

Visit to York Teaching Hospital NHS Foundation Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see the [General Medical Council website](#).

Review at a glance

About the visit

Visit dates	16 & 17 October 2014
Site(s) visited	Scarborough Hospital & The York Hospital
Programmes reviewed	Undergraduate Hull York Medical School, foundation, obstetrics and gynaecology and paediatric medicine
Areas of exploration identified before the visit	Student assistantships & preparedness, transfer of information, induction, curriculum & organisation of clinical placements, assessment, supervision, handover, patient safety, doctors in difficulty, fitness to practise, equality and diversity, bullying and undermining and quality control processes.
Were any patient safety concerns identified during the visit?	Yes
Were any significant educational concerns identified?	No
Has further regulatory action been requested via <u>enhanced</u>	No

Summary

- 1** The York Teaching Hospitals NHS Foundation Trust was visited as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and the Humber. During the visit we met mainly with foundation doctors years one and two, and doctors in training in paediatrics and obstetrics and gynaecology. We also met with medical students from years three, four and five from Hull York Medical School.
- 2** Whilst the GMC National Training Survey (NTS) results had indicated an increase in the number of below average outliers at the Trust, the results did not identify any particular concern with regard to the quality of education in any of the specialties being visited. Furthermore, many of the indicators within these specialties returned above average results and as such were identified as possible areas of good practice.
- 3** In July 2012 York Teaching Hospital NHS Foundation Trust acquired Scarborough and North East Yorkshire Healthcare NHS Trust. The distance between the two main hospitals within the Trust - York Hospital and Scarborough Hospital is nearly 50 miles. Whilst many of the issues being faced by the Trust today are common to both sites, some are location specific such as accommodation for medical students and, following service reconfiguration, reduced clinical capacity. We heard some good examples of trainers across both sites working together to ensure a consistent approach to education and training by sharing good practice and identifying solutions to common issues.
- 4** In general, we found the provision of education and training within the Trust to be good. In the main, students and doctors in training we met with described a supportive environment although some concerns regarding supervision and workload were identified at both sites.

Areas of exploration: summary of findings

This section identifies our findings in areas we agreed to explore before the visit.

student assistantships & preparedness

Foundation doctors with met with agreed that the student assistantship had been a beneficial experience. This was especially so when conducted in the same hospital in which they would then be undertaking their foundation programme as they were able to orientate and familiarise themselves

	<p>with their surroundings as well as hospital protocols and policies. Students described receiving experience in prescribing and were aware that during this time prescriptions must be signed off by a suitably qualified clinician.</p> <p>The majority of doctors in training we met with felt that, educationally, they were well prepared to take up their foundation post. On a number of occasions we heard that, due to the high workload and competing demands placed on foundation doctors, that it would have been helpful to have a better understanding of how to prioritise patients.</p>
<p>transfer of information & transitions</p>	<p>We heard that whilst the Trust does receive information from the medical school and Local Education and Training Board (LETB) it is not always conveyed in a timely manner. This means that support mechanisms are not implemented as quickly as they could be and that this leads to additional stress and pressure for those concerned.</p> <p>The educational and clinical supervisors we met with confirmed that they do receive basic information regarding the students and doctors in training for which they are responsible.</p>
<p>Induction</p>	<p>The Trust has a clear induction policy which was reviewed by the visiting team prior to the visit.</p> <p>As detailed in the policy, we heard that the induction process includes face to face meetings and an online e-learning package. Some of those we met found it difficult to find the time to complete the e-learning package and were concerned that in some instances they were already performing tasks for which they had not completed their induction (such as ordering tests and performing blood transfusions).</p> <p>Foundation doctors and doctors in training in paediatric medicine at both Scarborough and York spoke favourably of the departmental induction they had received which was described as being both helpful and timely. Other doctors in training had less positive experiences and we heard of inductions being held during lunch hours and others that had</p>

	<p>been cancelled and not re-scheduled.</p> <p>We heard a number of cases in which departmental inductions had not taken place and these appeared to coincide with doctors who had started mid-way through the year or who had started their rotation on night shift.</p> <p>See requirement - 5</p>
<p>Placements and curriculum delivery</p>	<p>In the main, the students and doctors in training we met with on the visit agreed that placements offer a wide range of clinical experience. Concern was raised by medical students with regard to the distance they have to travel in order to attend some GP placements. This was particularly problematic when using public transport, as on occasion the journey may not be direct and can take much longer than if using private transport.</p> <p>We heard that foundation doctors and doctors in training in both paediatrics and obstetrics and gynaecology are, at times, unable to attend clinics due to ward commitments. This is because attendance at clinics is not factored into their timetable.</p> <p>We also heard that ultrasound training is not available for doctors in training in obstetrics and gynaecology based at Scarborough and that as a result doctors in training are unable to meet the requirements of the curriculum – Please see requirement - 4.</p>
<p>Assessment & feedback</p>	<p>The medical students with whom we met expressed frustration that those passing exams received very little feedback. This coincided with comments submitted in response to the student survey conducted ahead of the visit and was explored further during the visit to the medical school later in the review.</p> <p>Foundation doctors at both sites stated that high workload (affecting all within the department) is adversely impacting on their ability to complete supervised learning events as, despite their</p>

	<p>willingness to participate, many colleagues appear too busy to observe and sign off procedures.</p>
Supervision	<p>One patient safety issue was identified with regard to the provision of paediatric supervision at Scarborough Hospital. Please see requirement 1.</p> <p>In the 2014 NTS, foundation surgery was found to be a below average outlier within the Trust for clinical supervision. The foundation doctors and doctors in training we met with all spoke positively with regard to the educational and clinical support available to them both from their assigned supervisors and the wider team.</p> <p>All educational and clinical supervisors with whom we met confirmed that the role is included within their job plan.</p> <p>The Trust has developed a junior doctor supervision policy and this was reviewed prior to the visit.</p>
Handover	<p>The NTS did not identify any problems with handover in any of the specialties being visited.</p> <p>Those we met confirmed that handover does take place although there were variable experiences both in terms of process (number of handovers undertaken throughout the day, personnel present and whether formal or informal) and educational benefit.</p>
patient safety	<p>One patient safety issue was raised during the visit. Please refer to requirement 1.</p> <p>Doctors in training at the Scarborough site in particular were aware of the mechanisms available to report concerns and confirmed that they are encouraged to do so. Educational and clinical supervisors from both sites confirmed that for the specialties in question, risk management meetings are held on a regular basis to review Datix reports such that lessons can be learnt.</p> <p>The Trust confirmed that any serious untoward incident involving a doctor in training is referred to</p>

	<p>the LETB within 28 days and is discussed by the Trust board.</p> <p>We heard that educational and clinical supervisors in Obstetrics and Gynaecology at Scarborough hold weekly risk management meetings to discuss Datix reports.</p>
<p>Doctors in difficulty/fitness to practise</p>	<p>In order to ensure consistency across the Trust, a policy has been developed detailing how educational supervisors should support doctors for whom they have concerns. We also heard that the Trust has a dedicated helpline that offers support to doctors and which acts as a medium by which they can report any Serious Untoward Incidents (SUI). We heard that any SUI that is reported in confidence via this mechanism will receive a response within 48 hours.</p>
<p>Training for trainers</p>	<p>Information supplied by the Trust prior to the visit stated that training is compulsory for educational supervisors and desirable for clinical supervisor.</p> <p>The Trust advised that trainers are notified when further training is due and that attendance at training events is recorded and reported to the LETB for revalidation purposes and to the medical school. At present full compliance is not being achieved for postgraduate or undergraduate trainers.</p> <p>The educational and clinical supervisors we met confirmed that training is delivered via online modules and at face to face events. The supervisors we met with appeared committed to their training role and were satisfied with the support available to them.</p>
<p>Equality and diversity</p>	<p>Documentation received prior to the visit showed that whilst the Trust does not conduct separate equality and diversity training, education training material has been reviewed to ensure that it is equality and diversity compliant.</p> <p>Whilst there is a requirement by the LETB for all educational and clinical supervisors to undertake equality and diversity training every three years, the register on which this information is recorded by the</p>

	Trust was incomplete.
Bullying and undermining	The visit team found no evidence of bullying and undermining within any of the specialties visited.
Quality control processes	<p>We heard that the Trust uses both the National Student Survey and NTS to help inform their quality control processes.</p> <p>The interface between quality control and quality management at undergraduate level appears to work well. We heard that the Trust works closely with the Hull York Medical School and that there is a free flow of communication between the two organisations.</p> <p>In terms of postgraduate education and training, the interface between the Trust and the LETB appears less well developed. Whilst we heard a number of examples in which the LETB had identified areas of good practice and had asked for these to be shared with other trusts, we also heard that communication between the two organisations is an area that requires improvement. We heard an example of this whereby following a visit by the LETB, the Trust were unclear about outcomes.</p>

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 that should be shared with others and/or developed further.

Number	Paragraph in <i>Tomorrow's Doctors</i> <i>The Trainee Doctor</i>	Areas of good practice for the LEP
1	TTD6.2, TD110	Medical students are given the opportunity to spend up to two weeks at the hospital on a voluntary basis prior to taking up their foundation post.

Good practice 1: Medical students are given the opportunity to spend up to two weeks at the hospital on a voluntary basis prior to taking up their foundation post.

- 5 We heard that in addition to the student assistantship and the opportunity of shadowing an F1 doctor, medical students commencing their foundation programme at Scarborough are also given the opportunity to spend time at the hospital on a voluntary basis in order that they can orientate themselves prior to taking up post. This is of particular benefit for those entering the foundation programme from a different region.
- 6 Whilst many of those we met felt that the student assistantship and time spent shadowing an F1 had been useful, the option to spend additional time familiarising themselves with the layout of the hospital and local protocols was considered by those we spoke with to be advantageous and was considered by the visiting team to be an example of good practice.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors</i> / <i>The Trainee Doctor</i>	Requirements for the LEP
1	TTD 1.2	Paediatric medicine – Appropriate level of cover must be provided for the paediatric medicine night duty on-call rota.
2	TTD1.2	Current terminology must be used when referring to the grades of doctors in training to ensure appropriate clinical supervision and expectations of doctors' competence and experience.
3	TTD5.4, 6.10	The work intensity of clinical placements must be appropriate for learning.
4	TTD5.1	Adequate access to ultrasound training must be provided such that doctors in training are confident that they will be able to meet the requirements of the curriculum.
5	TTD6.1	Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.

Requirement 1: Paediatric medicine – Appropriate level of cover must be provided for the paediatric medicine night duty on-call rota.

- 7** We heard that overnight paediatric cover at Scarborough hospital was being undertaken by level 1 trainees in paediatrics (ST1/GPST1). The cover is provided for referrals, paediatric A & E walk in, wards, special care baby unit and deliveries. At the time of the visit, non-resident consultant on-call cover was provided.
- 8** We heard that plans have been made to recruit four additional consultant members of staff in order to provide a resident out of hour's service at the Scarborough site however at the time of the visit it was unclear when this plan was likely to be realised.
- 9** This raised a patient safety concern as the level of clinical supervision available was inappropriate. The Trust responded immediately to the concern and that night arranged for resident on site cover. It was also confirmed that with effect from the following day, night cover would be provided by doctors in training grade ST3 and above.

Requirement 2: Current terminology must be used when referring to the grades of doctors in training and when preparing rotas.

- 10** During the visits to both Scarborough Hospital and York Hospital medical students, doctors in training and their supervisors made repeated reference to the term SHO (Senior House Officer). This collective term was used to describe doctors from a number of training grades with differing levels of experience.
- 11** The term 'senior house officer' or 'SHO' provides ambiguity for doctors in training, as it does not specify the level of training of the individual doctor. Furthermore, other staff members may not be aware of the level of experience of the doctors on the rota and may as a result ask such doctors to work outside the limits of their competence or without appropriate supervision.

Requirement 3: The work intensity of clinical placements must be appropriate for learning.

- 12** Whilst it was generally acknowledged that the clinical experience available for foundation doctors at both York and Scarborough is good, those we met with described the workload, especially for those in surgical placements, as high. This supported the findings of the GMC NTS in which workload was seen to be an outlier for F2 doctors in surgery.
- 13** Some foundation doctors described coming to work early in order to familiarise themselves with patient lists. Ward rounds were conducted quickly and were not considered to be of educational value.

- 14 Often the doctors in training we met with informed us that, due to rota gaps, they had been unable to spend time in theatre or attend local or regional teaching.
- 15 We also heard of instances in which service provision had prevented trainees from spending time in clinics. In both obstetrics and gynaecology and paediatrics dedicated time in clinic is not factored into the timetable and doctors in training attend clinics when time permits although this does not appear to be recorded.
- 16 Theatre sessions, ward rounds and outpatient clinics provide valuable learning experiences for doctors in training and whilst the welfare of the patient must always be a priority, working patterns should be appropriate for learning.

Requirement 4: Adequate access to ultrasound training must be provided such that doctors in training are confident that they will be able to meet the requirements of the curriculum.

- 17 We heard from doctors in training at both Scarborough and York that they have difficulty accessing ultrasound training. Whilst simulation training is available at York, the visiting team were unclear how access to this facility is managed such that adequate experience is available to those who need it. There is a concern that those in training will not be able to obtain adequate experience to achieve sign off of curriculum competencies.
- 18 Doctors in training must have access to educational facilities that enable trainees to achieve the outcomes specified in the approved curriculum.

Requirement 5: Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.

- 19 Foundation doctors at Scarborough described a two stage induction process involving both a lecture and e-learning package. The e-learning package, which is only accessible online within the hospital, is comprised of 23 different modules to be completed over a period of up to six weeks.
- 20 We heard that doctors in training found it difficult to find the time to complete the e-learning package and were concerned that they were, in some instances, already performing tasks for which they had not completed their induction (such as ordering tests and performing blood transfusions). At both sites we heard a number of cases in which departmental inductions had not taken place and these appeared to coincide with doctors who had started mid-way through the year or who had started their rotation on night shift.
- 21 Foundation doctors and doctors in training in paediatrics at both Scarborough and York spoke favourably of the departmental induction they had received which was described as being both helpful and timely. Unfortunately others had less positive

experiences and we heard of inductions being held during lunch hours and others that had been cancelled but not re-scheduled.

- 22** A review should be performed of the time taken to complete the Trust induction package and, where necessary, adjustments made such that doctors in training are able to complete the e-learning package in a timely manner.
- 23** The Trust should standardise the departmental induction process and ensure that provision is made for those doctors in training who began their placement mid-way through the year or who have started their rotation on night shift.

Recommendations

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

Number	Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i>	Recommendations for the LEP
1	TTD3.5	Funding for medical education should be monitored and managed to mitigate against future funding cuts.
2	TTD 7.2	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.

Recommendation 1: Funding for medical education should be monitored and managed to mitigate against the risk of future funding cuts.

- 24** The Trust officers were unable to describe a plan to mitigate the effects of significant cuts in educational funding should they occur.
- 25** This scenario should be monitored and managed so that it is reviewed regularly and appropriate planning undertaken.

Recommendation 2: The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.

- 26** We heard that board meetings take place on a monthly basis but that education and training is not a standing item.

- 27** Education review meetings take place on a quarterly basis and matters that arise are taken to the board on an 'as and when' basis. We heard that, in order to maintain a high profile at board level' items are submitted to the board on a frequent basis.
- 28** All local education providers must consider postgraduate training programmes at board level. It is desirable that there is an executive or non-executive director at board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance in postgraduate training.

Acknowledgement

We would like to thank the York Teaching Hospital NHS Foundation Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.