

## Visit report on Southern Health and Social Care Trust

This visit is part of the Northern Ireland national review.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

### Summary

<b>Education provider</b>	Southern Health and Social Care Trust
<b>Sites visited</b>	Craigavon Area Hospital (CAH)
<b>Programmes</b>	<ul style="list-style-type: none"> <li>■ Undergraduate</li> <li>■ Foundation</li> <li>■ Core medical training (CMT)</li> <li>■ Core surgical training (CST)</li> <li>■ General (internal) medicine (GIM)</li> <li>■ General surgery</li> <li>■ Obstetrics and gynaecology (O&amp;G)</li> <li>■ Paediatrics</li> </ul>
<b>Date of visit</b>	21 March 2017
<b>Overview</b>	<p>The Southern Health and Social Care Trust (hereafter referred to as the trust) comprises of five sites providing acute services, adult mental health and disability services, older people's and primary care services, and children and young people's services.</p> <p>Our visit consisted of speaking to the education management team, clinical and educational supervisors, doctors in training and students from Years 3, 4 and 5 of Queen's University Belfast School of Medicine, Dentistry &amp; Biomedical Sciences (QUB). Although we visited the site of Craigavon Hospital, we linked in with stakeholders from</p>

Daisy Hill Hospital via video conferencing.

We found a number of areas working well within the trust, particularly within the areas of O&G and paediatrics. We also identified a number of areas of concern, with regards to gaps in rotas creating supervisory issues and a potential undermining issue within radiology.

## 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	Areas that are working well
1	Theme 1: Learning environment and culture ( <a href="#">R1.7</a> )	Students are having a good experience at both Craigavon Area Hospital and Daisy Hill Hospital. They told us their supervision, feedback and environment are all good.
2	Theme 1: Learning environment and culture ( <a href="#">R1.14</a> ) Theme 5: Developing and implementing curricula and assessments ( <a href="#">R5.9</a> )	Handover is working well in paediatrics and O&G and the doctors in training see the educational value of this. Particular mention was made of the safety brief in paediatrics.

## 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	Requirements
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1	Theme 1: Learning environment and culture ( <a href="#">R1.1-R1.3</a> )	All doctors in training must be made aware of the incident reporting process and supervisors/management must be encouraged to provide feedback on incident reports.
2	Theme 1: Learning environment and culture ( <a href="#">R1.8</a> )	The trust must review comments regarding foundation year 2 doctors being left alone with the lysis bleep, as well as how available off-site support is, to ensure that this situation does not reoccur.
3	Theme 1: Learning environment and culture ( <a href="#">R1.12</a> )	Rotas in medicine must be reviewed to enable doctors in training to attend mandatory training.
4	Theme 2: Educational governance and leadership ( <a href="#">R3.1</a> )	Learning outcomes from equality and diversity training must be clearly understood and applied in practice, such that learners are able to demonstrate they meet the professional standards required of them. Equality and diversity training must be appropriately monitored, and learners and educators must be up-to-date with their training.
5	Theme 3: Supporting learners ( <a href="#">R3.3</a> )	The trust must review the relationships within departments to encourage a positive working environment which does not undermine doctors in training professional confidence, performance and self-esteem.
6	Theme 5: Developing and implementing curricula and assessments ( <a href="#">R5.9</a> )	Foundation doctors must be given tasks during placements to ensure that they gain experience across a wide range of activities, to enable them to fulfil the requirements of their curriculum.

## 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** The education management team told us that they distribute a staff survey which asks about incident reporting and use this as an additional way of becoming aware of any issues. They are constantly developing this and are currently experimenting with a new categorising system to make the survey more meaningful.
- 2** Supervisors told us that doctors in training cover patient safety during their induction so that they are aware of the process for reporting concerns. In addition, they are expected to attend patient safety forums and morbidity and mortality meetings and they are encouraged to present cases at these.
- 3** Supervisors feel that they create an environment where doctors in training can be open with them. In addition, a patient safety newsletter has been introduced in order to encourage shared learning.
- 4** In paediatrics, we heard from doctors in higher training that they have a daily safety briefing at the end of each handover during which they feel able to raise patient safety concerns. They also feel comfortable raising issues with consultants, senior staff and the clinical director, who has an open door policy.

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

- 5** Understanding of the incident reporting process amongst doctors in training is variable. We were unable to determine from doctors in training where the responsibility lay for completion of the report. We heard that feedback after completing a form and submitting into the system was rare.

- 6 Doctors in training told us that incident (IR1) forms are available throughout placements; however there was a general view that they are not read by senior staff and therefore many had no experience of completing one as they do not see the value in doing so.
- 7 Doctors in training told us that they do receive feedback from reported patient safety concerns via email updates from the Northern Ireland Medical and Dental Training Agency (NIMDTA). In addition, morbidity and mortality meetings are held in medicine and surgery, during which critical incidents are discussed, although doctors in surgical training reported that they are not often able to attend these meetings due to workload.
- 8 Doctors in higher training told us that there is a culture of learning from mistakes. They told us that the experience of reporting concerns is positive as senior staff are not judgemental and use the process to make improvements.

**Requirement 1:** All doctors in training must be made aware of the incident reporting process and supervisors/management must be encouraged to provide feedback on incident reports.

*Supporting duty of candour (R1.4)*

- 9 Whilst there is no statutory duty of candour in Northern Ireland both students and doctors in training told us it is embedded in everything they do. They are aware that they need to be open and honest with patients.

*Seeking and responding to feedback (R1.5)*

- 10 The education management team seek feedback from doctors in training during the trainee forum which is held every six weeks. This forum is widely advertised across both sites and all doctors in training are welcome to attend. The agenda is agreed by the doctors in training, and the education management team feel it is beneficial as it gives the doctors in training the opportunity to approach management directly about potential issues.
- 11 The education management team told us that minutes are taken of the meeting and action points are given to specific individuals, which are fed back at the following meeting.

*Appropriate capacity for clinical supervision (R1.7)*

- 12 Students told us of their experience of clinical supervision. They were positive about the tasks their supervisors ask them to complete and the cases they are exposed to. They felt that their clinical supervisors are well informed about their learning outcomes, and described them as enthusiastic. They also told us that the supervisors make time for them and make them feel like part of the team.

**Area working well 1:** Students are having a good experience at both Craigavon Area Hospital and Daisy Hill Hospital. They told us their supervision, feedback and environment are all good.

*Appropriate level of clinical supervision (R1.8)*

**13** Foundation doctors must have access to an on-site senior colleague who is suitably qualified to deal with problems which may arise. We were made aware of gaps in rotas which resulted in foundation year 2 (F2) doctors in medicine at Craigavon Hospital being asked to hold the bleep for stroke lysis cases as ST3+ doctors in training were not available. During this time the F2 doctors were the most senior resident members of staff, although a consultant was available off-site via telephone. This was raised as a serious concern, however following discussion with the trust they assured us that this was a one-off occurrence for a short period of time and is unlikely to reoccur.

**Requirement 2:** The trust must review comments regarding foundation year 2 doctors being left alone with the lysis bleep, as well as how available off-site support is, to ensure that this situation does not reoccur.

**14** Doctors in core medical training at Craigavon Area Hospital reported that they have as much out of hours supervision as they need due to a more senior doctor in training being available at all times. However, doctors in core medical training at Daisy Hill Hospital reported that they do not have guaranteed middle grade cover and sometimes are not aware of this until they arrive at the hospital.

**15** Doctors in higher training we spoke with at both sites reported that there is always staff grade supervision available and that the consultants are approachable should they need any further assistance.

**16** Clinical supervisors provide closer supervision in the early weeks of placements, and following this they make themselves readily available should doctors in training need to approach them to discuss anything. The clinical supervisors told us that the only time access to supervision is not widely available is during out of hours, however there is always a consultant on call who can provide assistance.

**17** Clinical supervisors meet with each other every six months to feed back about doctors in training. They also discuss any feedback they have received from consultants. This allows them to feed back to individuals and tackle issues which arise.

*Appropriate responsibilities for patient care (R1.9)*

**18** Supervisors told us that they feel that their relationship with students and doctors in training is good, and results in them being able to approach supervisors for help and to be open with them. They therefore feel that the doctors in training would not

complete a task outside of their competence, as they would speak to their supervisors should they be asked to do something they were not comfortable with.

- 19** Students told us that if they were ever asked to complete a task that they felt was outside of their competence, they would feel comfortable approaching colleagues or supervisors for support. Although the students did not have experience of being asked to do something outside of their competence, they told us that they would feel comfortable asking to be given a demonstration of the procedure first, or to ask for a refresher.
- 20** Both doctors in training in core surgery and O&G told us that they are never expected to complete tasks outside of their competency.

#### *Taking consent appropriately (R1.11)*

- 21** We heard that a sticker system had been implemented in the O&G department whereby stickers are used on forms to help doctors in training to remember the risks and benefits for C-sections and various scanning procedures. Doctors in training in O&G felt comfortable taking consent due to this system, and the teaching session on consent which supervisors give them.
- 22** Doctors in surgical training told us that they feel suitably trained in taking consent and feel comfortable answering patients' questions for procedures.

#### *Rota design (R1.12)*

- 23** Due to rota gaps in medicine there is an impact on educational experience. We heard evidence of doctors in training being unable to access required courses. There was a perception of pressure amongst the doctors in training to fill the gaps at short notice.
- 24** The education management team were aware of issues with rota gaps, such as at foundation year 1 (F1) level and they reported that when issues arise they work immediately to resolve the issue. They gave an example of rewriting the bleep policy within a couple of days.

**Requirement 3:** The trust must ensure that rotas in medicine are reviewed to enable doctors in training to attend mandatory training.

#### *Induction (R1.13)*

- 25** Prior to our visit we were provided with various documents relating to induction across different placements. The education management team told us that they provided a generic induction online appropriate for the grade of training, plus additional specialty training. There is also an online handbook available which is available throughout the year, which they reported is particularly useful for late starters or locums.

- 26** Students valued their induction, especially during the paediatric placements where they had the opportunity to walk around the ward and speak to the various nurses, consultants and doctors in training.
- 27** Doctors in core medical training told us they have to complete hours of online modules before starting with the trust. They felt that this was too much as they had to complete this in their own time. However they were positive about the online induction being valid for a lengthy period of time, so that if they left the trust and then returned, they did not have to complete all components again.
- 28** The doctors in training reported that their induction to the trust was good and had structure; however they felt that some components were more useful than others, which were a repeat of processes they had already undertaken, having worked in a hospital setting for a number of years.
- 29** All those we met confirmed that they had received their passwords and IT access prior to taking up their placement, which had made the transition into the trust easier.
- 30** Doctors in core surgical training reported that their one day trust induction was a good opportunity to hear what would be expected of them whilst on placement. They felt that this had added value to the induction process.
- 31** Doctors in higher training in general (internal) medicine told us that their induction to the department was comprehensive without them being overloaded with information and those in paediatrics described the induction as superb.
- 32** The education management team told us of plans to move to single common employer which would remove unnecessary hurdles when doctors in training moved between jobs as it would avoid repetition of induction.

#### *Handover (R1.14)*

- 33** Doctors in training felt that the handovers in medicine are useful, however they reported that morning handovers were more informal than those in the evening and that consultants did not attend handovers which they felt meant that they did not learn as much as they could do during this time.
- 34** Doctors in training also told us that handovers in surgery are good, with a full team handover during the morning, evening and night time. They viewed handovers as a learning opportunity.
- 35** In addition, doctors in training in O&G told us that they see the written documentation of their handovers as a useful learning opportunity.

- 36** Supervisors in surgery told us that notes from handovers are saved on file so that they can be referred back to. In addition, surgery supervisors ensure that any interesting x-rays or scans are discussed with doctors in training to increase their learning.
- 37** Supervisors described a very robust handover in paediatrics and O&G, with consultants attending most handovers and informal huddles during the day to discuss cases if workload allows it. They did not however view the handover specifically as a teaching opportunity but were pleased that their handover system is beneficial to doctors in training.

**Area working well 2:** Handover is working well in paediatrics and O&G and the doctors in training see the educational value of this. Particular mention was made of the safety brief in paediatrics.

*Multiprofessional teamwork and learning (R1.17)*

- 38** It is important that doctors in training are exposed to multiprofessional learning; however doctors in core medical training told us that they did not have the opportunity to undertake this, that they had no simulation training with nurses or other medical professions.
- 39** In comparison, doctors in higher training told us that in paediatrics they have the opportunity every other month to work alongside nursing staff and midwives with neonatal simulation.
- 40** The education management team told us that the newly appointed simulation lead is exploring expanding multiprofessional learning and therefore there will be more opportunities for this in future.

*Adequate time and resources for assessment (R1.18)*

- 41** Doctors in training in O&G told us they have plenty of opportunities to complete assessments during placements. However in contrast doctors in training in general (internal) medicine told us that it is often difficult to find a consultant with the capacity to complete assessments with them due to workload.

*Capacity, resources and facilities (R1.19)*

- 42** Students were happy with the facilities provided at the trust. They told us that they have lectures online, however were able to access these easily as they are able to use Wi-Fi at the hospitals. They also commented that the library facilities are good, with plenty of computers to use.

**43** Supervisors at CAH told us that computer access in the doctor's room could be improved, however, we did not hear evidence that this impacted upon the doctors in training experience.

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

**44** The education management team told us that they had recently joined the simulation network and had appointed a consultant to be a simulation lead to improve the area of simulation. Initial plans are to recruit champions to work alongside the lead to develop the simulation strategy.

**45** At CAH, supervisors use simulation to deliver laparoscopic training, however they feel that the simulators do not match clinical situation sufficiently and therefore doctors in training learn more by observing procedures on patients.

**46** O&G supervisors told us that although they do not have a simulation suite, they do have models they use to teach doctors in training, however these are mainly used for students

**47** Students reported that they have access to simulation training. They told us that this was useful, in particular on paediatric placements where they have access to a simulation baby. However doctors in training told us that there is no provision for simulation access for them in the trust.

*Access to educational supervision (R1.21)*

**48** Students are able to meet with their educational supervisors at the beginning, middle and end of their placements. They told us they value their supervisors who usually contact them to arrange the meetings, rather than the students having to chase them.

## 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 manage/control systems and processes (R2.1); Accountability for quality (R2.2)*

- 49** The education management team told us that education issues are recognised at board level. They told us that medical education, such as NIMDTA visits and actions required, is a regular agenda item at trust board meetings.
- 50** The education management team reported that relationships with NIMDTA are strong, with nominated people from different levels within the trust sitting on committee and ARCP panels, which allowed a continuous link between the two organisations.
- 51** The education management team reported good links with NIMDTA through regular meetings at different levels. They told us that NIMDTA is supportive but always let them know areas in which there are issues so that they have the opportunity to make improvements.

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

- 52** Doctors in higher training feel able to provide feedback in a range of ways. At the end of their placements they are asked to complete a formal trust survey, and in addition, they are given the opportunity to sit down informally with consultants to discuss the placements. Doctors in training confirmed that they can provide informal feedback to their clinical supervisor throughout their placement and that they feel comfortable in doing so.
- 53** The education management team meet three times per year to look at developments to the curriculum and how they handle feedback they have received from students, doctors in training and staff. In addition, each clinical lead is encouraged by the education management team to attend a once or twice yearly meeting with QUB to look at curriculum changes.

*Clinical supervisors for doctors in training (R2.14)*

**54** Doctors in core medical training all confirmed that they have a clinical supervisor and that they have as much supervision as they need.

*Educational supervisors for doctors in training (R2.15)*

**55** All doctors in training we met with confirmed that they have educational supervisors and confirmed that they meet regularly to discuss progress with their training. We were told that supervision was excellent and extra support is always available.

### 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.*

#### *Good Medical Practice and ethical concerns (R3.1)*

- 56** Students and doctors in training we spoke with told us that they are unaware of how to raise ethical concerns. There was a consensus that there would be instructions available somewhere on the portal, however none were confident on the process.
- 57** We heard that equality and diversity training is undertaken during the induction process, however there is a general lack of awareness of the principles of equality and diversity amongst doctors in training. Most were aware that they had completed the training online during their inductions, however could not recall the content.
- 58** Supervisors told us that they receive useful equality and diversity training online. They recalled the content and those who has recently been involved in the recruitment of doctors in training told us that they had received a useful refresher.
- 59** The education management team admitted that there is not the same focus on equality and diversity for doctors in training as there is for staff.

**Requirement 4:** Learning outcomes from equality and diversity training must be clearly understood and applied in practice, such that learners are able to demonstrate they meet the professional standards required of them. Equality and diversity training must be appropriately monitored, and learners and educators must be up-to-date with their training.

#### *Learners health and wellbeing; educational and pastoral support (R3.2)*

- 60** The education management team told us that there is trust specific support available for doctors in training, such as the mentoring scheme which also allows doctors in training to speak to someone outside their department if necessary. They also reported that *Carecall* is available to learners, which is a privately funded service which provides four sessions of counselling to those who use it.
- 61** In addition, focus groups are held for different levels of learners which provide the opportunity for them to open up about issues they are facing.
- 62** The education management team also told us about the serious adverse incident reporting process, whereby a clinical screener identifies doctors in training involvement in an incident and informs the educational supervisor so that they can discuss it with the doctor in training and work out a plan to prevent a similar incident from reoccurring.

- 63** Students reported that they have pastoral support on placements, such as meetings with their e-portfolio supervisors, who are based at the school.
- 64** Although students told us they had the option of contacting counsellors, they are located within QUB and some of the students were unsure of how they would access the service whilst on placement.
- 65** Doctors in training told us that there is a wide range of pastoral support from within the hospital, trust and NIMDTA which they are told about during their induction. They reported that whilst on placement, alongside supervisory support, they feel supported by consultants.
- 66** Doctors in higher training felt that the consultants would notice if they were having difficulties whilst on placement. They reported that the consultants are approachable and they would have no issues discussing difficulties with them.

### *Undermining and bullying (R3.3)*

- 67** We were provided with the trust's harassment at work policy. Supervisors told us that the trust has a no tolerance policy on undermining and bullying and that due to the closeness of the team, they felt well supported in this area. They were aware of how to direct learners if they reported instances of undermining or bullying.
- 68** Most doctors in higher training felt comfortable raising issues with the person involved and felt that if an issue could not be resolved, they could speak with their clinical supervisor or a senior consultant. These doctors in training could not imagine an instance which would warrant an issue being escalated further than this level.
- 69** However some doctors in higher training reported that on occasion, they felt pressured into covering gaps in the rota and told us of instances of being called in the middle of the night to be asked to attend work the following morning, which they felt unable to say no to.
- 70** Doctors in training reported difficulties with relationships with senior doctors in the radiology department. Students also described these difficulties, however told us that they had not reported them as they wished to maintain working relationships, although they were aware of the reporting process.
- 71** In our view the accounts we heard from students and doctors in training merited being classified as behaviour which undermines their professional confidence, performance and self-esteem. We understand however that this had not been reported through the normal trust channels.
- 72** The education management team reported challenges with recruitment in certain specialties, such as radiology. They felt that this may have impacted on the

relationships within the department and contributed to the issues described by doctors in training.

**Requirement 5:** The trust must review the relationships within departments to encourage a positive working environment which does not undermine doctors in training professional confidence, performance and self-esteem.

*Supporting less than full-time training (R3.10)*

**73** We were made aware that the trust is supportive of those in less than full time training. Doctors in training told us that it was common for individuals to be in less than full time training in paediatrics and that it was supported at a local level and subsequently signed off by NIMDTA.

*Study leave (R3.12)*

**74** The education management team told us that study leave can be difficult to schedule due to increasing workload, and is not top of the priority list of leave approved. However supervisors told us that on the whole there are no issues scheduling study leave for doctors in training as long as they are given appropriate notice and that the head of service is very accommodating of study leave.

**75** Most doctors in training told us that study leave is valuable and that on the whole they had no issues taking it. They reported that it is approved at a local level and subsequently signed off by NIMDTA.

**76** However, doctors in core medical training told us that there was no scope for study leave for them. They reported that they are taking annual leave for their part 1 exams as they have been unable to take study leave and therefore feel disadvantaged. They had raised this with NIMDTA but had not heard back from them about this issue.

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

**77** Students receive constant feedback on their progress, through written feedback from clinical supervisors during placements and feedback during bedside teaching. They told us that the feedback is a mixture of both formal and informal and found it invaluable. In addition, students receive feedback from their educational supervisors twice per year and from their clinical supervisors at the end of each placement.

**78** Students also receive case reports during placements, after which they are provided with feedback from their supervisors, which they commented was very good and added to their learning experience.

**79** Students at Daisy Hill Hospital told us that in medicine, the consultants have a weekly lunchtime meeting during which they discuss the current cases and provide students

with general feedback on how cases were progressing. They reported that this feedback is excellent and the consultants provide them with points to improve upon and goals to work towards.

- 80** Doctors in training reported mixed experiences of feedback. Although they all received it, sometimes they felt that the supervisors were too positive and did not provide constructive criticism, which did not allow them to develop.
- 81** Doctors in higher training told us that they receive feedback at the start and end of their rotation, alongside a mid-placement review. They agreed that meetings with supervisors are useful and gives them the opportunity to devise a personal development plan and work out how to achieve the goals within their plan over the six month rotation.

*Support for learners in difficulties (R3.14)*

- 82** Supervisors in medicine told us the trust has a robust system for flagging up doctors in training who need additional support during their departmental meeting. This allows issues to be escalated to the medical director if necessary.

## 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)*

- 83** Supervisors told us the trust is very proactive in terms of training they need to undertake. They told us it is a positive experience to be a trainer within the trust and although there are demands put upon them in the role, they view this as positive. They also commented that the size of the trust allowed them to have regular contact with doctors in training.
- 84** Educational supervisors reported that over the last few years, training for their roles has significantly improved, with training from both NIMDTA and the trust. As a result, supervisors felt supported and more equipped for their roles. They also confirmed that they have annual appraisals which they find beneficial.
- 85** The education management team obtain additional feedback on educational supervisors via the trainee forum. This feedback is discussed with supervisors during their regular review meetings.
- 86** In addition, the supervisors confirmed that they complete a self-appraisal, whereby they write their own personal development plan and reflect on their own training needs, which is then discussed during their annual appraisal.
- 87** The education management team told us that they have a high compliance rate with their appraisal system and that their system is regularly reviewed during the appraisal review board, at which any issues are discussed.

#### *Time in job plans (R4.2)*

- 88** We heard from the education management team that last year, they did not allocate time in the job plans of educational and clinical supervisors for supervision. However, this year they have implemented a system according to the regional formula and they are currently working through job plans to address this. They reported that at present they are 80% complete.
- 89** Supervisors confirmed that they now have dedicated time in their job plans to meet their educational responsibilities.

*Educators' concerns or difficulties (R4.4)*

- 90** Supervisors reported that they are aware of the process for reporting welfare concerns about doctors in training. They told us that during their training they are signposted to various support services which are available for doctors in training.
- 91** They were also aware that the trust has a mentoring scheme, which gives doctors in training an option seeking support outside of their department if necessary.

*Working with other educators (R4.5)*

- 92** Supervisors in O&G told us that they have the opportunity to link in with midwives at their monthly audit meetings as there is midwifery presence at these sessions. They found this useful in maintaining links between professions.

## 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)*

- 93** Students told us that they have the opportunity to work with other medical professionals such as nurses and midwives. In addition, they have teaching sessions with pharmacists and dieticians and also interact with pharmacy students during twice yearly lectures.
- 94** In addition, students at Daisy Hill Hospital in particular told us that they have the opportunity to work alongside physiotherapists on a regular basis.

#### *Training programme delivery (R5.9)*

- 95** We were told that foundation year 1 doctors are completing a number of time consuming low educational value tasks, causing problems with accessing educational activity. They were therefore concerned that they may not meet the requirements of the curriculum. They gave an example of spending the majority of their day completing discharge summaries, which limits learning opportunities.

**Requirement 6:** Foundation doctors must be given tasks during placements to ensure that they gain experience across a wide range of activities, to enable them to fulfil the requirements of their curriculum.

- 96** Doctors in core medical training feel that there is imbalance between service and training. Due to workload and gaps in rotas they do not have time to attend the training organised by NIMDTA. They therefore felt it may be difficult for some doctors in training to attain the attendance expected of them.
- 97** Some doctors in training in general (internal) medicine told us that they had been unable to attend the IMPACT (Ill Medical Patients' Acute Care & Treatment) course, which is designed to improve patient safety, due to rotas and they were anxious about the consequences of this. However, they did tell us that there is a lot of lunchtime teaching at both sites, which they found valuable and were extremely positive about.
- 98** Doctors in training told us that their training is good and gives them the best opportunity to progress as doctors. Doctors in core surgical training feel well

supported and feel that they are exposed to a wide range of cases. They also told us that they have no problems attending regional teaching.

**99** Doctors in higher training told us that both their training and teaching is good and that the balance between service delivery and training is appropriate. They had not encountered issues accessing regional teaching and told us that their teaching time whilst on placement is protected. They felt that their training programme allows them to access a wide range of cases and therefore are able to meet the outcomes of the curriculum.

**100** Although feedback on the curriculum was positive, we were told of difficulties with doctors in training having the opportunity to observe acute paediatric cases due to space in the outpatient clinic. We understand that this issue will be resolved when the clinic moves to its new building.

#### *Mapping assessments against curricula (R5.10)*

**101** Doctors in training in paediatrics told us that they have recently been given a new portfolio and are still getting used to the different assessments with it. They told us that the new portfolio system results in them having to do lots of research or ask other doctors in training for assistance.

#### *Reasonable adjustments in the assessment and delivery of curricula (R5.12)*

**102** Doctors in higher training were aware of the process for arranging adjustments whilst on placements and were aware of other support services available to them.

**103** Supervisors were able to tell us about the process for implementing reasonable adjustments during placements and gave a recent example of an adjustment which had been made for a doctor in training.

**104** Prior to our visit, we were provided with the trust's policy on dealing with learners in difficulty. Supervisors were aware of the guidance and told us that they if there is a learner in difficulty they are informed by NIMDTA before they arrive on placement, which means that the supervisors can monitor their progress and supervise them more closely.

<b>Team leader</b>	Steve Ball
<b>Visitors</b>	Tom Foley Rhona Hughes Rakesh Patel
<b>GMC staff</b>	Kimberley Archer (Education Quality Analyst) Kate Bowden (Education Quality Analyst) Samara Morgan (Education Quality Assurance Programme Manager)