General Medical Council

Visit Report on Tees, Esk and Wear Valleys 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

Education provider	Tees, Esk and Wear Valleys NHS Foundation Trust
Sites visited	Roseberry Park Hospital
Programmes	• Undergraduate (Newcastle Medical School) • Foundation programme • Core training • General psychiatry • Forensic psychiatry
Date of visit	31 October 2018
Were any serious concerns identified?	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 (R1.5)	The trust is responsive to feedback identified by medical students on placement and is willing to make changes to its provision of undergraduate education and training as a result of this.
2	Theme 1 (R1.7)	The trust is making efforts to proactively address its staffing issues; including an international recruitment plan with a good international medical graduate induction programme linked to this.
3	Theme 1 (R1.8)	The provision of formal supervision for doctors in training within the trust is generally excellent, despite the gaps in the consultant workforce. There is enthusiastic engagement of clinicians with education and training, and the trainers are accessible, supportive and clinically competent.
4	Theme 1 (R1.13)	Departmental and locality inductions are working well at all levels within the trust in preparing learners for their placements and posts.
5	Themes 1 and 5 (R1.18; R5.9)	The training and support given to core psychiatry trainees in preparation for their MRCPsych clinical assessment of skills and competencies examination is valued and effective.
6	Theme 1 (R1.22)	Doctors in specialty training at ST4 level and above are supported by the trust to develop their professional leadership and management capabilities through in-house training.
7	Theme 4 (S4.2; R4.2: R4.3; R4.4)	Trainers are well supported as clinicians and educators in the trust across both undergraduate and postgraduate education by an effective trainer faculty development programme.

Area working well 1: The trust is responsive to feedback identified by medical students on placement and is willing to make changes to its provision of undergraduate education and training as a result of this.

1 It was evident during the visit that the trust provides a number of opportunities to medical students to feedback on their education and training. In our introductory meeting with the senior management team we were told that the trust actively seeks feedback from each cohort of students, not just on individual placements but also overall placement feedback from each medical school. We were pleased to note in this meeting that the trust has committed resources to capture this feedback and to help develop relationships with partnering medical schools. This includes expanding the number of undergraduate tutors to two in each base unit to help enable this. The trust is split into four 'base units' which all offer places to medical students, and we were pleased to learn there is effective coordination between these units in sharing good practice and jointly addressing student concerns in quarterly meetings. This is supplemented by an Undergraduate Staff-Student Committee that meets quarterly, which allows for student feedback to be voiced and discussed.

2 We were told by the undergraduate clinical and educational supervisors that the trust has a willingness to change its provision of medical student placements based on student feedback. An example of a change made based on feedback given is the trust redesigning how it delivers teaching of certain conditions, such as moving from learning about depression through presentation slides to role playing with actors instead. We also heard from the education management team of certain undergraduate placements being withdrawn, and community placements being lengthened, following student feedback.

3 The medical students are required to provide written feedback at the end of each rotation, and they have weekly tutor group meetings that provide an opportunity to raise any issues. We were pleased to hear from the students that they feel their feedback is listened to and changes are made based on this; such as the arrangement of additional learning opportunities and exposure to specialised areas such as forensic psychiatry, and child and adolescent mental health services. It is evident that there is a culture within the trust that both seeks and responds to medical student feedback. We have therefore identified this as an area that is working well.

Area working well 2: The trust is making efforts to proactively address its staffing issues; including an international recruitment plan with a good international medical graduate induction programme linked to this.

4 A presentation given by the trust's senior management team informed us of continuing difficulties with recruiting and retaining consultants and doctors in specialty training. This presents a number of challenges to the trust's provision of education and training. We noted anticipation of further decline in staffing levels due to the percentage of the workforce approaching retirement. An example of this is 36

percent of posts within General Adult Psychiatry in the North East are currently filled by persons aged over 50 years.

5 We are assured that the presence of the medical workforce numbers in the trust's risk register means the impact of workforce issues on the delivery of education and training will continue to be monitored; and we are pleased to learn of the efforts the trust is making to proactively address its staffing issues. We specifically note its international trust grade recruitment and associated in-house development programme, and its international recruitment for its Certificate of Eligibility for Specialist Registration (CESR) programme. We found the in-house development programme effectively inducts overseas doctors to the NHS, and mental health services in general, through a combination of GMC workshops and trust led training sessions. This includes simulation workshops that track a patient's journey, physical healthcare skills training, six GMC led sessions on good medical practice and professionalism, and a one month period of shadowing current foundation doctors and consultants. These internationally recruited doctors fill the trust's vacant training posts to ease service pressures, which supports the doctors in training to focus on their programme needs.

6 The visit team recognise there is a national issue concerning the status and standing of psychiatry as a medical specialty, and the difficulty in attracting learners to consider this area of medicine as a future career path. However, we note the proactive steps the trust is making to fill vacant posts and train future consultant psychiatrists to address gaps in service provision. Whilst it is unclear what the future effects these actions will have on the trust's vacancy rates, it is evident that despite the shortfalls in staffing levels, the measures are helping to ensure learners receive appropriate working patterns and workload with good learning opportunities. We have therefore identified this as an area working well within this trust.

Area working well 3: The provision of formal supervision for doctors in training within the trust is generally excellent, despite the gaps in the consultant workforce. There is enthusiastic engagement of clinicians with education and training, and the trainers are accessible, supportive and clinically competent.

7 We heard from the clinical supervisors that the shortage of consultants within the trust is placing a burden on them, as some are required to increase their supervision commitments to fill the gaps. However, all the doctors in training we met confirmed they receive good supervision, and can access support when undertaking on-call and out of hours work. The foundation doctors in training receive a text in advance of working out of hours detailing who the on-call team of registrars and consultants will be; and the core trainees are told who they can contact when working on-call and have never had a problem in getting the support when needed. This cohort feels particularly supported by the on-call consultants who take the time to speak to them to reflect on what actions and decisions were made and why, when advice was sought.

8 The Royal College of Psychiatrists (RCPsych) recommends that doctors training in psychiatry should have an hour per week of protected time with their clinical supervisor to set goals for training, develop individual learning plans, get feedback and validate their learning. During our visit we found the trust is adhering to this recommendation as all the doctors in training meet with their clinical supervisor for one hour per week. Additionally, we have noted that the RCPsych requirement does not apply to foundation doctors training in psychiatry posts, but none the less the trust ensures that they too have one hour per week of clinical supervision. The foundation doctors in training spoke positively of the clinical supervisors' commitment to this, and told us the supervisors will chase them to reschedule if a timetabled session is missed.

9 Effective working relationships are established between the doctors in training and their clinical supervisors. All the doctors in training we met told us they regularly see their clinical supervisors in the workplace, and would approach their clinical supervisor for educational and pastoral support, if needed, and would feel comfortable to report a patient safety concern or a bullying and undermining issue to them. We heard from some core trainees that they have an almost daily catch up with their clinical supervisor. Furthermore, the doctors in training spoke positively of the enthusiastic engagement of the clinicians in general with their education and training. As part of their workplace inductions it is the consultants who show them around, and the senior clinicians will always make themselves available to provide support and to sign off workplace based assessments.

10 It is evident that the doctors in training within the trust receive a good level of supervision by experienced and competent supervisors. There was a clear consensus amongst the learners that the consultant body is accessible, supportive and clinically competent. We have therefore identified this as an area that is working well.

Area working well 4: Departmental and locality inductions are working well at all levels within the trust in preparing learners for their placements and posts.

11 There is a three tiered approach to induction for learners starting at the trust, set at the trust, local and departmental levels. These cover various areas including patient care and safety, equality and diversity matters, learning outcomes, and help with integration into the clinical teams. The learners we met spoke positively of the departmental and locality inductions in preparing them for starting their posts and placements.

12 The locality inductions involve the learners being shown around the specific hospital(s) they are based at, including the different units, wards and facilities, and meeting key groups they will interact with such as the pharmacy and crisis teams. Practicalities such as getting IT access and training, and being shown where trust guidelines and policies can be found are also covered. The doctors in training also receive key training for the different units, are given guidance on what to expect when undertaking out of hours and on-call work, and are told how to manage the

physical health needs of patients. The departmental induction is provided by consultants to help embed the learners into their respective clinical teams, and to clarify the learners' roles and objectives in relation to their different curricula and training programmes.

13 The core trainees told us the inductions clearly cover what they are expected to do on their ward, who will support them and the escalation process for concerns. Similarly, the foundation doctors in training also told us the inductions make it clear what they can and cannot do, and what the role and expectations of a foundation doctor is. The inductions for foundation year 1 doctors in training are supplemented by a period of shadowing the outgoing person in the post they are taking over for up to five days. Those foundation doctors coming from overseas have a shadowing period of one month to help them understand the practicalities of the job, such as referring a patient. We heard from the medical students that they too are given clear information about the placements and their role, and what is expected from them. The students are each given and taken through a student portfolio handbook during their locality induction, which outlines the aims of the placement and learning outcomes.

14 Throughout the visit we heard that all learners are provided with effective departmental and locality inductions that prepares them for their learning and work within the trust. Through having a local induction checklist for all the learners and their clinical supervisors to go though and sign, the trust ensures the salient induction activities are completed either during the inductions or immediately afterwards. We have therefore identified inductions as an area that is working well within this trust.

Area working well 5: The training and support given to core psychiatry trainees in preparation for their MRCPsych clinical assessment of skills and competencies examination is valued and effective.

15 The trust supports training of its core psychiatry trainees for the MRCPscych Clinical Assessment of Skills and Competencies exam through provision of Independent Assessment of Clinical Skills Days, and Clinical Assessment of Skills and Competencies Practice Days, which are biannual formative assessment events. These take the form of structured simulated practice and training, and feedback sessions. In addition to this, opportunistic teaching by trained supervisors is encouraged by the trust, and core trainees can also attend a clinical skills assessment in the workplace course that teaches theory and practice around clinical interview skills. A pass in the MRPsych exam provides membership to the Royal College of Psychiatrists, which is needed for entry into specialty training in psychiatry. The core psychiatry trainees we met value this training and support, and it is linked to high pass rates for the MRPsych exam (in excess of 80%) among candidates from the trust.

Area working well 6: Doctors in specialty training at ST4 level and above are supported by the trust to develop their professional leadership and management capabilities through in-house training.

16 The trust has developed a comprehensive in-house training prospectus available to its doctors in training, including a Management and Leadership Programme. Predominantly aimed at mental health and learning disabilities specialist registrars at ST4 level and above, and senior healthcare practitioners within the trust, the programme comprises of six full day workshops covering the Healthcare Leadership Competency Framework's nine domains; which were jointly developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement.

17 The GMC's *Promoting Excellence* publication states it is important that organisations support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service. The visit team are of the opinion that doctors in specialty training at ST4 level and above are being actively supported by the trust to develop their professional leadership and management capabilities through in-house training, in preparation for their careers progressing in the healthcare system. We have therefore identified this as an area that is working well.

Area working well 7: Trainers are well supported as clinicians and educators in the trust across both undergraduate and postgraduate education by an effective trainer faculty development programme.

18 Pre-visit documentation sets out the trust's emphasis on striking a balance between supporting trainers as both clinicians and educators. The trust recognises the importance of and need for the inclusion of educational roles within job planning, with allocated recognition for the work of supervisors within their standard professional activities time. The trust provides opportunities within the consultant contract that allows them to use supporting professional activities for training and education by providing a three to one sessional job plan split between direct clinical care work and non-clinical supporting activities such as teaching, in that order.

19 The clinical and educational supervisors we met told us they have adequate time within their job plans for their supervision responsibilities, and spoke positively of the trust's support for educational activity. In 2016 an in depth consultation paper was written to review the structure and function of the trust's Medical Education Faculty, and in 2017 a new in-house trainer support programme was introduced to make it easier for trainers to access training. This includes regular and repeated half day training events on various themes relevant to being a trainer that are predicated to contribute towards quality improvement, such as clinical skills assessment, feedback skills, and enhancing clinical supervision. More specialised half day training events are being introduced centred on undergraduate teaching and trainees in difficulty, with plans to expand the training programme further to include relevant continuing professional development content to support the work of the educators as clinicians.

20 The clinical and educational supervisors we met also spoke positively of a new trainer survey managed by the trust. The senior management team told us the purpose of

this bespoke survey is to help better understand the trainer cohort's needs, with findings reported back to the trust's board. It was evident throughout the visit that there has been good work around supporting trainers as clinicians and educators in the trust by effective trainer faculty developments. We have therefore identified this as an area that is working well.

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
1	Theme 1 (S1.1; S1.2)	The trust must ensure doctors in training are not asked to take clinical responsibility for management decisions made by clinicians who are not appropriately qualified.
2	Theme 1 (R1.1; R3.3)	The trust must ensure all learners feel supported to raise concerns about patient safety without fear of adverse consequences.
3	Theme 1 (R1.14)	The trust must ensure the transfer of information and care between acute trusts and mental health providers is safe and provides continuity of care for patients.

Requirement 1: The trust must ensure doctors in training are not asked to take clinical responsibility for management decisions made by clinicians who are not appropriately qualified.

21 The visit team were concerned to hear from the foundation doctors in training and the core trainees of incidents in which they have been asked to carry out prescribing tasks they have not undertaken the required clinical preparation for. This includes being asked by the nursing team to prescribe psychotropic medications to patients on the psychiatric intensive care unit ward as recommended by non-prescribing senior staff (clinical psychologist), without knowledge of the patients' health and without awareness of other relevant clinical information. However, we are assured the doctors

in training have the professional confidence and medical understanding to refuse to carry out these activities and demonstrate what is expected in the GMC's *Good medical practice*.

22 It is imperative that learning environments are safe for patients and supportive for learners. We have therefore set a requirement for the trust to ensure doctors in training are not asked to take clinical responsibility for management decisions made by clinicians who are not appropriately qualified.

Requirement 2: The trust must ensure all learners feel supported to raise concerns about patient safety without fear of adverse consequences.

23 We are concerned to have found a culture of fear amongst the foundation doctors in training in reporting patient safety issues involving nursing staff. This group of learners told us they have experienced resistance and frank discouragement from raising concerns for fear of upsetting nursing staff, and as a result not all patient safety concerns are being appropriately reported lest this affect the relationship between the nursing team and doctors in training. These doctors in training believe this contributes to an unsafe working environment, and we are concerned to hear that as a result they feel nervous to go on certain wards. We have therefore set a requirement for the trust to ensure all learners feel supported to openly and safely report a concern without fear of adverse consequences.

Requirement 3: The trust must ensure the transfer of information and care between acute trusts and mental health providers is safe and provides continuity of care for patients.

24 Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides mental health and learning disabilities services over a wide geographical area. As a mental health provider, there are occasions when the physical and mental health care needs of a patient requires a transfer to or from a neighbouring acute care trust. Whilst the trust has a policy document that outlines the process of managing the admission, transfer and discharge of its service users, we found during the visit that the transfer of patient information and care between TEWV and acute trusts is an area of concern for some doctors in training.

25 The foundation doctors in training and core trainees we met believe the neighbouring acute hospitals lack an understanding of what mental health hospital services entail, and told us of occasions when they felt a transfer of care should not have occurred as the required physical healthcare facilities are not in place. We also heard from the core trainees that patients do not always get the treatment they require following a transfer, as discharge care plans or letters are not consistently provided for patients coming from an acute hospital. We have therefore set a requirement for the trust to review how the transfer of information and care between acute trusts and itself is managed to ensure the process is safe and provides continuity of care for patients.

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 (R1.3; R1.5; R1.6)	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.
2	Theme 1 (R1.8; R.1.12)	The trust should ensure the administration of medical student placements consistently ensures there is an appropriate level of clinical supervision at all times, and that the students are provided with learning opportunities to meet the requirements of their curriculum.
3	Theme 1 (R1.10)	The trust should ensure learners at different stages of education and training can be reliably identified by all staff members, so they are not asked to work beyond their competence.
4	Theme 1 (R1.19)	The trust should review the resources available to support and supervise the doctors in training timetabled research sessions.

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.

26 Pre-visit documentation suggests the trust has processes in place to manage the reporting of patient safety concerns. All learners starting at the trust are supposed to receive an overview of how to report patient safety concerns during their induction, be advised that the trust has a Datix incident reporting system, and be told they can raise concerns with their clinical supervisor or other faculty colleagues. The senior management team told us that training in the use of Datix is part of the induction checklist for doctors in training, which needs to be completed within eight weeks of the trainees' start date.

27 However, during the visit we found the training and knowledge of how to report patient safety concerns amongst the learners to be variable. Whilst all the learners we met feel confident with raising an issue with their clinical supervisor or the consultant/ward managers in charge on the day, only the core trainees and doctors in

specialty training told us they know how to correctly use Datix to report a concern. The foundation doctors in training told us they are not familiar with the Datix reporting system, having not had any formal training in how to use it. Furthermore, not all of this cohort could remember Datix being covered in their induction.

28 On paper there is an approach for feedback to be given to learners who have raised a patient safety concern. The senior management team told us the trust has a process of auditing all Datix submissions made by doctors in training or involving a learner, which then gets broken down into localities and fed to the correct people to provide feedback to the doctor in training that reported the concern. This will usually be done by the clinical or educational supervisor at their next planned meeting. However, the senior management team do acknowledge that whilst they can access the information, they do not track the percentages of learners who are given feedback. The core trainees told us they do get individual feedback from their Datix submissions, but the foundation doctors and doctors in specialty training told us they are not always told the outcomes of incidents they have reported.

29 It is important for organisations delivering medical education and training to demonstrate a culture that both seeks and responds to feedback from learners on patient safety concerns, in a hope to learn from mistakes and reflect on near misses. Whilst it is positive that the learners we met feel able to raise a concern directly with their clinical supervisors and other ward staff, there is a lack of consistency amongst the doctors in training in feeling able to use Datix to report a patient safety concern and in getting individual feedback on submissions made through this reporting system. We have therefore set a recommendation for the trust to address these issues to remove the variability we found in the raising of concerns processes for learners.

Recommendation 2: The trust should ensure the administration of medical student placements consistently ensures there is an appropriate level of clinical supervision at all times, and that the students are provided with learning opportunities to meet the requirements of their curriculum.

30 Whilst the medical students have, in general, a positive learning experience whilst on placement within the trust, there was a consensus amongst those we met that they are not always expected when they turn up to a ward or team for their timetabled learning and clinical exposure. Although the undergraduate educators told us clinical teams are emailed beforehand so as to expect the students, this is not reflected in the student experience.

31 We were concerned to hear from the medical students of occasions when they have attended a ward to find the staff unaware they were due, which has resulted in the students being left to direct their own learning or told that the team is busy so they can only observe with no teaching or feedback given. The restricted learning experiences caused by this are compounded by the limited time frame of the student

placements within the trust; four weeks in the third year and three weeks in the fifth year of their medical degree programme.

32 Although the medical students report they can meet their curricula requirements over the course of the placements, they have identified the need for greater consistency in the administration of the placements so that they are always expected and appropriate clinical supervision is available and learning opportunities are provided. We have therefore set a recommendation for the trust to address this.

Recommendation 3: The trust should ensure learners at different stages of education and training can be reliably identified by all staff members, so they are not asked to work beyond their competence.

33 The trust has started to introduce different coloured lanyards for its doctors in training as a means of identifying their different stages of education and training to staff members. In addition to this, the senior management team informed us the means of identifying the different learner cohorts is supported by clearly named identification badges. However, it was evident during the visit that these measures are not currently a reliable means of distinguishing the different learners. The foundation and doctors in specialty training we met were all wearing different coloured lanyards from their peers. The reasons for this included the want to support a cause, the trust having run out of the appropriate coloured lanyards, and the need to wear three point break away lanyards on certain wards that are not yet available in the required colours. The doctors in specialty training do support the new lanyard system, as it is helpful for learners to better identify each other due to the high number of placements and rotations that happen, but they feel that it has not been widely pushed out as the nursing staff are not fully aware of what the different colours represent.

34 The visit team are of the opinion that the identification badges that learners wear also do not enable staff members to know the level of competence of the doctors in training. The identification badges worn by the core trainees have the title 'Registrar' and the doctors in specialty training badges use the title 'Specialist Registrar'; this does not make it clear the level or year of training and competence that these doctors in training are at.

35 The trust has processes in place to spread information throughout the clinical areas so that staff members are notified of each learner's level of education and training. For every rotation and placement a 'Who's who' document is updated and sent to the heads of service and the different clinical teams. However, the core trainees hold the opinion that the nursing staff do not fully understand the training structure and levels of competency of the learners; and the medical students told us they get mistaken for student nurses and there is sometimes a lack of understanding of what a medical student is and what they should be doing. Similarly, the foundations doctors in training reported being asked to carry out tasks not appropriate to their level.

36 It is apparent to the visit team that the trust is making good efforts to ensure there is a reliable way of identifying learners at different stages of education and training so that they are not asked to work beyond their competence; and steps are being taken to ensure staff members take account of this. However, it is evident that more work still needs to be done to fully implement the steps taken and to educate staff members of the different levels of competency of the learners at different stages of their medical education and training. We have therefore set a recommendation for the trust to pursue this.

Recommendation 4: The trust should review the resources available to support and supervise the doctors in training timetabled research sessions.

37 The core trainees and doctors in specialty training spoke positively to us about the research and development unit within the trust that hosts projects. The doctors in specialty training told us a meeting is held once a month that they can attend to get information on current and upcoming projects, and the core trainees informed us they can get involved in the recruitment of patients and can help to run the studies. Both of these cohorts of learners told us there are plenty of research opportunities available to them, but there is a problem with the availability of supervisors to support and monitor their research.

38 Furthermore, the doctors in specialty training have interest days involving half a day to pursue a special interest and half a day for research on alternating weeks, but the available research supervisors have limited capacity to fully support and supervise the timetabled research sessions. We therefore set a recommendation that the trust should review the resources it provides to support the research elements of its learners' training programmes.

Team leader	Professor Alastair McLellan
Visitors	Professor Gillian Doody Dr Rhona Hughes Dr Matko Marlais Ms Beverley Miller Miss Philippa Russell
GMC staff	Chris Lawlor, Education QA Programme Manager Gareth Lloyd, Education Quality Analyst Sophie Whistance, Education Quality Analyst Nathan Booth, Research and Policy Officer (Observer)
Evidence base	1. Assessment forms 2. Apprenticeship Booklet 3. Balint Group document 4. Providing Clinical and Educational Supervision During Consultant Absence 5. Duties of a Doctor and Communication Skills Programme for IMGs 2018-19 6. The Competency Checklist for Psychiatry: Trainee Handbook 7. Community Placement Booklet 8. TEWV Guidance for Accreditation of Trainers 9. Examiner training slides 10. Formative Appraisal Practice 11. GMC Survey 2017 – Trainee Locality Reports 12. GMC Survey 2017 – Trainer Report 13. TEWV In-House Teaching Programme Prospectus 14. Induction Presentations 15. Registrar Job description 16. Student Timetable 17. Volunteer Leaflet 18. Whistleblowing Policy 19. Who's Who in TEWV 2018 20. Tees Undergraduate EJR Action Plan 21. Medical Education Operating Framework (May 2018) 22. Trust Grade Doctors Physical Healthcare Competencies Training Programme 23. Student Portfolio Handbook 24. Summary of Quality Visit reports 2017-18 25. Learning Outcomes for Shared GP-Psychiatry Teaching 26. Summary of QiP Information by Committee meetings 27. Clinical and Managerial Supervision for Junior Doctors 28. Junior Doctor Induction Booklet 29. Self-Assessment report 2017 30. Healthcare Student Poster

Acknowledgement

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Medical Development
Roseberry Park Hospital
Marton Road
Middlesbrough
Teesside
TS4 3EF

5th April 2019

Eleanor Ewing
Education Quality Analyst
Visits and Monitoring Team
Education and Standards
General Medical Council
3 Hardman Street
Manchester
M3 3AW

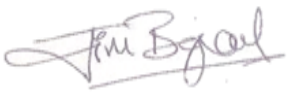
Dear Eleanor

Final report of visit to Tees, Esk & Wear Valley NHS Foundation Trust in October 2018

We would like to take the opportunity to thank the GMC team for taking the time to visit us as part of the North East review, and for providing helpful and constructive feedback.

We are pleased that several areas of good practice in the Trust were recognised by the GMC, and we wish to advise that we are developing action plans to address the recommendations in the report.

Yours sincerely



Dr Jim Boylan
Director of Medical Education
Tees, Esk & Wear Valleys NHS Foundation Trust