General Medical Council

Visit report on Western Health and Social Care Trust

This visit is part of the Northern Ireland national review.

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

Summary

Education provider	Western Health and Social Care Trust
Sites visited	Altnagelvin Area Hospital (AAH)
Programmes	■ Undergraduate ■ Foundation ■ Core medical training (CMT) ■ Emergency medicine (EM) ■ General (internal) medicine (GIM) ■ General surgery ■ Obstetrics and gynaecology (O&G) ■ Paediatrics
Date of visit	28 February 2017
Overview	During our visit to the Western Health and Social Care Trust we met with medical students from Years 3, 4 and 5 of Queen's University Belfast School of Medicine, Dentistry & Biomedical Sciences (QUB), doctors in training, clinical and educational supervisors from both Altnagelvin Area Hospital (AAH) and South West Acute Hospital (SWAH), as well as the trust's education management team. Overall, we found the experience of students, foundation doctors and doctors in training to be mostly positive. Clinical supervisors also had a positive experience of being an educator within the trust. However, there are some

	areas where the trust is currently not meeting our standards.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards. These should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 1: Learning environment and culture (R1.20)	Doctors in training at the trust have access to a Medical and Dental Education App, an example of the trust's investment in technology and innovation that is valued.

Areas that are working well

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

Number	Theme	Areas that are working well
1	Theme 1: Learning environment and culture (R1.14)	The trust maximises learning opportunities for doctors in training in paediatrics at Altnagelvin Area Hospital and in general internal medicine at South West Acute Hospital by using handover as a good teaching tool.
2	Theme 2: Educational governance and leadership (R2.1)	The trust has an effective educational governance system which manages and controls the quality of medical education and training.
3	Theme 5: Developing and implementing curricula and assessments (R5.9)	The training programmes at the trust in many departments, in particular, paediatrics, obstetrics and gynaecology and general surgery give doctors in training posts that deliver team working, handover and supervised learning opportunities.
4	Theme 5: Developing and implementing curricula and assessments (R5.9)	Adequate clinical exposure at the trust allows doctors in training to obtain sufficient practical experience to achieve the clinical competencies

		required by their curricula and assessments.

Requirements

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

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

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

Number	Theme	Requirements
1	Theme 1: Learning environment and culture (R1.1-R1.3)	Incident reporting systems must be formalised across the trust, with consistency across specialties to ensure doctors in training know what to do if they have any concerns about the quality of care.
2	Theme 1: Learning environment and culture (R1.8)	All learners must have an appropriate level of clinical supervision at all times by an experienced and competent supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.
3	Theme 1: Learning environment and culture (R1.12)	The trust must ensure rotas are designed in a timely manner that allows foundation doctors and doctors in training the appropriate access to learning opportunities.
4	Theme 3: Supporting learner (R3.1)	Learning outcomes from equality and diversity training must be clearly understood and applied in practice, such that learners are able to demonstrate they meet the professional standards required of them. Equality and diversity training must be appropriately monitored, and learners and educators must be up-to-date with their training.

5	Theme 3: Supporting learners (R3.3)	The trust must investigate and resolve bullying and undermining behaviours in general internal medicine at Altnagelvin Area Hospital, ensuring no doctors in training are subject to behaviour that undermines their professional confidence, performance or self-esteem.

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	Recommendations
1	Theme 1: Learning environment and culture (R1.6)	The trust should ensure that learners and educators are aware of trust policies for referral pathways within the trust. There are issues around decision making for doctors in training as to whether to involve gynaecology or surgical teams for female patients with acute lower abdomen pain.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', eg where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards
S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.* **S1.2** *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1), Dealing with concerns (R1.2) & Learning from mistakes (R1.3)

1 We heard from all doctors in training we met with that the trust has an incident reporting system, Datix, but that training on using this system is not formally undertaken. The education management team at the trust advised us that doctors in training are informed of how to raise concerns at induction and regular training is offered, but this was not the experience relayed by others we met with during the visit.

2 Students said they had not been in a position where they needed to raise concerns but were also not clear on how to formally raise concerns with the trust or QUB.

3 Doctors in training in obstetrics and gynaecology (O&G) were aware of a list outlining what should be reported via Datix. We heard from them that the O&G department has a formalised structure for risk management meetings and morbidity and mortality meetings. The education management team also spoke of the process for raising concerns within O&G.

4 Doctors in training in general surgery and emergency medicine departments had more experience of raising concerns and receive feedback during monthly meetings. Supervisors in general surgery and emergency medicine are keen to support and educate the doctors in training through raising concerns. They also spoke about the monthly morbidity and mortality meetings that take place which doctors in training are able to attend.

5 Doctors in training in paediatrics had a positive experience of receiving feedback as a result of concerns raised through Datix, we heard that they receive a safety brief and talk about any near misses.

6 The education management team were aware that not enough incidents are being reported through Datix, considering the size of the trust. We heard that the system is undergoing a modification to make it more user-friendly as they recognise it is cumbersome for all members of staff, and that there is variability in the use of the system in departments across the trust.

Requirement 1: Incident reporting systems must be formalised across the trust, with consistency across specialties to ensure doctors in training know what to do if they have any concerns about the quality of care.

Supporting duty of candour (R1.4)

7 Whilst there is no statutory duty of candour in Northern Ireland, medical students we met were aware of their duties to be open and honest with patients and we heard there is a full week in Year 5 on patient safety, when the topic of being open and honest is covered.

8 Supervisors in general surgery and emergency medicine told us they value sitting down with the doctors in training to discuss anything that has gone wrong and go through what needs to be discussed with the patient. The supervisors felt that doctors in training are very clearly informed of duty of candour at induction and that there is an ethos of openness and learning within the trust.

Seeking and responding to feedback (R1.5)

9 We heard from students that they provide feedback on their placement at the end of each attachment, and whilst this was not mandatory they do receive a certificate upon completion for their portfolio.

10 Students spoke about QUB's Phase Quality Assurance Committees (PQAC) which has elected reps from each year. We heard that the committee meets one to two times a year and students are able to raise any issues here. The students said they have a session with QUB at the beginning of each year where they hear what changes have been made as a result of feedback.

Educational and clinical governance (R1.6)

11 Decisions made by doctors in training were challenged in what was perceived as an unhelpful and non-patient centred manner regarding the referral of female patients with acute lower abdomen pain to either the gynaecology or surgical teams. This led to delays and inappropriate referral of these patients from the emergency department to in-patient services. Supervisors in emergency medicine said they are

aware of this and a consultant in the department is looking to improve the process for decision making within the department.

Recommendation 1: The trust should ensure that learners and educators are aware of trust policies for referral pathways within the trust. There are issues around decision making for doctors in training as to whether to involve gynaecology or surgical teams for female patients with acute lower abdomen pain.

Appropriate capacity for clinical supervision (R1.7), Appropriate level of clinical supervision (R1.8)

12 We heard from students that SWAH teaching sessions are well supervised. They felt that the supervisors know what the expectations of them are and are encouraged to meet with their supervisors and tell them if they have any issues.

13 Despite positive comments from the students regarding their experience at SWAH, we heard several examples of Foundation Year 2 (F2) doctors in medicine feeling that they had been left in situations beyond their competence at SWAH. Clinical supervision out of hours was also a red outlier in the 2016 NTS. The foundation doctors reported that they did not have access to on-site supervision in general medicine out of hours. The trust's education management team and foundation doctors said there is a specialist doctor in anaesthetics available on-site but we heard from foundation doctors that they sometimes have trouble accessing support from the anaesthetist. We also heard from both groups that consultants in medicine are available off-site. Whilst the consultants were happy to be called, there is no formal process for the F2 doctors to do so, or formal training for the F2 doctors on when they should be calling for support.

14 The education management team advised us that F2 supervision at SWAH in medicine is challenging due to the geographical location. The amount of unfilled posts being significantly greater than at other hospitals resulting in gaps in the rotas.

15 The NTS 2015 survey results showed clinical supervision and clinical supervision out of hours as red outliers in emergency medicine, however in the 2016 NTS the results showed improvement. We heard from supervising consultants in emergency medicine at AAH that doctors in training fed back to them that they felt vulnerable out of hours. The trust was very open to this feedback and as a result now has two overnight consultants and a doctor in training at ST1-3 level.

16 Supervision across specialties within the trust appeared to be variable. Despite the high number of locums employed by the trust, most of the students and doctors in training felt well supervised. The lack of access to on-site supervision for FY2 doctors in general medicine out of hours was raised as a serious concern whilst on the visit and fed back to the trust's education management team and the Dean at the Northern Ireland Medical and Dental Training Agency (NIMDTA). We heard the trust

has plans, funding and resources available and had been in discussion with NIMDTA to rectify the situation.

Requirement 2: All learners must have an appropriate level of clinical supervision at all times by an experienced and competent supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.

Appropriate responsibilities for patient care (R1.9), Identifying learners at different stages (R1.10)

17 Most students, foundation doctors and doctors in training we met felt they had never had to work outside of their competency and their supervisors know what to expect from them for their level of training. There were some doctors in training who had been asked to undertake tasks above their level of learning, but all said they would feel comfortable to highlight to their supervisor when/if they are in this situation and use it as a learning opportunity. Foundation doctors spoke of being the most senior person in medicine at SWAH overnight and said they ring the consultant if they have something outside of their competence.

18 During the visit, doctors in training and staff at the trust used the terms 'senior house officer', 'SHO' and 'registrar'. 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. Furthermore, doctors in training could be asked to work beyond their competence or without adequate supervision when SHO and registrar terminology is used due to the ambiguity of the different level of doctors in training included in the abbreviation.

19 Medical students we met with were clear on how to introduce themselves to patients, identifying which year of medical school they are in.

20 We were pleased to hear that most students and doctors in training felt they had not been asked to complete tasks outside of their competency, but when they are, they feel comfortable to raise this with a supervisor. By using the correct terminology for the different levels of doctors in training, there will be less opportunity for doctors in training to be asked to complete tasks outside of their competence.

Taking consent appropriately (R1.11)

21 Doctors in core training in medicine said they attended generic skills sessions during their foundation training and received formal training on taking consent. They were clear on how to take consent and said they felt competent to do so. We also heard that there is a proforma for taking consent at AAH and most doctors in training felt they had never been in a position where they were taking consent for something they didn't understand.

22 There were mixed views from the different levels of doctors in training we met around training for taking consent beyond the generic skills training for foundation doctors. Whilst some were unsure of any available training on taking consent, others said they were formally assessed on taking consent as part of a training course they completed.

Rota design (R1.12)

23 Foundation doctors and doctors in training reported that they only received their rotas a couple of days before they started at the trust which meant they couldn't plan their time accordingly. The lack of notice impacted upon the foundation doctors' ability to book onto the generic skills days.

Requirement 3: The trust must ensure rotas are designed in a timely manner that allows foundation doctors and doctors in training the appropriate access to learning opportunities.

24 We heard from foundation doctors and doctors in training that due to there being no shift times on a rota it was not clear what time a shift started.

25 Doctors in higher training in paediatrics at AAH said that workload is high and as it is a very busy paediatric department which can mean there is a tight balance between training and service.

26 The trust's education management team were aware that the rotas are intense and this has made the trust unattractive to doctors in training. The rotas have been addressed at foundation year 1 level, but they are also trying to now address this at foundation year 2 level.

Induction (R1.13)

27 The trust has created a Medical and Dental Education app (MDE app) which can be downloaded on all smart phones, gives access to undergraduate and postgraduate information and has supported induction since August 2016. (See R1.20)

28 Foundation doctors and doctors in training told us the trust induction they received was very comprehensive and covered everything they needed to know.

29 The experience of departmental induction for foundation doctors and doctors in training was variable. Accounts of induction to the emergency department were useful but informal, whilst induction to general internal medicine was deemed to be very thorough which included presentations given by each department and time to adjust to the different wards.

30 Supervising consultants in emergency medicine said that due to the intensity of their workload and the autonomy the doctors in training have, induction has a specific focus on support and decision making.

31 The doctors in training in paediatrics were very impressed with their departmental induction which lasted two and a half days and covered everything they needed it to. Some of the doctors in training felt it was the best departmental induction they had received.

32 Overall, the experience of the students and doctors in training we met with was positive regarding trust induction and the MDE app used to support induction in the trust. However, there is variability of experience for departmental induction across the specialties we visited.

Handover (R1.14)

33 Foundation doctors said that the handover in GIM at SWAH is used as an opportunity for them to get feedback on how they are working which they find helpful. Handover in GIM at SWAH was also noted to have a green outlier in the 2016 NTS results.

34 Supervising consultants in GIM at SWAH said whilst handover may not have an educational focus for every patient, they ensure it does for patients that the doctors in training have seen the night before and praise those who have done well. They also told us they suggest to the doctors in training that they go away and think about what decision they made, whether it was the right decision, then come back later and talk about whether it was right or not in order to have an educational focus.

35 Doctors in core and higher training in GIM at AAH felt that the handover is generally quite good with a meeting in the morning and at night, but can be quite informal and not very educational. However, we heard the informality of handover isn't a problem for them as they consider everyone in the department to be approachable and can flag anything as necessary.

36 We heard from doctors in training in emergency medicine that handovers in the department have an educational element. Doctors in training in general surgery said they use handover as an opportunity to give feedback to more junior doctors in training who present their cases.

37 Doctors in higher training in paediatrics told us the handover at AAH is very thorough and used as a teaching exercise. We heard that handover takes place in the morning, evening and at night in addition to ward rounds in the morning, and that consultants are present at every handover. The doctors in training in paediatrics said they are always thanked after handover and told what they have done well. Educational and clinical supervisors in paediatrics said that doctors in training who have been on overnight present the cases at morning handover and all patients are discussed. The NTS data highlighted handover as a green outlier in 2015 and 2016.

Area working well 1: The trust maximises learning opportunities for doctors in training in paediatrics at Altnagelvin Area Hospital and in general internal medicine at South West Acute Hospital by using handover as a good teaching tool.

Protected time for learning (R1.16)

38 Foundation doctors said they had scheduled teaching twice a week which is bleep free and they are always able to attend.

39 Most doctors in training we met said they were able to attend their teaching sessions. However, doctors in training in emergency medicine said they sometimes found it difficult to leave the department in order to attend teaching. We heard that there are more than 10 gaps where there should be doctors in training in department which has an impact. We also heard that there is an issue with the number of nurses in the emergency medicine department which can mean doctors in training in the department are completing routine and non-educationally productive tasks which impacts on their training.

40 The education management team felt that one of the biggest risks to education for this trust is getting protected time to train. However, most doctors in training we spoke with were able to attend training with the exception of emergency medicine where there is some variability.

Multiprofessional teamwork and learning (R1.17)

41 Medical students spoke of good opportunities of multiprofessional working where they had worked with occupational health professionals and psychiatric nurses. They found this to be a useful experience and said they had to be signed off once they had worked with those in other disciplines. We also heard that they had a simulation session with nursing students where they worked together in small groups.

42 Doctors in general surgery spoke of weekly upper GI multidisciplinary team meetings which they attended, as well as stoma nurses giving a teaching session to more junior doctors in training.

43 Doctors in training in O&G spoke positively about the midwifery team at AAH and said they learn lots from them informally. We also heard they have Wednesday morning teaching sessions that the midwives are involved in, as well as risk management meetings.

Adequate time and resources for assessment (R1.18)

44 Doctors in training spoke positively about the support they received with their e-portfolio and assessment, particularly in general internal medicine, O&G, and general surgery.

Capacity, resources and facilities (R1.19)

45 We heard from students that they are able to access the computer suites 24 hours a day, every day and that everything is well maintained.

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

46 The trust has simulation facilities at AAH and a simulation lead has been in place since last year. The trust hopes to put a simulation lead into each area to cover each specialty and is currently in the process of appointing a full-time nurse who will be responsible for simulation.

47 When asked about their induction, the students and foundation doctors told us they received the MDE app which they found helpful. All the foundation doctors we met with used the app and found it very helpful for quick reference to guidelines for medications like antibiotics. They also liked that the app includes the weekly teaching schedule as well as who is running the sessions. Medical students also found the app useful but felt it could be improved and that they had given feedback to the trust on how. More senior doctors in training we met don't use the app as much as the foundation doctors but think it is a good idea. Education management at the trust told us that other hospitals are planning to take the MDE app forward as it is a useful tool.

48 Students said their needs are well catered for at the trust, that they had access to simulation wards they could use and share training sessions with the student nurses which are useful multidisciplinary learning opportunities.

49 Doctors in training in O&G told us the simulation suite at AAH is of an excellent standard and that they receive allocated sessions to use it. Supervisors in O&G told us the trust has great simulation equipment which has been made an integral part of the weekly rota, as well as regular monthly training.

50 Whilst simulation has been embedded in to training in O&G, other doctors in training we met had some dedicated simulation sessions and found it to be informal and very early in development.

51 Doctors in core training in GIM said they used a video link from SWAH to NIMDTA for some training but that this has not been working for a couple of months. Doctors in core training in GIM at AAH said they also had issues with video-conferencing equipment at the trust and had to travel to Ulster Hospital for training which is over an hour and a half away.

Good practice 1: Doctors in training at the trust have access to a Medical and Dental Education App, an example of the trust's investment in technology and innovation that is valued.

Access to educational supervision (R1.21)

52 Doctors in higher training in general internal medicine said they get to know their educational supervisors at AAH which is beneficial. They compared this with other placements where they haven't had the opportunity to meet their educational supervisor by the time they have to be signed off at the end.

53 Doctors in GP training said they had weekly protected time for meeting with their educational supervisors when they were on placement in a GP surgery. Whilst they are based in the trust, they receive two or three meetings over the course of their placement until they have been signed off. They reflected that these meetings are easy to arrange and that they are always released to attend these.

Theme 2: Education governance and leadership

Standards
S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.* **S2.2** *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.* **S2.3** *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

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

54 Students told us they have a session at the start of every year on quality improvement and that PQAC meet to raise issues with QUB once or twice per year. We heard that they have access to noticeboards and forums to provide feedback and that QUB visits the hospitals to check on the students' progress. Students feel as though feedback to QUB is dealt with positively and quickly.

55 We heard from the education management team and supervisors we met with that the sub deans for each trust meet with QUB four times a year to discuss any issues and share good practice. We also heard that supervisors receive the NTS results to reflect on how their department is doing and reflect on red outliers and try to improve. Supervisors said they feel listened to within the trust.

56 The education management team told us that the Medical Director regularly feeds back to the trust board and that the Director of Medical Education and Sub-Dean at the trust attends the board annually. We also heard that the Chief Executive reports to the board on education quarterly.

Area working well 2: The trust has an effective educational governance system which manages and controls the quality of medical education and training.

Systems and processes to monitor quality on placements (R2.6)

57 The education management team said they have positive relationships with both QUB and NIMDTA and feel supported to deliver education at the trust.

Concerns about quality of education and training (R2.7)

58 We heard from students that the Dean of QUB came to the trust last year and met with teachers and students. All students on placement met with the Dean and were

asked if they had any concerns. Students felt the feedback they gave appeared to have been acted on and monitored by QUB to see if things had improved.

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

59 We heard from the education management team that clinical and educational supervisors have additional funding written in to their contracts for their educational role. This is reviewed in the trust's financial audit. (See R4.2).

Educational supervisors for doctors in training (R2.15)

60 All foundation doctors and doctors in training we met said they have a named educational supervisor and that the supervisors make sure they complete their e-portfolio and assessments. Whilst most of the doctors in training and foundation doctors found their educational supervisors to be approachable and knowledgeable, some of the doctors in core training in GIM hadn't yet had the opportunity to meet with their educational supervisors.

Theme 3: Supporting learners

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

Good Medical Practice and ethical concerns (R3.1)

61 Awareness of equality and diversity principles was inconsistent among those we met with at the trust. The students we spoke with were not aware of any training relating to equality and diversity. Foundation doctors said equality and diversity was covered as part of NIMDTA's generic skills training and some of the more senior doctors in training were unclear whether they had completed training on equality and diversity.

62 The clinical and educational supervisors we met with told us of an online module available at the trust for supervisors. The education management team also informed us that supervisors have undertaken equality and diversity training and feel the emphasis has very much been on the supervisors. The supervisors said that if they had responsibilities for interviewing then they would receive face-to-face training but otherwise there was no additional training on the subject.

63 Doctors in training in O&G said whilst they had not had specific equality and diversity training; they have had teaching on managing culturally sensitive patients, such as Jehovah's Witness patients or those affected by female genital mutilation.

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

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

64 Students spoke of a staff member on-site at AAH who they could go to for any pastoral support.

65 We heard from the doctors in training in O&G that the midwives are very good at making sure they are alright and feel it is a caring atmosphere. They felt some consultants are more involved in the pastoral care of doctors in training than others but usually they are signposted to those who can help. They also said the pastoral support at NIMDTA is good.

66 Doctors in GP training we met during the visit said they have resilience days which focus on their work/life balance, however they found this counterproductive as these days have to be done in their own time.

Undermining and bullying (R3.3)

67 The foundation doctors told us that when working in GIM at AAH they are unable to take any breaks when working out of hours. They then have to handover to the consultants in the morning who they feel sometimes berate and criticise them. The foundations doctors found this can be an unpleasant and unsupportive experience. Doctors in core training in GIM at AAH also said the morning handover can be a bit uncomfortable and there is a bit of apprehension around this.

Requirement 5: The trust must investigate and resolve bullying and undermining behaviours in general internal medicine at Altnagelvin Area Hospital, ensuring no doctors in training are subject to behaviour that undermines their professional confidence, performance or self-esteem.

68 Doctors in training in O&G at AAH said they are aware that the department is in enhanced monitoring due to undermining and bullying behaviours. Whilst they said they have observed some undermining behaviour they felt it is nothing too extreme. We heard that they are able to speak to consultants anonymously and are undertaking human factors training and feel that things are improving in the department.

Information on reasonable adjustments (R3.4)[*]

69 We heard from the education management team that they receive information from QUB relating to health and disability where reasonable adjustments are required.

Supporting transition (R3.5)

70 The education management team said they receive a lot of support from NIMDTA regarding transfer of information and feel the process works well. They found the only challenge with the transfer of information (ToI) form is that the information that can be entered is quite limited.

Student assistantships and shadowing (R3.6)

71 Most of the foundation doctors we met with were QUB graduates and had completed the final year assistantship (previously known as F0) at QUB. They found this to be really helpful when placed during the assistantship where they were going to be as a Foundation Year 1 (F1) doctor, but that this wasn't always the case and we heard the computer systems are different across the trusts in Northern Ireland. Those who started as a F1 at SWAH but hadn't completed their final year assistantship there

[*] The Equality Act 2010 does not apply to Northern Ireland. The Equality Act 2010 is in force in the rest of the UK, but the Disability Discrimination Act 1995 and the Special Educational Needs and Disability (NI) Order 2005 remain in force in Northern Ireland.

were able to shadow for a few days before they started. We heard that the accommodation is paid for during this time which foundation doctors found helpful.

72 The education management team spoke about the DUCT programme (Developing Undergraduate Clinical Teachers). This consists of two sessions for the F1 doctors which enables them to teach those in their final year assistantship at the trust. Not all the foundation doctors were aware of this and those who were found it useful but said there are time pressures restricting them from attending. Some only made it to one of the two sessions which meant they did not receive the certificate of attendance. Other foundation doctors said they had completed the DUCT programme whilst at the trust during their final year assistantship which they found was a really good time to do it due to less time pressures.

Study leave (R3.12)

73 Doctors in training said they find it easy to access study leave and that the trust does their best to accommodate this.

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

74 Doctors in training in paediatrics, O&G and emergency medicine felt that feedback from consultants has been structured and constructive. The 2016 NTS showed no outliers for emergency medicine for feedback, whilst there was a red outlier in the 2015 NTS.

75 Doctors in core and higher training in GIM at AAH said they don't receive constructive feedback and it can be difficult to work out how they are getting on. Those in core training in GIM at SWAH said they do a ward round with the consultant and get instant feedback on what has been done well or not which they found to be a really good learning opportunity and very encouraging.

76 We heard from supervisors that they have formal training on giving feedback as part of their educator package.

Support for learners in difficulties (R3.14)

77 The education management team felt that staff within the trust know how to escalate if any learners are in difficulty, and that the trust has good links with QUB and NIMDTA. As a trust they feel they receive lots of support from NIMDTA relating to supporting doctors in difficulty and always ensure when a doctor in training leaves them they have a remedial package and are being referred safely to the next trust.

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)

78 All supervisors we met during the visit spoke positively about the support of the trust in medical education. We heard that they receive a separate appraisal for their role in education in addition to their clinical role.

Time in job plans (R4.2)

79 The education management team informed us that all supervisors receive supporting professional activities (SPA) time which is paid out of the trust's budget. Supervisors we met told us they receive adequate time to go on training courses as well as time to go to NIMDTA events where they can share information with their peers. All said they have allocated SPA time for their roles in undergraduate and postgraduate education.

Recognition of approval of educators (R4.6)

80 Supervising consultants said they receive feedback on how they are doing in their role as an educator through appraisal, NTS results and end of placement feedback. All consultants with an educational role had to complete six courses for recognition and approval as trainers in order to gain a certificate from NIMDTA.

Theme 5: Developing and implementing curricula and assessments

Standard
S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.* **S5.2** *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

GMC outcomes for graduates (R5.1)

81 Students we spoke with said reflection is linked to *Good medical practice* and through this they become more aware of the ethical duties of a doctor.

Undergraduate clinical placements (R5.4)

82 Students said they received an OSCE presentation from the clinical teaching fellows at the trust teaching the main subjects in the run up to exams. The students found this really helpful and unique to this trust.

Training programme delivery (R5.9)

83 Doctors in training in paediatrics felt that although the department is busy, they feel well supported with the resources that they have. They said they had received a useful induction which they considered one of the most thorough they had experienced and also find the handovers to be very thorough. The positive findings in paediatrics at the trust reflect NTS results where the department had four red outliers in 2015 and two green outliers in 2016 but no red outliers. Those we met with during the visit correlate these results that improvement has been made.

84 In O&G, doctors in training told us their trust based induction was extensive as well as their specific department induction. They said the simulation suite is of excellent quality and that they receive allocated sessions in order to use it. The NTS results for O&G are also positive with three green outliers in 2016 for access to educational resources, local teaching, and workload at AAH.

85 Doctors in training in general surgery told us they feel supported and able to ask for help from supervisors. They said the consultants are always willing to teach them and that the balance of supervision versus responsibility felt right for their level of training.

86 All doctors in training we met with felt they receive a good educational experience within the trust, with mostly the right balance between education and service.

87 The education management team hopes to provide good training opportunities in order to actively encouraging doctors in training to remain in the trust, with the aim of helping recruitment issues.

Area working well 3: The training programmes at the trust in many departments, in particular, paediatrics, obstetrics and gynaecology and general surgery give doctors in training posts that deliver team working, handover and supervised learning opportunities.

Area working well 4: Adequate clinical exposure at the trust allows doctors in training to obtain sufficient practical experience to achieve the clinical competencies required by their curricula and assessments.

Examiners and assessors (R5.11)

88 Foundation doctors said the doctors in training and consultants at the trust are approachable and happy to sign off workplace based assessments.

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