

National review of medical education and training in Northern Ireland: 2016–17



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General
Medical
Council

Introduction

This report gives an overview of medical education and training across Northern Ireland in 2016–17, aligned with the themes set out in [Promoting excellence: standards for medical education and training](#).

Why did we choose Northern Ireland?

As part of our quality assurance framework, we visit organisations that commission, manage, and deliver education and training within the UK. We do this to check that the standards as outlined in *Promoting excellence* are being met. We have a [schedule of visits \(pdf\)](#) that covers each region and country within the UK over a seven-year period.* We visited Northern Ireland in 2017 as part of this schedule.

What do we know about Northern Ireland?

Queen's University Belfast (Queens) School of Medicine, Dentistry and Biomedical Sciences was founded in the nineteenth century and is the only medical school in Northern Ireland. There were 1,375 medical students in Northern Ireland during the 2016–17 academic year.

We last visited Queen's in 2012 as part of our schedule of checks focusing on assessment, quality management of clinical placements and the student assistantship. [Read the findings from this visit \(pdf\)](#).

The deanery, Northern Ireland Medical and Dental Training Agency (NIMDTA), is the body responsible for managing postgraduate education and training across Northern Ireland. There were 1,808 doctors in training in Northern Ireland at the time of our review.

Our senior management team formally engage with Queen's University of Belfast (Queen's), NIMDTA and other medical education providers through our UK Advisory Forum, which meets in our Northern Ireland office. Our Northern Ireland team delivers a programme of interactive workshops for doctors in training and medical students in partnership with NIMDTA and Queen's.

* Wales, West Midlands, North West and London are not listed as they were visited between 2012 and 2014.

As there are five integrated health and social care trusts in Northern Ireland, we chose to visit all of them. We chose specialties to review based on our own evidence.

What did we do?

To better understand the experience of medical students and doctors in training in Northern Ireland, and to make sure their experience meets our standards, we visited five trusts, those responsible for and undertaking GP training, as well as Queen's and NIMDTA. Visits took place between February and April 2017.

During the visits, we spoke with medical students, doctors in training, their trainers and supervisors, and management teams at each organisation to obtain their perspective on how education and training is working. We asked each of these groups focused questions mapped to our standards. The kinds of questions we ask different groups of individuals are published on our website.

Our visit teams consist of medical and lay associates with relevant medical and educational expertise, including students and trainees. Members of our staff are part of the teams, bringing with them their expertise in checking the quality of medical education and training across the UK.

Gathering evidence for our visits

We have well-developed evidence about postgraduate training, and our annual survey of doctors in training (national training survey) has a very high response rate. For Northern Ireland, 1605 (99.6%) trainees responded to the survey in 2016, with 1630 (99.8%) in 2017. This survey gives us a great deal of information on the quality of postgraduate training across the UK. We also receive routine updates from NIMDTA on their progress in addressing concerns they have identified through their local quality management processes.

For undergraduate education, we receive an annual report from Queen's which helped us plan our visits, and we carried out a survey of students before the visit.

Prior to visiting, we also asked each organisation we visited to give us further information to help inform our review and help us identify areas to focus on during our visits.

Considering specialties as part of our visits

Regional and national reviews give an opportunity to consider and sample several specialties and stages of postgraduate training in more detail. For this review, we focused on the following training programmes.

- Foundation
- Core medical training
- Core surgical training
- General (internal) medicine
- General practice (GP)
- General surgery
- Obstetrics and gynaecology

We also chose to visit a number of specialties at specific sites, listed below. We did this because the results of our national training survey showed a noticeable improvement (green, above outliers) or decline (red, below outliers) * in results. We wanted to explore this further.

- Belfast Health and Social Care Trust
Trauma and orthopaedic surgery (12 green outliers in 2016)
- Western Health and Social Care Trust
Emergency medicine (six red outliers in 2015 and no outliers in 2016)
Paediatrics (four red outliers in 2015 and no outliers in 2016)
- Southern Health and Social Care Trust
Paediatrics (green outliers in handover for four years in a row)
- Northern Health and Social Care Trust
Emergency medicine (five red outliers in 2016)
- Cardiology (six green outliers in 2016)

* In the survey reporting tool red or green flags indicate outliers, which are survey scores that are significantly higher or lower than the average score. You can find more information on our national training surveys at www.gmc-uk.org/education/surveys.asp.

Themes across Northern Ireland

This report summarises general themes that we identified across Northern Ireland including areas that we think are working well, and areas where improvements are required. We've also produced separate and more detailed reports for each organisation we visited. You can read these reports at www.gmc-uk.org/education/26812.asp.

Experience of medical students at Queen's

Many of the areas we explore in this summary report focus on postgraduate education as there is only one medical school in Northern Ireland. The experience of students we met across the trusts overall was a positive one. They mostly felt well supervised, supported and enjoyed the experience they gained on their clinical placements. Students told us that they valued the early clinical skills teaching they received in Years 1 and 2, and the family attachment in Year 1 which gives them experience communicating with patients.

Students were less positive about raising concerns process at Queen's and at some of the trusts, as well as communication they received from Queen's around changes to policies, placements and processes. Students also questioned the variation between placements in Years 3 to 5 and how Queen's quality management process worked to share good practice across sites to improve the student experience.

Themes across postgraduate training

Our visits showed us that the overall training experience varies at different local education providers. Trust reports include detail, and outline specific areas working well and where improvements are required. However, there were several themes identified, as outlined below.

- GP trainees were unclear about the formal processes to raise concerns while in secondary care placements, as were some of the specialty trainees we met during our trust visits. We set a requirement for NIMDTA to make sure the doctors in GP training in secondary care have clear guidance, but we appreciate this will vary across trusts and there will be crossover with the requirements around incident reporting at some trusts.
- There was variability in the way that the five trusts manage and direct learning arising from incidents and reporting. However, during our visit to NIMDTA we heard that they are trying to maximise the use of patient safety reports to make sure they learn lessons following incidents. NIMDTA includes reports in their trainee newsletter, and makes sure they are distributed among the specialty schools. This was considered to be good practice.

- Equality and diversity was picked up as a theme. In general, learning outcomes are not clearly identified from the equality and diversity training delivered across the trusts (see theme 3 below for more detail).

What concerns did we identify?

During our review we identified one patient safety concern which we escalated to our enhanced monitoring process. Foundation Year 2 doctors in medicine at South West Acute Hospital in the Western Health and Social Care Trust felt they had been left in situations outside of their competence, due to a lack of on-site supervision out-of-hours. While consultants were available off-site and happy to be called, there was no formal process or advice for juniors guiding them on when or how to do so. Since our visit, the Western Health and Social Care Trust has sought locum cover for out-of-hours shifts in medicine to support the Foundation Year 2 doctors and is reviewing more sustainable options. We will work with NIMDTA to make sure the issues continue to be managed appropriately.

Two further patient safety concerns were identified which were not escalated to enhanced monitoring

- During our visit to the Southern Health and Social Care Trust, we heard that gaps in rotas had resulted in Foundation Year 2 doctors at Craigavon Hospital being asked to be responsible for the emergency pager for certain cases when more senior trainees weren't available. The trust and NIMDTA has assured us that this was a one-off occurrence and is unlikely to reoccur, but the situation will be monitored.
- During our visit to the Northern Health and Social Care Trust we found that there was a perception amongst trainees that a small number of consultants in general surgery had displayed unprofessional behaviour at Antrim Area Hospital, and potential gender discrimination against female trainees. The trust and NIMDTA have taken action to make sure there are no breaches of our professional guidance, and we will monitor this.

Assessing medical education across Northern Ireland against our standards

Each organisation that was visited as part of this review was assessed against our standards to help us assure ourselves that local management and oversight of medical education and training is appropriate and effective. Detailed findings and judgements on how each organisation is complying with our standards is outlined in each report. This section summarises our findings across Northern Ireland under each theme set out in *Promoting Excellence*.

Theme 1: Learning environment and culture

Supervision

As with many areas covered during the review, clinical supervision varied across Northern Ireland, and we heard examples where clinical supervision is working well and where there is room for improvement.

Clinical supervision is generally working well for doctors in training, and appropriate for their level of training at the Belfast and South Eastern Health and Social Care Trusts. Clinical supervision also works well in general practice, particularly out of hours. We heard that the GP out of hours trainers provide one to one supervision to the doctors in training, and an educational debrief following these sessions.

Clinical supervisors in hospital posts felt they relied on GP trainees to guide them on what is required in regard to the GP curriculum. While there hadn't been any problems with doctors in GP training meeting their curriculum requirements in secondary care placements, the training provided to clinical supervisors must be in place so that they can provide appropriate support.

At several trusts we heard that doctors in training did not believe they had adequate on-site supervision and at times were working beyond their level of competence.

Supervision at Northern Health and Social Care Trust

We found discrepancies between specialties and sites in relation to the provision of clinical supervision. While doctors in training in some specialties told us they are adequately supervised, others said it is an issue.

Doctors in training in emergency medicine at Antrim Area Hospital told us accessing clinical supervision can be variable. They told us they can't always contact consultants on the ward and there have been times when they've had to find another consultant on a different ward. Some clinical supervisors in emergency medicine agreed that supervision is variable – they told us that while they may not always be available on the wards, they are accessible and can be contacted.

This aligns with our 2016 national training survey data, which highlighted a concern for clinical supervision and supportive environment in emergency medicine at Antrim Area Hospital.

Doctors in training in other specialties such as obstetrics and gynaecology told us supervision is working well at Antrim Area Hospital and the ward is well staffed.

Rota design

Rota gaps are one of the main challenges for the trusts in Northern Ireland. Despite a high number of locums to maintain service, service pressures and rota gaps appear to be having a negative impact on education within the trusts. This means that doctors in training may not have as ready access to seniors who may offer teaching and training, or they may not be able to easily access educational activities such as formal teaching sessions. However, in the South Eastern Health and Social Care Trust, doctors in training can work additional short shifts which helps alleviate service pressures. This idea, proposed by foundation doctors, has been popular with doctors in training who are more willing to commit to shorter hours.

At a number of trusts, we set requirements around the design of rotas for doctors in training to make sure that they comply with the European Working Time Directive, and that doctors in training are able to access and attend learning opportunities despite service pressures.

Theme 2: Educational governance and leadership

Educational governance

We were keen to hear how the educational governance structures work within the individual organisations across Northern Ireland, as well as how information flows between the trusts, Queen's and NIMDTA.

It was clear from our visits to Queen's and NIMDTA that there is a strong collaboration between the two organisations. Queen's representation on NIMDTA's Quality Management Group and the Professional Support Group helps to share information between undergraduate and postgraduate education. Across the majority of trust visits we heard of mostly good working relationships between the trusts and both NIMDTA and Queen's.

During our visits to nearly all of the trusts we found effective educational governance systems within the trusts with clear links to the trust board. At the Northern Health and Social Care Trust however, we found a disparity between undergraduate and postgraduate educational governance structures- undergraduate governance is clear, while postgraduate governance lacks formality. We also found that trust's board could have an increased focus on educational governance.

Quality control systems at Western Health and Social Care Trust

Education management team and supervisors we met with told us that the sub deans for each trust meet with Queen's four times a year – to discuss any issues and share good practice.

We also heard that supervisors receive our national training survey results to reflect on how their department is doing and reflect on red outliers and try to improve. Supervisors said they feel listened to within the trust.

The education management team told us that the Medical Director regularly feeds back to the trust board and that the Director of Medical Education and Sub-Dean at the trust attends the board annually. We also heard that the Chief Executive reports to the board on education quarterly

We set a requirement for NIMDTA's GP education management team to have a clearer process for quality management of the delivery of GP training in secondary care settings. While representatives from the GP education management team may attend NIMDTA's secondary care visits where there are GP trainees within the specialty being considered, the main way they review the quality of GP education is through our national training surveys and local NIMDTA surveys.

Theme 3: Supporting learners

Equality and diversity

You can find legislation governing equality and diversity in Northern Ireland in the *Disability Discrimination Act 1995* and the *Special Educational Needs and Disability (NI) Order 2005*. The *Equality Act 2010* does not apply in Northern Ireland. In addition Section 75 of the *Northern Ireland Act 1998* places a duty on public bodies to address inequalities and demonstrate measurable positive impact on the lives of people experiencing inequalities. NIMDTA, Queen's and the health and social care trusts are designated bodies under section 75.

Across all the trust visits in Northern Ireland, we identified that learning outcomes from equality and diversity training were not clearly understood nor consistently applied in practice.

Foundation doctors said they had carried out equality and diversity training as part of NIMDTA's generic skills training. But doctors in specialty training were uncertain about what training they had done and couldn't explain how the principles of equality and diversity are applied within the trusts.

When we spoke with the trust's education management teams it appeared that the focus for equality and diversity training had been on the trainers rather than doctors in training. However, NIMDTA is aware of the training requirements among the doctors in training and is developing training materials in conjunction with doctors in training. It will give a basic guide to complex equality and diversity issues and highlight where legislation is different from the rest of the UK.

During our visit to Queen's, we found that medical students do not have a good understanding of the various aspects of equality and diversity. We therefore set a requirement for Queen's to better integrate equality and diversity into the curriculum to improve student understanding.

We did hear of an equality and diversity e-learning module that had recently been launched at Queen's but the timing of our visit meant that students had not yet had much experience with this. We look forward to hearing more about this through the monitoring of the requirement.

Supportive environment

Across most of the training settings we visited, we found there to be a supportive and caring environment that values education. Doctors in training commented on the dedication and commitment of their trainers and supervisors to their educational roles and we heard examples of some who were excellent role-models. We also heard examples of support mechanisms being in place when doctors in training were involved in serious incidents.

Doctors in GP training commended the support they receive from their GP trainers and appreciate the close working relationships they have.

NIMDTA's VALUED strategy

NIMDTA has a dedicated strategy designed to attract, develop, and support doctors in training in Northern Ireland. VALUED (Voice is listened to, Applaud and acclaim success, Life-work balance, Up to date and high quality training, Enhanced learning opportunities and Distinctive) consists of a number of programmes and mentoring schemes, including:

- NIMDTA-hosted trainee forum and focus groups
- trainee newsletters
- prize evenings and educational excellence days
- increased support for less than full time training including mentoring and resilience training
- ADEPT Clinical leadership programme.

NIMDTA has worked hard to promote this strategy, and trainees and educators across Northern Ireland are aware of the programme. The VALUED strategy contributes to a positive and supportive educational culture as promoted by NIMDTA.

Training Programme Delivery at Belfast Health and Social Care Trust

Doctors in training in trauma and orthopaedics all spoke positively of their experience at the trust, including preparation for assessments where their consultants 'go above and beyond'. They feel it is a really solid educational programme, and said they 'inherit the good experience they've received and give back'.

In the 2016 national training survey results, Musgrave Park Hospital had green outliers for 12 of the 15 indicators, including clinical supervision, induction, handover and feedback. This supports the positive view of the doctors in training we met at the trust.

The education management team also recognised the strong educational experience for these trainees and said the consultants in the department are mindful that the doctors in training are there primarily for education.

Theme 4: Supporting educators

We explored this area in detail during each of our visits and found that the experience of educators is very variable. In general, we were impressed with the enthusiasm and commitment of the educators who met with us, throughout the visit. But we also found that there were varied levels of support provided to educators in terms of ensuring they had adequate time for training. More detail in this area is outlined in the individual report of each organisation we visited.

Theme 5: Developing and implementing curricula and assessments

Training programme delivery

During our visits we found some departments maximised learning opportunities for doctors in training through morbidity and mortality meetings, and used handover as a good learning tool.

We also found that most trusts provide an experience that allows doctors in training adequate clinical exposure in order to achieve the clinical competencies required by their curricula and assessments.

While reviewing GP training across Northern Ireland, we heard that GP training is being protected against markedly increasing service pressures and gaps in rotas. This was raised as an area of good practice and demonstrates the strong management and delivery of the programme.

Despite identifying clinical exposure for doctors in training as working well, we found that at times education is compromised for foundation doctors as they often carry out routine tasks with little educational value.

Next steps for Northern Ireland

Following our visits to Northern Ireland, we have set out requirements and/or recommendations for each organisation in our detailed visit reports.

Each organisation we visit provides us with an action plan against these requirements and recommendations, outlining the steps they have and will take to address these. These action plans are published and should be read alongside the reports.

Through scheduled reporting at agreed dates, Queen's and NIMDTA will update us on their progress towards meeting these requirements and recommendations. NIMDTA will monitor updates on the requirements and recommendations from the trusts and will report back to us.

Sharing good practice and supporting partner organisations

We'll also look at how to share the areas of good practice with other stakeholders. We'll do this partly through the national review day, which took place in October 2017. This was attended by representatives from Queen's, NIMDTA, those responsible for quality management of GP training at NIMDTA and the five trusts we visited in Northern Ireland.

We look forward to continuing to support all our stakeholders across Northern Ireland. We'll meet regularly with them to give advice and assistance to make sure that any challenges in meeting the requirements and recommendations of the national review can be addressed.

We will also take our own learning from this review and apply it to our national and regional reviews of Scotland, Wessex, and the north east of England, which are scheduled for 2017–18.

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Published October 2017

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