General Medical Council

Visit report on Torbay Hospital, Torbay and South Devon NHS Foundation Trust

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

Summary

Education provider	Torbay Hospital, Torbay and South Devon NHS Foundation Trust
Sites visited	Torbay and South Devon NHS Foundation Trust
Programmes	Undergraduate: The Peninsula College of Medicine and Dentistry Postgraduate: foundation, core medical training, acute internal medicine, cardiology, emergency medicine, gastroenterology, respiratory medicine
Date of visit	28 April 2016

Areas working well

Number	Theme	Areas working well
1	Theme 2: Educational governance and leadership (R2.2)	The trust board demonstrates accountability for educational governance and this ensures that both undergraduate and postgraduate education and training are taken seriously at board level. See paragraph 27
2	Theme 2: Education governance and leadership	The perception of supervisors, students and trainees is that the trust is responsive to

	(2.3)	feedback and that change happens where possible. See paragraph 28 and 29
3	Theme 2: Education governance and leadership (2.3)	The monthly review of medical trainees at consultant meetings promotes early recognition of concerns and need for support. See paragraph 28 and 29
4	Theme 1: Learning environment and culture (R1.1)	There is widespread understanding of how to raise concerns throughout the trust. Supervisors, students and trainees feel that their concerns are listened to, and action is taken where possible. See paragraph 1

Recommendations

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

Number	Theme	Recommendations
1	Theme 1: Learning environment and culture (R1.1)	The Trust should improve the feedback loop for concerns raised by formal processes. See paragraph 1
2	Theme 1: Learning environment and culture (R1.16)	The impact of increasing service demands and workload on the currently effective learning culture should be actively monitored. See paragraph 20 and 21
3	Theme 1: Learning environment and culture (R1.12)	The advanced notification of rotas is variable across specialties, and the Trust should improve the timeliness of sharing rotas with trainees. See paragraphs 12, 13, 14 and 15
4	Theme Three: Supporting Learners (R3.13)	Educators at the Trust should improve the consistency of feedback to learners on portfolio work and ward based assessments to facilitate their learning and development. See paragraph 42

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,' such as 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 All of the doctors in training and students that we met told us that they are clear about the process they should use to raise concerns. They also commented that the teams they work with on their placements are supportive. Doctors in training outlined that they are comfortable with raising concerns with senior members of staff in their department or the nursing team where relevant. They also told us that there is an incident reporting system which they can access online if needed. Some doctors in training commented though that they do not always get feedback on the outcome of the investigation of the concern raised.

Areas working well 4: There is widespread understanding of how to raise concerns throughout the trust. Supervisors, students and trainees feel that their concerns are listened to, and action is taken where possible.

Recommendation 1: The Trust should improve the feedback loop for concerns raised by formal processes.

2 We heard from senior management about the initiative 'see something, say something' which is advertised in posters around the hospital. There are nine 'Freedom to Speak Up Guardians' appointed in different areas of the trust who meet regularly to discuss any issues raised. There is also a weblink on the intranet through which any staff can anonymously raise concerns.

Dealing with concerns (R1.2)

3 Doctors in training and students feel that their concerns are dealt with effectively, with some receiving high quality feedback on patient safety issues that have been raised. They said there is an open atmosphere at the trust and they have no concerns talking to any of the team.

Supporting duty of candour (R1.4)

4 All of the medical students and doctors in core and higher specialty training we met told us that they are aware of the GMC's *Good medical practice* and the duty of candour.

5 In contrast, the foundation doctors we met were not very familiar with the concept, although some recalled that they had received a presentation about it.

Educational and clinical governance (R1.6)

6 We heard that doctors in training and medical students know what to do if they have concerns about the quality of care at the trust: we were told that they would speak to a manager in charge of the department or their educational supervisor, depending on the situation.

7 Both medical students and doctors in training said that they are able to decline when they are asked to undertake tasks that they are not competent to perform. This ensures that they work within their competencies.

Appropriate capacity for clinical supervision (R1.7)

8 Overall, we saw that the learning environment is safe for patients and supportive for medical students and doctors in training. A majority of the doctors in training we met told us that they always have access to suitable clinical supervision. There is always a supervisor on call who they can ask for help and the vast majority of the time, this works well. For example, doctors training in cardiology and paediatrics told us that there is always a consultant present on the wards. However, in emergency medicine, doctors in training explained that contacting the consultants can be very time consuming and difficult, as the department is very busy.

Appropriate level of clinical supervision (R1.8)

9 Doctors in training told us that they have an appropriate level of clinical supervision the vast majority of the time. They said their trainers were competent educationalists and they valued their experience of the working environment. In addition, doctors in training and medical students affirmed that they have never been left to work outside of their competencies. They commented that all senior colleagues and consultants check that students feel comfortable when attending to a particular procedure.

Identifying learners at different stages (R1.10)

10 During the visit, both doctors in training and staff at the trust frequently used the terms 'senior house officer' (SHO) and 'registrar'. They had a common understanding that 'SHO' can refer to doctors in training from foundation year 2, core medical training years 1 and 2 as well as junior specialty trainees. The term 'senior house officer' or 'SHO' is ambiguous for doctors in training, members of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors. However, both trainees and consultants commented that this did not result in trainees being asked to work beyond their competence as they were clear about the different grades and competence levels.

Taking consent appropriately (R1.11)

11 The Foundation doctors we met commented that they are not allowed to take consent and none of them have been asked to do so. They described how they were learning to take consent, with full support from a consultant.

Rota design (R1.12)

12 Doctors in training we met told us that generally, the rotas are well designed and enable them to access appropriate training and clinical supervision. We heard that in medicine, rotas are issued six weeks in advance and it is clear what is expected of them. However, in Obstetrics and Gynaecology the rota is only released one week in advance. Also, Emergency Medicine trainees reported that the rota can be 'fluid' , with sickness absence not always being covered. This can be problematic as it increases the workload within an already overstretched department.

13 The trainees in respiratory medicine we met stated that their rotas are stretched as they experience many rota gaps. Acute Medicine, Respiratory Medicine and Emergency Medicine trainees confirmed that due to high workload pressures, they could not easily access training days.

14 Furthermore, doctors in training felt that gaps in rotas were increasing due to sickness amongst staff and were thus causing workload pressures to increase. They acknowledged that such gaps in rotas are not easily filled.

15 Senior managers acknowledged the growing gaps in rotas and reported that they are looking into various solutions. For example, we heard about how junior doctors in non-training posts and Trust Fellows are being used to cover service in some departments.

Recommendation 3: The advanced notification of rotas is variable across specialties, and the Trust should improve the timeliness of sharing rotas with trainees.

Induction (R1.13)

16 The medical students we met said that they had a suitable induction before their placements which gave them clear guidance on their role. They also told us that they had an opportunity to shadow foundation doctors at the trust.

17 Foundation doctors told us that departmental inductions are sufficiently thorough and meet their needs. They stated that during induction, a consultant clearly outlines their duties and their role in the team, workplace policies, and supervision arrangements.

18 Higher trainees we met stated that in their induction consultant presence was suitable and generally effective. The induction duration varied across departments, with a three day induction in the paediatric department, whilst the induction for emergency medicine only lasted half a day.

Handover (R1.14)

19 Doctors in training told us that handover is generally well organised at the Trust, ensuring good continuity of care for patients. In Emergency Medicine they are trying to introduce formal handovers three times a day which trainees felt that, although time consuming, would improve patient safety. We also heard that in Medicine, a new handover during weekends was introduced.

Protected time for learning (R1.16)

20 The education management team told us that there is formal teaching for medical students on Wednesdays. The formal teaching for doctors in training varies across different days of the week, depending on training grade. Educational supervisors we met shared this view and outlined that the academic year is well organised. There are also regional teaching days and good access to simulation facilities.

21 The trainees that we met stated that their ability to attend these organised teaching sessions is variable. For example, doctors training in the Emergency Medicine department stated that it is difficult to attend due to the high workload and service pressures. However, General Practice trainees told us that they had no issues accessing training and said their rota was built to protect that time. Foundation doctors also commented that they do not have issues attending the local or regional training.

Recommendation 2: The impact of increasing service demands and workload on the currently effective learning culture should be actively monitored.

Multiprofessional teamwork and learning (R1.17)

22 Educational supervisors told us that learning occurs in multiprofessional teams: doctors in training have the opportunity to work with and learn from other professionals. For example, a great deal of the teaching at foundation level is done by

specialist nurses. We heard that educational supervisors would like to see more multiprofessional teaching and learning being delivered, but they commented that increasing service pressures make this difficult.

Capacity, resources and facilities (R1.19)

23 Non-training grade doctors (for example in clinical fellow posts) and other healthcare professionals are making up a significant part of the workforce. Whilst we heard that their presence was beneficial in addressing workload issues and rota gaps, it is important to recognise that where non-training grades are potentially competing for training opportunities with trainees in approved posts there is a risk of adversely affecting the education and training of regulated groups. We would expect the LEPs to monitor their educational capacity and manage any adverse educational impact that non-training grades and other healthcare professionals may have on doctors in training posts and medical students.

24 The medical students we met told us that teaching is well organised and that they feel that there is sufficient capacity, resources and facilities to facilitate this. Doctors in training also commented that there are suitable information technology (IT) facilities at the trust.

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

25 The trust has invested in facilities to provide simulation based learning opportunities within their training programmes. Both medical students and doctors in training commented on the opportunities they have to use these simulation and technology enhanced facilities. Medical students told us that they get eight two-hour training sessions per year in small groups but that the facilities are also available 24 hours a day.

Access to educational supervision (R1.21)

26 Doctors in training said that they have regular access to educational supervision. They commented that their educational supervisors are very approachable and supportive.

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)

27 There are effective and clear educational governance systems and processes in place at the trust. Senior managers told us that a range of data informs their quality systems, including Health Education South West (HESW) quality panels, feedback from doctors in training and students, as well as GMC training survey results.

Accountability for quality (R2.2)

28 We heard that educational and clinical governance at the trust is good, as the board are fully engaged with the management of medical education. Education managers are well represented at board level and there is a clear interrelationship between the director of medical education and the executive directors of the trust. Senior managers told us that they put a great deal of effort into integrating their educational governance systems throughout the trust.

Areas working well 1: The trust board demonstrates accountability for educational governance and this ensures that both undergraduate and postgraduate education and training are taken seriously at board level.

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

29 The doctors in training we met commented that they feel the Trust seeks their views on policies, systems and processes via their end of placement questionnaire. They said they are able to present any concerns and requests for changes to be made to particular policies, systems and processes in their feedback to the Trust. However, they feel that it is not always clear what changes have been made as a result of their feedback. They felt that this was due to changes being made after they had moved to the next stage of their training. Some higher trainees told us that they feel the Trust do consider learners when planning and assessing their processes, as they were aware of distinct improvements in the foundation programme based on their feedback. For example, in acute medicine, the rota was revised as a result of trainee

evaluation and has led to improvements in the working environment. Senior managers commented that there is a possibility that trainees experience 'feedback fatigue' due to the number of surveys they complete.

Areas working well 2: The perception of supervisors, students and trainees is that the trust is responsive to feedback and that change happens where possible.

Areas working well 3: The monthly review of medical trainees at consultant meetings promotes early recognition of concerns and need for support.

Monitoring resources including teaching time in job plans (R2.10)

30 Senior managers told us that they effectively monitor the allocation of educational resources such as time for training in consultant job plans. As a result of this, they are currently building a team of enthusiastic educators which will include clinical teaching fellows. Whilst senior managers said that they have allocated education professional activities (PAs) within job plans, we heard from some educational supervisors that they have difficulty accessing allocated time for educational activity.

Managing concerns about a learner (R2.16)

31 Educational supervisors we met told us that they do have a clear system and process in place to identify, support and manage doctors in training whom they are concerned about.

Sharing information on learners between organisations (R2.17)

32 Senior managers told us that the transfer of information about doctors in training between organisations is not always smooth. We heard that information held in the Foundation portfolio is not automatically transferred to the specialty training portfolio. On occasions a letter is forwarded to the next employer with any concerns the Trust has about individual doctors in training.

Theme 3: Supporting learners

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

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

33 All the medical students and doctors in training that we met confirmed that they have access to suitable resources to support them in their health, wellbeing and educational needs at the Trust. The trainees stated that they have clinical and educational supervisors who they meet with regularly, and supervisors were deemed to be supportive, helpful and contactable. They also described the range of pastoral support available, including careers support and mentoring support. Medical students commented that the administration staff at the Trust are helpful and supportive and effectively supplemented the support students receive in their medical school.

Undermining and bullying (R3.3)

34 All of the doctors in training and medical students we met stated that they had not experienced any form of undermining or bullying. When asked what action they would take should such behaviour arise, they were all clear who they could contact, citing a range of individuals including clinical and educational supervisors, the mentoring service or the education department within the Trust.

Information on reasonable adjustments (R3.4)

35 The doctors in training we met stated that their educational supervisors were good at providing them with reasonable adjustments to support their learning, should any be necessary.

36 The medical students we met also commented that they found the Trust very supportive for those requiring reasonable adjustments. .

Student assistantships and shadowing (R3.6)

37 All of the foundation doctors we met stated that they had been supported by a period of shadowing prior to starting foundation training. As a result, we heard that foundation doctors felt well prepared to start the programme. The doctors in training we met who were recent PCMD graduates also told us that their student assistantship was helpful in preparing them for the foundation programme.

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

38 Medical students told us that the school provide them with clear and concise curriculum and assessment guidance which is followed at the trust. They find the information they are given is sufficient and fair.

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

39 We heard that there are some less than full time doctors training at the trust and they are fully supported. The doctors in less than full time training that we met said there is a clear recognition of their requirements by senior managers and there is no attempt to block any flexible working arrangements.

Support on returning to a training programme (R3.11)

40 We heard that doctors in training who are returning to a programme following a career break are fully supported by the trust to ensure the transition is as seamless as possible.

Study leave (R3.12)

41 We heard from the doctors in training we met that the regional teaching they receive is good and that they have access to structured study leave time. However, doctors training within Emergency Medicine commented that they find it difficult to access study leave due to the high workload within the department.

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

42 The doctors in training we met told us that receiving feedback about their performance is variable. The feedback is given to the educational supervisors to disseminate and some educational supervisors are more proactive than others in doing this.

Recommendation 4: Educators at the Trust should work to improve the consistency of feedback to learners on portfolio work and ward based assessments to facilitate their learning and development.

Support for learners in difficulties (R3.14)

43 There is excellent support in place for doctors in training whose progress, performance, health or conduct gives rise for concern. The doctors in training told us that there is a clear procedure in place for learners who are experiencing any difficulties to access confidential, independent, non-judgemental support via the mentor and career support officer.

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)

44 The educational supervisors we met stated that medical education is seen by the senior team to be a very important aspect of the trust. As a result, educators are given a great deal of support to enable them to provide high quality supervision. We heard that there is a culture of staff obtaining professional postgraduate medical teaching qualifications to further enhance their skills. The supervisors also told us about the 'training for trainers' courses and the various support mechanisms in place.

45 The educational supervisors told us that despite the trust's commitment to undergraduate and postgraduate medical education, high service pressures can affect the quality of training. There is a desire to implement protected time in job plans, however educational supervisors commented that there is a high volume of patients and that clinics are busy which make it difficult to actually access the allocated time.

46 The senior management team and educational supervisors told us that staff appraisals take place annually. We also heard that education forms part of the standard appraisal for all staff not in a leadership role.

Time in job plans (R4.2)

47 Educational supervisors we met told us that there is identified time evident in their job plans for educational purposes. Educational supervisors told us that with the SPA allocation, they can be asked to fulfil a number of roles and they are all under extreme pressure as the workload increases.

Educators' concerns or difficulties (R4.4)

48 Educators are well supported in their roles and they commented that if they were to have any concerns or difficulties, they feel confident that they would be supported by the senior management team. They confirmed that there is a clear trust policy in place which allows them to take either a formal or informal route when reporting concerns or difficulties.

Recognition of approval of educators (R4.6)

Senior managers told us that the trust is preparing well for the GMC's scheme on the recognition and approval of trainers.

Theme 5: Developing and implementing curricula and assessments

Standards
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 curricular design (R5.3)

49 Medical students we met told us that their curriculum enabled them to gain curriculum relevant experiences within the clinical environment.

50 Senior managers told us that they have simulation facilities which are accessible to medical students. They state that there is now equity of access to simulation facilities across the different departments. Senior managers state that this has expanded the learning opportunities available to each student.

Undergraduate clinical placements (R5.4)

51 Medical students told us that they are happy with their clinical placements at the trust. Students spoke positively about the real and simulated experiences they get and the good opportunities to develop their clinical skills.

Training programme delivery (R5.9)

52 We heard from trainees in Emergency Medicine that there is limited access to local and regional teaching due to service pressures. They told us that, the priority is service provision and not education. Educational supervisors we spoke to stated that core medical trainees have a fixed afternoon every week in their timetable for teaching and this is based on their curriculum requirements.

53 In respiratory and acute medicine, doctors in training reported difficulty in accessing outpatient clinics. The specialty leads we met also commented that accessing the appropriate number of clinics is an issue. They stated that they are currently looking into ways of addressing this.

54 Doctors in training told us that they receive suitable equality and diversity e-training although they commented that this did not help them learn anything new.

Examiners and assessors (R5.11)

55 Educational supervisors we met told us that they have been supported in accessing appropriate training and are being adequately supported by senior managers in their

roles. The doctors in training we met did not report any issues regarding the assessment of their training.

Team leader	Dr Peter Coventry
Visitors	Professor Janice Rymer Mr Nick Cork Dr Ahad Wahid Professor David Croisdale-Applebey Ms Beverley Miller
GMC staff	Jessica Lichtenstein (Education Quality Assurance Manager) Lucy Llewellyn (Education Quality Analyst) Angela Hernandez (Education Quality Analyst)
Evidence base	1 – Organogram, or other explanation of education management and governance structure Doc 001.1 Organogram TSDFT Med Ed Doc 001.2 Medical Education Strategy Doc 001.3 Strategy Driver diagram 2 – Quality Management Framework and any other related operational guidance Doc 002.1 HESW Quality Framework Doc 002.2 PCMD QA Manual 2015-16 Doc 002.3 Internal Quality Management Process Doc 002.4 QA Placement Form ICU 29th April 2015 Doc 002.5 Doctors Forum Minutes 2.12.15 Final Doc 002.6 Torbay Medical Student Committee Minutes 8.12.15 Doc 002.7 Workstream 4 Report 15.1.16 Doc 002.8 Plymouth Locality Annual Report 2014-15 Doc 002.9 ACTION PLAN POST JULY 2015 GMC SURVEY emailed 16.10.15 3 – Minutes for the two most recent occurrences of any formal meetings held with the medical schools and/or LETB (HEE SW)

	Doc 003.1 SDHT Annual Contract Meeting Notes 171214 Doc 003.2 TSDHT Annual Contract Meeting Notes 161215 Doc 003.3 SDHT Interim Contract Meeting Agenda Doc 003.4 University of Exeter Medical School and Torbay Hospital Meeting Notes 01-06-2015 Doc 003.5 University of Exeter Medical School and Torbay Hospital Meeting Notes November 2015 Doc 003.6 Notes from meeting between Plymouth Medical School and Torbay 7th Dec 2015 Doc 003.7 DEG Minutes 180915 Doc 003.8 DEG Minutes 190915 Doc 003.9 PCMT Meeting Notes 030615 4 – Education risk register(s) How issues that may impact the delivery of education are identified, monitored and addressed Doc 004.1 WS4RiskRegisterForRiskAssuranceGroup8January2016 Doc 004.2 Business Plan Med Ed Updated 5.11.15 Doc 004.3 ACTION PLAN POST JULY 2015 GMC SURVEY emailed 16.10.15 Doc 004.4 MED 220.1 PCMD Teach Through Risk Register (2015-16) 5 – Equality and diversity strategy Doc 005.1 Equality and diversity policy Doc 005.2 004.1 Valuing Diversity Policy SHA Doc 005.3 PU Equality and Diversity Policy Doc 005.4 PCMD University of Exeter Equality and Diversity Policy Doc 005.5 PU Equality Scheme 2011-16 6 – Documentation to support the management and monitoring of concerns – for example the process for managing serious untoward

	incidents and concerns about doctors in difficulty Doc 006.1 Incident Policy Final February 2015 Doc 006.2 HESW Trainee Support Guide Doc 006.3 PUPSMD Fitness to Practice Policy and Procedures Doc 006.4 PCMD Raising concerns policy for staff and students 2015-16 Doc 006.5 Remediation at PU PSMD Doc 006.6 HR Acceptable Behaviour Policy Doc 006.7 Feedback Doc 006.8 On the Spot Feedback Form Doc 006.9 Internal Quality Management Process Final