General Medical Council

# Visit Report on Newcastle upon Tyne Hospitals NHS Foundation Trust

This visit is part of our regional review of undergraduate and postgraduate medical education and training in the North East.

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 regional review and uses a risk-based approach. For more information on this approach see http://www.gmc-uk.org/education/13707.asp

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| **Education provider** | Newcastle upon Tyne Hospitals NHS Foundation Trust |
| **Sites visited** | Freeman Hospital and Royal Victoria Infirmary |
| **Programmes** | • Undergraduate (Newcastle Medical School)<br>• Foundation programme<br>• Core medical training<br>• Acute Care Common Stem programme<br>• Anaesthetics<br>• Obstetrics and gynaecology<br>• Intensive care medicine<br>• Respiratory medicine |
| **Date of visit** | 8 and 9 November 2018 |
| **Were any serious concerns identified?** | No serious concerns were found on this 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.

# Freeman Hospital, Newcastle Upon Tyne Hospitals NHS Foundation Trust

### 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 and requirements | Areas that are working well |
|---|---|---|
| 1 | Theme 1 (R1.5) | There are good feedback mechanisms in place within the trust, which reflect a culture that seeks to respond to medical student feedback. |
| 2 | Themes 1 and 5 (R1.19; R5.4) | The structure, organisation and delivery of clinical teaching in the foundations of clinical practice programme is valued by the third year medical students on placement. |
| 3 | Theme 2 (R2.1) | There are effective educational governance systems in place across the trust. |
| 4 | Theme 3 (S3.1) | Medical students are given good opportunity to access additional educational support from foundation doctors to assist their learning and development through a valued 'buddy system'. |
| 5 | Theme 3 (R3.4) | The trust provides good support to medical students requiring reasonable adjustments. |
| 6 | Theme 3 (R3.8) | The trust has developed an effective and valued clinical teaching fellow programme. |
| 7 | Theme 3 (R3.10) | Doctors in training have good access to information and support for less than full time training. |

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| 8 | Theme 3 (R3.11) | There are good processes in place to facilitate doctors returning to a training programme following a career break. |
| 9 | Theme 4 (R4.1; R4.4; R4.5) | Educators in anaesthetics value the quality of training and support made available to them to do their role effectively. |

**Area working well 1: There are good feedback mechanisms in place within the trust, which reflect a culture that seeks to respond to medical student feedback.**

**1** The trust provides a number of opportunities to its medical students to feedback on their education and training, and is making good efforts to respond to this. Formal student feedback is given at the end of each placement, and the undergraduate educators we met described how this information feeds into an annual quality meeting in which the education and training team review what is and is not working well, and if any changes need to be made to the learning provision. An example of a change following medical student feedback is the introduction of informal assessments within the first three weeks of a placement to help the students better track their progression and learning.

**2** The medical students we met spoke positively of the opportunity to raise concerns and discuss feedback during an end of the week round up session with their clinical teaching fellows each Friday. In this session, the students are asked to discuss their positive and negative experiences for that week; which feeds into the trust's effective 'You said, we did' initiative. An email is sent to the medical students each week, outlining what concerns or issues have been raised by this cohort of learners and what actions have and/or are to be carried out by the trust in response.

**3** The undergraduate educators told us the trust looks to act on any medical student feedback that it can to improve the quality of its undergraduate learning provision, and this was evident during the visit. We were particularly pleased to note during the visit the good feedback mechanisms that are in place within the trust that keep the medical students regularly updated on feedback given by them. We have therefore identified this as an area working well.

**Area working well 2: The structure, organisation and delivery of clinical teaching in the foundations of clinical practice programme is valued by the third year medical students on placement.**

**4** Foundations for clinical practice (FOCP) introduces medical students to the fundamentals that underpin clinical practice. At this trust, FOCP is a 15 week placement block for Year 3 medical students, consisting of an introduction week, 10 weeks of themed learning covering different specialties and areas of medicine, and 4

weeks consolidation of knowledge and practice that is primarily ward based. The structure of the themed weeks is for lecture based teaching on the Monday, followed by three further days of teaching including simulation training and ward based learning, and then a half day at a GP practice. Before seeing patients, the medical students are given a recap each Tuesday of what they learnt the previous day, and are taken through key skills such as history taking, information gathering and diagnosing.

**5** The medical students we met spoke positively about the structure and timetabled delivery of the FOCP placement. They told us they had limited clinical experience and no prolonged patient exposure before this placement and so benefitted from being taught theory first before meeting patients; and from the use of simulation and technology enhanced training to practise a range of skills such as cannulising. The medical students feel that one day of learning through lectures is correct, given the amount of lectures and theory learning completed in the first two years of their medical degree programme.

**6** We were pleased to find during the visit that the medical students are well supported to meet the outcomes of the FOCP placement and have good access to additional learning opportunities and remediation training. The medical students have a named consultant responsible for their learning who they meet with at least twice over the 15 week block to go through their log books. We were pleased to hear of examples of students arranging additional meetings with their lead consultant to discuss concerns about meeting their learning objectives and arranging additional training opportunities when needed. The medical students are also allocated a clinical teaching fellow (one per 6 students) to support their learning and help deliver the teaching and can choose to opt in to a buddy scheme with a foundation doctor in training for additional support (please see area working well nine for more details about this scheme). The medical students told us they value being able to learn at their own pace with time built into the programme for this; and the opportunity to access the wards of their supervising consultants, clinical teaching fellows and 'foundation buddies' if they want to supplement their schedule ward based learning and clinical/communication skills sessions.

**7** The medical students particularly value the level of engagement and support from the medical staff in general with their education and training, who are friendly and approachable, and are willing to give additional hands on teaching opportunities and help to complete workplace based assessments when asked. We were pleased to note from our meetings with the students that they are made to feel comfortable when on the wards. It was also assuring to hear from the students that they feel the medical staff know what the role of the medical student is during FOCP and that those involved with their education know what the learning objectives are.

**8** The outcomes of the FOCP are assessed by multi-station objective structured clinical examinations and a written assessment at the end of the placement block, and a

requirement to complete a minimum of four in-course Modified Objective Structured Long Examination Reviews (MOSLERs). We were pleased to hear from the medical students that they have plenty of opportunities to meet the competencies being assessed; with effective allocation of support for those struggling, a good number of formative practical and written examinations before the summative assessments, the flexibility of the educators responsible for their learning in arranging additional teaching if requested by the students, good access to simulation and technology enhanced facilities and opportunities to shadow the clinical teaching fellows and to have 'foundation buddies' to support their learning and development.

**9** The visit team is impressed by the engagement and buy in of the trust and its staff with supporting the clinical teaching in the foundations of clinical practice programme. We note the majority of teaching takes place in an education centre and the patients are brought to the students, which requires a great deal of cooperation across medical teams and departments to arrange this. During the visit it was evident to us that the trust has ensured it has the capacity, resources and facilities in place to deliver safe and relevant learning opportunities and practical experiences for the medical students to meet the requirements of the FOCP programme and develop their clinical, medical and practical skills in real and simulated settings. We have therefore identified this as an area working well.

**Area working well 3: There are effective educational governance systems in place across the trust.**

**10** The trust has a formal education strategy that sets out its goals to improve the quality of its education and training provision, which is supported by an effective educational governance structure. The trust's Board is sighted on educational matters and issues by the Trust Educational Group (TEG) that reports directly to it. The TEG has strategic oversight of all multi-professional education within the organisation, and the Director of Medical Education is a key member of this committee. The medical education report is a standing item on the TEG's agenda. This report includes information on data collated from undergraduate and postgraduate committees, and from the trust's risk register that outlines high level educational matters. There are two notable groups that report to the TEG, namely the Medical Education Group and the Medical Education Senior Team (both of which have sub-groups of their own). These two groups meet bi-monthly and between them have responsibility for ensuring the provision of medical education and training opportunities to all its learners meet the standards specified by the GMC, the Royal Colleges and medical school. These groups review and respond to feedback on educational activities, contribute to the future strategy of education and training within the trust and ensure it remains aligned with local, regional and national directives; and work with the other TEG subgroups to identify new ways of multi-disciplinary working and learning.

**11** As stated above, the Medical Education Group and Medical Education Senior Team are both accountable to the TEG, and ultimately the trust's Board, for activities relating to medical education and training. We are assured there are effective

reporting systems between these governance groups and that the trust's Board is sighted of medical education matters, including survey results, finance issues, rotas, the learning environment and staffing concerns. We were given examples of medical education matters that have been escalated to the Board and resolved by its involvement. This includes financing a simulation training centre and introducing physician associates into the clinical infrastructure to support service and training needs.

**12** We noted during the visit that the Director of Medical Education for the trust sits on the Medical Director's Group and the Clinical Policy Group, and has a close relationship to the trust's Executive Team. We were told this helps to raise and deal with medical education and training problems more readily and allows for issues to be escalated to the trust's Board quickly. We were also pleased to learn that the Board members have a keen interest in the trust's provision of medical education and training and have routine leadership walkabouts in which they seek direct feedback from learners and look at the learning environments and facilities.

**13** The visit team found the trust to have clearly understood educational governance systems in place that effectively manages the quality of medical education and training and responds appropriately to issues when required. We have therefore identified this as an area working well.

**Area working well 4: Medical students are given good opportunity to access additional educational support from foundation doctors to assist their learning and development through a valued 'buddy system'.**

**14** Medical students at the trust can opt-in to a buddy scheme that provides them with support and mentoring from a foundation doctor in training working in the hospital. This near-peer support is seen as an important resource by those students that do take part in the scheme, and we heard from these learners that it is their most valued relationship whilst on placement. In addition to providing advice and general guidance on meeting the curriculum requirements and managing the demands of their undergraduate programme, the medical students told us their buddies provide excellent additional learning support too such as supervising them carrying out procedures, arranging extra learning opportunities with patients and chances to shadow. Importantly to the medical students, the buddies are readily available to meet during lecture breaks and can be easily reached by email and text. For the reasons outlined above, we have identified this as an area working well.

**Area working well 5: The trust provides good support to medical students requiring reasonable adjustments.**

**15** Pre-visit documentation sets out that the number of medical students placed at the trust with differing needs and requiring additional support has steadily increased each year. This is exemplified by the number of referrals made to the trust's welfare team for various pastoral issues. This academic year approximately 200 pastoral and/or professional appointments with medical students had been held by the time of our visit, and sixty of these students were identified as having an additional need. In the

same period last year the number identified was forty. The senior management team believe they get a disproportionate number of medical students with additional needs due to its central location to support services. We recognise the pressures this can cause the trust's administration staff and medical education team, but we found that these challenges are being met and the medical students requiring reasonable adjustments are being well supported, and we were provided with good examples of this. The medical students we met told us that based on their own experience, and the experience of their peers, reasonable adjustments at the trust are accessible. We were also pleased to note that the trust does more than just make an initial reasonable adjustment but provides ongoing support too. An example included a learner with dyslexia.

**16** The Equality Act 2010 requires organisations to make reasonable adjustments for disabled learners, and it is evident that the trust is providing good support to those medical students requiring various degrees of additional support to meet their learning outcomes. We have therefore identified this as an area working well.

**Area working well 6: The trust has developed an effective and valued clinical teaching fellow programme.**

**17** There has been a marked increase in investment by the trust in the appointment of clinical teaching fellows over recent years to support the learning of its medical students on placement, and the delivery of postgraduate and multi-professional teaching. In 2012, there were four clinical teaching fellows in post at the trust, and this has increased to 33 working across a number of specialties. The clinical teaching fellow posts within the trust come with a commitment to work towards a Postgraduate Certificate in Medical Education (though some can do a diploma or Masters qualification) and a percentage commitment to teaching in their job plans; the majority of posts have a 30% to 50% teaching commitment. We were pleased to note in our meetings with the trust's senior management team and undergraduate educators that the trust protects this teaching time, and has removed a clinical teaching fellow from a department when teaching commitments were not protected. In addition to teaching, pre-visit documentation sets out that the posts also encourages the clinical teaching fellows to do research projects around areas of interest and provides opportunities to present at clinical and educational conferences.

**18** Pre-visit documentation also informs us that the clinical teaching fellows can take up to one day of self-study per month in addition to the scheduled postgraduate qualification study days. Teaching fellow development days are held throughout the year to provide the teaching fellows with opportunities to develop practical skills to supplement the theoretical teaching in the postgraduate medical education courses they are undertaking. The trust's clinical education fellow programme enables doctors in training to develop their interest and skills in medical education, and the teaching and support they provide is particularly valued by the medical students. We have therefore identified this as an area working well.

**Area working well 7: Doctors in training have good access to information and support for less than full time training.**

**19** Pre-visit documentation evidences that the trust has comprehensive less than full time training policies in place, and a less than full time guardian in situ. All doctors in training can apply for less than full time training, and we heard examples from those training in the respiratory medicine specialty of good access to systems and information that supports those in less than full time training. This includes access to consultant mentors that also work less than full time, a guidebook to help navigate the challenges of training less than full time, and teaching days that are fixed to enable attendance. There is also a less than full time respiratory doctor in training representative on the specialty training committee to help ensure their views are heard. We have therefore identified this as an area working well.

**Area working well 8: There are good processes in place to facilitate doctors returning to a training programme following a career break.**

**20** Doctors in training are receiving good support from the trust when returning to a programme after a career break. The trust runs return to work simulation days that includes presentations and questions and answer sessions delivered by those who have also taken a career break, opportunities to explore and practice clinical and communications skills, and the chance to take part in and lead critical incident scenarios in a simulation centre.

**21** Pre-visit documentation evidences there is a policy in place to guide what steps should be taken when a learner returns to training; this includes a return to work meeting and follow up reviews, and a bespoke action plan. There is a lead for the return to work programme to oversee this. The doctors in specialty training that have returned from a career break confirmed this happens in practice; telling us they were re-inducted to the trust and their department (where appropriate), and met with their educational supervisor to discuss their return to work and learning agreements, and to set a review appointment to check on progress made. For the reasons outlined above we have identified this as an area working well.

**Area working well 9: Educators in anaesthetics value the quality of training and support made available to them to do their role effectively.**

**22** Educators at the trust are explicitly appraised for their education role as part of their annual appraisal, and must do a minimum of half a day training each year to maintain their role. They also have access to a wide portfolio of in-house training. The clinical and educational supervisors can undertake postgraduate qualifications in medical education, and we heard that this formal teaching helps them do their roles effectively. The educators in anaesthetics that we met during the visit particularly valued the ‘train the trainer’ course they completed.

**23** Before taking on a learner, the clinical and educational supervisors in anaesthetics shadow a consultant doing the role, and they told us they are given enough information on the curricula and assessment needs of the learners. The postgraduate

educators believe the college tutors and faculty tutors are very good at keeping them informed of this; and the undergraduate educators reported having a good relationship with the medical school which involves ongoing curriculum communication and twice yearly update sessions. The undergraduate educators also told us they have access to Newcastle University's online teaching portal to access the medical school curricula and materials. In addition to this, both the undergraduate and postgraduate educators told us they are well trained to ensure assessments are consistent and marking is standardised.

**24** All the consultant level educators in anaesthetics that we met spoke positively of the impact of the clinical teaching fellows within the specialty. There are currently two clinical teaching fellows in anaesthetics at the trust, and each spend thirty percent of their time teaching. We heard this support has helped to free up the consultants' time, allowing them to deliver more time intensive training. For all the reasons outlined below we have identified the quality of training and support made available to educators in anaesthetics as an area working well.

## 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 and requirements | Requirements |
|---|---|---|
| 1 | Themes 1 and 5 (R1.12; R1.15; R5.9) | The trust must ensure service pressures do not compromise the educational and training opportunities for doctors training in respiratory medicine. |
| 2 | Themes 2 and 4 (R2.10; R4.2) | The trust must ensure the time allocated in its educational supervisors' job plans is adequate for the responsibilities of the roles. |

**Requirement 1: The trust must ensure service pressures do not compromise the educational and training opportunities for doctors training in respiratory medicine.**

**25** During the visit we met with doctors training in respiratory medicine and were concerned to find a negative imbalance between service and training provision for these learners. The core medical trainees told us there is insufficient educational time built into the respiratory rotas and they find it a challenge to get to training due to service pressures. We heard from this cohort that the wards are often running at a minimum staffing level and at times they can be the only doctor on the ward. This learner cohort must complete twenty clinics over the academic year but find it takes a lot of effort on their part to arrange cover to get to these as they are not timetabled into their rotas.

**26** The core medical trainees doing respiratory medicine also told us they do not get the same training opportunities as their peers rotating through other medical specialties. In addition to rota clashes between teaching, hours of rest and service provision we were told that formal structured training sessions are regularly cut short or cancelled entirely. We also heard these learners feel an absence of training or learning whilst doing ward based activities as they spend so much time doing routine clinical jobs and non-educational tasks such as phlebotomy work, making referrals and drafting discharge letters as they are the most junior doctor on the ward.

**27** Furthermore, the doctors training in respiratory medicine told us that some modules seem to be mainly service based. Whilst we were told there is excellent exposure to niche patients and conditions that could otherwise only be seen in text books, we also heard the work can be so sub-specialised that the doctors in specialty training have less chance to make clinical decisions and are left to do non-educational tasks.

**28** The senior and education management teams told us that activities of limited educational training value to certain learners, such as phlebotomy, need to be eliminated if it is preventing those doctors in training from getting to training opportunities. They assured us they are aware issues remain in certain specialties but, in general, improvements are being made. However, the postgraduate clinical and educational supervisors for respiratory medicine acknowledged that more still needs to be done to balance service needs with training for this area of medicine, as the doctors in training are not always able to get to the specialty work taking place. These educators also told us there is a perception that the doctors training in respiratory medicine do have more of an observer role in certain sub-specialities like transplants. We were told however that the trust is looking to ease the service pressures placed on the doctors training in respiratory to allow them to get greater training opportunities, with options under consideration including the use of clinical teaching fellows, physician associates and/or advanced nurse practitioners.

**29** The education and training of doctors in respiratory medicine must not be compromised by the demands of regularly carrying out routine tasks that do not support learning and have little educational or training value. We have therefore set a requirement for the trust to address this.

**Requirement 2: The trust must ensure the time allocated in its educational supervisors' job plans is adequate for the responsibilities of the role.**

**30** Organisations responsible for managing and providing education and training must ensure there is appropriate time in their educational supervisors' job plans to allow them to do their roles effectively. However, it was evident throughout our visit that this is an area of concern within the trust. There was a clear consensus among the educational supervisors we met that there is not enough allocated time in their job plans to do their education and training roles and that a lot is done through good will; and the trust's senior management team highlighted job planning as a current area of difficulty for the trust.

**31** Consultant contracts are based on programmed activities (PAs) which are measured in units of time and can be categorised according to the type of work undertaken, such as direct clinical care (DCC) and supporting professional activities (SPAs). 1.5 SPAs are included in all consultants' job plans employed by the trust. As some consultants do not supervise learners and some supervise more than others, there does not appear to be any adjustment to reflect the work of the educational supervisors.

**32** The 2018 GMC trainers survey results show high levels of dissatisfaction among the consultant supervisors at the trust who feel their role is undervalued, and pre-visit documentation indicates that the educational supervisors' job plans has been raised at every foundation school quality assessment visit to the trust over the last few years. Furthermore, we also learnt from the pre-visit documentation that the college tutors and educational leads in medicine at the trust have formally raised their concerns that the current job plans are unsatisfactory.

**33** Whilst it is a concern that time allocated in the trust's educational supervisors' job plans is inadequate for the responsibilities of the roles, we are assured that the senior management team at the trust are aware of this and recognise that change is required. The senior management team told us that sorting out the teaching and training time in job plans is a priority for them. We heard they are currently looking at options to move the resources for supervision into the job plans of those who are actually providing educational supervision, and are hoping to translate a preferred option into the next job planning round but it may take a couple of job planning rounds to fully rectify the problems. However, it is critically important that educational supervisors have enough time in their job plans to meet their education and training responsibilities so they can carry out their roles in a way that promotes safe, effective and positive learning experiences. We have therefore set a requirement for the trust to provide this time.

## 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 and requirements | Recommendations |
|---|---|---|
| 1 | Themes 1 and 3 (R1.5; R3.3) | The trust should ensure all learners know how to raise concerns about safety and bullying and undermining issues, and that a robust process is in place to respond to feedback from learners. |
| 2 | Themes 1 and 3 (R1.8; R3.3) | The trust should ensure the clinical and educational supervisors within hepatobiliary surgery engage with, and are accessible to, its doctors in training. |
| 3 | Theme 1 (R1.10) | The trust should ensure all staff members can reliably identify learners at different stages of their education and training, and understand the underlying safety issues relating to this. |

**Recommendation 1: The trust should ensure all learners know how to raise concerns about safety and bullying and undermining issues, and that a robust process is in place to respond to feedback from learners.**

**34** The senior management team was open about the bullying and undermining issues they have been grappling with over a number a years, and the zero tolerance policy they have adopted towards this. GMC trainee survey results since 2012 show improvements have been steadily made within the trust with the workplace environments in general now appearing more supportive to learners than in the past. However, as the senior management team acknowledge small pockets of bullying and undermining issues remain within certain departments that are still being broken down through the appointment of new consultants, heads of departments and more engaged educational supervisors. Other, more targeted, actions are also being taken to address these department issues following learner concerns. For example, stress communication workshops and boot camps are run for those within obstetrics and gynaecology to help staff communicate better in stressful environments.

**35** We were given a presentation by the senior management team of actions they are taking to tackle bullying and undermining and to engage learners with this, which include encouraging open discussion, empowering people to challenge and report issues, supporting learners to develop and lead interventions and providing effective feedback. The clinical and educational supervisors we met told us that bullying and undermining is well covered during learner inductions, and it is made clear that it will

not be tolerated. The learners we asked confirmed this does happen. The trust has recently done an anti-bullying campaign which included promoting an anonymised email system for learners to report bullying and undermining issues confidentially. This is seen by the core medical trainees to be a proactive step taken by the trust to tackle the issues, and this cohort told us they would feel encouraged and supported to report an issue. Likewise, the other doctors in training also told us they feel action would be taken to deal with a reported issue of bullying and undermining, and would be dealt with seriously. The medical students told us they are asked repeatedly by their personal tutor if they have any bullying and undermining concerns.

**36** However, whilst the majority of learners told us they have not experienced or observed bullying and undermining within the trust, and would feel comfortable to report instances if they did, we heard of isolated incidents that continue to occur. The doctors in specialty training told us although there has been a noticeable turnaround across the trust, some training environments continue to be less supportive due to consultants with 'strong personalities'. Similarly the foundation doctors in training told us they too are aware of bullying and undermining issues that remain in certain areas; and whilst we were not given specific details we were told of an undermining issue that was raised but these learners are not aware of any actions taken by the trust in response.

**37** With regards to raising concerns about safety or undermining, although pre-visit documentation evidences that the trust has policies and procedures in place to manage the reporting of concerns, which learners confirmed is covered during their inductions, we still found the training and knowledge of how to report patient safety concerns to be variable among the learners. The foundation doctors in training told us whilst their inductions detailed who to raise a concern with and the other channels available, they would have benefited from this being written down on a consolidated sheet for future reference. A foundation year 2 doctor remembered the specific pathways to raising a concern being discussed during their induction when they started the foundation programme, but could not remember the steps to take to raising an actual concern the following year. Likewise, some of the medical students we met were also unclear about the processes to follow and how to escalate a safety concern they may have.

**38** We also found variability in learning following patient safety concerns being reported. Although the medical students were of the opinion there is no learning from mistakes at the trust following safety issues, all the grades of doctors in training we met spoke positively of a definite culture of learning through real case examples. We heard of information given about patient safety issues and action taken through posters, emails and during handovers, and were told of regular department and trust wide patient safety meetings/briefings that support learning from incidents and near misses. We also learnt the trust develops simulated training scenarios from real cases as knowledge sharing exercises.

**39** Despite this evident focus to encourage learning from, and wider sharing of information about, patient safety concerns there does appear to be inconsistency in giving feedback to the individual learners that have raised a concern. We were told by the education management team that Datix reports are looked at monthly and disseminated to the appropriate supervisors to speak to the doctors in training that made a submission. However, the doctors in training told us this feedback does not always happen even if requested as part of the submission.

**40** It is important for organisations delivering medical education and training to demonstrate a culture that both seeks and responds to feedback from learners on patient safety concerns, in a hope to learn from mistakes and reflect on near misses. Whilst it is positive that all the learners we met feel able to raise a concern directly with their clinical and educational supervisors or other ward staff, there is a lack of consistency amongst the doctors in training in their knowledge of how to raise a concern and in getting individual feedback on submissions made via the Datix reporting system. It is similarly important that learners are not subjected to behaviour that undermines their professional confidence, performance or self-esteem and are empowered to report such incidents. Whilst it is clear that the trust has made great strides in clamping down on such behaviour and in supporting learners to report and discuss incidents of bullying and undermining over recent years, the learners are aware of cultural pockets where such behaviour still occurs and told us of issues reported without subsequent feedback given. We have therefore set a recommendation for the trust to continue to address the issues outlined above to remove the variability we found in the raising of concerns processes for learners and in ensuring a robust process is in place to deal with bullying and undermining behaviour.

**Recommendation 2: The trust should ensure the clinical and educational supervisors within hepatobiliary surgery engage with, and are accessible to, its doctors in training.**

**41** Some of the foundation doctors in training we met told us of issues affecting the approachability of clinical and educational supervisors within hepatobiliary surgery at the trust, and a lack of effective direct supervision. We were concerned to hear from this cohort of learners of occasions when a clinical supervisor was not available to them whilst on rotation in this speciality, and that supervision reports are written by the hepatobiliary surgeons based on feedback from other medical staff, including clinical teaching fellows, rather than from their own direct engagement with the doctor in training. We have therefore set a recommendation for the trust to address these issues, to ensure learners within hepatobiliary surgery have access to clinical and educational supervisors who can advise or attend as needed (where appropriate), and who are more directly engaged with their training.

**Recommendation 3: The trust should ensure all staff members can reliably identify learners at different stages of their education and training, and understand the underlying safety issues relating to this.**

**42** The trust is piloting horizontal colour strips at the bottom of the identification cards for foundation doctors in training (green for foundation year one and red for foundation year 2). It has also introduced blue badges for the medical students. Despite these steps that have been taken, it was evident during the visit that these measures are not yet a reliable means on their own to ensure staff members can distinguish the different learners. Whilst the medical students we met were all wearing blue identification badges, they did not all know that the blue signified they were medical students, and those that did highlighted that this does not differentiate between the year groups on placement. Furthermore, the foundation doctors in training told us that although they now have different coloured strips on their identification badges to denote their level of training, the underpinning of the trust's staff understanding of this is in its infancy as they are still asked who they are and their levels of competency.

**43** The visit team noted the use of the term senior house officer (SHO) within the trust. The core medical trainees told us the title 'SHO' is widely used within the trust as a term encompassing foundation year 2 doctors in training up to doctors in specialty training; causing confusion among the trust staff about levels of competency. The doctors in specialty training similarly told us the term SHO is used for on-call work, and it is apparent that other medical staff are not always clear what level of doctor they are speaking too, and that the nursing team may not fully understand the grading and competencies of the different doctors in training that are on-call.

**44** Organisations must have a reliable means of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence. It is apparent to the visit team that the trust has started to make good efforts to ensure there is a reliable way of identifying learners at different stages of education and training so that they are not asked to work beyond their competence. However, it is evident that more work still needs to be done to fully implement the steps taken and to educate staff members of the different levels of competency of the learners at different stages of their medical education and training. We have therefore set a recommendation for the trust to pursue this.

# Royal Victoria Infirmary, Newcastle Upon Tyne Hospitals NHS Foundation Trust

### 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 and requirements | Areas that are working well |
|---|---|---|
| 1 | Theme 1 (S1.2; R1.15) | Medical students and foundation doctors in training highly value the quality of the education and training provided within obstetrics and gynaecology. |
| 2 | Theme 1 (R1.3; R1.5) | There is a demonstrable culture within the intensive care unit setting of supporting the raising of concerns and in pursuing learning around these. |
| 3 | Theme 1 (R1.12; R1.15) | Doctors in training are provided with good learning opportunities and clinical experience to meet the requirements of their training programmes in intensive care medicine. |
| 4 | Themes 1 and 5 (R1.19; R5.4) | The use and engagement of clinical teaching fellows within the trust ensures medical students are provided with relevant learning opportunities and good teaching to help meet their curricula requirements. |
| 5 | Theme 1 (R1.19) | There are good rest facilities available to doctors in training both during and after shifts on the ICU ward to help mitigate the safety risks of fatigue. This is supported by a culture that actively encourages the doctors in training to use these facilities when required. |

**Area working well 1: Medical students and foundation doctors in training highly value the quality of the education and training provided within obstetrics and gynaecology.**

**45** The medical students we met spoke positively about how well organised their placements in obstetrics and gynaecology have been, and the amount of exposure they have had to different aspects of this area of medicine due to well-designed timetables and the efforts of the clinical staff in finding a variety of patients. The medical students also value the ‘white time’ built into their timetables that allows for flexibility to reschedule a missed session and to pursue specific interests through

additional teaching opportunities in specialist clinics like egg collection. Further to this, the Year 5 students told us the clinical team within obstetrics and gynaecology are receptive to them managing their own time if they feel it could be better used. We also heard from the medical students that they receive well delivered twice weekly case based discussions which help them meet their curriculum requirements; and we were pleased to note that the Year 5 students are given good opportunities to put theory into practice in running their own clinics in a supportive environment.

**46** During the visit we found the obstetrics and gynaecology placements satisfactorily meet the assessment needs of the medical students. Assessment of student learning on placement is done through Modified Objective Structured Long Examination Records (MOSLERs), which use real patients to examine integrated clinical skills. The students need to pass four out of six MOSLERs, and those that fail are given a 'not yet competent' outcome and have a meeting with the assessing consultant for advice on how to improve before being reassessed. In preparation for their assessments the medical students can do practice MOSLERs with a clinical teaching fellow, which the medical students told us they receive good written feedback from.

**47** The foundation doctors in training told us they too receive good education and training in obstetrics and gynaecology at the trust, due to the size of the departments, the specialised knowledge of the consultants who are willing to teach, and effective and varied rotas that gives them a good spread across clinics and experience. This cohort of learners feel there is a good balance between service delivery and training, and they value the one hour of teaching given each morning based on cases and risk management.

**48** It was evident during our visit that there is a good learning environment and culture within obstetrics and gynaecology at the trust, which gives an appropriate breadth of clinical experience and supports learners to meet the outcomes required by their respective curricula. We found this to be particularly valued by medical students and foundation doctors in training, and have identified this as an area working well.

**Area working well 2: There is a demonstrable culture within the intensive care unit setting of supporting the raising of concerns and in pursuing learning around these.**

**49** All of the learners we met, with experience in the intensive care unit (ICU) setting at the trust, feel encouraged and supported in raising a patient safety concern. The medical students told us the ICU staff will repeatedly check if they know how to raise a concern. We were pleased to hear of the culture within intensive care medicine at the trust of pursuing learning and giving feedback on concerns raised. The clinical and educational supervisors spoke positively of an open door policy to them and other staff within ICU for learners to discuss a concern, which is expressly promoted to all.

**50** The foundation doctors in training told us they have experienced a definite culture of learning through case discussions concerning patient safety issues, and the core medical trainees and doctors in specialty training told us of effective handovers that include talking about any patient safety issues that have been witnessed and/or reported during the shift. The ICU also has a safety topic of the week, daily safety briefings and department discussions on incidents reported. There is a clear culture of seeking and responding to patient safety concerns within the ICU setting, which uses patient safety issues as effective learning opportunities for learners. We have therefore identified this as an area working well.

**Area working well 3: Doctors in training are provided with good learning opportunities and clinical experience to meet the requirements of their training programmes in intensive care medicine.**

**51** The doctors in training we met spoke positively of the learning culture within intensive care medicine at the trust, and the opportunities provided to them to meet the training programme requirements in this specialty. The foundation doctors in training told us the working environment in intensive care medicine is friendly and very supportive, and the consultants are approachable, knowledgeable and provide excellent ad hoc teaching. We were also told by this group that it is easy to get the learning opportunities they need with a good service and training balance due to a well-staffed department. The core medical trainees also reported having appropriate time for training in intensive care medicine, with training days and sessions built into their rotas.

**52** Although the doctors in specialty training told us their experience of intensive care medicine is that of a busy department, with a less than full rota, they too reported being able to take study leave and to get the learning opportunities required by their training programme. We heard there is no rolling pattern to the rotas, and that the doctors in training are asked in advance if they have any study leave and training needs that should be taken into account of in the rota. The rota is then made bespoke to the learners' needs. The doctors in specialty training also told us they get good clinical experience and exposure to learning due to a good case mix of patients, which is supported by a teaching based approach to ward rounds and protected 30 minute handovers for each shift change that include case discussions.

**53** In addition to supporting materials made available to the doctors in training through a trust intensive care website, two hours of protected teaching time is given every Wednesday afternoon. The doctors in training told us the department is very supportive for them to attend these sessions, and the simulated training events run by both the unit and the trust. We also noted that doctors training in intensive care medicine can attend refresher courses to develop and maintain their skill sets, such as putting central and arterial lines in.

**54** It is imperative that doctors in training are provided with learning opportunities and an appropriate breadth of clinical experience to enable them to meet the

requirements of their training programmes, and it was evident during our visit that doctors training in intensive care medicine at the trust are provided with this. We have therefore identified this as an area working well.

**Area working well 4: The use and engagement of clinical teaching fellows within the trust ensures medical students are provided with relevant learning opportunities and good teaching to help meet their curricula requirements.**

**55** Pre-visit documentation suggests the use of clinical teaching fellows in medical student placements is well embedded across all three year groups that are placed within the trust (Years 3 to 5). Examples of work they are involved in includes delivering ward based teaching, simulation training and seminars, facilitating group case based discussions, supporting skills circuits (such as prescribing, clinical and communication skills), completing formative assessments and reviewing clinical log books. The undergraduate educators and the senior management team believe the clinical teaching fellows have been a highly successful addition to the trust's teaching faculty, and importantly this sentiment is shared by the medical students too.

**56** All the medical students have a named clinical supervising consultant and a named clinical teaching fellow, and it is the clinical teaching fellow they find more accessible. We heard from the medical students they can get extra learning opportunities by shadowing the clinical teaching fellows, and they maintain regular contact to ensure the students are progressing appropriately. The medical students spoke positively of the clinical teaching fellows engagement with the needs of their learning, and how they make a real effort to find patients of interest and will respond quickly to student issues. We heard one example from the medical students who told their clinical teaching fellow they were struggling to complete a prescribing fluid task and needed more teaching on this; and a specific teaching session was arranged quickly to address this.

**57** The employment of clinical teaching fellows by the trust has had a positive impact in helping the medical students meet the requirements of their curricula through effective experiential learning. All the medical students we met told us the clinical teaching fellows provide good case based discussion sessions, good clinical learning (including effective simulation-based training), opportunities to do extra learning and good support in addressing educational issues. We have therefore identified this as an area working well.

**Area working well 5: There are good rest facilities available to doctors in training both during and after shifts on the ICU ward to help mitigate the safety risks of fatigue. This is supported by a culture that actively encourages the doctors in training to use these facilities when required.**

**58** There have been well reported cases across the UK of doctors in training being involved in accidents whilst travelling home from work after long and/or stressful shifts, and when adjusting to new sleep patterns whilst transitioning between night and day shifts. We were pleased to note during our visit that the intensive care unit

at the trust has invested in providing good rest facilities for its staff, including doctors in training, to use during and after a shift on the ICU ward. Just as important, we were also pleased to learn that the doctors in training are encouraged to use these facilities to support their health and wellness. The foundation doctors in training told us there is a supportive culture within intensive care medicine in which the staff members will actively check on them and tell them to use the rest facilities when required. We believe these facilities and supportive culture will help mitigate safety risks of tiredness and fatigue, and so have identified this as an area working well

### 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 and requirements | Requirements |
|---|---|---|
| | | No requirements were identified during this visit. |

### 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 and requirements | Recommendations |
|---|---|---|
| 1 | Theme 1 (R1.5) | The trust should ensure robust feedback is provided to doctors in training about patient safety concerns submitted via Datix. |
| 2 | Theme 1 (R1.12) | The trust should ensure the administration of the rota for foundation doctors in surgical training allows for an effective management of annual leave and the inclusion of formal learning opportunities. |

**Recommendation 1: The trust should ensure robust feedback is provided to doctors in training about patient safety concerns submitted via Datix.**

**59** This issue was fed back to the trust following our visit to Royal Victoria Infirmary. However, the issue was identified at both sites, and for the purpose of this report is addressed in recommendation one of the Freeman Hospital section.

**Recommendation 2: The trust should ensure the administration of the rota for foundation doctors in surgical training allows for an effective management of annual leave and the inclusion of formal learning opportunities.**

**60** Organisations must design rotas to, among other things, provide learning opportunities that allow doctors in training to meet the requirements of their training programmes and to minimise the adverse effects of fatigue and workload. However, during our visit we heard from foundation doctors in surgical training of issues with their rota coordination that can cause friction between the demands of their training programme and service provision. This includes having to find cover to attend training or to leave wards understaffed; and we heard examples of these doctors in training being unable to take their statutory breaks between shifts so that they can attend training. One example given was finishing a night shift at 8am and then starting training at 9am the same morning. We also heard from this cohort of learners that some rotas come out too late to book annual leave. We have therefore set a recommendation for the trust to address these rota administration issues.

| | |
|---|---|
| **Team leader** | Professor Alastair McLellan |
| **Visitors** | Professor Gillian Doody<br>Dr Cleave Gass<br>Dr Rhona Hughes<br>Dr Matko Marlais<br>Ms Beverley Miller<br>Ms Philippa Russell |
| **GMC staff** | Chris Lawlor, Education QA Programme Manager<br>Kevin Connor, Education QA Programme Manager<br>Gareth Lloyd, Education Quality Analyst<br>Sophie Elkin, Education Quality Analyst<br>Rachel Woodall, Principal Regional Liaison Adviser (Observer)<br>Helen Sinclair, Employer Liaison Adviser (Observer)<br>Paul Clayton, Operational Development Project Manager (Observer)<br>Alicia Burn, Data Analyst (Observer) |
| **Evidence base** | 1. 2016/17 trust education data dashboard<br>2. 2018 workforce strategy<br>3. 2016/17 teaching fellow exit survey<br>4. Management and reporting of accidents and incidents policy<br>5. Tyne base unit away day programme and feedback<br>6. Tyne base unit child health/women's health operational group terms of reference<br>7. Clinical handover policy<br>8. Consent policy<br>9. Postgraduate trainer CPD programme 2017/18<br>10. Emergency medicine guide for Stage 5 students<br>11. Equal opportunities and diversity policy<br>12. Tutor briefing on final year educational supervision 2017<br>13. Final year student results 2017<br>14. Flexible working policy<br>15. FoCP feedback summary 2017<br>16. GMC trainee survey report 2017<br>17. GMC trainer survey report 2017<br>18. Induction policy 2017<br>19. Junior doctor departmental induction sheet<br>20. LTC action plan 2017<br>21. Medical school raising a concern policy<br>22. Postgraduate medical and dental education SAR 2017<br>23. Medical education annual update 2018<br>24. Medical education tutor job description<br>25. Medical student ID background<br>26. Child health / Women's health operational group minutes<br>27. Mosler audit 2017<br>28. NuTH LED booklet<br>29. Process for not yet competent grade in Mosler |

| | |
|---|---|
| | 30. Quality of learning environment in O&G document<br>31. Respect and dignity continuous monitoring system document<br>32. Shadowing programme 2017 document<br>33. Student handbook 2017-18<br>34. Supervision and revalidation of junior medical and dental staff policy<br>35. Trust medical education forum terms of reference<br>36. Medical education senior team meeting terms of reference<br>37. Teaching fellow curriculum2017-18<br>38. Simulation training poster<br>39. Technology enhanced learning poster<br>40. Trust quality improvement plan 2017<br>41. Tyne undergraduate group minutes<br>42. Tyne base unit formal teaching roles<br>43. Guidance for stage 3 and 5 inductions to placements<br>44. Tyne student/staff committee meeting minutes<br>45. Undergraduate induction audit<br>46. What's in a name? document<br>47. Where to go for help flowchart<br>48. Workplace behaviour document |

## Acknowledgement

We would like to thank Newcastle upon Tyne Hospitals NHS Foundation Trust and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

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18th March 2019

Dear Eleanor

**General Medical Council visit to Newcastle Upon Tyne Hospitals NHS Foundation Trust, November 2018**

On behalf of Newcastle Upon Tyne Hospitals, I wish to thank the General Medical Council for the constructive review of undergraduate and postgraduate medical education and training and for the useful further discussion after the visit in order to clarify aspects of the report.

We are very pleased to note that the visiting panel acknowledged that not only are the GMC standards met but they are well embedded in the organisation and we believe the high number of areas found to be working well supports that view. Particularly pleasing were the recognition of our effective educational governance systems which provide confidence that the core business of education and training is high on the Trust's agenda and the level of additional educational support available to all medical students, including those requiring reasonable adjustments.

The commitment of our education team is reflected in the comments made in paragraph 9 in which the visiting team note how impressed they were with engagement and buy in and further in paragraph 17 which highlights the effectiveness and value of the Teaching Fellow Programme.

As can be seen from the Action Plan, we are already taking steps to respond to the 2 requirements and 5 recommendations. We are committed to continuing to address the barriers to raising concerns perceived by some students, and enhancing our communication of feedback generated by the Datix system.

We are working hard to address the concerns raised about time for training within job plans and how that accurately reflects the work of all those involved in delivering education.

We look forward to the regional day on 3rd May and to providing up-dates to HEE North East and North Cumbria and Newcastle Medical School.

Yours sincerely

Julie

**Julie Raine**
**Deputy Head of Workforce Development**