

Visit report on Royal Cornwall Hospital NHS Trust

This visit is part of the South West regional review to ensure organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	Royal Cornwall Hospitals NHS Trust
Sites visited	Royal Cornwall Hospital
Programmes	Undergraduate: University of Exeter Medical School and Peninsula College of Medicine and Dentistry. Postgraduate: foundation, core medical training, acute internal medicine, cardiology, emergency medicine, gastroenterology, and respiratory medicine.
Date of visit	19 April 2016

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	Theme	Good practice
1	Theme 1: Learning environment and culture (R1.20)	The Trust has embedded multiprofessional simulated and human factors training for both undergraduate and postgraduate learners. (See paragraphs 33 – 37)

Areas that are working well

We note areas that are working well where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	Theme 1: Learning environment and culture (R1.7 and R.1.17)	The learning environment is friendly and supportive. Learners and educators want to stay and work at the Trust creating a core stable medical workforce. (See paragraphs 6 – 7, 28)
2	Theme 2: Educational governance and leadership (R2.4)	The Trust has a dedicated postgraduate education team. We heard evidence of the team measuring educational performance against our standards and responding when standards were not being met. (See paragraph 53)
3	Theme 3: Supporting learners (R3.2 and R3.5)	The Trust provides commendable support for students and doctors in training. This includes support and guidance from consultants, a buddying system for foundation doctors, and the local medical school office at the Trust which enables medical students to easily access educational and pastoral support. (See paragraphs 71 – 73, 78)
4	Theme 4: Supporting educators (R4.1 and R4.2)	Educators are receiving the resources to support their educational roles, including study leave and clear educational requirements and structure for teaching from the medical schools. (See paragraphs 84 – 86)
5	Theme 5: Developing and implementing curricula and assessments (R5.4)	Medical students are receiving good practical experience and structured teaching at the Trust with good access to the clinical environment early in their programme. (See paragraphs 87 – 91)

Requirements

When the requirements that sit beneath each of our standards are not being met, we outline where targeted action is needed and map to evidence we gathered during the

course of the visit. We will monitor each organisation's response to these requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 1: Learning environment and culture (R1.12 and R1.16)	The Trust must ensure that its rotas are designed to allow doctors in training to meet the requirements of their curriculum and training programme, including protected time for learning. (See paragraphs 10 – 18, 25 – 27)
2	Theme 2: Educational governance and leadership (R2.1)	The Trust must review its educational governance systems and processes to ensure improvements to education and training are embedded and sustained. (See paragraph 45)
3	Theme 2: Educational governance and leadership (R2.2)	The Trust must clearly demonstrate accountability for educational governance at board level, to ensure that issues pertaining to education and training are appropriately represented, as this impacts on patient safety and delivery of care. (See paragraphs 49 – 50)
4	Theme 5: Developing and implementing curricula and assessments (R5.9)	The Trust must ensure that there is appropriate balance between providing service and accessing educational and training opportunities for doctors in training. This should allow for release for mandatory training sessions and outpatient clinics as required in the curriculum. (See paragraphs 92 – 98)

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	Theme	Recommendations
1	Theme 1: Learning environment and culture (R1.1)	The Trust should ensure that learners and educators are aware of Trust policies for raising concerns and are appropriately trained on using the Trust's reporting systems. (See

		paragraphs 2 – 3)
2	Theme 2: Education governance and leadership (R2.1)	The Trust should consider whether it needs a specific register to recognise and record educational risks. (See paragraph 46)
3	Theme 2: Educational governance and leadership (R2.5)	The Trust should be more proactive in collecting data to inform changes to education and training. (See paragraph 56)

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards. Please note that not every requirement within *Promoting Excellence* is addressed; we report on 'exceptions' eg where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1)

- 1** We found that in the organisation there is a culture where educators and learners feel comfortable raising concerns. The medical students and doctors in training we met told us they would escalate concerns to a consultant. Doctors in higher specialty training told us that patient safety is seen as a priority within the Trust.
- 2** We heard from foundation doctors that Datix – the Trust's incident reporting system - was mentioned during induction, but that no formal training was provided. We also heard that foundation doctors would ask a colleague or a nurse to assist with entering concerns if necessary. Doctors in core medical training told us they would feel confident to use Datix or discuss concerns with a staff member or consultant depending on their perception of level of severity.
- 3** The Trust's Incident and Serious Incident policy states that all staff have a responsibility to record incidents in Datix, and that training is available.

Recommendation 1: The Trust should ensure that learners and educators are aware of Trust policies for raising concerns and are appropriately trained on using the Trust's reporting systems.

Dealing with concerns (R1.2)

- 4** The Trust has an existing incident reporting policy which outlines the processes for dealing with concerns about patient safety. This policy states that patient safety issues are raised immediately with the Medical Director by the Director of Medical Education and an action plan is generated by the relevant specialty consultant and

senior management team. This information is communicated with Health Education England working across the South West (HEE SW).

Appropriate capacity for clinical supervision (R1.7)

- 5** Prior to our visit, we had some concerns about the clinical supervision arrangements in particular departments at the Trust due to multiple red outliers in the GMC's national training survey (NTS) results from 2012 to 2015.
- 6** Foundation doctors told us the level of direct clinical supervision with their named clinical supervisor varies between placements. Some placements have daily contact, others were weekly. All the foundation doctors we met told us that clinical supervision was easy to access if necessary. Foundation doctors who had been placed in the Cardiology and Emergency Departments told us that their clinical supervisors had kept in contact with them after they had moved to a different placement.
- 7** We found that clinical supervision is valued and supportive within the Trust, but that there is a Trust-wide recognition of the pressures on consultants' time.

Appropriate level of clinical supervision (R1.8)

- 8** Year 4 and 5 medical students told us that they have an assigned consultant for clinical supervision who sometimes delegates to a doctor in postgraduate training. Foundation doctors and doctors in core medical training told us that consultant availability can be limited which can make access to supervision challenging. All medical students and doctors in training told us that consultants are approachable and supportive.

Appropriate responsibilities for patient care (R1.9)

- 9** We were told by 4th and 5th year medical students that they had received a lot of training to help them recognise their level of competence before they started their placements. One student had once been asked to work beyond their competence but they had said they did not feel comfortable. All the year 4 and 5 medical students we met told us they feel comfortable refusing to work beyond their competence. We heard from a few students that they received a consent card from the Trust that they could show if they did not feel confident. Doctors in core medical training told us they don't get asked to work beyond their competence.

Rota design (R1.12)

- 10** Prior to our visit we had identified potential issues with the Trust's rota management system from the supporting documentation provided by the Trust, the Care Quality Commission's report from September 2015 and the GMC NTS results from previous years. The senior management team told us we would hear concerns about rotas during our visit. The Trust had indicated that the Human Resources department had

recently been restructured, which had impacted on rotas and rota monitoring. We found the Trust's rota management system is currently seen as impeding on education and training.

- 11** The educational and clinical supervisors told us that consultant cover during busy periods has been increased by the Trust to support doctors in training. They have also redesigned their rotas to ensure there is adequate support for doctors in training in busy departments such as the Acute Medical Unit and Emergency Department. The supervisors told us they used the high workloads as a learning experience, an example of this was doctors in training learning how to prioritise patients in challenging circumstances.
- 12** The foundation doctors we met told us the rotas have improved recently and are constantly under review. They told us that there is departmental teaching one day per week and Trust-wide weekly foundation teaching and this is reflected in the current rota, and that night shifts have reduced in frequency.
- 13** While there have been some rota improvements, foundation doctors told us there are still issues and that there are gaps. They explained it is difficult to attend local teaching due to rota conflicts and instead they have to do online training to make up the time. Foundation doctors are required to attend 70% of local teaching, if they fail to reach this target, they can catch-up. The catch-up is completed using online training, but this can be time consuming and had to be completed in their own time.
- 14** Doctors in core medical training told us that they have difficulty being released to attend teaching. We heard that rota gaps are a major issue and this has been raised with the management teams and in the junior doctors' forum but has not been resolved.
- 15** We heard from doctors in higher specialty training that the Trust is looking into the gaps in the rota that need to be resolved. They told us that it can feel difficult to say no when asked to work additional shifts, and that they have had to work hard to ensure this does not adversely impact on their training.
- 16** The education management team told us that service needs are prioritised within the Trust and there are multiple rota gaps. Educational and clinical supervisors we spoke to felt that training was not integrated well with the current system.
- 17** The concerns we heard from doctors in training about the balance between training and service are also reflected in the GMC's 2016 NTS results. These results indicate concerns about workloads in acute internal medicine, problems attending teaching in emergency medicine and gastroenterology, and issues with access to study leave in cardiology and gastroenterology.
- 18** The senior management told us that there is a plan for improvement, looking at rotas and coordination, and that the Trust was working on ensuring rotas are legally

compliant. The senior management team told us that doctors in training were involved in the re-design of the rotas. As part of these improvements, a Medical Workforce Lead has recently been appointed to develop guidance on rotas and monitoring. Further information about the impact of rotas on learning time can be found at R1.16 and R5.9.

Requirement 1: The Trust must ensure that its rotas are designed to allow doctors in training to meet the requirements of their curriculum and training programme, including protected time for learning.

Induction (R1.13)

- 19** Medical students we met told us their inductions prepared them for their placements, but they could have been more organised. Year 4 and 5 medical students said there was an induction day at the start of each placement and they enjoyed the elements of the induction which were provided by foundation doctors.
- 20** Doctors in core and higher specialty training stated that their departmental inductions varied in quality between placements. We heard from doctors in core medical training that the cardiology and emergency medicine placements have good inductions.
- 21** The Trust reported that a comprehensive combined education and Trust induction has been worked on, to ensure the training is focussed and minimises the impact on service delivery. An e-induction package was developed by the Trust with HEE SW funding and introduced in 2015.

Handover (R1.14)

- 22** The Trust has worked with HEE SW to ensure that specialty inductions include instruction on good handover, meeting the GMC standards. This is reflected in the GMC's 2016 NTS results which have green outliers for handover in some departments.
- 23** We heard from doctors in core medical training that handover can be less formal from day to night in some departments. They also commented that handover sometimes has to happen twice due to the start times of staff at weekends.

Protected time for learning (R1.16)

- 24** Before the visit, we learned the Trust organises weekly lunchtime teaching for foundation doctors and regular simulation training for all learners. We heard there had been issues with study leave for foundation doctors previously, but that study leave was now included as part of the Trust's policy. Foundation year 2 doctors receive 15 study days per year, and regular study days are set up for doctors in core and higher specialty training.

- 25** We heard multiple concerns from learners and educators about protected time for learning. Foundation doctors told us that it would be useful to have allocated time for audit, study or reading. We also heard from foundation doctors that booked study leave would be cancelled to accommodate service.
- 26** We heard from doctors in core medical training that they find it difficult to attend teaching days as they are not protected. They told us that study leave to attend teaching days would be booked eight weeks in advance but cancelled on the day to prioritise service needs.
- 27** Educational supervisors told us there is a clear escalation process if students and doctors in training do not have access to teaching time. One educational supervisor said that teaching time is protected, but that doctors in training may feel pressure to not attend teaching as there is a perceived risk that patient care and safety will be compromised. Educational supervisors told us that there is a real risk of doctors in core medical training not meeting the requirements of their curriculum due to the imbalance between service and training. Please see R1.12, R5.9 and requirement 1 for further information about this.

Multiprofessional teamwork and learning (R1.17)

- 28** We found that the Trust's simulation training encourages multiprofessional teamwork and learning and this was indicated as a strength within the Trust in the supporting documentation provided prior to the visit. We heard from learners and educators that they want to stay and work at the Trust creating a core stable medical workforce. We were told by the simulation fellow that the simulation training is run at the point of care and involves the whole multidisciplinary team. Further information regarding the simulation training can be found under R1.20.

Area working well 1: The learning environment is friendly and supportive. Learners and educators want to stay and work at the Trust creating a core stable medical workforce.

Adequate time and resources for assessment (R1.18)

- 29** We heard from year 4 and 5 medical students that supervisors have a good understanding of their assessments, but it can be difficult to get consultants to observe assessments due to time pressures. We heard from doctors in higher specialty training that consultants are happy to discuss cases and have adequate time to undertake assessments.

Capacity, resources and facilities (R1.19)

- 30** We found that access to educational resources and facilities within the Trust are adequate. Medical students spoke positively about the Knowledge Spa and on-site

facilities provided by Exeter Medical School, which included teaching space, library and simulation centre. Many of the facilities are accessible 24 hours per day.

- 31** Year 4 and 5 medical students and doctors in higher specialty training told us there are on occasion issues with the access to NHS computers for patient records. We were told these issues could be due to higher workloads on the wards meaning more people are trying to access these computers.
- 32** Non-training grade doctors (for example in clinical fellow posts) and other healthcare professionals are making up a significant part of the workforce. Whilst we heard that their presence was beneficial in addressing workload issues and rota gaps, it is important to recognise that where non-training grades are potentially competing for training opportunities with trainees in approved posts there is a risk of adversely affecting the education and training of regulated groups. We would expect the LEPs to monitor their educational capacity and manage any adverse educational impact that non-training grades and other healthcare professionals may have on doctors in training posts and medical students.

Accessible technology enhanced and simulation-based learning (R1.20)

- 33** During our visit, we found that the Trust has embedded multiprofessional simulated and human factors training for both undergraduate and postgraduate learners. Students and doctors in training told us they found simulation training to be a rewarding experience. The senior management team told us they have received feedback from students that the Trust's simulation training has given them an advantage over other medical students. We also heard that a recent successful bid for HEE SW innovation funding has led to the establishment of a core team, based within Postgraduate Education, developing Human Factors training across the Trust. There are 15 new fellow posts beginning in August 2016 which would assist with research for simulation training. These positions would also be utilised to fill rota gaps within the Trust.
- 34** The Trust has a dedicated simulation practitioner and a simulation fellow managing an ongoing programme of multiprofessional learning. The programme is delivered in a simulation suite and in the clinical environment. We heard from the simulation practitioner that point of care simulation has been most valuable from a learning perspective, as it helps identify issues directly in the clinical setting. We were told the environments feel more real, and that it has been used to help identify and address the weaknesses, including human factors, which contributed to past adverse events to assist with patient safety and quality improvement.
- 35** We were told the simulation practitioner works to ensure that all parties involved are invested in the outcome, and that the simulations are not assessments but a way to test how learning has been embedded. We heard it benefits not only the medical students and doctors in training, but the wider multiprofessional team. The Trust's

Annual Report states that the collaborative training improves effective team working and empowers staff to learn and raise concerns in a non-threatening environment.

- 36** The Trust currently has 35 simulation scenarios which have been created in tandem with the nursing and medical curriculums, as well as some bespoke programmes. Each simulation session has a curriculum-based scenario. We were told that after a simulation scenario, a report is generated and sent to the relevant clinical governance team to help that team make changes within the Trust. Feedback is also collated following simulations and entered into a simulation database.
- 37** We found that simulation training is embedded and used positively by the Trust. We were told that the Trust uses simulation training before any new system is put in place to test it out in a controlled environment. An example of this we heard was a scanner within the Trust needed to be closed, and a simulation scenario was created to test transferring patients to a new scanner in a different location.

Good practice 1: The Trust has embedded multiprofessional simulated and human factors training for both undergraduate and postgraduate learners.

Access to educational supervision (R1.21)

- 38** Medical students and doctors in training described the Trust as a friendly and supportive place to work with approachable consultants. All medical students and doctors in training told us they received regular feedback from supervisors with no concerns about the frequency of this feedback.
- 39** Medical students told us they had clinical tutors, with some tutors being clinicians based around Cornwall. They meet quarterly with their clinical tutors and write reflective essays twice a year. Some students we met stated their tutors could be difficult to contact due to workloads, and told us that the medical school would accept that this issue was not the student's fault.
- 40** Foundation doctors told us there are pre-set mandatory meetings with their educational supervisors. These meetings are generally for half an hour at the beginning and end of their placements. The time for these meetings was variable depending on the availability of their supervisor and it was the responsibility of the foundation doctor to arrange these meetings and the items to be covered. We heard that foundation doctors could contact an educational supervisor on a day to day basis if required.

Theme 2: Education governance and leadership

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

- 41** Prior to our visit, the Trust provided us with details of their internal review programme to quality control education and training. The programme is led by the director of medical education and the postgraduate education team and follows a cycle of seeking feedback, consultation, communication and monitoring. The programme aims to promote a culture of continuous improvement, record progress and good practice and to provide assurance that feedback effects change.
- 42** We heard from the senior management team that the Trust recognises that doctors in training should be involved in quality management and improvement. For the past two years, the Trust has employed a quality improvement fellow and Chief Resident responsible for liaising between doctors in training and senior clinical managers. The Chief Resident has been involved with expanding and developing the teaching programme and the quality improvement programme to engage and support learners and educators. The senior management team told us a challenge was to provide evidence of educational governance, to ensure the Trust meets the GMC's standards.
- 43** We heard from the senior management team that there is a good relationship between the director of medical education and HEE SW. We heard there is an interim contract visit in the summer and the main visit is held in November. These meeting are used to highlight any issues of concern directly to the Trust's board and give the opportunity to the education team to present evidence of good practice. We were told by educational and clinical supervisors that if any issues are identified they would approach the director of medical education directly, but were not sure of what process would be followed after making this notification. They felt listened to by the director of medical education.
- 44** We also heard from educational and clinical supervisors that they received feedback following some foundation and core medical teaching, as well as the NTS, but this feedback was rarely positive. We heard from educational and clinical supervisors that the cardiology department received poor feedback in the GMC's 2014 NTS. They told us they have made changes which were driven by the department, rather than the

education management team or the foundation programme. We heard the department had recently been rated as excellent by a quality panel run by HEE SW.

- 45** The educational management team told us that there is not a straightforward process to embed change, the expectations and follow-up actions are not clear. We found that there has been positive change within the cardiology department after negative results in the GMC's NTS; but it was not clear how this process change was driven. The educational management team noted they had not acknowledged and promoted this positive change to the wider organisation or other stakeholders.
- 46** During our visit we found there appeared to be an absence of governance systems for sustaining and embedding improvements to education and training at the Trust. We heard from the education management team that the Trust has a quality register which has recorded educational issues, but it does not currently have a specific register to recognise and record educational risks.

Requirement 2: The Trust must review its educational governance systems and processes to ensure improvements to education and training are embedded and sustained.

Recommendation 2: The Trust should consider whether it needs a specific register to recognise and record educational risks.

Accountability for quality (R2.2)

- 47** Prior to our visit, we heard the Trust has undergone several senior management team and management structure changes over the past five years. The Trust considered that on the whole this had not had a significant impact on the delivery of medical training and education. We heard that training had been overseen by a consistent postgraduate education team with support from the Medical Director.
- 48** We heard from educational and clinical supervisors that they do not believe education is championed by the organisation. We heard from the supervisors and from the senior management team that service delivery is the priority, but if there was an educational problem it would not be ignored. Educational and clinical supervisors told us that the organisation as a whole is not proactive in identifying issues.
- 49** We heard from the senior management team that the Director of Medical Education takes the lead on any concerns about education and training at the Trust. These concerns could come from the HEE SW or from the GMC's NTS. If there are issues, the Director of Medical Education will discuss these with the specialty areas and give them an opportunity to reply. These concerns will then be taken to the Medical Director; the Medical Director can then take the issues to the Trust's Management Committee. The Trust Management Committee can escalate issues to the Trust Board if necessary.

50 The senior management team acknowledged that there was a significant gap in the communication of educational issues with the Board. We heard they had worked on strengthening these relationships and that the Director of Medical Education and Medical Director meet regularly. We heard from the educational management team and educational and clinical supervisors that there is an 'us vs them' divide between them and the Board. The senior management team stated that this could come from the frequent change in staff in senior management causing perceived instability within the Trust. We found that there was a lack of evidence that issues pertaining to education and training are appropriately represented at board level within the Trust.

Requirement 3: The Trust must clearly demonstrate accountability for educational governance at board level, to ensure that issues pertaining to education and training are appropriately represented, as this impacts on patient safety and delivery of care.

Considering impact on learners of policies, systems, processes (R2.3)

51 We heard that the senior management team is working to engage students and doctors in training in the organisational governance systems. We were told the Director of Medical Education asks doctors in training and medical students for feedback on placements following the GMC's NTS results, and that the Medical Director meets with foundation doctors on a monthly basis for a face-to-face discussion regarding current issues. We also heard that students and doctors in training are involved in management meetings, this process is new and there is a hope that there will be more engagement as the benefits of learner involvement are communicated throughout the Trust. We were told that a doctor in core medical training is involved in the serious incident panel.

52 We heard there had been consultations with doctors in training to get their opinions on how to introduce more community facing experiences as recommended by the Broadening the Foundation Programme. We also heard that the Director of Medical Education and Medical Director had met with teams and gone to local meetings to explain the impact of the changes to postgraduate curriculums. We also heard there are plans to work with the doctors in core medical training about redesigning their placements to ensure they can meet their curriculum requirements.

Evaluating and reviewing curricula and assessment (R2.4)

53 During our visit we found the Trust has a dedicated postgraduate education team and the Trust stated that the education management team were one of their strengths. We heard evidence of the team measuring educational performance against our standards and responding when standards were not being met.

54 Foundation doctors told us that some had attended quality panels where they contributed to evaluating each foundation job against quality indicators, including whether doctors in training felt supported, educational quality, and rota issues. We heard the results were emailed to foundation doctors and that consultants would use

this information to inform future programmes. We heard from educational and clinical supervisors that the feedback had been positive. We also heard the quality panels were only for the quality monitoring of posts in placements in postgraduate programmes.

- 55** The educational management team told us there was no formal system for collecting information about different learner experiences within each department. We heard that information can be collected for specialties or at ward level but this was not standardised throughout the Trust.

Area working well 2: The Trust has a dedicated postgraduate education team. We heard evidence of the team measuring educational performance against our standards and responding when standards were not being met.

Collecting, analysing and using data on quality, and equality and diversity (R2.5)

- 56** We heard from the senior management team that within the trust there is a reliance on data provided by HEE SW and the GMC. HEE SW runs a local survey which informs the Trust of areas which are working well and those that are not. There are trainee focus groups held twice-yearly, and following the GMC NTS there is a survey run in-house to check changes to the issues raised in the GMC survey. We found that data collection appears to be reactive rather than proactive in informing changes to education and training at the Trust.

- 57** We heard that there is a plan to appoint a tutor to monitor posts and their ability to deliver the curriculum and that the Trust is supportive of this position, with funding present. The education management team told us that students and doctors in training are unhappy with the level of feedback they are asked to provide, and it would be better if the feedback mechanisms were joined up.

Recommendation 3: The Trust should explore whether data collection should be more proactive to inform changes to education and training at the Trust.

Concerns about quality of education and training (R2.7)

- 58** We were told that there were systems in place within the Trust to seek and respond to feedback from learners regarding the quality of education and training. Students told us that feedback was collected from them at the end of their clinical placements at the Trust. This information is communicated back to the respective departments, clinicians and the named placement lead. We heard there is also a route for students to raise concerns anonymously online, but that this is rarely used. As explored above, doctors in training complete HEE SW's end of post surveys.

- 59** Educational and clinical supervisors told us that any urgent issues can be raised by learners when required throughout the placement or post. Years 4 and 5 medical students stated that an issue had previously been identified in the feedback for the

paediatrics rota, which was then addressed for the following rota. They told us their concerns would be heard, but they felt the change process was very slow.

- 60** Foundation doctors we met told us they feel confident that the concerns they raise would be looked at. Doctors in core medical training told us they had brought issues to the junior doctors' forum which had not been resolved. They told us that issues with rotas and induction had been raised at the forum, with educational supervisors and with the director of medical education, but they did not receive responses. We heard that there is a perception that the education management team would listen to concerns but not the senior management team. We were told that because of the lack of change and response, doctors in core medical training have stopped raising concerns and see the same issues reoccur. They told us that the issues within the organisation have been the same since their first foundation year.
- 61** The senior and educational management teams told us that there are monthly meetings with year representatives to discuss the issues raised and the actions taken. The director of medical education also attends teaching sessions with foundation doctors to request feedback which is then presented to the junior doctors' forum. We found the 'You Said, We Did' update provided by the director of medical education to doctors in training to be a valuable resource.
- 62** We heard from doctors in higher specialty training that we met that they were aware of the junior doctors' forum but had not taken part. One doctor told us they had raised an issue regarding clinic time and stated that they did not feel listened to and felt there were no changes made when issues were raised, unless the problems were extreme. This supports the previous findings regarding processes to embed and sustain change as outlined in requirement 2.1.

Sharing and reporting information about quality of education and training (R2.8)

- 63** On our visit we heard that processes are being developed to share information with other organisations. The senior management team told us there are service level agreements with the medical school and HEE SW for their placements and posts and there is a yearly meeting to discuss learning objectives and challenges. We heard the expectations from the medical schools are very clear and this is valued by Trust staff, and that relationships with the schools and HEE SW are strong.
- 64** We heard from the education management team that the foundation programme lead communicates with the Trust regarding what other local educational providers are delivering. We heard there were monthly meetings with the education management team to discuss specific areas, and these meetings were attended by the Director of Medical Education and the head of school for the foundation programme.
- 65** The senior management team acknowledged that there were no systems currently in place to share good practice with other relevant organisations. The education management team told us there is more of a focus on solving problems and not

acknowledgement of achievements. The Trust told us that good practice is discussed in meetings with HEE SW, through the GMC's NTS and in discussion with the education management team. We encourage the Trust to continue to work to develop systems to share information including good practice internally and with other relevant organisations.

- 66** We heard that following the GMC's NTS results in 2015, the cardiology department took ownership of the issues identified in the survey and has made significant changes. Foundation doctors told us one of the positive changes to the department was consultant-led ward rounds. Educational supervisors in cardiology told us the department ensured that training was prioritised over service, which meant modifications to the rotas and ensuring consultant availability. The senior management team told us that cardiology is now a popular placement, which was reinforced in discussions with students and doctors in training.

Collecting, managing and sharing data with the GMC (R2.9)

- 67** We asked about how the Trust is managing to meet the GMC's requirements for recognising and approving trainers. We heard that training for supervisors is driven by HEE SW. HEE SW maintains the records of training and runs a series of courses to assist with meeting the GMC requirements. Initially, these courses were voluntary and are now mandatory; there are five courses over a two year period. We were told it is the trainer's responsibility to ensure their details are up to date on the register. More information about this can be found at R4.6.
- 68** The senior management team told us that HEE SW sends a quarterly report regarding GMC approved trainers. We heard the Trust communicates the names of trainers and HEE SW manages the training. The educational management team told us it is not clear who needs to take responsibility for the register of people meeting the GMC requirements regarding trainers, and that the issue may be across the region.

Managing concerns about a learner (R2.16)

- 69** The senior management team told us that there is a transfer of information from the medical school to the foundation programme leads when foundation doctors start at the Trust. We heard that foundation doctors can also identify concerns themselves. There is a new Trust programme where foundation doctors meet with the programme director. Following the meeting and with the foundation doctor's permission, the issue discussed is communicated to the occupational health team. This system also addresses R2.17 about sharing information of learners between organisations.
- 70** We heard that a few foundation doctors had required further assistance with most issues being addressed early and then resolved. We heard from medical students and foundation doctors that staff in the Trust would direct them where to go if they had issues, and they were aware of where to access support.

Theme 3: Supporting learners

S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Learner's health and wellbeing; educational and pastoral support (R3.2)

- 71** During our visit we found that medical students value the support provided by the Trust. We heard the local office of the medical school at the Trust enables medical students to easily access educational and pastoral support.
- 72** Medical students told us there are academic and pastoral tutors available through the on-site medical school office, and that there are two counsellors. They stated that they feel well supported and spoke positively about the open door policy held by the sub dean. Students described accessing the service, felt their concerns were listened to and gave examples of practical interventions. Medical students we met told us there is access to counselling, mindfulness training, learning tips, and other resources and these facilities are well used.
- 73** Year 4 and 5 medical students told us that staff at the Trust are good at advocating for the student's interests. They also told us that a handbook was provided which included details of support available and how to access it. Foundation doctors told us the programme director was their first point of contact for pastoral support and they had office drop-in times. We were told that as the Trust is small, the team was approachable and offered a lot of peer support. There are also systems put in place for peer mentoring, please see R3.5.

Area working well 3: The Trust provides commendable support for students and doctors in training. This includes support and guidance from consultants, a buddying system for foundation doctors, and the local medical school office at the Trust which enables medical students to easily access educational and pastoral support.

Undermining and bullying (R3.3)

- 74** We asked about bullying and undermining in relation to the GMC's NTS results which indicated serious concerns about bullying, especially in the cardiology, obstetrics and gynaecology, acute medicine and emergency medicine departments. Before we visited, we saw that some progress was being made in these areas with some issues being closed and others being monitored by the HEE SW. We were told that the director of medical education had met with the consultant specialty groups, doctors in training and trainers to discuss the issues highlighted by the survey results. Prior to our visit, we were provided with a summary of the Trust's work to build a supportive environment.
- 75** We heard from medical students and foundation doctors that they had witnessed some isolated incidents of undermining or bullying within the Trust. We were told by

medical students and doctors in training that they were not aware of the exact process for reporting these concerns, but would speak to consultants or supervisors in the first instance. Medical students and doctors in training stated they could likely find the process information on the intranet if required.

- 76** The majority of doctors in core and higher specialty training told us that they had not witnessed or been subject to bullying or undermining, and in general everyone we met told us how supportive and positive the environment is within the Trust. We heard from doctors in training and the senior management team that workload pressures could contribute to the perception of undermining within the Trust.
- 77** Educational and clinical supervisors in acute internal medicine told us that following the receipt of the GMC's 2015 NTS results they asked medical students undertake an audit to establish whether there was a problem with undermining and bullying. This audit showed issues and the induction for the posts were changed so that doctors in training were aware of who they could approach with concerns about bullying. The educational and clinical supervisors told us that the audit and changes helped medical students and doctors in training believe that their concerns would be taken seriously, and that instances of bullying and undermining have fallen in the department.

Supporting transition (R3.5)

- 78** We found during our visit that there are established systems for supporting transition within the Trust. Foundation doctors told us that there is a 'buddy scheme', in which new foundation doctors are paired up with an outgoing FY1 doctor. During their foundation year, the FY1 doctor is able to keep in contact with their FY2 buddy. The buddy assists with induction including tours of the department, completing the induction checklist and introducing the new starter to colleagues. The buddy also explains certain procedures within their competence, or directs the new starter to the information they require. The system is operated on a volunteer basis, and is similar to shadowing but is ongoing. We heard the buddy scheme won a prize at the National Foundation Doctors presentation day.
- 79** Foundation doctors told us about a 'near peer' teaching system set up by the medical school, with the lesson plan and curriculum provided by the school. We heard the foundation doctors volunteered for these positions and had sufficient training, and that this system was valued by both the foundation doctors and the medical students.
- 80** We were told that mentors are provided with roles that involve training others, to ensure the support provided to other students or doctors in training during the buddying or near peer teaching is appropriate. Medical students told us that foundation doctors are easy to approach and that there is a strong sense of integration within the Trust. The senior management team told us the students and doctors in training see themselves as one body.

Study leave (R3.12)

- 81** We heard from foundation year two doctors that study leave is available but is subject to being cancelled if the hospital cannot arrange cover. Doctors in higher specialty training told us they had been able to access study leave provided medical on-call commitments were rearranged and notice was given, although they commented that the study fund at the Trust was lower than other trusts. Please see R1.16 for further discussion about study leave.

Feedback on performance, development and progress (R3.13)

- 82** Medical students told us that they receive weekly feedback regarding their clinical skills when they present a case. They told us there is a feedback form and a face to face discussion that was a valued learning experience. Medical students we spoke to felt they got enough feedback to know how they are progressing. They told us that the feedback on their medical knowledge exams could be better.
- 83** We heard from foundation doctors that they receive mostly verbal feedback, but receive formal written feedback at the start and end of placements which is mandatory. Feedback is dependent on consultant availability and there were no concerns about the frequency of this feedback. We found that learners are well supported and guided by consultants within the Trust.

Theme 4: Supporting Educators

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

- 84** We heard from educational and clinical supervisors that they felt supported as educators within the Trust. They told us they are receiving the resources needed to support their educational roles, including study leave and allocated time to undertake assessments. We heard that study and professional leave are included as part of their contracts, and that supervision is included in their job plans (see R4.2.)
- 85** Educators told us that they value the clear educational requirements and structure for teaching provided by the medical schools.

Area working well 4: Educators are receiving the resources to support their educational roles, including study leave.

Time in job plans (R4.2)

- 86** Educational supervisors told us that educational supervision is recognised as part of job planning. An allocation of 0.125 programmed activities per doctor in training is included in their job plans and there does not appear to be a cap on this. Some educators stated that it can be difficult to get to ARCP panels, ST3 interview panels and college meetings due to workload pressures.

Recognition of approval of educators (R4.6)

- 87** We found that not all educators were aware of the GMC requirements to be a recognised and approved trainer, in order to meet the deadline for all undergraduate and postgraduate trainers to be fully recognised by HEE SW or the medical schools by 31 July 2016.
- 88** The educators we spoke to were aware that training was necessary and had undergone variable amounts of training, but we were not assured that educators were aware of the specific requirements and how to achieve these prior to the July 2016 deadline. We also heard that educational and clinical supervisors were unclear on how the GMC requirements to be a recognised and approved trainer were linked to their appraisal processes.

Theme 5: Developing and implementing curricula and assessments

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Undergraduate clinical placements (R5.4)

- 89** During our visit, we found that medical students are receiving good practical experience and structured teaching at the Trust to fulfil their curriculum requirements.
- 90** Year 3 medical students told us they have a series of one week placements which are well organised and give good experience, this was reinforced by educational and clinical supervisors. The students told us they have good support from the administrative team and foundation doctors.
- 91** The medical students we spoke to told us they received a lot of informal training on wards with assistance from consultants and foundation doctors. They told us they felt fully immersed into the hospital and were able to use their initiative during placements to achieve their suggested learning outcomes.

Area working well 5: Medical students are receiving good practical experience and structured teaching at the Trust with good access to the clinical environment early in their programme.

Training programme delivery (R5.9)

- 92** On our visit we found that there is an imbalance between providing service and accessing educational and training opportunities. Prior to our visit, we heard that the Trust is looking to address the falling numbers of doctors in training and the rising workloads. We heard that Physicians Associates may help address some of the issues created by this shortfall. The first Physicians Associate is due to start clinical work in 2017.
- 93** We found that doctors in core medical training are at risk of not meeting the requirements of their curriculum because of the imbalance between service and training. We heard that access to clinic time and local teaching for doctors in core medical training is being compromised by service. For example, doctors in core medical training told us that they would book in for regional teaching and be pulled from this teaching regularly for service delivery. We heard that access to clinics is variable, and that clinics are not timetabled.

- 94** We heard that service is compromising foundation doctors' ability to attend local teaching and achieve the requirements of their curriculum. We heard from foundation doctors that teaching attendance was difficult, with many of the doctors we met stating they were required to make up teaching hours online due to issues caused by the rota.
- 95** Doctors in higher specialty training told us that they had missed training opportunities in order to provide locum cover.
- 96** Educational supervisors told us that the concerns raised by doctors in training related to the issues with rota management and that some of the issues could be addressed by timetabling clinics.
- 97** We heard from the education management team that the issue with clinics was ongoing and being addressed by the college tutor. The teams had been asked to be proactive in identifying clinics and planning cover, and that a structured timetable would be a viable solution. We heard that teams within the Trust were beginning to incorporate timetabled clinics for doctors in training.
- 98** The education management team told us that doctors in training also needed to prioritise clinic time, and to not feel pressure to stay on a busy ward when they have a clinic in their timetable. Educational and clinical supervisors told us that there was a clear escalation process if learners were not able to access appropriate teaching time.

Requirement 3: The Trust must ensure that there is appropriate balance between providing service and accessing educational and training opportunities for doctors in training. This should allow for release for mandatory training sessions and outpatient clinics as required in the curriculum.

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GMC staff	Emily Saldanha (Education Quality Assurance Programme Manager)

	<p>Richard Taylor (Education Quality Analyst)</p> <p>Anna Palmer-Oldcorn (Education Quality Analyst)</p>
<p>Evidence base</p>	<ul style="list-style-type: none"> ■ Royal Cornwall Hospital Trust Annual Contract Meeting Agenda ■ Royal Cornwall Hospital Trust Annual Contract Meeting Trust Summary ■ Director of Medical Education Presentation for Annual Contract Review Meeting - 2015 ■ Joint Meeting Minutes with HEE SW, Medical Education Managers and Medical HR Specialists ■ Royal Cornwall Hospital Trust Annual Contract Meeting Notes ■ Royal Cornwall Hospital Trust Quality Register ■ HEE SW Summary Report GMC Trainee Survey 2015 ■ Royal Cornwall Hospital Trust Interim Contract Meeting Agenda September 2015 ■ Director of Medical Education Report on GMC Survey Results at Royal Cornwall Hospital Trust October 2015 ■ Extract of Trust Management Committee Minutes September 2015 ■ Extract of Trust Management Committee Minutes October 2015 ■ Core Medical Training Quality Panel Report September 2015 ■ F1 Quality Panel Report December 2015 ■ F2 Quality Panel Report December 2015 ■ Education Board Presentation June 2015 ■ Education Board Presentation November 2015 ■ Junior Doctor Workforce HR Review ■ You said, We did update March 2015 ■ Equality & Diversity Policy

- Doctor in Training Flow Chart
- Maintaining Higher Professional Standards Policy
- HEE SW Trainee Support Guide
- HEE SW Professional Support Policy
- Building a Supportive Environment Summary
- Dignity at Work Policy
- Incident Reporting Policy and Procedure
- Serious Incident Reporting Policy and Procedure
- Serious Incident Investigating Officers – Doctors in Training Guidance
- Summary of management of concerns with Doctors in training
- Details of Trainees in Post
- Incident and Serious Incident Policy – April 2016
- GMC 's national training survey results 2012 – 2016
- Care Quality Commission Royal Cornwall Hospital Report May 2016
- HEE SW Dean's Report October 2015