

Regional review of medical education and training in the North East: 2018–19



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Introduction

This report gives our overview of medical education and training across the North East of England based on visits to a sample of education and training providers in the region. The report is primarily aimed at organisations which manage education and training, local education providers and the public. We identified a number of themes across the region and have aligned with the themes set out in [Promoting excellence: standards for medical education and training](#).

Identifying themes across the region allows us to look at the overall picture across the North East and to give education providers an understanding of what's happening elsewhere in the region. Organisations are likely to have shared challenges and we hope that by identifying common themes, sites can work together to resolve issues and introduce best practice. We identified some areas where improvement is needed, and Health Education England North East and North Cumbria (HEE NE&NC) and Newcastle University Medical School will work with the providers until sustainable changes have been implemented. We will closely monitor these issues until there is clear evidence of progress.

Why did we visit the North East?

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 the standards, as outlined in Promoting excellence, are being met. We are coming to the end of a [schedule of visits](#) that has covered each region and country in the UK.* We visited the North East (NE) and North Cumbria (NC) in late 2018 as part of this schedule.

What do we know about the North East?

The North East is part of the north region's local education and training board (LETB). HEE NE&NC is an education and training body with responsibility for the planning, development, education and training of the healthcare and public workforce across the North East. The Dean and her team are responsible for coordinating postgraduate medical education within the region to standards that are set by the General Medical Council, this includes the management of postgraduate medical education of 2,500 trainees working across 13 Local Education Providers (LEPs). This consists of nine NHS hospital foundation trusts, two mental health trusts, one ambulance trust and one community trust. Throughout this report we refer to HEE NE&NC with the express understanding that this umbrella term is inclusive of the Dean and her team.

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

Regional structures

During our visits it was clear that there were strong and cohesive relationships across the region. We recognise the ever changing nature of the healthcare environment in which the region operates, and the challenges this presents. We saw and heard clear evidence of a close working relationship between HEE NE&NC and Newcastle University Medical School and there are clear structures in place to promote joint working between both organisations. This makes sure that students and doctors in training across the region have a good experience.

The regional structures in place make sure there are opportunities for HEE NE&NC and Newcastle University Medical School to work with trusts across the region and enables consistent communication. For example, the development of the new curriculum for the medical school demonstrated strong evidence of excellent communication and shared working across the region. We heard from the sites we visited that they had been involved in the redesign of the curriculum, their feedback had been listened to and the curriculum had been well communicated to them.

Recruitment and retention within the region

We heard that the region places a strong focus on retaining medical staff. We have a strong belief that the provision of excellent education and training is the key to retaining doctors in training and growing staffing levels across the region.

There were examples of trusts looking to recruit overseas doctors into both training and non-training roles to increase staffing and address the issue of rota gaps. We met with doctors in training recruited from overseas who provided good feedback regarding the level of support they have received within the region. During our visit to Roseberry Park we were pleased to learn of the efforts the trust (Tees, Esk and Wear Valleys) is making to proactively address its staffing issues. The team specifically noted the international trust grade recruitment and associated in-house development programme, and its international recruitment for its Certificate of Eligibility for Specialist Registration (CESR) programme. Whilst it is unclear what future effects this will have on the trusts vacancy rates, it was evident that the measures are helping to make sure learners receive appropriate working patterns and workloads with good learning opportunities.

Newcastle University Medical School

Founded in 1834, there were 1,710 medical students enrolled at Newcastle University Medical School during the 2017/18 academic year. The school delivers an MBBS (Bachelor of Medicine, Bachelor of Surgery) programme in Newcastle upon Tyne where the current yearly intake is 367. Newcastle University offer the MBBS as the standard five-year programme. They also provide a four-year accelerated programme designed for graduates of any discipline and others suitably qualified with previous professional experience gained in the NHS. Both programmes enable the attainment of common objectives and outcomes.

We last visited Newcastle Medical School in September 2014.

[Read the findings from this visit \(pdf\).](#)

NUMed Malaysia

Newcastle University Medicine Malaysia (NUMed) is an international branch campus of the University of Newcastle, a body we approved to award a UK primary medical qualification (PMQ). The undergraduate degree programme (MBBS) delivered at the campus is identical to that delivered by the medical school in Newcastle, and results in the same degree. NUMed completed our new school quality assurance (QA) process in 2014 when the first cohort of students graduated. Promoting excellence applies to both UK and Malaysia provision as the PMQ is awarded by Newcastle University Medical School. The MBBS programme has been delivered in Malaysia since 2011 at NUMed, which currently has over 700 students enrolled. The team consider that NUMed graduates are equivalent to the graduates in the UK. Their professionalism and communications skills appear to be particularly commended and recognised by the hospitals they work in. NUMed is an established campus that is working well.

Although we didn't visit the site in Malaysia, we did receive feedback from the students via video conference as part as the overall review. During these conversations we identified areas working well for NUMed, as well as areas for improvement. These are featured in the Newcastle medical school report which can be found on our website [here](#).

We last visited NUMed in 2014.

[Read the findings from this visit \(pdf\)](#).

University of Sunderland School of Medicine

The University of Sunderland confirmed its intention to establish a medical school in the region with an initial application in 2017 and is currently going through our new schools process. The school has successfully bid for a number of publicly funded student places, with the first cohort of students due to start in autumn 2019. Although we did not visit Sunderland School of Medicine as part of the North East regional review, we will continue to quality assure the school until this first cohort is due to graduate. At this time we hope to be able to add the University of Sunderland to our list of bodies able to award primary medical qualifications.

Sunderland medical school was allocated 100 medical student places by Office for Students; however the entry for these is staggered. 50 places are due to start in 2019, with the full cohort of 100 to start in 2020. The curriculum for Sunderland medical school is General Practice (GP) focussed to help address the shortages in this specialty, with a hope to recruit widening participation students from the local area.

What did we do during our review?

To better understand the experience of medical students and doctors training in the North East and North Cumbria, and to make sure their experience meets our standards, we visited six LEPs across five NHS trusts, the medical school and HEE NE&NC. Visits took place between October and December 2018 and the six LEPs we visited are listed below.

The findings in this report, and in individual reports for each organisation, are based on the evidence submitted prior to the visits and the visits themselves. During the visits we spoke with medical students, doctors in training, their educators, management teams, lay representatives and trainee representatives at each organisation to understand their perspective on how education and training is working. We asked each of these groups focussed questions mapped to our standards.

You can find examples of the questions we ask different groups on our [website](#).

Our visit team consisted of doctors with expertise in education, non-medical experts, a medical student, and a doctor in training. Members of our staff bring their expertise of quality assurance of medical education and training to make sure our visits are consistent and robust.

Gathering evidence for our visits

We receive regular updates from HEE NE&NC on their progress in addressing any concerns they have been identified through their local quality management processes. We also receive an annual report from the medical school with updates on the medical programmes and any concerns they have identified. Both sources of information helped us plan our visits.

Before visiting we asked each organisation we visited, including LEPs, to give us further information on how they meet our standards to inform our review and help us identify areas to focus on.

Evidence from our national training surveys

We have a well-developed evidence base on postgraduate training, and our annual national training surveys (NTS) have an excellent response rate. The 2018 survey for trainees had a 92.2% response rate in the North East compared to 95.7% across the UK. We also used information from our national training surveys for trainers, which had a response rate of 42.8% in the North East compared to 41.4% across the UK. Together, the surveys give us detailed information on the quality of postgraduate training across the UK. We used 2017 survey results to plan our visits, and 2018 results to verify some of our findings. All results are published on our [website](#).

We also undertook a bespoke survey of students before the visit. This survey was sent to all medical students across the North East, which 842 students (49%) responded to. The results were used to help identify areas to focus on during our visits. There were six areas included in the undergraduate survey: course coverage and content, medical school facilities, assessments, educational and pastoral support, 'your medical school' and clinical placements.

Considering specialties as part of our visits

Regional reviews give an opportunity to consider and sample several specialties and stages of education and training in more detail. For this review, we focussed on the following training programmes and cohorts of doctors in training/students working in clinical environments:

- Undergraduate (Newcastle medical students)
- Foundation programme
- Core medical training and core psychiatry training
- Anaesthetics
- Intensive Care Medicine
- Respiratory Medicine
- Obstetrics and Gynaecology
- Psychiatry (general psychiatry and forensic psychiatry).

Education and training provider	Date of GMC visit	Programmes visited
Northumbria Specialist Emergency Care Hospital, Northumbria Healthcare NHS Foundation Trust	17 October 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • Respiratory medicine • Obstetrics and Gynaecology.
Roseberry Park, Tees, Esk and Wear Valleys NHS Foundation Trust	31 October 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • General Psychiatry and Forensic Psychiatry.
Darlington Memorial Hospital, County Durham and Darlington NHS Foundation Trust	1 November 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • Respiratory medicine • Obstetrics and Gynaecology.
The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust	2 November 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • Anaesthetics

		<ul style="list-style-type: none"> • Intensive Care Medicine.
Freeman Hospital, The Newcastle upon Tyne Hospitals NHS Foundation Trust	8 November 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • Anaesthetics • Respiratory Medicine.
Royal Victoria Infirmary, The Newcastle upon Tyne Hospitals NHS Foundation Trust	9 November 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • Intensive Care Medicine • Obstetrics and Gynaecology.
Newcastle University Medical School	21, 22 November 2018	<ul style="list-style-type: none"> • Medical students at the school.
Health Education England North East & North Cumbria	6 December 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • Anaesthetics • Intensive Care Medicine • General Psychiatry and Forensic Psychiatry • Obstetrics and Gynaecology • Respiratory Medicine.

It is important to note that our regional review did not include a review of all programmes within the region. Instead we visited a sample of these programmes to provide us with an overview of the quality management processes and how organisations work across the North East.

Findings

The purpose of our regional reviews is to provide assurances that our standards for medical education and training are being met locally. The findings for how each site we visited is complying with our standards and requirements can be found in the individual site reports: <https://www.gmc-uk.org/education/reports-and-reviews/regional-and-national-reviews>

Safety of patients, students, and doctors in training

The safety of patients, students, and doctors in training is paramount. We have a process for dealing with any serious concerns that we identify on a visit. This process enables us to seek clarification or additional information on what may pose a risk to patient safety or the wellbeing of doctors in training, which will help us identify the best course of action. During the visit to Northumbria Healthcare NHS Foundation Trust, we found evidence of the absence of senior clinical supervision for foundation doctors in training in the three base units during the evenings as well as overnight at Hexham General Hospital.

We raised these issues on the day of the visit, directly with the trust and HEE North East and North Cumbria (HEE NE&NC). Shortly after the visits, we made requests for additional information regarding the concerns, and plans outlining the action the trust would be taking. Following the response from HEE NE&NC and the trust, we were assured that the issues we identified were being addressed by the board, as well as being monitored by HEE NE&NC, and remedial action was taken. We were satisfied with their response, and have included the monitoring of this issue as a requirement for Northumbria Healthcare NHS Foundation Trust. Please see the relevant report Northumbria Healthcare NHS Foundation Trust on our website [here](#) for further information.

Themes

We have identified areas that are working well, as well as areas where improvements are needed, across the North East and North Cumbria under each of the five themes in [Promoting excellence: standards for medical education and training](#).

Theme 1: Learning environment and culture

For this review we wanted to make sure the environment and culture for education and training meets the needs of learners and educators, is safe and provides a good standard of care and experience for patients. Over the course of our eight visits as part of this regional review, we identified 31 areas working well relating to this theme. We also set seven requirements and 14 recommendations, where improvement is needed. Key themes from these areas are discussed below in more detail.

Positive culture and environment for education and training

Throughout our visits across the region, we consistently heard from students, doctors in training, educators and senior managers that education and training are a valued part of organisational culture. The culture is committed to providing teaching and learning and learners reported a good educational experience.

The organisations we visited were committed to providing learning opportunities for both doctors in training and medical professionals responsible for education. There was a culture of providing good education to encourage doctors in training to remain in the region and progress their careers within the North East and North Cumbria. We heard many examples of students and doctors in training being welcomed into the trusts, being treated with respect and having excellent education opportunities. Additionally, educators are valued and supported in their roles.

The use of clinical teaching fellows across the region also demonstrated their commitment to education and training. This helps to provide excellent opportunities for doctors to take time out of their training programmes and to continue to develop their professional and clinical skills and contribute to education in the region.

We found the learning environment and organisational culture at Northumbria Healthcare NHS Foundation Trust values and supports education and training. The trust seeks feedback from all levels of learner and uses this to drive change and improve education. For example, doctors in specialty training have the opportunity to feed back to senior management through the junior doctor's forum. Doctors in training can also feed back through the trust's governance system by being involved in quality improvement projects and sitting on the Medical Education Board alongside clinical teaching fellows.

In our meeting with undergraduate educators at the James Cook University Hospital, we met with a passionate group of people who are selected due to their enthusiasm for education in specific areas. We heard that there is an educational lead and an individual budget for educational development schemes in each specialty. The team was well resourced with adequate time in their job plans, and felt that their colleagues and the

trust were very supportive of their educational role. Another area working well was the 'Mentors at South Tees' (M@ST) programme, which offers a mentorship role to foundation doctors through the mentoring of medical students.

Induction

Induction has been identified as a theme across the region; at multiple sites the induction processes were working well. Both undergraduate and postgraduate learners must have a departmental induction for each placement and rotation. This induction should clearly set out their duties and supervision arrangement, their role in the team, how to gain support from senior colleagues, the clinical and medical guideline and workplace policies, and how to access clinical and learning resources. The induction at Newcastle University Medical School provides students with an overview of the year and guidance on professionalism and raising concerns amongst other topics. Students at NUMed receive a similar generic induction to policies and guidance, as well as placement specific inductions at the beginning of each rotation. We also heard that the school is receptive to feedback regarding inductions having reviewed their process following previous feedback from students.

During our visit to Darlington Memorial Hospital, the students told us that they met their teaching team on a weekly basis in the eight weeks before they started their placement. This included meeting the tutors that would be responsible for them. From the feedback we received, we understand students valued this experience greatly and considered it to be very beneficial for their induction. They also told us they received an email before joining the hospital, which contained practical information which they found particularly useful. The induction pack they received was comprehensive, and they had all met with their clinical supervisors by the end of their first week. We have cited this area as an area working well.

At the James Cook University Hospital, we heard from all levels of learners that induction at both trust and department level was effective and robust. It was noted that the communication before starting was clear and useful and that the whole process was streamlined. We heard from all levels of learners that there were arrangements in place for any doctor that missed their induction. These arrangements were made quickly.

Northumbria Healthcare NHS Foundation Trust faces some challenges with delivering the trust induction, mostly associated with foundation doctors in training. When these doctors came to the trust from a different HEE local office, their experience was described as 'chaotic' as they often missed the main induction. While some departmental inductions within the trust have been described as helpful and have highlighted key practical information, in some instances access to software was missing, resulting in doctors feeling unprepared. We have therefore set a requirement for the trust to make sure that there is a consistent approach to provision of induction for doctors in training.

It is clear that some sites deliver strong comprehensive induction practices. We therefore encourage the sharing of induction processes that are working well across the region to make sure that all organisations provide good quality inductions.

Raising concerns and responding to feedback

Throughout our visits across the region we heard of a number of different systems in place for students and trainees to raise and report concerns. During our visits to the trusts, we heard that trainees were encouraged to report concerns using local systems, although at times feedback from the trust or relevant staff member after concerns had been received was delayed or lacking.

We heard lots of examples from medical students that their end of placement feedback to the medical school led to positive change quickly being made to placements. We also heard examples of LEPs being willing to receive feedback and make changes following this. There is a clear culture across the region of listening to learners and a willingness to make quick and effective changes.

During our visit to the medical school and HEE NE&NC, we heard of the different ways that learners and educators can raise concerns over patient safety and the standard of care or of education and training.

In 2014, the Faculty of Patient Safety (FPS) was set up at HEE NE&NC, to contribute to the delivery of high quality and safe care. This has been highlighted as an area working well as HEE NE&NC are learning from previous incidents across the region through the escalation of patient safety concerns. This awareness translates into learning opportunities to ensure the delivery of high quality care. The FPS shares best practice and resources using a cross-organisational, multi-professional approach. The examples that we learnt of on our visit included simulation groups, the implementation of a delirium work stream to educate staff and raise awareness and the establishment of a regional sepsis group.

At the Royal Victoria Infirmary, there is a clear culture within the Intensive Care Unit (ICU) of supporting the raising of concerns and of pursuing learning from these. The clinical and educational supervisors spoke positively of an open door policy for them and other staff in the ICU, so learners can come to them. This is widely promoted to all staff. Doctors in training told us about a culture of learning through case discussions about patient safety issues and about effective handovers which were inclusive of patient safety issues witnessed or reported during the shift. Other areas working well at this site were the safety topic of the week, daily safety meetings 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. We have therefore identified this as an area working well.

On our visit to Tees Esk and Wear Valleys NHS Foundation Trust, we set a requirement to make sure all learners feel supported to openly and safely report a concern without fear of adverse consequences. The visit team were concerned to have found a culture of fear amongst the foundation doctors in training of reporting patient safety issues involving the nursing staff. The trust has received this feedback and is working to address the issue.

Identifying learners at different stages of education and training

Making staff aware of the different levels of learners, so that learners are not expected to work beyond their competence, can be a challenging area. This is an issue we have identified through previous national and regional reviews.

We saw some good examples of systems in place to identify the different levels of learners, for example at James Cook University Hospital. We met with a group of medical students who were instantly identifiable by their brightly coloured scrubs, with their role clearly labelled on the scrubs themselves. The visit team agreed that this is an excellent way of identifying levels of seniority in the hospital.

At Tees, Esk and Wear Valleys NHS Foundation Trust, it is clear that they are aiming to establish a process for identifying the level of learner on site, including coloured lanyards and identification badges. When we visited, it appeared that these measures were not currently reliable, as the foundation and specialty doctors in training that we met with were all wearing different coloured lanyards to their peers, for varying reasons. Moreover, the identification badges provided a generic title of 'Specialist Registrar' or 'Registrar'; this does not make clear the level or year of training and competence of these doctors.

Although we heard of local initiatives, as described above, we did not hear of a consistent approach across the LEPs that we visited. This variation could lead to confusion as doctors in training move from one site to the other. Given the number of recommendations set across the region to address this, it would be beneficial for HEE NE&NC to promote a consistent regional approach to this, while recognising the work already being done in this area, and that this is a UK wide challenge.

Supervision and support for learners

Appropriate supervision is essential for the development of doctors in training, with protected time for the doctor and their clinical supervisor to set out their goals for training, individual learning plans, provide feedback and validate their learning. We recognise the current challenges around staff shortages across the UK, and have identified this as an area of interest through our visits.

We heard about numerous different initiatives that were in place to make sure all learners received the required level of supervision and were supported during their training. We heard examples from all the sites that we visited of clinical teaching fellows being used to provide educational opportunities for students and doctors in training. For example, the Newcastle upon Tyne Hospitals NHS Foundation Trust had clinical teaching fellows dedicating between 30% and 50% of their time to teaching medical school students. We were pleased to note that the trust protects this teaching time. These clinical teaching fellow initiatives were viewed extremely positively by the students who also commented on the pastoral support that the teaching fellows provided.

At James Cook University Hospital we heard about the use of a 'floor anaesthetist', a consultant who was available throughout the day to provide doctors in training with support and advice. They also supervised procedures and signed off work place based assessments when necessary. It was evident during the visit that all levels of anaesthetics

trainees highly valued the addition of the 'floor anaesthetist' to the team. This consultant is not directly responsible for a clinical list and therefore is available to provide supervision and additional guidance to trainees as required. Educators stated that the introduction of the 'floor anaesthetist' post resulted in a significant improvement to the clinical supervision they were able to offer.

During our visits to Darlington Memorial Hospital and Roseberry Park, we heard that while medical students have, generally, a positive learning experience, they often found that they were not expected when they arrived on the wards. We heard of occasions where this led to a lack of support and supervision for the medical students, therefore we have set recommendations for the trusts to ensure consistent administration of the medical student placements.

Theme 2: Educational governance and leadership

During our visits we wanted to make sure that organisations have effective systems of educational governance and leadership to manage and control the quality of medical education. These systems should treat learners according to principles of safety, equality and fairness. They should ensure appropriate assessment, manage learners' progression and share outcomes of education and training programmes. It is in the interest of the public and patients that there is effective, robust, transparent and fair oversight of education and training.

We identified seven areas working well relating to Theme 2. We also set one requirement where improvement is needed. Key themes from these areas are detailed below.

Educational Governance

It is essential that organisations have effective systems of educational governance and leadership to manage and control the quality of medical education and training. During our review, we were keen to hear how the educational governance structures work within each organisation visited, but also how these organisations work together to support medical education and training. We found good working relationships between the medical school, sites and HEE NE&NC particularly around educational governance and the sharing of information.

The management team told us that the tri-partite agreement between HEE NE&NC, Newcastle University Medical School and the trusts details the learning all three organisations require students to achieve. The medical school uses this agreement as a guide when they visit the trust to make sure that learning outcomes are covered, in addition to the agreement mapping to the standards and requirements set out in Promoting excellence.

We also found that the visiting process the school undertakes, including the Annual Joint Quality Assurance visit to the LEPs, to be robust. It enables the collection of feedback to develop teaching and improve both prescribing and the management of acutely unwell patients.

At the Freeman Hospital there was a formal education strategy that set out its goals, including the quality of its educational and training provision, which is supported by an effective governance structure. The trust educational group (TEG) has strategic oversight of all health professional training and education within the organisation, and the Director of Medical Education (DME) is a key member of this committee. Two notable groups that report to the TEG are the Medical Education Group and the Medical Education Senior team. These groups review and respond to feedback on educational activities and contribute to the future strategy of education within the trust while ensuring it remains aligned with local, regional and national directives. 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. During our visit to the Freeman Hospital, we also set a requirement to ensure the time allocated in its educational supervisors' job plans is adequate for the responsibilities of the roles. This is

reflected on further in Theme 4, where the requirement is discussed alongside an area working well at a different site.

During our visit to Northumbria Specialist Emergency Care Hospital we were pleased to learn of the involvement of learners in educational governance and the focus of the senior management team in reviewing their involvement. Student representatives sit on the board of medical studies and doctors in training are represented on the health and wellbeing board. The medical education board has representatives from foundation doctors in training, clinical teaching fellows, core medical trainees and doctors in General Practice training. We found this to be an area working well as the senior management team used these meetings as a resource for ideas for quality improvement.

Theme 3: Supporting learners

Throughout our visits we were keen to see how learners were supported by the educational organisations we visited. Across the eight sites we visited as part of this review we identified ten areas working well, set one requirement and made seven recommendations.

It is imperative that learners receive appropriate and effective educational and pastoral support so that they can achieve the outcomes set out by their curriculum. Organisations responsible for medical education must ensure that they have appropriate systems and structures in place to provide support and ensure the health and wellbeing of their learners.

Undergraduate

The Equality Act 2010 and the GMC standards set out in Promoting excellence require organisations to make reasonable adjustments for disabled learners. It is evident that Newcastle upon Tyne Hospitals is providing good support to those medical students requiring various degrees of additional support to meet their learning outcomes. We were pleased to note that the medical students found their own experience and that of their peers to be positive and that reasonable adjustments at the trust were readily accessible. On visiting Northumbria Specialist Emergency Care Hospital, we learned that students who require reasonable adjustments are contacted during their induction period and have a meeting with their educational supervisor to discuss any additional support they require. We found the senior management team to have strong links with the HR and Occupational Health teams within the trust. There are also many doctors in training that we met that are in less than full time training who felt they were well supported and accommodated.

We heard from the medical students across the region that they feel supported to achieve their educational goals and receive excellent pastoral care. For example, medical students in year one and two at Newcastle medical school spoke highly of the individualised assessment feedback they receive via the Medical Learning Environment (MLE) system. This is a virtual learning environment accessible by the students that enables them to access resources such as guides and forms, provides them with their assessment results and feedback, and details where the student can gain central support. They explained that this fed into their academic mentor meetings enabling focused discussions regarding their development and any support that may be required.

Base units, or clinical learning centres, are a group of hospitals and general practices within the region where medical students undertake the majority of their clinical training. Newcastle University Medical School comprises four base units (Northumbria, Tyne, Wear, and Tees) where students spend years three, four and five. These four base units provide excellent pastoral support and the students explained that they felt connected to these units and able to raise any concerns. The medical school was able to explain how the base units function and how individual issues are fed back to them.

Postgraduate

We found that the Freeman Hospital had good access, information and support for less than full time training. The trust has comprehensive policies and a full time Guardian for Less Than Full Time Training in place. Support for training was noted to include access to consultant mentors (who also worked less than full time), a guide book to help navigate challenges and teaching days that are fixed to enable attendance. We have therefore identified this as an area working well. This hospital is also noted to have good processes in place to facilitate doctors returning to a training programme following a career break.

Many of the foundation doctors in training that we met with during our visits reiterated this sentiment, as we heard several examples throughout the region of techniques for pastoral and educational support. For example, foundation doctors in training that we met with from Northumbria Healthcare NHS Foundation Trust valued the support that the 'better doctors, better patient programme' provided them. They explained that this consists of meeting as a group three times a year with the foundations lead to focus on topics such as continued professional development, team working, safety, health and wellbeing, quality improvement and leadership. They valued the additional opportunity this provided for them to meet with the foundation lead to discuss their progress in training and updating their portfolios.

HEE NE&NC provided examples of their Professional Support Unit (PSU) functioning as planned and providing support to doctors in training who face professional or personal difficulties. The Training Programme Directors (TPDs) that we met with explained how they received information from the unit, which allowed them to support individual trainees and make sure the relevant support is in place. The TPDs also told us that they obtain and maintain appropriate supervision for different levels of doctor in training by requesting feedback from the trainees directly. The feedback is collected by the TPDs and is escalated to the Head of School (HoS) where necessary.

We were pleased to note during our visit to the Royal Victoria Infirmary that there was investment in the provision of good rest facilities for staff, including doctors in training, on the intensive care unit to use during and after a shift. The foundation doctors in training told us that there is a supportive culture within intensive care medicine, where the staff will actively check on them and make sure that they know of, and are using, the rest facilities when required. We believe these facilities and the supportive culture will help to mitigate the safety risks of tiredness and fatigue, and so have identified this as an area working well.

Zero tolerance of bullying and undermining

Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

We heard on the visit to Northumbria Healthcare NHS Foundation Trust that they have a zero tolerance policy to bullying and undermining and each cohort that we met with reiterated this. An area working well that we highlighted was that during induction the Director of Medical Education speaks to students regarding bullying and undermining, and encourages them to raise any instances of this behaviour immediately. They are told who

to approach directly if they have any concerns, although none of the students that we spoke to had experienced this behaviour. We would encourage Northumbria Healthcare NHS Foundation Trust to share with Tees, Esk and Wear Valleys the areas that are working well to promote cross-organisational learning.

Theme 4: Supporting educators

It is essential that educators receive the support they need to meet their education and training responsibilities to develop the next generation of doctors. During our visits we met with a wide range of educators in a variety of settings and explored how well they're supported. We identified this as an area working well at two sites and we have set a requirement at one site.

There is a supportive environment for educators at the medical school and the local education providers (LEPs) we visited. The LEPs we visited clearly value their educators, and trainers have time allocated in their job plans towards their educational responsibilities. Clinical and educational supervisors appeared to be well supported in their educational roles by the trusts. They have adequate facilities, are selected and trained appropriately, and are encouraged to continue their professional development. Educators were aware of, and willing to raise, any concerns they might have about their roles and performance with the medical school or LEPs.

An example of the support provided for educators is highlighted as an area working well from our visit to Roseberry Park. Educators that we met with at Tees Esk and Wear Valleys NHS Foundation Trust told us that they have adequate time in their job plans for their supervision responsibilities, and spoke positively of the trust's support for educational activity. Educators that we spoke to also felt that they were well supported as clinicians and educators in the trust across both undergraduate and postgraduate education by an effective trainer faculty development programme. This is an in-house trainer support programme introduced in 2017 to make it easier for trainers to access training, which includes training events on various relevant themes, such as feedback skills, in order to contribute towards quality improvement. The good work that the trust is doing to supporting trainers as clinicians and educators was evident during our visit and we have therefore identified this as an area working well.

Promoting excellence outlines that organisations responsible for managing and providing education and training must make sure that there is appropriate time in their educational supervisors' job plans to allow them to do their roles effectively. Across the region we found that time allocated for training varied. During the review, we set one requirement relating to this theme. During our visit to Newcastle upon Tyne Hospitals NHS Foundation Trust, we found a clear consensus among the educational supervisors we met with that there is not enough allocated time in their job plans to do their education and training roles. While this is a concern, we are assured that the senior management team at the trust are aware of this and recognise that change is required. We would like to highlight for consideration the area that is working well at South Tees Hospitals NHS Foundation Trust ensuring sufficient time in job plans for their supervisors' educational role. We recommend that others learn from the processes that they have embedded to ensure that there is enough time in job plans.

Appraisals for educators

During our visit to the Freeman Hospital we learnt that educators are explicitly appraised for their educational role as part of their annual appraisal and must do a minimum of half a day training each year to maintain their role. They have access to a wide portfolio of in-

house training to support this. The educators in anaesthetics that we met with during the visit particularly valued the 'train the trainer' course they had completed. And before taking on the responsibility of a learner, clinical and educational supervisors in anaesthetics shadow a consultant in role and are provided with the relevant information on the curricula and assessment needs of the learners. All of the consultant level educators in anaesthetics that we met with spoke highly of the impact of the clinical teaching fellows within the speciality. For these reasons, we have noted the quality of training and support made available to educators in anaesthetics as an area working well.

Clinical teaching fellows

The use of clinical teaching fellows is further evidence of the region's commitment to supporting educators and looking at innovative ways to provide good teaching and education and supports the educators responsible for this. In general, educators spoke highly of the clinical teaching fellows and believe that they are a highly successful addition to the trust teaching team, a sentiment shared by the visit team.

Further qualifications for educators

We also heard that the medical school provides opportunities for educators to complete formal qualifications through Newcastle University relating to postgraduate education, this reaffirms the regional structure and links which work well. Educators told us that they have a yearly professional development review meeting with their line manager about their achievements and aspirations, similar to a personal development plan meeting. As well as discussing their accomplishments they receive support with future endeavours such as research or training.

Theme 5: Developing and implementing curricula and assessments

Our statutory responsibility for regulating curricula and assessments varies depending on the stage of training. As part of this review we wanted to make sure medical school and postgraduate curricula and assessments are developed and implemented to meet our outcomes for graduates or approval requirements.

During our visits, we identified eight areas working well relating to Theme 5. We also set one requirement and one recommendation.

As has already been mentioned, Newcastle University Medical School were three years into the implementation of the new curriculum at the time of our visit. Throughout our review, we heard from all organisations involved that this had been a successful and inclusive process. The school was happy with the development of the curriculum and the opportunities this will provide for students. The medical students we met at the school or within the trusts all spoke highly of their experience and also felt involved in the development of the new curricula. They also spoke highly of the teaching they receive from clinical teaching fellows, particularly the quality of the teaching provided in seminars.

Adaptation of curricula for NUMed

When discussing the development of the new curriculum, the school's management team told us about how this was developed with input from multiple stakeholders. This included patient volunteers, students and educators from both NUMed and Newcastle. The curriculum was designed with the contexts of both Newcastle and Malaysia in mind. The school had approached any differences appropriately and has implemented solutions effectively. For example, diseases and conditions that are taught within the curriculum are similar in nature, and the major causes of morbidity and mortality are the same in Malaysia as the North East of England. The curriculum delivered in both sites is the same and the visit team recognises the difficulty of delivering the same curriculum in two different settings.

There are some differences between the primary care and the range of infectious diseases and, to manage these, the school has commissioned the implementation of a primary care clinic close to the medical school in Malaysia to offer services to local patients. The school has also approached the differences between the cultures in each country accordingly. We were told of the challenges that present themselves particularly around alcohol or drug abuse and lesbian, gay, bisexual, transgender, questioning/queer (LGBTQ) issues, as in Malaysia homosexual acts are illegal. The school encourages structured debates about such issues in a way that reflects the different legislative approaches of the two countries, and the topics are taught in the context of the programme along with UK equality law and our standards and requirements set out in Promoting excellence. We have therefore recognised the school's sensitive approach to the delivery of the curriculum as an area working well.

Innovative approaches to curriculum and assessment delivery

The medical students that we met with during our visit to the Freeman Hospital spoke positively about the structure and the timetabled delivery of the foundations for clinical practice (FOCP) placement. They told us that they benefitted from being taught the theory first as they have limited clinical experience and no prolonged patient exposure prior to this placement. We were also pleased to find 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 particularly value the level of engagement and support from the medical staff that are involved with their education and training. They said they were friendly and approachable and always willing to assist with teaching opportunities and completing workplace based assessments when asked. The visit team noted that the majority of teaching for the FOCP programme is based in an education centre with the patients being brought to the students. The team recognised that this requires a great deal of cooperation across medical teams and departments to arrange this. The engagement and buy in from the trust and its staff with supporting the provision of this programme. We have therefore identified this as an area working well.

This theme was also identified as an area working well during our visit to Tees, Esk and Wear Valleys NHS Foundation Trust. The trust supports training of its core psychiatry trainees for the Clinical Assessment of Skills and Competencies exam through provision of Independent Assessment of Clinical Skills Days, and Clinical Assessment of Skills and Competencies Practice Days, which are biannual formative assessment events. These take the form of structured simulation practice and training, including feedback sessions. The core psychiatry trainees we met with value this training and support.

As previously mentioned we have also identified the use of clinical teaching fellows in the region as an area working well across multiple themes. The employment of clinical teaching fellows by Newcastle upon Tyne Hospitals NHS Foundation 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 with told us that 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.

A recommendation was set for Newcastle University Medical School to make sure that multi-professional learning is consistent across both the North East region and NUmEd. At the school's site in Malaysia they are working with the pharmacy programme staff from Reading University on the adjoining campus to draw up outcomes for the new curriculum, but are finding it harder to locate additional healthcare professionals to link with. The university is aware of this and is working to find additional opportunities for multi-professional learning for students in Malaysia to ensure all curricula outcomes and standards are clearly met.

Next steps

Following our visits across the North East region, we have set out requirements and recommendations for each organisation in each of our [visit reports](#).

Each organisation we visited provides an action plan against these requirements and recommendations, outlining the steps they have taken, and will take, to address these. These action plans are co-ordinated through HEE NE&NC and Newcastle University Medical School. We publish these action plans on [our website](#) and we encourage you to read these alongside the reports. We continue to monitor progress of all postgraduate actions via HEE NE&NC through our online reporting system (deans report). All undergraduate actions will be monitored through the annual Medical School return.

Through scheduled reporting at agreed dates, HEE NE&NC and Newcastle University Medical School will update us on their progress towards meeting these requirements and recommendations. HEE NE&NC and the Newcastle University Medical School will monitor updates on the requirements and recommendations from the trusts and will report back to us.

Sharing areas working well and supporting partner organisations

We look forward to continuing to support local education providers in the North East and share the areas working well that we have identified. We'll do this partly through a regional event in May 2019. This will be attended by representatives from HEE NE&NC, Newcastle University Medical School and both LEPs that we visited and LEPs that we didn't during the course of the review.

We look forward to continuing to support all our partners across the North East. 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 regional review can be addressed.

We will also take our learning from this review and incorporate it into our ongoing review of how we quality assure medical education and training. We will continue to engage directly with stakeholders as the detail of this proposal develops throughout 2019.

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