General
Medical
Council

Visit Report on Royal Devon and Exeter NHS Foundation Trust

This visit is part of the South West regional review to make sure organisations are complying with the standards and requirements, which are set out in *Promoting excellence: standards for medical education and training*.

Summary

Education provider	Royal Devon and Exeter NHS Foundation Trust
Sites visited	Royal Devon and Exeter Hospital, RILD Building
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	18 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 or developed further.

Number	Theme	Good practice
1	Theme 2: Educational governance and leadership (R2.20)	The Trust is working with local schools to encourage wider access to the medical profession. (See paragraph 48)

Working with doctors Working for patients

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 (R1.8)	Education and training is a valued part of the organisational culture. The learning environment is friendly and supportive. (See paragraphs 9 and 10)
2	Theme 2: Educational governance and leadership (R2.4)	The Trust is delivering broader community facing experiences, as recommended by the Broadening the Foundation Programme. (See paragraph 39)
3	Theme 4: Supporting educators (R4.2)	The Trust values its educators. Trainers have enough time in their job plans to meet their educational responsibilities. (See paragraph 60)

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 2: Educational governance and leadership (R2.1)	The Trust must make sure its educational governance systems and processes to control the quality of medical education and training are clearly understood by both educators and learners. (See paragraph 35)
2	Theme 5: Developing and implementing curricula and assessments (R5.9)	The Trust must make sure there is appropriate balance between providing service and accessing educational and training opportunities for doctors in core medical training – they must be released for mandatory training sessions and outpatient clinics to ensure they meet their curriculum

| | | requirements. |
| | | ([See paragraphs 65 and 66](#)) |

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations highlight areas an organisation should address to improve in these areas, in line with best practice.

Number	Theme	Recommendations
1	Theme 1: Learning environment and culture (R1.20)	The Trust should continue to develop its programme of simulation-based learning by enhancing the support structures for delivery. ([See paragraph 29](#))
2	Theme 2: Educational governance and leadership (R2.7)	The Trust should assure itself that learners are aware of its system for dealing with concerns about education and training. ([See paragraph 41](#))

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

Standards
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 the culture at the Trust allows learners and educators to openly raise concerns about patient safety. All of the students and doctors in training that we met said they know how to raise patient safety concerns and feel supported doing so. We heard that students have a named contact for raising patient safety concerns at both the Trust and their medical school.

2   Students said they are encouraged to raise patient safety concerns and would feel confident doing so. Doctors in training told us that there is a strong awareness of patient safety at the Trust and that the environment is safe. Doctors in core medical training explained they are encouraged to report patient safety concerns using the Trust's incident reporting system, Datix. The educational and clinical supervisors confirmed there are clear pathways through which they can raise patient safety concerns.

3   Concerns about the quality of education and training are considered under theme 2 (R2.7).

Dealing with concerns (R1.2); Learning from mistakes (R1.3)

4   The Trust's incident reporting policy clearly details how the Trust investigates and acts to make sure it deals with concerns about patient or learner safety. This includes analysing and sharing learning from incidents using a lessons learned newsletter. The students we met said that for the most part, patient safety issues they had seen were dealt with appropriately by the Trust.

Supporting duty of candour (R1.4)

5 All of the fourth and fifth year students we met were aware of their duty of candour. They have received teaching on their duty of candour and had opportunities to discuss it with peers in small groups. We heard an example of a student being open with a patient after they had made a mistake. The doctors in core medical training also told us that they have received training on their duty of candour. They reported witnessing colleagues being open and honest with patients and told us there is a noticeable difference to other hospitals they have worked in. The Trust's incident reporting policy also outlines the Trust's duty of candour requirements and approach.

Seeking and responding to feedback (R1.5)

6 The doctors in core medical training we met explained that they receive feedback on the concerns they have raised. However, we did hear of an isolated incident where a student didn't get any feedback after raising a concern about the conduct of a doctor.

Appropriate capacity for clinical supervision (R1.7)

7 Educators confirmed that they generally have adequate capacity to make sure learners have appropriate clinical supervision. However, supervisors in acute internal medicine and gastroenterology told us that they don't always have enough time to observe learners and carry out workplace based assessments.

8 We also heard of variability in the time supervisors have to provide teaching to students. Fourth and fifth year students explained that designated teaching clinics allow their supervisors sufficient time to teach. However, not all departments offer designated teaching clinics with a student interview room, which means students are sometimes restricted to observing patient consultations. Doctors in higher medical training told us that staffing levels at the Trust are very good, especially when compared to other hospitals they have worked in.

Appropriate level of clinical supervision (R1.8)

9 Students and doctors in training are appropriately supervised at the Trust. The Year 4 and 5 students who we met explained that they have an appropriate level of clinical supervision. Foundation doctors told us that they all have named clinical supervisors. Doctors in core medical training reported having excellent supervision, with the service being consultant led. Doctors in higher medical training told us that the Trust has good supervision, and a supportive and approachable consultant body.

10 The clinical supervisors from acute internal medicine and gastroenterology confirmed that the Trust operates a consultant-led service and that they are aware of the competence of learners. It was clear that education and training is a valued part of the organisational culture at the Trust.

Area working well 1: Education and training is a valued part of the organisational culture. The learning environment is friendly and supportive.

Identifying learners at different stages (R1.10)

11   Students told us that they are clearly identified as students by their name badges and the colour of the scrubs they wear. We did hear some cases of students being asked to work beyond their level of competence but the students reported being confident in refusing to do the work and seeking support.

12   During the visit, the doctors in training and staff we met at the Trust occasionally used the terms 'senior house officer' (SHO) and registrar. The term 'senior house officer' or 'SHO' is ambiguous for doctors in training, members of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors. Furthermore, doctors in training could be at risk of working beyond their competence or without adequate supervision.

Taking consent appropriately (R1.11)

13   We did not hear any concerns from learners about taking consent for procedures beyond their level of competence. Doctors in core medical training confirmed they only take consent for interventions that they understand. For procedures they do not understand, they are encouraged to observe senior colleagues before seeking the patient's consent.

Rota design (R1.12)

14   Before our visit the Trust told us that its workloads are high and it is challenging filling their rotas. This was confirmed by the doctors in training and educators we met.

15   Despite these challenges, doctors in training and educators praised the rota coordinator's management of the medical rotas. Educators remarked that the rota coordinator was critical to the wellbeing of the doctors in training. Doctors in core medical training told us the management of the rotas in the emergency department is not working as well and lacks flexibility. Everyone we spoke with confirmed that the Trust is well staffed and safe for patients.

Induction (R1.13)

16   The students and doctors in training we met are generally receiving appropriate inductions to prepare them for their placements and posts. Students reported that inductions are generally very good at the Trust. Foundation doctors told us that they received thorough inductions, which included e-learning training, touring the department, and meeting their team and other healthcare professionals. They also

had opportunities to meet with doctors in training that had recently completed the Foundation Programme.

17   Doctors in core medical training told us they received comprehensive inductions. We heard that they went on a two-day Trust induction when they first started, followed by departmental inductions. Doctors in higher medical training confirmed that their inductions were thorough and adequately prepared them for their posts.

18   While we found that inductions are generally working well, we heard there is some variation in the quality of student inductions between departments at the Trust. A doctor in foundation training also reported that they did not receive an induction in a particular department.

Handover (R1.14)

19   Doctors in training confirmed that handover of care is organised and scheduled. Doctors in higher medical training praised the handover of care in emergency medicine. They told us that they have scheduled and formalised multiprofessional team handovers three times-a-day.

20   Doctors in core and higher medical training said that the timing of the handover of care from night to day can vary and be less formal in some departments. However, we heard this does not affect the continuity of care for patients because written summaries are handed over and patients are monitored using the Trust's electronic patient flow and tracking system (the Electronic Whiteboard).

Protected time for learning (R1.16)

21   The senior management team told us that they closely monitor the attendance of learners at timetabled teaching sessions to make sure there is an appropriate balance between service and education. Doctors in training have attendance targets for teaching. For example, foundation doctors must attend 70% of sessions.

22   Doctors in training said that attendance at teaching was sometimes hindered by service demands. Foundation doctors told us that consultants are occasionally reluctant to release them for teaching due to rota gaps. Doctors in core medical training explained that teaching is not protected and is undervalued in certain departments, such as the Acute Medical Unit. We heard that doctors in core medical training are interrupted during teaching to meet routine service needs.

23   Despite these issues, we heard that doctors in core medical training still manage to attend the required number of teaching sessions. Doctors in higher training in the medical departments confirmed that they are generally able to attend their regional teaching days.

24 The balance between providing service and accessing educational and training opportunities is explored further under theme 5 (R5.9).

Multiprofessional teamwork and learning (R1.17)

25 The senior management team told us that they recognise the opportunity to provide multiprofessional teaching and training at the Trust. The students we met confirmed they are receiving teaching and working alongside other healthcare professionals and students. We heard that students in Year 4 are working alongside specialist nurses, occupational therapists, physiotherapists and midwifery students. The Year 5 students are also receiving simulation training alongside nursing students. We did hear concerns that medical students are competing for learning experiences with midwifery students.

Capacity, resources and facilities (R1.19)

26 Non-training grade doctors (for example in clinical fellow posts) 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)

27 Before our visit, the Trust highlighted its simulation-based learning facilities as a strength. The senior management team told us that they have an opportunity to build on this strength and develop a simulation centre of excellence.

28 The medical students we met told us they do not generally use the Trust's simulation facilitates. This is because they prefer to use the facilities at a nearby university site where they have closer relationships with the clinical skills staff.

29 Doctors in core medical training said they find their simulation-based training useful and relevant. They particularly liked being able to train alongside foundation doctors. However, doctors in core medical training told us they would value a more structured approach within the Trust's education framework. They reported that the current training was not timetabled and we heard of an instance when it had been cancelled. The senior management team told us they were experiencing some difficulties with technical support staff, which may explain the cancelled sessions.

Recommendation 1: The Trust should continue to develop its programme of simulation-based learning by enhancing the support structures for delivery.

Supporting improvement (R1.22)

30 The Trust is supporting learners to carry out activities that drive improvement in education and training. The senior management team told us that students take a management module at the Trust, which focuses on quality.

31 The senior management team told us it was engaging doctors in training in quality management through the Trust's Quality Improvement Academy. The academy, which was initiated in 2013 and is led by doctors in training, runs quality improvement and patient safety projects with support from the Trust's medical education department.

32 The academy provides each project team with a clinical mentor and a management sponsor to advise and support them. The academy also runs regular education sessions for doctors in training to learn about management, patient safety and quality. It has previously been nominated for a Health Service Journal patient safety award. Some of the doctors in foundation training told us that the academy gives them an opportunity to learn about quality improvement and helps to make sure improvement projects are successful.

33 We also heard that some doctors in training are involved in assessing training programmes by participating in quality panels run by Health Education England, working across the South West (HEE SW). Furthermore, a doctor in higher medical training explained they were given the opportunity to shadow the Deputy Chief Executive of the Trust to gain insights into management.

Theme 2: Education governance and leadership

Standards
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 management/control systems and processes (R2.1)

34   Before our visit, we asked the Trust to send us details of its educational governance and quality management structures. In response, the Trust referred us to a number of different committees and meetings. These include: Foundation School Committee, Postgraduate Education Committee, Dean's Education Group and the National Association of Clinical Tutors meeting. This information, while helpful, did not clearly outline the overarching educational governance systems and processes used to control the quality of medical education and training at the Trust, and how these link with HEE SW's structures and processes.

35   During our visit, the senior and quality management teams outlined the Trust's educational governance systems and processes. While these appeared effective, they were not all clearly understood by many of the individuals we met. For example, there was a lack of understanding of the Trust's systems for collecting, managing and sharing educational data. There was also a lack of clarity about the process that doctors in difficulty should follow within the Trust and how these link to HEE SW's systems, such as the Professional Support Unit.

Requirement 1: The Trust must make sure its educational governance systems and processes to control the quality of medical education and training are clearly understood by both educators and learners.

Accountability for quality (R2.2)

36   The Trust's senior management team demonstrated accountability for educational governance at board level. We heard of various routes for educational issues to reach the board. We also heard examples of issues being escalated to the board and the board directly asking for educational concerns to be investigated. The education management team confirmed that education is valued and taken seriously by the board. They told us that this was illustrated by the fact that education had been protected from budget reductions at the Trust.

Evaluating and reviewing placements (R2.4)

37   The educational management team told us that they evaluate and review student placements using the undergraduate school reports. The lead for each department at the Trust completes a proforma provided by the schools to assess the quality of their placement. This is then shared with the medical schools.

38   For postgraduate medical training, we heard that the educational management team use the results from our national training surveys and HEE SW's end of post surveys to review placements and posts. Where concerns or potential areas of good practice are identified, the team contact the department responsible for further information or investigation. The team then share these findings with HEE SW. Posts at the Trust are also reviewed by HEE SW's quality panels.

39   The senior management team explained that when it reviews placements, it also considers the Broadening the Foundation Programme's recommendation for broader community facing experiences. We heard that educationally poorly performing hospital based placements are being replaced by community based placements.

   Area working well 2: The Trust is delivering broader community facing experiences, as recommended by the Broadening the Foundation Programme.

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

40   The Trust's senior management team confirmed that they identify concerns about education and training using our national training surveys and HEE SW's surveys. They also told us that the education management team regularly engage with learners through the Trust's doctors in training forum. However, we found that not everyone was aware of the Trust's system for dealing with concerns about education and training.

41   We heard that some of the medical students and foundation doctors did not feel empowered to improve the quality of their education and training. They were not aware of the system for highlighting concerns and how the Trust feeds back to individuals. Foundation doctors were not aware of the doctors in training forum and some doctors in core medical training did not know they could use it to highlight concerns about education and training.

   Recommendation 2: The Trust should assure itself that learners are aware of its system for dealing with concerns about education and training.

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

42   The senior management team explained they have strong relationships with the medical schools and with HEE SW. We heard that the Senior Deputy Vice-Chancellor at the University of Exeter sits on the Trust's board as a Non-Executive Director.

43 As outlined under requirement R2.4, the Trust share and report information about quality with the schools using the undergraduate school reports. For postgraduate, the Trust shares quality information with HEE SW following the review of our national training surveys and HEE SW's surveys. They also give regular updates on educational issues that have been identified and recorded on HEE SW's quality register.

Managing concerns about a learner (R2.16)

44 The senior management team told us they encourage doctors in training to raise educational concerns with their educational supervisors. They give the doctors details of who to contact, including HEE SW's Professional Support Unit, in their induction and handbook.

45 The educational management team explained that they look to identify concerns about doctors in training through the educational supervisors and by monitoring teaching attendance and absences. If needed, they are able to refer doctors in training to HEE SW's Professional Support Unit. The educational and clinical supervisors we met gave us examples of support they had given to doctors in training. However, some supervisors were not aware of HEE SW's Professional Support Unit.

Sharing information of learners between organisations (R2.17)

46 Education and clinical supervisors said they share a report about each student with the medical school at the end of their placements. They share details about any concerns they may have about students in these reports. They can also provide on-the-spot professionalism judgements, which they share with the medical schools.

47 Educational supervisors told us that they share information about doctors in training between supervisors within departments at the Trust. If they have concerns about a doctor in training, they will be escalated to the educational management team. As outlined above, the education management team has the ability to refer a doctor in training to the HEE SW's Professional Support Unit.

Recruitment, selection and appointment of learners and educators (R2.20)

48 We were impressed with the medical work experience programme, which the Trust operates to help widen access to the medical profession. The programme runs annually and supports around 70 students who are interested in studying medicine. This includes lectures from doctors in a wide variety of medical specialties, including general practice, to give them an idea of the scope and breadth of being a doctor. They can also attend clinical placements with consultant medical staff in the hospital in a variety of clinical settings and are supported in applying for medical school.

Good practice 1: The Trust is working with local schools to encourage wider access to the medical profession.

Theme 3: Supporting learners

Standard
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)

49 The students we met confirmed they generally receive good educational and pastoral support. Doctors in training said they feel supported by their educational and clinical supervisors and other consultants at the Trust. All of the doctors in core medical training we spoke with told us the Trust gives them appropriate support. The senior management team told us that they include details of HEE SW's Professional Support Unit in their induction and handbook but the doctors in training we spoke with were not aware of it. This links with our findings in theme 2 (R2.1).

Undermining and bullying (R3.3)

50 We heard that students had witnessed isolated cases of undermining and bullying at the Trust. We also heard that some students found the cardiology department to be 'hierarchical and sexist'. Doctors in training reported being supported at the Trust but we did hear of an instance of a doctor in core medical training experiencing bullying from a Trust grade doctor.

51 When asked about the cardiology department, the doctors in core medical training told us they did not believe the department was sexist. Doctors in higher medical training explained that there had been occasional instances of undermining and bullying in the past but that these had been addressed by the consultant body.

52 All of the students and doctors in training we met were aware of how to raise concerns about undermining and bullying. Some of the Year 3 students told us that they would find it difficult to raise concerns about a consultant directly with the Trust, so they would instead raise any instances of undermining or bullying with their school. Doctors in higher medical training said they would feel confident challenging any instances of bullying or undermining and hoped that doctors training in foundation and core would approach them if they needed support.

Student assistantships and shadowing (R3.6)

53 The foundation doctors we met said they had been supported by a period of shadowing before starting their foundation training.

Information about curriculum, assessment and clinical placements (R3.7)

54 Students told us that they get timely and accurate information about their placements at the Trust. We heard that they all receive a briefing document before each

placement. However, some students said these briefings could be improved by highlighting learning opportunities better, for example by encouraging them to attend clinics.

55 The doctors in training we met also confirmed that they receive appropriate information about their placements and posts. Doctors in core medical training said that they received comprehensive information before they started their placements. Doctors in higher medical training reported getting all the information they needed for their posts.

Study leave (R3.12)

56 Doctors in foundation training explained that their study leave consists of ten speciality taster days spread over their programme to help them explore different careers. Some foundation doctors reported difficulty in accessing these taster days opportunities due to high workloads. Doctors in higher training told us that access to study leave varied between departments. Our national training survey results from 2015 and 2016 suggest there may be problems with access to study leave in emergency medicine, but we were unable to triangulate this during the visit.

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

57 Students reported that they get regular feedback on their performance at the Trust. However, Year 3 students told us that the level of the feedback varies between supervisors. In contrast, the Year 4 and 5 students praised the feedback they receive and told us that they get the opportunity to give feedback to other students.

58 Doctors in training confirmed that they get fair feedback on their progress, which means there are no surprises when it comes to the outcomes of their Annual Review of Competence Progression (ARCP).

Theme 4: Supporting Educators

Standards
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)

59 Educational and clinical supervisors reported having access to funded professional development and training for their roles. We also heard that their educational responsibilities and development activities are reviewed in their appraisals.

Time in job plans (R4.2)

60 The educational and clinical supervisors that we met are generally being well supported by the Trust to carry out their roles. All educational supervisors have time in their job plans to meet their educational responsibilities. However, we heard that high workloads can sometimes adversely impact on their educational roles. For example, one supervisor told us that they do not always have enough time to supervise workplace based assessments.

Area working well 3: The Trust values its educators. Trainers have enough time in their job plans to meet their educational responsibilities.

Educators' concerns or difficulties (R4.4)

61 We heard that educators get training from HEE SW on dealing with concerns or difficulties and supporting learners. The doctors in training we met confirmed that they felt supported by the educators at the Trust. However, as explained under theme 2 (R2.16) some supervisors were not aware of HEE SW's Professional Support Unit.

Recognition of approval of educators (R4.6)

62 Educational and clinical supervisors explained that they are being developed and supported in accordance with our requirements for recognising and approving trainers. We heard that HEE SW are advertising and arranging mandatory training at different locations across the region. The Trust is supporting them by providing suitable study leave to attend these courses. The supervisors told us that this is making it easy for them to meet our requirements. The senior management team confirmed that almost all of the trainers have already met our requirements ahead of the July 2016 deadline.

Theme 5: Developing and implementing curricula and assessments

Standard
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)

63   The students we met appear to be receiving sufficient practical experiences at the Trust to enable them to achieve the learning outcomes required for graduates. Year 4 and 5 students told us that they are enjoying their placements at the Trust. We heard they are getting experience in a wide range of specialties, which is helping prepare them for the Foundation Programme.

64   We did hear some concerns from students about variation in experiences and having to carry out tasks with little educational benefit. We also heard that students were worried about not having sufficient opportunities at the Trust to engage with patients from diverse social, cultural and ethnic backgrounds.

Training programme delivery (R5.9)

65   There is an imbalance between providing service and accessing educational and training opportunities for doctors in core medical training. We heard that access to clinic time and bleep free teaching for these doctors is being compromised by service.

66   As reported under theme 1 (R1.16), doctors in core medical training are being interrupted during teaching to meet routine service needs. We also heard that they are not scheduled to attend clinics and are instead told they should attend when they can. However, service pressures mean they cannot be released. Doctors in core medical training were frustrated that their training was being compromised by high demands of carrying out routine tasks with little educational value. We are concerned that doctors in core medical training are at risk of not meeting their learning outcomes if there is an inability to attend mandatory training sessions and outpatient clinics as required in the curriculum.

   Requirement 2: The Trust must make sure there is appropriate balance between providing service and accessing educational and training opportunities for doctors in core medical training – they must be released for mandatory training sessions and outpatient clinics to ensure they meet their curriculum requirements.

67   The balance between service and training for doctors in foundation and higher training was better, but we did hear some concerns. As highlighted under theme 1

(R1.16), rota gaps sometimes make it difficult for doctors in foundation training to attend teaching.

68 Doctors in higher medical training reported some difficulty getting the practical experiences required by their curriculum but told us the problems were national and not isolated to the Trust. The doctors in higher medical training reported that the balance between service and training at the Trust was better than at other hospitals they had trained in.

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Evidence base	■ Trust Organogram ■ HESW 2015–18 LDA Provider self-assessment ■ LDA 2014 Schedules ■ Annex 3 – HESW 2015–18 LDA Provider Self-Assessment Form ■ NACT Meetings and documents email ■ Professional Support Unit – HESW ■ DME Job description ■ Deputy DMW Job description ■ Foundation Programme Director Year 1 job description ■ Foundation Programme Director Year 2 job description ■ SAS Tutor job description ■ DEG Minutes 101215 ■ DEG Minutes180915 ■ Annual Contract Meeting Notes 041214 ■ Annual Contract Meeting Notes 121115

- Equality and Diversity Policy v2 June 2015

- Incident Reporting Policy – April 2015

- Local Education Provider Summary 2014–15

- Patient Safety Comments 2015

- Education in Exeter presentation

- RDE Finance Spreadsheet November 2015

- Serious Events Analysis (2012 NCAT document)

- Supporting Educators

- Trainee Support Referral Form

- Acute Kidney Injury CQUIN

- Draft H@N Comms

- QIA Core Faculty Group minutes – 21.07.015

- Exeter Quality Improvement Academy

- Medical Work Experience Programme

- GMC national training survey results