

Visit to North Manchester General Hospital

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

Visit date	10 October 2013
Site visited	North Manchester General Hospital (Pennine Acute Hospitals NHS Trust)
Programmes reviewed	General Practice (GP) Core Surgery Paediatrics
Areas of exploration	Patient safety, educational opportunities, transition to LETBs, local processes for quality control and reporting, training for trainers, Annual Review of Competency Progression (ARCP), transfer of information, management of doctors in difficulty, lead employer arrangements.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested	No

via the responses to concerns element of the QIF?

Summary

- 1 North Manchester General Hospital (NMGH) was visited as part of our regional review of undergraduate and postgraduate medical education and training in the north west of England. The visit focussed primarily on doctors training in paediatrics, core surgery and general practice (GP) as there are only a small number of Manchester medical students undertaking clinical placements the site. NMGH is part of Pennine Acute Hospitals NHS Trust, a large acute trust serving North Manchester, Bury, Rochdale and Oldham, along with the surrounding towns and villages.
- 2 We selected NMGH to visit as part of the regional review on the basis of evidence from our National Training Survey (NTS). This indicated potential risks to the quality of education in paediatrics, some surgical specialties and for GP specialty trainees (GPSTs) working in secondary care at the Local Education Provider (LEP). Recent reconfiguration in service has affected the LEP as a whole and there have been a number of recent changes in the education and medical management team as well.
- 3 Overall, we found that there is a good quality of education being delivered at NMGH. Doctors training at the LEP receive a broad clinical experience and benefit from committed and supportive consultants who provide appropriate supervision and teaching. The LEP has responded to quality management data from Health Education North West (HENW, the local education and training board (LETB)) and some quality control data collected for use at departmental level. This data has identified possible improvements in the provision of education, particularly in paediatrics where a mechanism for both feeding back to doctors in training on their performance and collecting their evaluation of the post has been established. Quality control of this type is not embedded in all departments or reported regularly to the education leadership at the LEP. There are opportunities for the incoming Medical Director and Director of Medical Education to increase engagement with educational issues. There are also opportunities to make more robust, and expand the quality control of education across the LEP as a whole.
- 4 Although the delivery of education at the LEP is generally good, we found a high workload amongst doctors in training across many specialties, including paediatrics, emergency medicine and acute medicine, which had started to impact on educational opportunities. We heard that it was difficult for GPSTs based in the emergency department

to obtain advice on patient management issues, as the pressure to see patients impacted on both them and their supervisors. They also noted pressure from nursing staff to refer patients to other departments or discharge patients before they had received or had the chance to review the results of all of the patient's investigations in order to meet target times or cope with service pressures. We consider that further workload pressure may result in patient safety issues, as well as disrupting education. These issues are not unique to the LEP.

Areas of exploration: summary of findings

Patient safety

Supervisors, doctors in training and the education management team indicated that patient safety is deemed important by all staff at the LEP, and that safety issues are reported and acted on by clinical staff.

Most doctors in training are well supervised and noted that they can get support from consultants if workload pressures have the potential to impact on patient safety. We are however concerned that workload pressures in emergency medicine may lead to general practice specialty trainees (GPSTs) making decisions which could affect patient safety in such highly pressurised situations and without optimal input from more senior colleagues.

In paediatrics supervision is always available. However, the workload and pressure on the middle grade rota may also lead to reduced training opportunities, and doctors in training making decisions which could affect patient safety in highly pressurised situations.

See [recommendation 1](#)

Educational opportunities

Doctors in training have access to a wide range of educational opportunities and there is a strong commitment from supervisors and the LEP to ensure they can attend scheduled teaching. Doctors in core surgical training programmes particularly appreciated opportunities to attend theatre. We also found workload pressures in paediatrics and in the emergency department meant that opportunities to learn new skills, and to attend out-patient clinics had been reduced.

See [recommendation 1](#)

Transition to Local Education and Training Board (LETB)

Education management staff at the LEP were aware of developments in the LETB but noted that structures and relationships were still evolving. They stated that they were well informed about the changes and did not feel developments were taking place without their knowledge. Education staff from the LEP attend LETB stakeholder meetings and considered that their views were listened to.

This issue was identified for further exploration at the visit to HENW on 20-21 November 2013. Please see the visit report for HENW for further information on this area.

<p>Local processes for quality control and reporting</p>	<p>Senior education staff within the LEP are not supported by consistent or clear processes for quality control and reporting of educational issues. The LEP is currently in a transitional period, as key staff with responsibility for quality control and reporting have recently left. We found that educational issues, and the systems by which they were identified and reported, were not clear to senior educational staff within the LEP. There was not a general oversight of educational issues across the LEP as a whole, and systems for quality control could be more comprehensive, formal and robust.</p> <p>There are robust processes for reporting patient safety issues and examples of individual departments, such as paediatrics and surgery, collecting and responding to quality data.</p> <p>See recommendation 2 and good practice 1</p>
<p>Annual Review of Competency Progression (ARCP)</p>	<p>Doctors in training at the LEP reported being well prepared for ARCP by their educational supervisors. Some supervisors noted that they did not always receive the ARCP outcomes for doctors in training whom they supervised.</p> <p>This issue was identified for further exploration at the visit to HENW on 20-21 November 2013. Please see the visit report for HENW for further information on this area.</p>
<p>Training for trainers</p>	<p>The LEP's policy on training the trainers exceeds minimum requirements set by HENW and is enforced by the LEP. Supervisors we met cited some examples where this training had increased their capacity to deal with doctors in difficulty and provide good educational supervision.</p> <p>Standards are being met in the aspects of training for trainers we explored on this visit, see good practice 2</p>

<p>Transfer of information</p>	<p>Supervisors we met noted that information about doctors in training was transferred well within the LEP. They stated that transfer of information between LEPs was reliant on e-portfolios and that they did not always receive timely information to support doctors in difficulty.</p> <p>This issue was identified for further exploration at the visit to HENW on 20-21 November 2013. Please see the visit report for HENW for further information on this area.</p>
<p>Management of doctors in difficulty</p>	<p>All supervisors had received training to deal with doctors in difficulty and were confident of being able to do so. There are examples of local processes identifying doctors in difficulty and appropriate support then being provided.</p> <p>Standards are being met in the aspects of the management of doctors in difficulty that we explored on this visit.</p>
<p>Lead employer arrangements</p>	<p>The LEP is the lead employer of all hospital and general practice doctors in training (excluding psychiatry) for the region which was formerly covered by the North Western Deanery. The lead employer function is working well. We heard there were issues with the timeliness of information transferred to LEPs and the allocation of doctors in training, but that these were often beyond the control of the lead employer and HENW.</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>The Trainee Doctor</i>	Areas of good practice for the LEP
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1	TTD2.3, 5.19	The system for collecting evaluation data from, and providing feedback to, doctors training in the paediatric department.
2	TTD6.34, 6.38	The LEP's implementation of training for supervisors which exceeds minimum standards required by HENW.

Good practice 1: The system for collecting evaluation data from, and providing feedback to, doctors training in the paediatric department

- 5 There appear to have been several improvements in the quality of paediatric training. Paediatrics at the LEP performed poorly in the 2012 NTS, with results below the national average reported in six areas: adequate experience, clinical supervision, handover, overall satisfaction, work load and access to educational resources. Performance improved in 2013 with one result below the national average remaining, in clinical supervision. We investigated the improvements and clinical supervision within paediatrics. Issues with workload pressures are covered under [recommendation 1](#).
- 6 Paediatric supervisors we met stated that, following reconfiguration during 2012, the educational environment and culture was not supportive for doctors in training, and that this had been confirmed in the 2012 NTS. In response, the department introduced a system of 360 degree feedback for both trainers and doctors in training. This was implemented in a fortnightly report which was circulated to supervisors and doctors in training, so that educational supervisors could provide feedback to doctors in training when they were under the supervision of other trainers. Supervisors considered that this system had enabled them to make important cultural changes in the delivery of education within the paediatrics department.
- 7 Doctors training in paediatrics also have the opportunity to complete a fortnightly document to raise areas of clinical concern, this supplements rather than replaces critical incident reporting. The doctors training in paediatrics we met were relatively new in post and had not yet raised anything but were aware of the process to do so. Doctors training in community paediatrics were aware of planned changes that were to be made as a result of their evaluation of training. Those we met reported that the department was responsive, approachable and provided a good educational experience.
- 8 We found generally there was a supportive culture of education within

paediatrics, and a high level of satisfaction with training amongst doctors on both paediatrics and GP training programmes. We consider in particular that the regular and routine mechanisms to provide feedback to doctors in training, and gather evaluation data are an example of good practice.

Good practice 2: The LEP's implementation of training for supervisors which exceeds minimum standards required by HENW

- 9** The LEP has introduced compulsory training for all clinical and educational supervisors to comply with HENW standards for training of trainers. HENW requires that clinical supervisors who are responsible for the supervision of trainees during their clinical work must receive training at 'level 1'. Educational supervisors, who have particular educational responsibilities, are required to take additional training at 'level 2'.

- 10** Senior education staff at the LEP advised that their policy was that clinical supervisors of doctors in training should be trained to the same level as those responsible for educational supervision. As such, all those responsible for clinical supervision of doctors in training were required by the LEP to receive the 'level 2' training. All the supervisors we met confirmed they had received this training and that the LEP strongly enforced the policy. Some of the educational and clinical supervisors we spoke to noted that the additional training had improved their capacity for supporting doctors in difficulty within the department, or had given them a useful framework to discuss educational issues with doctors in training they were supervising. We did note that not all the supervisors we met felt the training was useful.

- 11** We welcome the LEP's approach to ensuring all supervisors are trained to a level exceeding minimum requirements. We noted several of the supervisors we met considered that this had improved the educational capacity of the consultant body, and consider this will provide a good platform for continued improvements to the quality of education at the LEP.

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	TTD8.4	Ensure that all staff with responsibility for educational and clinical supervision have agreed job plans, including allocated time for education.
2	TTD1.2-3	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.

Requirement 1: Ensure that all staff with responsibility for educational and clinical supervision have agreed job plans, including allocated time for education

- 12** The LEP needs to ensure that all staff have agreed job plans with time allocated for educational and clinical supervision. We heard from the senior management team and many of the supervisors we met that there was a clear policy to allocate time for education in job plans. This allows 0.25 of a programmed activity (PA) which is one hour each week for each doctor in training for whom they are the educational supervisor. Most of the supervisors we met were aware of the policy.
- 13** We found that there were a number of clinicians with responsibility for supervising doctors in training who did not have an agreed job plan in place as a result of recent reconfigurations within the LEP. This means that there is no recognition of educational time in the work of some consultants with responsibility for the educational supervision of doctors in training. The LEP needs to make sure that all consultants with responsibility for educational supervision have formal recognition of their educational role in agreed job plans, and this should include a clear allocation of PAs for educational tasks in line with LEP policy.

Requirement 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

- 14** HENW is attempting to eliminate the use of the term 'senior house officer' ('SHO') across the LEPs it manages. Despite this, we noted the repeated use of the terms 'SHO' and 'Resident Surgical Officer' in our meetings with doctors in training and their supervisors.

- 15 CT1-2 grade doctors were sometimes referred to as 'SHOs' as were F2 grade doctors. The appropriate level of clinical supervision and expected competence doctors at different stages in training is different, for example, that of an F2 who has just begun a four month post in a specialty is considerably different from a CT2 doctor.

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.

Number	Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i>	Recommendations for the LEP
1	TTD1.2, 6.11, 6.12	Increase the supervision and support for doctors in training, so that they are able to take advantage of educational opportunities in their placements.
2	TTD2.2	The LEP and the LETB should support senior education staff to implement robust systems for the quality control to ensure the provision of the highest quality of medical education throughout the LEP.

Recommendation 1: Increase the supervision and support for doctors in training, so that they are able to take advantage of educational opportunities in their placements

- 16 We investigated issues raised in our NTS in the visit. The LEP received results below the national average in 2012 and 2013 for clinical supervision, and for a number of educational resources and workload related issues in paediatrics and for GPSTs. However, the LEP has shown major improvements in the number of results below the national average in some specialties including paediatrics between 2012 and 2013. The visit findings echo some of the issues reported in the NTS.
- 17 Doctors training at the LEP in paediatrics, emergency medicine and acute medicine reported that while the overall clinical experience was good, the high workload at the LEP presented challenges to accessing educational opportunities. All doctors training in paediatrics reported they were released for formal teaching and that consultants in the department went

to great lengths to ensure they received good educational opportunities and caught up on any formal teaching that had been missed due to service commitments. We also heard that it was often difficult to attend local teaching sessions if they were placed in community based sites, as clinics were frequently too busy for them to leave to attend. For those based in hospitals, attendance at clinics was also difficult to arrange. Although they had been scheduled to attend a small number of clinics each and rotas were designed with this in mind, in practice service pressures often meant that doctors in training were required to cover wards. The heavy workload of the service had been recognised and some changes were planned, such as a reduction in patient numbers in clinics, to ensure doctors training in community paediatrics could attend teaching.

- 18** Both supervisors and doctors training in paediatrics considered that a more pressing issue with the workload was provision of night cover. The department has a general paediatrics ward and a neonatal ward at the North Manchester site, as well as other wards in other sites within the LEP. The configuration of services across the different sites, and the fact that the department is carrying vacancies, means that there is generally only a single middle grade doctor available to cover both the paediatric and neonatal wards at the LEP during the night with the support of two more junior doctors. Both doctors in training and their supervisors told us these wards could get very busy at times and considered that the middle grade could not guarantee adequate cover if both wards were simultaneously busy. The LEP has previously employed locum middle grade doctors to deal with the increased workload over the winter months but it was unclear whether the provision of the locum would continue. GPSTs and doctors training in paediatrics noted consultants would always come in when requested to avoid patient being put at risk and cited examples where this had happened. Both doctors in training and their supervisors were concerned that immediate middle grade cover on the ward was not adequate.
- 19** GPSTs working in emergency medicine posts also experience difficulties balancing workload pressures and education. The emergency department is carrying consultant vacancies and both the GPSTs and their clinical supervisors in the department noted the high workload. Both groups noted that effort had been made to ensure GPSTs could attend formal teaching but there was a clear view that the quality of learning outside formal teaching had been compromised because of the high workload. Supervisors gave examples of situations where despite there being cases suitable for GPSTs to learn new skills under supervision, in practice the

service pressure was such that neither the additional time required to teach, nor the availability of staff to supervise teaching was adequate. Both supervisors and GPSTs thought they were missing out on educational opportunities because of this. GPSTs were also concerned that workload pressures in the emergency department could potentially lead to situations where patient safety was compromised.

- 20** Other visits across the North West had found clinical supervisors of GPSTs based in secondary care had limited knowledge of the GP curriculum and difficulties using the supporting portfolio. At other LEPs, this had had a negative impact on the educational opportunities available to GPSTs. We investigated this on our visit to the LEP, but were unable to determine if this was a consistent issue.
- 21** There is clearly a culture of supporting the educational needs of doctors in training and a commitment from supervisors to ensure patient safety at the LEP. Despite this, it is clear that enabling doctors in training to train and work in a less busy environment, with more time for informal teaching and feedback, would enable greater opportunities for learning 'on the job' as well as education provided by the formal teaching programme. The pressure under which doctors in training, and their supervisors, are working has potential to impact on patient safety. The LEP should ensure that doctors in training are able to take advantage of educational opportunities in their placements.

Recommendation 2: The LEP and the LETB should support senior education staff to implement robust systems for the quality control to ensure the provision of the highest quality of medical education throughout the LEP

- 22** We found that there was not a consistent or clear processes for quality control and reporting of educational issues across the LEP which could support senior education staff. The LEP is in a period of transition in terms of its educational leadership; the previous medical director left recently and some of the medical education staff at the LEP are very new to their roles. The *Quality Management Summary* of HENW's activity in relation to the LEP reviewed in advance of the visit also indicated that there had been previous difficulties filling the director roles and that many responsibilities for educational issues had fallen on the medical director, who represented education at board level until taking up a position elsewhere. Two acting directors of medical education had been recently appointed at the time of our visit and the medical director role had been advertised.

- 23** We heard about examples where quality improvements had been made within individual departments (notably paediatrics and surgery) in response to evaluation data gathered at speciality or department level, but we did not find there was an understanding of issues across the LEP as a whole. We were unable to identify consistent routes for reporting educational issues upwards within the LEP or systems to provide oversight of all departments within the LEP.
- 24** We consider that some of the issues result from a reliance on a small number of individuals to represent educational issues and a lack of clear processes for reporting educational issues from department level to senior education staff within the LEP. With new staff in post, there are opportunities for the LEP, with input and support from HENW, to support the medical director and directors of medical education in developing robust systems for the quality control to ensure the provision of the highest quality of medical education throughout the LEP.

Acknowledgement

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