

## Visit to Manchester Royal Infirmary

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

### Review at a glance

#### About the visit

<b>Visit date</b>	3 October 2013
<b>Site visited</b>	Manchester Royal Infirmary (MRI)
<b>Programmes reviewed</b>	Undergraduate Manchester Medical School (MMS), core surgery (CST), core medical training (CMT)
<b>Areas of exploration</b>	Involvement with the local education and training board (LETB); clinical supervision; patient safety; preparedness for practice; quality management; equality and diversity; transfer of information; training for trainers; student support.
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?</b>	No

## Summary

- 1 The north west of England was selected for the 2013-2014 Regional Review. The Manchester visit team visited Manchester Royal Infirmary (MRI) as a Local Education Provider (LEP) linked closely with Manchester Medical School (MMS) which was last visited by the GMC in 2005/2006. MRI has the second highest number of MMS student placements and it is geographically the closest LEP to the University. MRI also has the largest number of educational posts in the Central Manchester University Hospitals NHS Foundation Trust (CMFT). MRI are expecting a large reduction in SIFT funding as a result of changes to the multi professional education and training levy. When we met the senior management team they noted that this issue was a priority for them and they had some preliminary scenarios in mind to ensure that the quality of teaching is not compromised.
- 2 Overall we found that MRI is delivering a good and broad educational experience with excellent opportunities available for training and the senior management team are committed to education and training. Students and doctors in training told us that they are well supervised and supported at MRI, they are positive about the wide range of educational opportunities. The trainers are fully trained and appropriately competent for their roles, however there is variability in the programmed activities (PAs) available in their job plans. Students are very positive about the clinical skills unit and the support from the undergraduate office. There is, however, variability in the delivery of teaching and mentoring with year 4 students which is impacting on their educational experience.

### Areas of exploration: summary of findings

#### Transition to LETB

The senior management team told us they had a good relationship with the North Western Deanery and have not noted any change since the transition, along with the Mersey Deanery, to become Health Education North West (HENW). The senior management team would like to be more involved with HENW and have requested to sit on a number of its committees.

<p><b>Clinical Supervision</b></p>	<p>In the 2013 National Training Survey (NTS) MRI received results below the national average for clinical supervision in general internal medicine. However, the core medical doctors in training that we met are very content with their training experience at MRI and considered themselves appropriately supervised at all times. Doctors training in core surgical programmes also considered their clinical supervision to be appropriate.</p> <p>Standards are being met in the aspects of clinical supervision that we explored on this visit.</p>
<p><b>Patient Safety</b></p>	<p>At MRI there appears to be an open reporting culture for both doctors in training and students. All those we met during the visit are aware of their duty to report patient safety issues and all are confident that they know who to speak to if they had a concern. (However Year 5 students are not aware of having seen a patient safety policy.)</p> <p>The senior management team informed us of their internal 'mini-Keogh' reviews, which followed the principles adopted in the national reviews undertaken by Sir Bruce Keogh. These involved trainees in key lines of inquiry and looked at issues such as supervision, induction and handover. We commend the LEP on this work.</p> <p>Standards are being met in the aspects of patient safety that we explored on this visit.</p>
<p><b>Preparedness for Practice</b></p>	<p>The NTS results for 2012 and 2013 have shown MMS are above the national average for the percentage of graduates who felt prepared to practice. At MRI we met with foundation doctors who had graduated from MMS and they all agreed that they felt prepared to practice. The majority of them found the student assistantships in year 5 very useful and all but one of the 23 foundation doctors said they would recommend studying at Manchester Medical School.</p> <p>Standards are being met in the aspects of preparedness for practice that we explored on this visit.</p>

**Quality Management and Control**

MRI shows a strong commitment to the quality management of undergraduate teaching provision at its associated district general hospitals (DGHs). It has a well-established and robust system, through visits, evaluation by students and sending people to meet the students at the DGHs.

Standards are being met in the aspects of quality control and management that we explored on this visit.

**Equality and Diversity**

Every employee at MRI has equality and diversity training annually and MRI have achieved full compliance in this. It is a requirement for the staff annual appraisal process. All medical students are also required to provide evidence of their equality and diversity training prior to starting placements at MRI. If an equality and diversity issue arises, extra specific training for a team or individual is also arranged. Students and doctors in training reported that reasonable adjustments for their own needs are made when required.

Standards are being met in the aspects of equality and diversity that we explored on this visit.

## Transfer of Information

The undergraduate educational supervisors reported variability in the information that they received about their students. Many of the undergraduate supervisors that we met did not receive any information on their students before they arrived; others told us that it is available on Medlea, the school's student support website. The remaining supervisors assumed that the undergraduate office held student information and would inform them of any particular student needs.

The education management team receive transfer of information (ToI) forms for students moving from year 2 to 3 from MMS. If they identify any concerns they arrange to meet with the student. The information regarding St Andrews students is not as complete as the information they receive for students from MMS.

In the evidence provided before the visit it was reported by MRI that it needed a more robust system of internal data flow relating to doctors in training. The core medical education supervisors confirmed that on some occasions their doctors in training are not confirmed until the day they arrive. We note that there is a task and finish group that is aiming to address this issue.

## Training for trainers

We were impressed to hear that the Medical Education Steering Committee at MRI coordinates trainer training to ensure that supervisors who train students and doctors in training do not have to attend the same or similar training a number of times because of their different educational roles.

We met committed and enthusiastic trainers who are all satisfied with the support provided for them to undertake their duties. They all knew how to access additional training if required.

Standards are being met in the aspects of training for trainers that we explored on this visit.

<p><b>Student Support</b></p>	<p>All the undergraduate students we met reported that the team in the undergraduate office at MRI are very supportive and competent. This was mentioned as being one of their most positive experiences for placements at this LEP. The students that had transferred from St Andrews are also positive about the support they had received during their move to Manchester.</p> <p>Year 4 students reported variability in the delivery of teaching and support. We noted this is also an issue that the education management team are highly aware of, and are working to rectify.</p> <p>See <a href="#">recommendation 2</a></p>
<p><b>Lead employer arrangements</b></p>	<p>Pennine Acute Hospitals NHS Trust is a lead employer for the North West region and there appear to be no issues regarding this for doctors in training or their supervisors at MRI.</p> <p>This issue was identified for further exploration at the visit to HE North West 20-21 November 2013. Please see the visit report for HE North West for further information on this area.</p>

## 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	Paragraph in <i>Tomorrow's Doctors</i> / <i>The Trainee Doctor</i>	Areas of good practice for the LEP
1	TD84	MRI has a commitment to developing students' clinical skills.

### Good practice 1: Commitment to developing students' clinical skills

- 3 We were impressed with the innovative solutions that MRI clinical skills team have developed using the resources available to MMS students through their tablet computers. A Clinical Skills for Revision e-book was developed as a tool for students revising OSCE examinations, which gave

them easy access to this information through their tablets. The LEP conducted a survey on the MRI final year students after the exam to find out if the e-book was helpful and 67% found it useful, important or essential.

- 4 The clinical skills unit was universally acclaimed during our visit to MRI. Students are very positive about their placements at MRI particularly of the large breadth of experience on offer. The year 5 students value the excellent clinical exposure as the broad case mix provided them opportunity to pursue their own clinical interests.
- 5 The clinical team has developed numerous videos on clinical skills for undergraduate medical students. All students spoke highly of their clinical skills training experience and its support for learning through the tablet computers with e-books and online videos.

## 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 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.
2	TTD 6.1	Ensure that all CMT and CST inductions allow doctors in training to receive access to information technology (IT) systems prior to working on the wards.
3	TTD 8.4 TD 128	Ensure that all staff with responsibility for educational and clinical supervision have agreed job plans, including allocated time for education.

### **Requirement 1: Using current terminology for grades of doctors in training and designing rotas**

- 6** We noted the repeated use of the term 'senior house officer' (SHO) in our meetings with doctors in training and their supervisors during the visit. This supports the recommendation in the HENW report from its visit to CMFT on 27 March 2013 which advised the trust that it needed to continue its work to eliminate the use of the term 'SHO'.
- 7** The foundation doctors raised this issue with us. Their rotas are defined as 'SHO rotas' which could include a doctor from F2, CT1 or CT2. The appropriate level of clinical supervision and expected competence of an F2 that has just begun a four month post in a specialty is considerably different from a CT2.

### **Requirement 2: Ensure doctors in training receive access to IT systems prior to working with patients**

- 8** In the HENW report from its visit to CMFT on 27 March 2013 there is a recommendation to ensure that during induction doctors in training are allocated personal IT passwords in a timely manner. It was reported to the LETB that core medical trainees were required to start on-call shifts without access to the patient tracking system.
- 9** This was echoed during our visit when doctors training in core medicine and core surgery reported to us that they were not provided with immediate access to some IT systems. This was because access to computers was not part of the standard induction process, and they were required to arrange it themselves. Not having access to IT systems caused difficulty obtaining some results of investigations for patients who were critically ill. They resorted to using the passwords belonging to colleagues; they recognised the data protection implications and failure of an audit trail in doing this but considered there was no alternative to ensure patient safety in the circumstances. All IT access had been resolved by the time of the visit and no longer posed a threat to patient safety.
- 10** The senior management team acknowledged that there were issues with inductions providing password access to IT facilities and they agreed that work needs to be done before the next induction period. Due to the recommendation from HENW report this is MRIs second occurrence and this issue will be explored further on the visit to HENW in November.

### **Requirement 3: Ensure that all staff with responsibility for educational and clinical supervision have agreed job plans**

- 11** We investigated reports by MMS about its work to centrally define the key roles in clinical teaching that must have allocated professional activities (PAs) in job plans. MMS note that dedicated time is not currently allocated and have plans in place to try and address this problem. The CMFT risk register, last updated in January 2013, reported a high risk score with the management of undergraduate education delivery within the LEP. The risk register states that the undergraduate curriculum demands more time than may have made available in consultant job plans.
- 12** We noted a variation of teaching allocation in job plans from the MRI education supervisors that we met on our visit. They informed us that they are not allocated PAs unless they have a leading role in teaching and some of those we met do not have any identifiable PAs in their job plan.
- 13** The Medical Director and Chief Executive informed us during the senior management team meeting that they are aware that not all consultants have identifiable PAs if they are involved in teaching, unless they are for tailored activities such as problem based learning, communication skills or academic advisor sessions. It is something they plan to improve and are reviewing the structure of funding for this.

## **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</i>/ <i>The Trainee Doctor</i></b>	<b>Recommendations for the LEP</b>
1	TTD 6.10	MRI should ensure that high workloads in CMT do not prevent doctors meeting their training requirements for attending outpatient clinics.
2	TD 84, 87, 106,	MRI should deliver the same level of teaching across the undergraduate year 4 programme.

**Recommendation 1: Ensure CMT doctors' workload does not impact their opportunity to meet the training requirements for attending outpatient clinics**

- 14** In our evidence we noted that on a HENW visit to CMFT on 27 March 2013 it was recommended that the LEP must 'review the educational opportunities available to core medical trainees to ensure they are able to access scheduled, supervised outpatient clinic experience'. It was reported to them that the outpatient clinics were not included in CMT timetables and access was variable.
- 15** Doctors training in core medicine told us that their high workload still made it challenging to attend 12 outpatient clinics per year as required by their curriculum. Some of those we met said that they are not on target to meet the requirement due to clashes in the rota and/or service pressures. The CMT doctors informed us that when they do manage to attend outpatient clinics they always have consultant supervision. The doctors in training would like to have fixed or scheduled clinics in the rota rather than trying and make themselves available whilst working in a busy department.
- 16** The CMT educational supervisors are aware CMT doctors in training are not attending outpatient clinics and believe that this is due to some doctors in training lacking confidence in their own ability rather than a heavy workload. The education management team are conscious of high workloads across the LEP.

**Recommendation 2: MRI should deliver the same level of teaching across the undergraduate year 4 programme**

- 17** There is variability in the provision of education to the year 4 students in areas such as supervision, clinical experience, curricular delivery, the quality of feedback and in the organisation and delivery of teaching. The senior management team is aware of these challenges with the programme.
- 18** The year 4 students that we met are satisfied that they know what their learning outcomes are, but felt that some of the speciality rotations, the duration of which are set by MMS, are very short and did not allow them enough time to revise before the examination at the end of a placement. Some undergraduate supervisors we met echoed this point when they said it is difficult to identify a student in difficulty or one that is underperforming when they have such short placements.

- 19** As part of a new process the year 4 students are assigned to have mentors. However, many do not know who their mentor is or would only see their mentor to get confirmation that they have met their placement requirements. Other students had experiences where their mentors did not know which students they had been allocated or what their own duties were. The experience on placements in year 4 differs, students that have been in obstetrics and gynaecology knew who their mentor was but either did not know where they were or only met them at the end of the placement. The students we spoke to have raised this issue with the CMFT (MRI) undergraduate team.
- 20** Year 4 students overall are in agreement about the lack of administrative organisation. They gave many examples of the timetables changing with very little notice, such as the night before. One student hadn't received a timetable for the following week and only knew where to arrive at 09:30 on the following Monday morning. Some students also experienced arriving for their placement and the consultant, knowing someone was due, did not know who or exactly when they were coming. The year 5 students that we met also reported that their experience in year 4 was variable with feedback and support received, however they do not remember the administrative aspect being a problem.
- 21** The education management team are aware of issues in year 4, and have investigated placements in paediatrics and obstetrics and gynaecology. Despite the clear complications on the year 4 programme, there were no patient safety concerns and the students are happy with the level of supervision and with what is asked of them.

## **Acknowledgement**

We would like to thank Manchester Royal Infirmary and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.