

## Visit Report on South Tees Hospitals NHS Foundation Trust

This visit is part of our regional review of undergraduate and postgraduate medical education and training in the North East.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

<b>Education provider</b>	South Tees Hospitals NHS Foundation Trust
<b>Sites visited</b>	James Cook University Hospital
<b>Programmes</b>	<ul style="list-style-type: none"> <li>• Undergraduate (Newcastle Medical School)</li> <li>• Foundation programme</li> <li>• Core medical training</li> <li>• Anaesthetics</li> <li>• Intensive care medicine</li> </ul>
<b>Date of visit</b>	2 November 2018
<b>Were any serious concerns identified?</b>	No serious concerns were found on this visit.

## 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', e.g. where things are working particularly well or where there is a risk that standards may not be met.

### Areas that are working well

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

Number	Theme and requirements	Areas that are working well
1	Theme 1 (R1.8)	The trust provides excellent consultant support to doctors in training, the use of a 'floor anaesthetist' was particularly effective in providing support and supervision to all levels of learners.
2	Theme 1 (R1.10)	The identification of medical students through brightly coloured and labelled scrubs was very effective.
3	Theme 1 (R1.12)	The approach to rota management accommodated both leave requests and training needs of learners in rotas effectively.
4	Theme 1 (R1.13)	The induction process was rated very highly by all levels of learners in anaesthetics and intensive care medicine (ICM), it was found to be comprehensive and robust.
5	Theme 1 (R1.17)	We found evidence that the trust places great value on education, all groups that we met with were enthusiastic and positive about their experience at the trust.

6	Theme 1 (R1.17, R1.22)	The yearly inter professional learning sessions for final year medical students were very effective, with a focus on patient safety and simulated learning.
7	Theme 2 (R2.13)	Undergraduate teaching in the trust was found to be well structured and supervised, and was highly valued by the students.

**Area working well 1: The trust provides excellent consultant support to doctors in training, the use of a ‘floor anaesthetist’ was particularly effective in providing support and supervision to all levels of learners.**

1. It was evident during the visit that all levels of doctors training in anaesthetics highly valued the implementation of a ‘floor anaesthetist’ to the team. This consultant is not directly responsible for a clinical list and therefore is available to provide supervision and additional guidance to doctors in training as required. All levels of trainee reported excellent consultant support, specialty doctors training in anaesthetics in particular noted that supervision both during the day and out of hours was of a high quality.
2. Higher specialty and core doctors in training reported that their name and training level were written on their daily lists. These lists were then reviewed by the ‘floor anaesthetist’ in advance to ensure that the cases were appropriate for the training level of the doctor and that they offered a good mix of learning opportunities. Doctors training in anaesthetics reported that ‘floor anaesthetists’ would discuss lists with them at the start of the day, providing an opportunity to raise any issues or request additional support. Specialty doctors in training also reported that work place based assessments (WpBAs) were easy to come by due to the availability of the ‘floor anaesthetists’. Doctors training in Intensive Care Medicine (ICM) also reported high-quality supervision, noting that it was always clear who was available for support and that this support was readily available day and night.
3. Postgraduate educators also noted that the ‘floor anaesthetist’ post is valued. They noted that in the past they had ‘black spot’ clinical supervisors, these supervisors had clinical lists of their own therefore were unable to be immediately available to doctors in training. We heard that the trust identified this as a supervision risk and created the new post as a result. Educators stated that the introduction of the ‘floor anaesthetist’ post resulted in a significant improvement to the clinical supervision they were able to offer as they were now free to support doctors in training whenever necessary. They stated that this new role also enabled them to have better

oversight of the department, giving them a broad overview of all patients and workload. This post was also stated to be supportive of the hospital's role as a major trauma centre, as consultants without lists would be free to respond to any major trauma calls.

**Area working well 2: The identification of medical students through brightly coloured and labelled scrubs was very effective.**

4. We met with a group of medical students who were instantly identifiable by their brightly coloured scrubs, with their role clearly labelled on the scrubs themselves. This is an excellent way of identifying levels of seniority in the hospital.
5. However, during our visit, we heard several learners use the term 'SHO'. Whilst this in itself is not a patient safety issue, to improve the identification of doctors in training further, we would suggest that the trust works to discourage the use of this term as it is not clear on the levels of training it refers to. We noted that no clinical or educational staff used this term.

**Area working well 3: The approach to rota management accommodated both leave requests and training needs of learners in rotas effectively.**

6. We heard from the education management team that the trust experiences significant issues with rota gaps, and that there were recruitment issues at a consultant and trainee level. Despite this, the trust has appeared to have been able to shield learners of all levels from many of these rota issues as all levels reported positively on their experience of rotas. The work of the rota coordinator and departmental secretary was particularly singled out as being highly effective and personal, providing an excellent service to all levels of doctors in training.
7. Doctors in training of different levels told us that they received their rotas in good time in advance of starting their posts. Core medical trainees in ICM told us that they get their rota in advance for their full rotation, and those working in anaesthetics got their on-call rotas for their full rotation, and that this was a very fair process. Specialty doctors training in anaesthetics also told us that they get their rotas in advance in 6 month blocks.
8. All levels of learner reported that access to study leave and annual leave was good and accommodating. Specialty doctors in training told us that leave requests are dealt with extremely well by the rota coordinator, and that refusals were rare. One doctor training in anaesthetics told us that 'on the rare occasion that a request is refused, you always feel confident that it is for a valid reason'.
9. Core medical trainees in ICM told us that the rota coordinator is particularly good at ensuring that the rota reflects their learning objectives. We were told that they could

Speak to the coordinator to amend the rota to ensure that learners had access to the right lists in order to complete their competencies.

**Area working well 4: The induction process was rated very highly by all levels of learners in anaesthetics and intensive care medicine (ICM), it was found to be comprehensive and robust.**

10. We heard from all levels of learner that induction at both a trust and departmental level was effective and robust. Medical students told us that they valued the opportunity to complete much of the trust induction online before they started at the site, they told us that by completing e-learning in their own time meant that time on site was able to be used for site specific learning. Doctors training in core anaesthetics and foundation also noted the merit of this pre-learning and told us that they are incentivised to complete this before they begin at the trust by being offered a half day off if all learning is completed before they start. Core and specialty doctors in training also agreed that trust induction was successful, and that clear instructions were given on when to arrive and where to go. Specialty doctors remarked that the communication before they started at the trust was clear and useful, and that the whole process was 'smooth and streamlined'.
11. All levels of learner in Anaesthetics and ICM particularly found their departmental inductions to be effective, core medical trainees told us that inductions to their respective departments were 'friendly and personal' and that colleagues took the time to establish what the individual learner needed to gain from their placement. Specialty doctors in Anaesthetics told us that there was little room for improvement in their departmental inductions; they particularly valued the handbook they received before they started which contained useful information and protocols for the various departments they may be working on. All levels of learner told us that departmental tours were given at induction, including being introduced to colleagues, and that these were comprehensive and useful.
12. We heard from all levels of learner in both specialties that there were arrangements in place for any doctor who missed their induction. Foundation and core medical trainees in particular mentioned how good the arrangements were, stating that separate inductions were quickly organised for those that needed them.
13. In order to improve induction further, the trust may wish to review some areas of I.T. induction. We heard that there were some cases where Core medical trainees' I.T. access did not come through until the next day, and that I.T. induction was done in a lecture theatre which had limited value, learners recommended that more 'hands on' training in the clinical areas could be considered.

**Area working well 5: We found evidence that the trust places great value on education, all groups that we met with were enthusiastic and positive about their experience at the trust.**

- 14.** All levels of learners told us of a positive experience in their training at the site with excellent clinical supervision and doctors in training were never expected to work beyond their levels of competence. Core anaesthetics trainees told us that clinical supervision and access to WpBAs were actively encouraged through the creation of a 'floor anaesthetist' post. Higher specialty doctors stated that access to supervisors to get competencies signed off was easy, and that supervisors were very accommodating and worked with the learner to ensure they got access to what they needed for their curriculum. Learners also told us that they were strongly encouraged to speak up if they felt they were lacking in any educational opportunities and that the team would be very accommodating to this. Specialty doctors training in both specialties told us that they felt that the learning culture was extremely positive, they stated that they felt comfortable to ask if there was anything they were unsure of, and were confident that this would be used as a learning opportunity.
- 15.** Medical students told us that their educational supervision was of an extremely high quality, they stated that consultants always had an open door policy and that there was an emphasis on self-directed learning. They stated that they got regular and consistent feedback which was highly valuable.
- 16.** In our meeting with undergraduate educators we met with a passionate group of people, who are selected for their passion for education in specific areas. We heard that there is an educational lead and individual budget for educational development schemes in each specialty. The team was well resourced, with adequate time in their job plans and felt that their colleagues and the trust were very supportive of their educational role.
- 17.** The Mentors at South Tees (M@ST) programme was cited as positive, this was initiated by Foundation 1 doctors around three years ago and offers a mentorship role to foundation doctors through the mentoring of medical students. However, some medical students that we spoke to on the visit were unclear of the arrangements for this programme, therefore perhaps more promotion could be done to ensure this positive programme remains active.
- 18.** In our meeting with the education management team it was clear that education matters were given high priority. The reporting structure for educational concerns or issues was clear, for example we heard that there are minuted postgraduate and undergraduate meetings every other week where any issues are discussed. There is also a junior doctor forum that feeds directly to the Medical Director.

19. Undergraduate educators told us that a key challenge to their role is in obtaining private meeting spaces, we were also told that educators can often struggle to find space to set up clinical scenarios and deliver teaching. We were told that plans to obtain additional meeting rooms were being discussed but were not yet in place.

**Area working well 6: The twice a year inter professional learning sessions for final year medical students were very effective, with a focus on patient safety and simulated learning.**

20. We heard about the yearly inter-professional learning sessions from medical students and undergraduate educators. Medical students valued these days as an opportunity to work closely with other members of the multidisciplinary team, including nurses, and welcomed the clinical talks which were given. They also told us that they valued the simulation opportunities in working with the whole multidisciplinary team.
21. Undergraduate educators also told us about the success of the inter-professional day, they spoke of the benefits of the day, for example the focus on patient safety, and clearly highly valued the opportunity to bring junior members of the team together. We heard that these days are unique to James Cook and have been presented to Health Education England North East and North Cumbria for further consideration to be rolled out more widely.

**Area working well 7: Undergraduate teaching in the trust was found to be well structured and supervised, and was highly valued by the students.**

22. Medical students in the trust told us that they had a very good experience throughout their placement. They reported that the teaching staff worked extremely well together and provided thorough structured teaching. The use of clinical teaching fellows was commended by the students and they told us that they found these interactions to be highly valuable, particularly the regular feedback that they received from fellows.
23. Medical students reported an emphasis on self-directed learning which they told us helped them develop an element of independence which they valued.
24. Pastoral support was deemed to be particularly effective by medical students, as was the access to reasonable adjustments. Students told us that they can request a specific person for pastoral support, e.g. a nurse or a doctor. We heard an example of a particularly effective reasonable adjustment for a student who was colour blind, and that all necessary adjustments were arranged within 24 hours.
25. The medical school base unit at the trust was highly valued by medical students, they told us that the unit was approachable and effective, and that they provide an excellent link to the school and were always able to direct students to any resources.

26. Undergraduate educators told us that they felt well-resourced and supported by the trust, with adequate time in their job plans. They told us that they had a good relationship with the medical school and that the base units worked well together. Information is shared regularly with the medical school, for example any patient safety issues, or pastoral issues are shared immediately no matter how minor either by email or through submitting a 'PIN' form.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme and requirements	Requirements
		No requirements were identified during this visit.

## Recommendations

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

Number	Theme and requirements	Recommendations
1	Theme 1 (R1.13)	Foundation doctors should be fully inducted into departments where they undertake additional roles out of hours in acute medicine.

**Recommendation 1: The trust should ensure all learners know how to report patient safety concerns, and a robust process is in place to respond to feedback from learners.**

27. Whilst induction to the trust and specialty department was rated highly by learners, we heard from some foundation doctors in training that they have not received an induction for their out of hours commitments. We heard that roles and responsibilities by day are covered in the induction programme, but that for out of hours roles and responsibilities they have to 'work a lot out yourself'. We would recommend that the trust reviews the induction process for these learners to ensure that all expected roles and responsibilities are covered in their induction to enable them to conduct their work safely.

<b>Team leader</b>	Professor Alastair McLellan
<b>Visitors</b>	Professor Paul O'Neil Dr Cleave Gass Ms Beverley Miller Miss Philippa Russell
<b>GMC staff</b>	Chris Lawlor, Education QA Programme Manager Sophie Elkin, Education Quality Analyst Sophie Whistance, Education Quality Analyst Dominic Trewartha, Data and Research Analyst (Observer)

## Evidence base

1. Appendix A - ARCP Letter
2. Appendix B - School Visit
3. Appendix C - Trainees introductory sign off
4. Appendix D - Specialty Induction
5. Appendix E - Induction Programme
6. Appendix E1 - Medical Staff Induction
7. Appendix F - Handbook
8. Appendix G - Obstetric Anaesthetic Handbook
9. Appendix H - Medical Student Induction Guide
10. Appendix I - Educational Leads
11. Appendix Ii - Postgraduate Educational Team
12. Appendix J - HBP Timetables
13. Appendix K - HBP Individual Feedback
14. Appendix L - Map of Theatres
15. Appendix M - Medical Educational Programme
16. Appendix N - HBP Feedback
17. Appendix O - HENE Letter
18. Appendix P - Medical School Annual Quality Monitoring Meeting
19. Appendix Q - Accreditation Survey
20. Appendix R - Paediatric Anaesthetic Induction Pack
21. Appendix S - Anaesthetic Audit Meeting
22. Appendix Ta - Example of module assessment
23. Appendix Tb - Example of module assessment
24. Appendix U - Obstetric Rota
25. Appendix V - Trainee Timetable
26. Appendix W1 - One Heart
27. Appendix W2 - New Starters
28. Appendix X - HBP Induction
29. Appendix Y - Medical Student Handbook
30. Appendix Z - Anaesthetic Logbook
31. Appendix 1 - Example Work Schedule
32. Appendix 2 - Dignity at Work
33. Appendix 3 - ACAS Document
34. Appendix 4 - Anaesthetic Letter
35. Appendix 5a - Evaluation of Trainers
36. Appendix 5b - Evaluation of Trainers
37. Appendix 6 - Shadowing Timetable
38. Appendix 7 - Anaesthetic SAR

## Acknowledgement

We would like to thank South Tees Hospitals NHS Foundation Trust and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.

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Eleanor Ewing  
Education Quality Analyst

Dear Eleanor

We would like to thank the GMC for their recent education visit to our Trust and the subsequent report produced. The medical education team and the departments found the visit and immediate feedback very valuable. Our trainees, medical students and supervisors also reported positively on the experience, being grateful for the opportunity to provide their views and feedback.

We feel the report captures well the supportive learning environment at the Trust and the area for development accurately reflects where we are already focussing our efforts.

We are delighted that the positive culture of learning within our Trust continues to support learners, despite the busy environment. However, the Trust continues to be committed to innovation, improvement and workforce development to ensure we can continue to provide safe, high quality care while being a Trust who values their workforce and is considered a great place to work and train.

The GMC feedback has been shared widely within our Trust and the wider healthcare community, reflecting the whole system approach to education at the Trust and our on-going commitment to promoting excellence in education and training.

Yours sincerely,



Mr David Macafee  
Director of Medical Education  
GMC 4529105