blood from patients due to the shortage of phlebotomists. As a result, the health board is

planning to get more phlebotomists to release doctors in training from this aspect of service.

- 21** We spoke with foundation doctors training in general internal medicine in year two who told us that they are being consulted on the rotas and their chief resident is acting as a spokesperson for them and taking their feedback to the health board. Despite this, service and training are sometimes unbalanced. They said that the reason for the imbalance of service and training was not always due to their own workload but was because consultants were not available for teaching sessions due to their clinical service workload.
- 22** Overall, the visiting team felt that the balance between service provision and training needs to be improved to ensure doctors in training are able to meet their curriculum outcomes.

Requirement 2: NHS Greater Glasgow & Clyde must ensure time for education, training and supervision is clearly defined when designing job plans for educators.

- 23** We heard from the undergraduate educators and educational and clinical supervisors we met that undergraduate education was not included in their job planning but that it is the intention it would be in the future.
- 24** With regards to postgraduate education, the health board was in the process of reviewing job plans to ensure education, training and supervision was included but that this had been challenging and it was still an ongoing task.
- 25** Overall, the visiting team felt that this process should be completed within a clearly defined timeframe to ensure that education, training and supervision are included and recognised in the job plans of all educators.

Recommendations

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

Number	Theme	Recommendations
1	3 (R3.2)	NHS Greater Glasgow & Clyde should improve the quality of facilities available to doctors in training.

- 26** We heard on the visit that due to construction works in one of the buildings, there are no rest facilities available to doctors in training, especially for those in medicine placements and that this is impacting adversely on the welfare of doctors in training.
- 27** Overall, at the Inverclyde Royal Hospital site, doctors in training have difficulties accessing rest facilities, an issue that should be remedied and prevented from reoccurring in the future.

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Evidence base	<ol style="list-style-type: none"> 1. TIQME 4th May 2017 2. UoG block feedback 3. WoS Local Performance Review Meeting redacted Minutes March 2017 4. IRH Medicine induction presentation 5. Clyde ED induction book Dec2016 6. IRH JNorth structured hand over 7. Trainers Workshop brief example and outline 8. Postgrad Feedback April 2017 Clyde Clinical Governance Meeting 9. IRH Ed and clin sup allocation Feb 17 10. Clyde Ed Gov Min 12.05.17 11. Acute clinical governance Minutes 13 March 2017 draft 12. Medical education and clinical risk SBAR for ACG Meeting 13.3.17 13. Undergrad Block 3 - IRH Surg Teaching Prog 2 May to 2 June 2017 14. PFP mock OSCE IRH 15. Clyde PG Course List 2017 16. Beatson DIT Minutes 29th March 2017 17. Clyde Ed Gov Min 12.05.17 18. Medical Education Risk Register 15 5 17 19. Board Staff Gov Com Mins 070217 LD 16.3.17 20. Medical Education Staff Governance Group Agenda - 18.05.17 21. Undergraduate Clyde EM Log Book 2017 22. Radiology GRI 18.04.17 23. Equal opportunity data 24. Procedure For Flexible Training Requests. May 2017doc 25. Returners commendation 26. Equality-policy-final-04082014 27. Teaching-and-learning-centre-information-guide-v1 28. Medical education and clinical risk SBAR for ACG Meeting 13.3.17 29. Medical education and clinical risk SBAR for ACG Meeting 13.3.17 30. Clyde cross sector MandM March 2017 30. Clyde Clinical Governance MDT symposium Final Programme Nov 2016 31. Acute clinical governance Minutes 13 March 2017 draft 32. Board Staff Gov Com Mins 070217 LD 16.3.17 33. Duty of Candour Slides for GMC visit 34. NHS-greater-glasgow-and-clyde-whistleblowing-policy

35. FY1 IRH ShadowInductionProg Aug 2017
36. Online induction link to Show reel
37. IRH gen surgery Induction Aug2016
38. CL17A IRH FY2 CT1 General Medicine
39. Copy of IRH Monitoring results August 2015 - February 2017
40. IRH SPR Gen Surg 6dr 7 shift working Jan16
41. Guidance document for Short Format Immediate Discharge Letter
42. PCAT presentation
43. Monitoring Compliance and 7 day working May 2017
44. Clinical reasoning session SMEC 2017
45. Excellence in Education Awards 2016 - Event Programme
46. 12.3 William Cullen Prize 2016
47. Performance Support Unit brief outline
48. NHSGGC undermining process as presented at TIQME Dec 2016
49. Dignity at work review 2017
50. Clyde QI Boards

Acknowledgement

We would like to thank NHS Greater Glasgow and Clyde and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.