

Regional review of medical education and training in Wessex: 2018



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General
Medical
Council

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Introduction

This report gives our overview of medical education and training across Wessex based on visits to a sample of education and training providers in the region. The report is primarily aimed at other education providers and the interested public. We identified a number of themes across the region and have aligned with the themes set out in [Promoting excellence: standards for medical education and training](#).

Identifying themes across the region allows us to look at the overall picture across Wessex and to give education providers an understanding of what's happening with other education providers in the region. Organisations are likely to have shared challenges and we hope that through identifying common themes sites can work together to resolve issues and introduce best practice. We did identify some areas where improvement is needed, and we expect Health Education England (HEE) Wessex to work with the providers until sustainable changes have been implemented. We will closely monitor these issues until there is clear evidence of progress.

Why did we visit Wessex?

As part of our quality assurance framework we visit organisations that commission, manage, and deliver education and training within the UK. We do this to check the standards, as outlined in *Promoting Excellence*, are being met. We are coming to the end of a [schedule of visits](#) that has covered each region and country within the UK. We visited Wessex in early 2018 as part of this schedule.

What do we know about Wessex?

Wessex has 13 local education providers (LEPs) and is part of the south region's local education and training board (LETB). HEE Wessex is an education and training body with responsibility for the planning, development, education and training of the healthcare and public workforce across Wessex. HEE Wessex is responsible for the management of

postgraduate medical and dental education of 2,500 trainees working in 13 NHS trusts and in more than 140 GP practices.

HEE Wessex has strong links with University of Southampton School of Medicine (Southampton medical school). This is the only medical school in the Wessex region and it is approved to award a UK primary medical qualification. Founded in 1971, there were 1,193 medical students enrolled at Southampton medical school during the 2017/18 academic year.

What did we do?

To better understand the experience of medical students and doctors training in Wessex, and to make sure their experience meets our standards, we visited six LEPs, the medical school and HEE Wessex. Visits took place between February and May 2018 and the six LEPs we visited are listed below, three of which are mental health providers:

- Dorset County Hospital NHS Foundation Trust - Dorset County Hospital
- Isle of Wight NHS Trust¹ - St Mary's Hospital
- University Hospital Southampton NHS Foundation Trust - Southampton General Hospital
- Dorset Healthcare University NHS Foundation Trust - St Ann's Hospital (mental health provider)
- Southern Health NHS Foundation Trust – Sycamore Lodge (mental health provider)
- Solent NHS Trust - Better Care Centre (mental health provider)

The findings in this report, and the individual reports on each organisation visited, are based on these visits. During the visits we spoke with medical students, doctors in training, their educators, and management teams at each organisation in order to obtain their perspective on how education and training is working. We asked each of these groups focussed questions mapped to our standards.

Our visit team consisted of doctors with expertise in education, non-medical experts, a student, and a trainee. Members of our staff are part of the teams, bringing with them their expertise of quality assurance of medical education and training and ensuring our visits are consistent and robust.

¹Isle of Wight NHS Trust is also a mental health provider but there are no psychiatry services specifically at St Mary's Hospital

Gathering evidence for our visits

We receive regular updates from HEE Wessex on their progress in addressing any concerns they have been identified through their local quality management processes. We also receive an annual report from the medical school with updates on the medical programme and any concerns they have identified. Both of these sources of information helped us plan our visits.

Before visiting, we also asked each organisation we visited, including LEPs, to give us extensive further information on how they meet our standards to inform our review and help us identify areas to focus on.

We have well-developed evidence about postgraduate training, and our annual national training surveys (NTS) have a good response rate. The response rate for the 2018 survey for trainees was 89.3% within Wessex and 95.7% across the UK. We also used information from our national training survey for trainers, which had a response rate of 34.9% within Wessex and 41.4% across the UK. Together, the surveys give us detailed information on the quality of postgraduate training across the UK. We used 2017 survey results to plan our visit, and 2018 results to verify some of our findings. All results are published on our [website](#).

In addition, we undertook a bespoke survey of students before the visit. This survey was sent to all medical students across Wessex, with a response rate of 28% (336 students responded). This is in line with the response rate for previous regional reviews, and the results were used to help identify areas to focus on during our visits. There were six areas included in the undergraduate survey: Course coverage and content; medical school facilities; assessments; educational and pastoral support; your medical school; clinical placements.

Considering specialties as part of our visits

Regional reviews give an opportunity to consider and sample several specialties and stages of education and training in more detail. Wessex is one of the most successful regions in the UK for recruitment to psychiatry specialty training. Three out of the 13 LEPs provide focussed psychiatry placements for students and trainees.

For this review, we focussed on the following training programmes and cohorts of trainees/students working in clinical environments:

- Southampton medical students
- Foundation
- Core medical training and core psychiatry training

- Acute internal medicine
- Psychiatry (general psychiatry, old age psychiatry, child and adolescent psychiatry)
- General practice (in secondary care)

Education and training provider	Date of GMC visit	Programmes visited
Southampton General Hospital	6 February 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • General practice • Acute internal medicine
Dorset County Hospital	20 February 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core medicine • General practice • Acute internal medicine
Isle of Wight	23 February 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • General practice • Acute internal medicine
Southampton medical school	8 March 2018	Medical students at the school
Southern Health	13 March 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core psychiatry • General practice • General psychiatry • Old age psychiatry
Dorset Healthcare	14 March 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core psychiatry • General practice

		<ul style="list-style-type: none"> • General psychiatry • Old age psychiatry
Solent	13 March 2018	<ul style="list-style-type: none"> • Medical students on clinical placement • Foundation • Core psychiatry • General practice • Child and adolescent psychiatry
HEE Wessex	9 & 10 May 2018	<ul style="list-style-type: none"> • Foundation • Core medicine • General practice • Acute internal medicine • Core psychiatry • General psychiatry

It is important to note that our regional review was not a full programme review; rather we used these programmes as samples to consider quality management processes and how organisations work across Wessex.

Findings

The purpose of our regional reviews is to assure ourselves that our standards for medical education and training are being met locally. The findings for how each site we visited is complying with our standards and requirements can be found in the individual site reports: <https://www.gmc-uk.org/education/reports-and-reviews/regional-and-national-reviews>

Safety of patients and doctors in training

The safety of patients, students, and doctors in training is paramount. We have a process for dealing with any serious concerns that we identify on a visit. This process enables us to seek clarification or additional information on what may pose a risk to patient or trainee safety, which will help us identify the best course of action. We identified serious concerns at two of the hospitals we visited: **Isle of Wight NHS Trust** and **Dorset County Hospital**. Both of these concerns were related to very junior doctors in training working in situations where they may not have had access to adequate supervision or were put in situations where they may need to work beyond their competence; we consider this to be a breach of our standards and a serious patient safety issue.

At **Isle of Wight NHS Trust**:

- Doctors in their second year of foundation training (F2) within surgery may be rostered as the sole on-site doctor covering a range of surgical specialties. In that role they are asked to make admit/discharge decisions and other complex clinical decisions which are beyond their level of competency. We heard about incidences of adverse patient outcomes as a result of this level of responsibility. F2s in surgery did not feel they were adequately clinically supervised in their out of hours roles.
- There are rota gaps at consultant level and the suitability of some locum consultants in medicine to provide safe clinical supervision and patient care was questioned by senior and junior trainees.
- There are also rota gaps at middle grade level. We heard concerns about the ability of some middle grade doctors in medicine to provide safe patient care and clinical supervision to junior clinicians.
- Bed management concerns were raised throughout our visit. In some cases we heard that the decisions of junior doctors with regard to admit/discharge and patient location were undermined by bed management teams. We heard concerns that these decisions could put patient safety at risk.
- We heard that trainees in medicine were being signed off as competent for their General Internal Medicine curriculum by trainers whose methods of assessing their competence were questionable. Trainers must not sign off curriculum competencies without evidence of a robust assessment process. Trainees told us they are not being adequately supervised in General Internal Medicine; they do not have enough contact with their supervisors and their supervisors do not appear to be adequately trained in delivering assessments.

At **Dorset County Hospital** it's possible for F2s to be working a few hours at night without direct on site supervision. This may occur without the F2 receiving a prior focused training or competency assessment and it was possible that the F2 would be working in the specialty for the first time. F2s felt exposed, unsupported and uncertain in their decision making when on call.

We raised these serious concerns on the day of the visits, directly with the trusts and HEE Wessex. Shortly after the visits, we made requests for additional information regarding the concerns, and plans outlining the action the trusts would be taking. Following the response from HEE Wessex and the two hospitals, we were assured that the issues we identified were being addressed by the board, as well as being monitored by HEE Wessex, and remedial action was taken. We were satisfied at their response, and have included the monitoring of these as requirements for **Dorset County Hospital** and **Isle of Wight NHS Trust**. Due to the number and severity of concerns at **Isle of Wight NHS Trust**, HEE Wessex arranged a follow up visit to the trust on 5 September 2018. There were some improvements, but also a number of outstanding issues; at the time of publication we are working with the Trust and HEE Wessex to determine next steps.

Theme 1: Learning environment and culture

During the course of our visits as part of this regional review, we identified seven areas of good practice and 15 areas working well relating to Theme 1. We also set 15 requirements and six recommendations. Key themes from these areas are discussed below in more detail.

Positive culture and environment for education and training

Throughout our visits across the region, we consistently found that education and training is a valued part of organisational culture even at trusts where there are pressures from understaffing. The culture is caring and compassionate, and generally learners reported a good educational experience. Additionally, educators are valued and supported in their roles.

In spite of extensive rota gaps at **Dorset County Hospital**, trainees and trainers are well supported as clinicians and educators across both undergraduate and postgraduate education. Senior management are responsive to concerns and work hard to address them. Foundation trainees explained that they feel valued and listened to by the trust. Registrars highlighted how much they enjoy working there and commented on the range of opportunities they have exposure to when fulfilling the requirements of their curricula. All trainees and trainers we spoke to said they would recommend working at this trust.

We found that the learning environment and organisational culture at **Southampton General Hospital** also values and supports education and training. Undergraduate students feel they have sufficient learning opportunities at the trust and good working relationships with their supervisors. We found that teaching, whether bed side, nurse-led or lecture-based, is scheduled and regular. Doctors in training spoke highly of the quality of education available at the trust and most departments have protected local teaching days. For example, teaching for all core medical trainees takes place on the same day each month; consultants are aware of this and their attendance at teaching is protected.

In **Dorset Healthcare University NHS Foundation Trust** we noted rota gaps at the level of higher specialty training; however these gaps did not compromise education and training. Staff and trainees spoke highly of initiatives such as advanced nurse practitioners which have been introduced to help manage the demands of the service and ensure that trainees can be released for learning opportunities. Trainees commended the supervisory framework and they spoke highly of their access to learning opportunities. We also found a positive culture around exception reporting and that the trust is listening to and responsive to feedback. At **Solent NHS Trust** we found that educators are supported in their roles, educational governance structures are explicit and supervisory frameworks were spoken highly of. At **Southern Health NHS Foundation Trust** we found that trainees and trainers are well supported as clinicians and educators, educational opportunities are good and supervisory frameworks and pastoral support are working well. We concluded that all of

these areas in each of these sites contribute to creating a positive culture and environment for education and training at the trust.

It's evident that trusts in the region recognise the importance of education and training. Most of the trainees spoke highly of the supervision they receive, the quality of teaching provided and the variety and breadth of learning opportunities available. In addition, the supportive learning environment and culture in psychiatry across the region appears to be positively impacting on the recruitment and retention of psychiatry trainees, unlike many other regions across the UK, HEE Wessex has successfully filled all core psychiatry training posts. We believe there are areas of practice other regions could adopt in this area, with the goal of establishing a positive learning environment and culture.

Clinical supervision in psychiatry

The Royal College of Psychiatrists (RCPsych) recommends that psychiatry trainees should have an hour per week of protected time with their clinical supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning. During our visits to **Southern Health NHS Foundation Trust, Dorset Healthcare University NHS Foundation Trust** and **Solent NHS Trust** we found that sites are adhering to this recommendation as all trainees highlighted that they meet with their clinical supervisors for one hour a week. Additionally, we have noted that the RCPsych requirement does not apply to foundation and GP trainees in psychiatry posts as it's not part of the foundation and GP curricula, but nonetheless the above three mental health providers ensure that foundation and GP trainees also have one hour per week of clinical supervision. We are impressed with the equality of opportunity around supervision that is provided for doctors training in all programmes across general practice, foundation, core and psychiatry higher specialty training.

All trainees at all of the above sites highly valued the weekly hourly supervision they receive, and as a result we identified this level of clinical supervision as an area of good practice in all three trusts. We are aware that this hourly supervision is mandatory for core and specialty psychiatry trainees; however, this is not mandatory for other trainees working within the specialty. We are therefore highlighting this as an area that is working well as there are clear benefits to this level of supervision for all cohorts of trainees working in psychiatry posts.

Integrated healthcare in psychiatry

Following our visits across the region to psychiatry trusts, it was clear that the integration of physical and mental health care is beneficial for both trainees and patients. As a result we identified two areas of good practice around this at **Dorset Healthcare University NHS Foundation Trust** and **Solent NHS Trust**.

Often those with psychiatric illnesses have physical health complaints that can be masked by their mental ill health; and some mental illnesses are linked to a higher risk of poor physical health. Doctors training in psychiatry need support and training in managing both the physical and mental health needs of their patients. Posts that do not support both elements of practice may place undue stress on doctors in training and may lead to poorer outcomes for patients. In addition, opportunities to understand the importance of managing both mental and physical health needs may be lost.

At **Dorset Healthcare University NHS Foundation Trust** we found that primary care input into the care of physical health needs of those in psychiatric inpatient units is working well from both a patient and educational perspective. The trust has introduced general practitioners (GPs) locally and initiated GP clinics that patients can attend to deal with physical health care needs. This initiative was implemented in response to trainee feedback which suggested pressures around physical health care on some wards and is welcomed by all of those that we met at the trust.

At **Solent NHS Trust** we found there are regular joint meetings between paediatricians and child and adolescent mental health services (CAMHS) to discuss issues pertinent to on call activities. The aim of these meetings is to ensure communication between paediatricians and CAMHS during out of hours activity. Trainees spoke highly of these meetings and emphasised how useful they are in aligning care plans and promoting a culture of collaboration between the different specialties and professions working with, and treating, the same patients.

We have identified integrated healthcare as a theme within psychiatry as it was universally praised by both the sites listed above. We therefore encourage other sites across the region to consider both the educational benefits and benefits on patient care that integrated healthcare affords.

Multi-professional working

Organisations must support every learner to be an effective member of the multi-professional team by promoting cultures of learning and collaboration between specialties and professions. Over the course of our visits we identified some organisations that are doing this well. The role of nurses and other allied health professions in the clinical support and education of doctors in training was valued by the majority of groups we met. We have therefore identified this as a theme across the region.

HEE Wessex has adopted and supported a multi-professional workforce. We were particularly impressed to hear about the use of non-medical training programme directors in some specialties. A strong multi-professional community exists amongst the workforce. They share any challenges they encounter and look to solve issues as a team. The team at HEE

Wessex meet weekly, where they share significant problems or upcoming tasks across the different professions. During our visit to HEE Wessex, we identified the widespread adoption and support of multi-professional workforce solutions as an area working well.

Multi-professional working is as an area of good practice at **Southampton General Hospital**. The trust promotes a culture of learning and collaboration between specialties and professions, and supports learners to be effective members of multi-professional teams. Undergraduate students take part in education sessions led by nurses and health visitors, shadow midwives to observe a birthing experience, and also have an interactive session on bullying and undermining in the workplace with nurses as part of their induction programme. The role of nurses and allied health professionals in the clinical support and education of junior doctors is valued by all groups that we met with.

The theme is also prevalent in some mental health trusts in the region. At **Solent NHS Trust** we found that there is a strong theme of multi-professional learning and training which is carried through from undergraduate to postgraduate. It is apparent that there is an emphasis on working with the multi-disciplinary team in the CAMHS community clinic and observing various multi-disciplinary team meetings. Students spoke highly of the care plan and assessment meeting, which is a multi-disciplinary meeting with health professionals including nurses, psychologists and paediatricians, to discuss patient care plans and continuity of care. Foundation, core, GP and higher trainees spoke about a culture at the trust to value the input of other professions into patient care plans. Overall, we were impressed with the trust's approach to multi-professional learning as it creates a culture of learning and collaboration between specialties and professions.

At **Dorset Healthcare University NHS Foundation Trust** we found multi-professional learning at the trust is universally positive. Foundation doctors in particular value learning from those in professions allied to medicine and spoke highly of the excellent experience of working within multidisciplinary teams. They added that they enjoy working with, and learning from, the occupational therapists and social workers in the trust. Additionally, doctors in training spoke highly of the advanced nurse practitioners (ANPs) working across the trust. ANPs are nurses that are educated to a master's level and make autonomous decisions in the assessment, diagnosis and treatment of patients. They are involved in tasks such as assessing patients, prescribing and completing discharges. Trainees highlighted that they learn from the ANPs as they are experienced and knowledgeable practitioners.

We were impressed by the multi-professional team working in these sites. It's evident that they value the importance of multi-professional working and learning in aligning care plans and ensuring a collaborative and synergised approach to patient care. We therefore encourage other sites to consider the benefits of advancing multi-professional working at their sites.

Induction

Induction has been identified as a theme across the region due to the variation that we found amongst induction processes during our visits to different sites. Both undergraduate and postgraduate learners must have a departmental induction for each placement and rotation. This induction should clearly set out their duties and supervision arrangements, their role in the team, how to gain support from senior colleagues, the clinical or medical guidelines and workplace policies, and how to access clinical and learning resources.

We heard concerns from students at **Southampton medical school** regarding awareness of induction procedures at local education provider (LEP) level. Students frequently arrive at placements without the prior knowledge of local consultant supervisors. It was unclear whether this resulted from a communication block at the medical school or at LEP level, so we have set a recommendation for the medical school to work on this and increase awareness around induction procedures at LEP level.

Southampton General Hospital faces some challenges with delivering induction, mostly associated with the high volume of undergraduate students and postgraduate learners arriving throughout the year for varying lengths of time. Doctors in training felt that local induction can vary in quality. Whilst some local inductions are helpful as they cover key colleagues to contact, ward cover and the hospital at night structure; doctors in training highlighted that key practical information, such as how to use the doctor's worklist handover software, wasn't covered. This is essential to include as trainees are required to interact with it on the first day of their placement to find out which patients they're looking after. Whilst no specific patient safety concerns were reported during our visit, we are concerned that doctors in training may start a rotation without receiving an adequate induction to local processes and procedures, which can impact on patient safety. We have therefore set a recommendation for the trust to address.

We also heard mixed feedback about departmental induction at **Dorset County Hospital**. It was reported as working well in some departments, but inadequate in other departments where trainees felt at risk of undertaking procedures outside their competence. Trainees noted some instances when induction was inadequate for trainees returning to work after maternity leave and those in less than full time training. We didn't find a clear understanding of how departmental induction should be organised, delivered and audited so we have set a recommendation for the trust to review their process for induction.

During our visit to **Isle of Wight** it became apparent all learners do not have a local induction to their department to prepare them for their placements, with a variable approach between departments. Some trainees are starting clinical work without an induction to their specialty roles and other trainees are starting out-of-hours without an induction to their roles and responsibilities. We have set a requirement for the trust to ensure there is a consistent trust wide approach to inductions to ensure trainees are adequately prepared for each placement.

Although we set recommendations related to induction at acute trusts and Southampton medical school, in our visits to psychiatry we identified that trust induction is working well at **Solent NHS Trust, Dorset Healthcare University NHS Foundation Trust** and **Southern Health NHS Foundation Trust**. At these sites trainees and students noted the quality of induction and highlighted that inductions cover topics relevant to starting a new role and are proportionate to their stage of learning.

However, at **Dorset Healthcare University NHS Foundation Trust** foundation trainees do not receive an adequate induction when completing out of hours work in a neighbouring acute hospital. As this site, foundation doctors explained that despite the comprehensive trust induction they receive when they start their psychiatry rotation at Dorset Healthcare, they do not receive an induction for their on-call activities in **Royal Bournemouth and Christchurch Hospital NHS Foundation Trust**. They added that as a result they are unfamiliar with key information when working on-call, which can prove challenging at times, especially when they first begin working on-call.

As noted above, there is variation in induction across the region. Some trusts deliver strong comprehensive induction packages, while others need to improve their processes. We therefore encourage the sharing of good practice across the region, to ensure all organisations provide a good quality induction.

Handover

During our visits to LEPs across the region, we found that handover varies between trusts, departments and specialties. Some of these work adequately, while others are not effective and often lack educational value. We are concerned about the interface and handover between shifts and different departments posing a potential risk to patient safety at some trusts.

Handover at **Isle of Wight** is variable across the Trust. The handovers are rarely consultant led and tend to be transactional rather than educational. Handover does not appear to be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors training in clinical practice. This is an area that requires improvement; handover should be safe, effective and efficient.

We are also concerned about the variability in handover at **Southampton General Hospital**, particularly the timing of the morning medical handover, which poses a risk to continuity of care for patients and learning opportunities for doctors in training. The hospital has implemented software that has a traffic light system for the handover of information. The software aims to improve the efficiency of handover by preventing unnecessary discussion of stable patients, allowing more time to focus on complex cases. We found mixed reports from the trainees about this system for handover. Additionally, doctors in training are not aware of a consistent formal handover process between the mental health

trusts in the region, though most noted there is usually a phone call and the standard electronic discharge summary is sent to the mental health unit.

We set requirements for these trusts to review handover procedures between shifts and between departments to make sure all handovers take place effectively and consistently to avoid any risk to patient care. Care pathways differ between sites and we acknowledge there are various safety measures linked to the handover of patients. We encourage HEE Wessex to work with sites that are experiencing issues with the handover of patients.

At **Dorset County Hospital** handover for psychiatry patients is working well, it is safe and consultant led. The registrars we spoke to explained that handover for psychiatry patients had high involvement from the consultant psychiatrist. In obstetrics/gynaecology, the pregnant psychiatry patients are flagged so psychiatry teams can closely observe them. In medicine, the psychiatric nurse is present when psychiatry patients are admitted for physical injuries. The handover process for psychiatry patients can be variable across other locations in the UK. At Dorset County Hospital there are strong links with psychiatry across a number of departments, which helps to ensure a safe handover for psychiatry patients. We identified this as an area that is working well.

Rota gaps

Extensive rota gaps at **Isle of Wight** and **Dorset County Hospital** have resulted in serious concerns, described in the section above, about the safety of patients and doctors in training. Our standards state that organisations must design rotas that are safe for both patients and for learners, and support learners to meet the requirements of their curriculum and training programme. During the course of this review we heard of the challenges that organisations face due to gaps in their rotas. We have set requirements where we were concerned that gaps in rotas had an impact on patient safety and on the ability of learners to meet their curriculum. We are asking for regular updates so that we can monitor progress on these requirements.

However, we found at **Dorset Healthcare University NHS Foundation Trust** that despite long-standing issues with recruiting to higher specialty training, rota gaps do not impact on education and training. Trainees highlighted that training is protected regardless of gaps in the rota. Initiatives such as the introduction of advanced nurse practitioners are helping to manage the demands of the service and ensure that trainees are allocated sufficient training time. Trainees spoke highly of the supervisory framework in place and all of the trainees we met at these sites explained they are well supported and supervised despite rota gaps. The trust recognises the importance of education and training as it is not compromised by service provision.

We therefore encourage those with rota gaps that are having a negative impact on education and training to work with HEE Wessex to resolve these issues.

Accessing patient notes out of hours in psychiatry

Trainees completing rotations in **Dorset Healthcare University NHS Foundation Trust** and **Solent NHS Trust** reported that they are unable to access patient notes out of hours. When working on call, trainees cover a wide geographical area across several trusts that have different access requirements for online patient notes. A trainee on call may only be able to access notes if a patient is in the same hospital that they ordinarily work in. If a patient is assessed from out of the region, or from another trust, the trainee may not have access to the notes.

No specific patient safety incidents were reported as a result of trainees not being able to access patient notes when out of hours because of different IT infrastructure. However, we remain concerned that this issue could lead to a potential patient safety issue as it's essential that doctors have access to a patient's history when making a decision about the care of a patient.

We have set requirements for both sites and HEE Wessex, to encourage HEE Wessex to work with these sites to ensure that trainees can access patient records at different sites when working out of hours.

Theme 2: Educational governance and leadership

During the course of our visits as part of the regional review, we identified one area of good practice and seven areas working well relating to Theme 2. We also set four requirements and six recommendations where improvement is needed. Key themes from these areas are discussed below in more detail.

Educational governance

It is essential that organisations have effective systems of educational governance and leadership to manage and control the quality of medical education and training. At some of the trusts we visited, educational issues appeared to be well-sighted at board level. We found that these trust boards demonstrated strong accountability for educational governance and this has made sure that undergraduate and postgraduate education and training are properly considered at board level. At other trusts, we came across a lack of awareness around important educational issues. During our review, we were keen to hear how the educational governance structures work within each organisation visited and, in general, we found variance in the strength of governance systems across the region.

During our visit to **Isle of Wight**, we found that the trust's educational governance is not effective, transparent or clearly understood. We were told by senior management that the governance structure is new and therefore still a work in progress. It was not clear whether educational concerns are entered onto the trust's risk register and there did not appear to be any specific key performance indicators for educational performance. We are concerned about the lack of clarity of structures to promote educational governance (for example induction, handover, job planning) and it became clear that educational governance needs a greater presence at board level. We set a requirement for the trust to clearly link educational governance to the wider clinical governance processes within the trust.

On the other hand, we identified effective governance systems at **Dorset County Hospital**, with strong, visible leadership that collectively work together to support trainees and trainers in their clinical duties and as educators within the trust. We found clear lines of reporting to the trust board, for example through reports prepared by the Director of Medical Education and the Guardian of Safe Working (GOSW). The types of evidence that inform education quality at the trust include: The trust's DATIX risk reporting system, junior doctor forum, exception reporting, school visits from HEE Wessex, feedback on assessments of trainees and their annual review of competence progression (ARCP) data, as well as our national training surveys.

Senior members of the organisation are visible, identifiable and approachable by all grades; both the doctors in training and educational and clinical supervisors that we spoke to confirmed this. We highlighted the clear educational governance structure for managing the quality of education and training as an area working well. We found that the trust demonstrates insight into the connection between workforce issues and education and

training concerns. For example, data from exception reporting is analysed to show how gaps in rotas affect the quality of training.

At **Solent NHS Trust** we found the educational governance system to be explicit and robust and there are good ideas for strengthening this further - this is an area working well. At **Southern Health NHS Foundation Trust** undergraduate educational governance structures are working well, however postgraduate educational governance requires improvement and we set a requirement for the trust to address this. At **Dorset Healthcare University NHS Foundation Trust** we set a recommendation for the trust to build on the progress that the current education team has made in establishing educational governance at the trust.

As noted at the beginning of this theme, there is variation in governance structures across the region. Some have robust structures in place, some sites have plans to implement robust structures and others need to improve their structures. We recommend that organisations across the region work together to ensure universally robust systems are in place.

Exception reporting and the Guardian of Safe Working

Exception reporting is a new mechanism, under the 2016 terms and conditions of the junior doctor contract, that allows all doctors to report concerns, such as educational opportunities that have been missed and breaches in hours worked which may compromise their safety or training. We strongly support the introduction of the new system as we're aware that increasingly doctors are adversely affected and fatigued by excessive pressures on healthcare services across the UK.

The role of the Guardian of Safe Working (GOSW) has been introduced across the country in response to trainee contracts to protect patients and doctors, by making sure doctors are not working unsafe hours in response to service pressures. One of the roles of the GOSW is to receive and appropriately action exception reports. We therefore explored the culture around exception reporting and the accessibility of the GOSW in detail during our visits across the region.

At **Dorset County Hospital** and **Dorset Healthcare University NHS Foundation Trust** we found a culture of openness and transparency around exception reporting. Trainees reported being listened to and feeling valued, and noted a visible and active GOSW. Exception reporting is discussed at several meetings and forums, and changes to rotas as a result of exception reporting were highlighted. This reinforces that exception reporting has led to changes and is a valued process within both of these sites.

We're aware that nationally the culture and awareness of the importance to exception report is not yet fully embedded. Therefore we wish to highlight the excellent work of Dorset County Hospital NHS Foundation Trust and Dorset Healthcare University NHS

Foundation Trust to raise the profile of exception reporting and the GOSW across the region and England in general.

Theme 3: Supporting learners

During the course of the regional review, we identified one area of good practice and five areas working well relating to Theme 3. We also set two requirements and four recommendations.

Undergraduate

The medical students we met with felt that their access to educational and pastoral support was good, and we heard positive examples of such support at **Southampton medical school**. Within the university's student services there is a crisis service, counselling team and disability practitioners. The students have access to a daily drop-in clinic, which has 20 minute appointments available. We were told that 2000 students across the university used the drop-in clinic last year. A counselling service offers students up to six sessions of counselling. The medical school has excellent student support and if the students wish to seek assistance outside the faculty, this is easily accessible.

Postgraduate

The Professional Support Unit (PSU) was created to help support doctors in training who were experiencing some form of difficulty either in their personal life or their career. The service enables them to access consistent, expert advice when needed. When a doctor in training is identified as being in difficulty at an LEP, they can refer them to the PSU for further support. The PSU can provide resources, such as counsellors, study skills or occupational health services. This approach has been successful because HEE Wessex has been able to formalise the support it offers to doctors in training using careful, individually-tailored resources to help them through challenging times.

HEE Wessex has an established PSU that has evolved into a stable, confidential service. The staff that work at the PSU have been trained in coaching and careers support. If a trainee expresses a desire to experience a career outside of medicine, members of the PSU team have experience providing non-medical careers advice. Careers advice is available to all trainees, not just those who are in the PSU. Trainees engage with a careers day whilst in their training programme and all foundation programmes have a careers element incorporated into them.

Overall, the visit team were impressed with the support, both educational and pastoral to learners across the organisations we visited. We also identified no concerns over bullying or undermining on any of the visits.

Theme 4: Supporting educators

It is essential that educators receive the support they need to meet their education and training responsibilities in order to train the next generation of doctors. During our visits we met with a wide range of educators in a variety of settings and explored how well educators are supported. In general educators are well supported and we identified this as an area working well at four sites, and subsequently a theme across the region. However, we did identify a number of areas that require improvement and we set a requirement at two of the sites we visited, as noted below.

There is a supportive environment for educators at the medical school and most of the local education providers we visited. LEPs in general value their educators, and trainers have time allocated in their job plans towards their educational responsibilities. Clinical and educational supervisors appeared to be well supported in their educational roles by the trusts. They have adequate facilities, are selected and trained appropriately, and are encouraged to continue their professional development. Educators were aware of and willing to raise any concerns they might have about their roles and performance with the medical school or LEPs.

HEE Wessex supports educators to liaise with each other and make sure they have a consistent approach to education and training across the region. HEE Wessex has developed a community of medical educators, which includes doctors in training through to senior trainees and into the consultant and higher faculties of educators.

Southampton General Hospital has introduced a new way of working in obstetrics and gynaecology (O&G) where every medical student has a specialty registrar mentor who has received mentorship training from the clinical lead. Because of the success of the mentor scheme within O&G, this new way of working is due to be rolled out to other departments. Middle and senior grade doctors are supported in their development as educators and their contributions to the learning of junior clinicians and medical students are highly valued.

At **Southern Health** we found that trainers are well supported as clinicians and educators. We identified this as an area that is working well at the trust. We found that educators have one hour per trainee, per week in their job plans. Additionally, supervisors spoke positively of support for educational activity and they have the opportunity to attend faculty development days, clinical tutor working group meetings, undergraduate education committees, and end of placement review meetings.

At **Solent** educators have clearly defined time in their job plans. Supervisors highlighted there is a strong focus on education and training at the trust, and subsequently highlighted this as an area that is working well. Educators are supported in their roles when dealing with concerns and we heard about an innovative approach to 360 degree feedback based on therapeutic methods.

We encourage sites to continue to support those that deliver education to carry out their role in a way that promotes safe and effective care for patients and a positive learning experience for learners.

We also heard of the pressures that service delivery can have on education and training. HEE Wessex has worked with the LEPs to outline what is expected of them in their clinical supervision role and to make sure supporting professional activities (SPA) time is properly deployed in job plans. Although we heard at the LEPs that educational and clinical supervisors have time allocated in their job plans, staffing levels and high service pressures prevented them from making best use of their allocated time, so it is not always being delivered in practice. We heard that, in many cases, supervisors continue to support doctors in training through their own goodwill and commitment, despite service pressures.

Southampton General Hospital is working through a number of challenges in the delivery of undergraduate education. They acknowledged the difficulty in delivering education alongside current service pressures, including competing priorities for consultants' SPA time. There are considerable challenges to delivering the medical school's new curriculum. These include the impact of hosting large numbers of students, and the reality of fitting the curriculum against the modern day NHS service, when consultants work different shift patterns so may not be able to offer consistency for students on placement. SPA time is allocated across the trust using different models in different departments and we heard mixed reports of whether those involved in delivering education have the time to do so. In particular, undergraduate education is being delivered by people who do not have adequate time in their job plans, and it is reliant on goodwill.

Dorset County Hospital also has challenges with job planning and allocating enough time to supervisors to meet their educational responsibilities. Educational and clinical supervisors confirmed that time is allocated in job plans for their supervisor roles but it's not enough in practice. The trust's board has approved a project to investigate and improve the allocation of time in job plans.

A lack of time in job plans poses a risk to educators in their ability to carry out their role in a safe and effective way which promotes a positive learning experience for trainees. We therefore set requirements for **Southampton General Hospital** and **Dorset County Hospital** to develop clear and transparent systems to monitor how educational resources are allocated and used.

Theme 5: Developing and implementing curricula and assessments

Our statutory responsibility for regulating curricula and assessments are different according to the stage of training. As part of this review we wanted to make sure medical school and postgraduate curricula and assessments are developed and implemented to meet our outcomes for graduates or approval requirements. During the course of our visits as part of the regional review, we identified six areas working well relating to Theme 5. We also set two requirements and one recommendation.

Undergraduate medicine placements

Medical student placements at the LEPs are delivering good coverage of the undergraduate curriculum. Students receive good practical experience and structured teaching at the trusts, with good access to the clinical environment. **Southampton medical school** has designed rotations that enable students to have exposure to a wide range of patient types and diversity. Students in years one and two told us that placements and the good level of patient contact are among the highlights of their early years in medical school. There is equity of experience and teaching across the placements and we did not hear any concerns about quality. The medical school provides placements that enable students to become members of the multidisciplinary team and sufficient practical experience to achieve the learning outcomes required for graduates.

At **Isle of Wight**, undergraduate education is well led and responsive to feedback. The students value the experience and are made to feel welcome by the organisation. They described the teaching they receive at the hospital as excellent. They have good access to consultant teaching and it is well integrated into clinical practice. Students spoke highly of their time here, noting that they have adequate experience to meet curriculum outcomes and the environment is supportive with a good induction. Educators are welcoming, dedicated and provide excellent teaching, and the trust's receptiveness to feedback is to be applauded. We concluded that the programme at Isle of Wight gives medical students sufficient practical experience to achieve the learning outcomes required for graduates.

Undergraduate education was also highly rated at **Dorset County Hospital** by fifth year medical students. Students are welcomed in the organisation and found the experience valuable in preparing for their foundation year. The trust had eight medical students on placement at the time of the visit and all students attended to share their experience with us. We heard about the high quality of teaching at the trust, there are plenty of clinics and ward teaching and students commented that they always feel part of the team. All of the students we spoke to would recommend a placement at this trust and were confident that they would meet the competencies required by the medical school's curriculum. The delivery of undergraduate education is a strength within the trust.

Undergraduate psychiatry placements

Year four students at Southampton medical school complete an eight week placement in psychiatry. One of those weeks is completed in CAMHS, while the other seven weeks are completed at Southern Health NHS Foundation Trust.

At **Southern Health NHS Foundation Trust** we found that undergraduate governance structures are working well and medical students highly value their mental health placement. The medical students that we met at this site praised their placement and learning opportunities. Undergraduate governance structures and placements are an area of good practice. At **Solent NHS Trust** students were again very positive about their experience at both Solent and Southern Health. They noted their placements afford them ample learning opportunities and they are both welcomed and supported by the multi-disciplinary team. We were not able to meet with students at **Dorset Healthcare University NHS Foundation Trust** as they were not completing placements at the time of our visit. **Southampton medical school** ensures that students encounter a good level of exposure to psychiatry through the medical school curriculum. This is well received by students and encourages them to consider psychiatry as a future career.

As noted in the first theme discussed in this report, there is a positive culture and environment for education and training at the mental health education providers that we visited, and this culture has a positive impact on the recruitment and retention of psychiatry trainees across the region. Regionally there is a continuum of excellent psychiatry training beginning with undergraduate programmes and placements and carrying through to foundation, core medical training and specialty training. The outcome of this pathway is that the majority of posts are filled due to an ethos of valuing education and training at all stages of learning.

Undergraduate assessment

Assessments must be carried out by those who have the appropriate expertise in that area. Assessors are responsible for robustly and effectively assessing the medical student's performance. Southampton medical school has rules on who can conduct their assessments of clinical competence (ACCs) to ensure they are at the required standard. The school provides training for examiners, including online training and workshops.

Despite this, several medical students we spoke to at the medical school and on placements at LEPs expressed concerns over the ACCs. There is a perception that assessments vary depending on the patient they receive and the assessor they are assigned. The students feel that the ACCs are poorly calibrated amongst consultant trainers and that not all the assessors are suitably trained to conduct the ACCs. We have set a recommendation for the

school to explore this, to potentially provide better calibration for consultant trainers regarding the ACC assessments, and to increase the level of awareness throughout the school regarding the level and calibration of trainers.

Postgraduate curricula and assessment

During our visits, we explored the various ways that HEE monitors the quality of training programmes, and takes action where action is needed to meet our standards.

HEE Wessex is aware of the challenges in ensuring consistency across the ARCP process, and has developed local guidelines and training sessions to help support educators. The foundation training leads also have regular meetings at HEE Wessex to discuss the ARCP process. This has led to greater consistency in making difficult decisions on ARCP outcomes, although this is still a work in progress. We set a requirement to support HEE Wessex in continuing to develop mechanisms to ensure the ARCP process is equitable, consistent and fair.

Next steps

Following our visits across the Wessex region, we have set out requirements and recommendations for each organisation in each of our visit reports. Each education provider we visited provides an update regarding any postgraduate issues to HEE Wessex on their progress towards these, and outlines the steps they have taken and will take to address them. HEE Wessex submits an action plan outlining the above to us, which is published on our website. Likewise Southampton medical school also submits an action plan to outline progress against requirements and recommendations. We recommend that action plans should be read alongside site reports, which are all published on our website:

<https://www.gmc-uk.org/education/reports-and-reviews/regional-and-national-reviews>

Following the submission of action plans, both undergraduate and postgraduate requirements and recommendations are monitored through in-house scheduled reporting tools at agreed dates.

Sharing good practice and supporting partner organisations

We look forward to continuing to support local education providers in Wessex and share the areas of good practice. For example, in September 2018, we held a regional event with representatives from HEE Wessex, Southampton medical school and both LEPs that we visited and LEPs that we didn't. We will also highlight good practice to other education providers and relevant organisations, including the Royal College of Psychiatrists.

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