NIMDTA
Deanery Visit to Northern Trust

FINAL REPORT

Hospital Visited	**Royal Victoria Hospital, Belfast Trust**
Specialty Visited	**Neurosurgery**
Type of Visit	**Cyclical Visit**
Trust Officers with Postgraduate Medical Education & Training Responsibility	**Dr Cathy Jack, Medical Director** **Dr Claire Riddell, Director of Medical Education** **Dr Stephen Austin, Deputy Medical Director**
Date of Visit	**21st June 2019**
Visiting Team	Mr Kourosh Khosraviani, Associate Dean for Visits & Curriculum Review, NIMDTA [Chair] Mr Niall McGonigle, Deputy Head of School, Surgery Dr Kathy Hadden, Trainee Representative Ms Kim Freeman, Lay Representative Mrs Caragh Fleeton, Quality Executive Officer, NIMDTA Mrs Marie Meehan, Quality Administrator, NIMDTA

Purpose of Deanery visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the Northern Ireland Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPS). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland.			
Rating Outcome	**Red**	**Amber**	**Green**	**White[1]**
	1	3	0	1
Purpose of this Visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Neurosurgery at the Royal Victoria Hospital.			
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Neurosurgery at the Royal Victoria Hospital.			
Relevant Previous Visits	Cyclical visit to Neurosurgery, Royal Victoria Hospital, 6th December 2013			
Pre-visit Meeting	11th June 2019			
Purpose of Pre-visit Meeting	To review and triangulate information about postgraduate medical education and training in the unit to be visited.			
Pre-Visit Documentation Review	Previous Visit Report Trust Background Information Template Review of Open Concerns on the Dean's Report – March 2019 Update Pre-visit SurveyMonkey® May 2019 GMC National Training Survey 2018			
Types of Visit	<u>Cyclical</u> Planned visitation of all Units within 5 years <u>Re-Visit</u> Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service <u>Problem-Solving Visit</u> Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.			

[1] Risks identified during the visit which were closed through action planning by the time of the final report.

This report reflects the findings from the trainees and trainers who were available to meet with the visiting team on the day of the visit and information arising from the pre-visit survey.

Please note the following recommendations from the Francis Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry on Training and Training Establishments as a Source of Safety Information:

- **Recommendation 160: Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.**
- **Recommendation 161: Training visits should make an important contribution to the protection of patients. Obtaining information directly from trainees should remain a valuable source of information.**

Educational Leads Interviewed

Mr Neil Simms, Training Programme Director
Mr Paul Blair, Specialty Tutor for Surgical Training
Dr Dearbhail Lewis, F2 Foundation Programme Director

Trainees Interviewed

	F1	F2	ST1+
Posts	0	3	5
Interviewed	0	2	1 x ST1 and 4 x ST3+

Trainers Interviewed

Trainers x 3

Feedback provided to Trust Team

Dr Claire Riddell, Director of Medical Education
Mr Neil Simms, Training Programme Director
Mr Paul Blair, Specialty Tutor for Surgical Training
Dr Dearbhail Lewis, F2 Foundation Programme Director
Mr Frank Young, Co-Director Unscheduled and Acute Care
Ms Kate Moore, Education Manager

Contacts to whom the visit report is to be sent to for factual accuracy check

Dr Cathy Jack, Medical Director
Dr Claire Riddell, Director of Medical Education
Dr Stephen Austin, Deputy Medical Director

Background

Organisation: Neurosurgery training is only provided on the RVH site. There are no formal links with other training centres and no regional training initiatives such as occur in mainland UK.

Staff: There are 10 consultants and one specialty doctor. There is currently 4 ST3+, 1 ST1 and 3 F2 trainees in post. There is one locum F2 trainee and a Clinical Fellow working on the ST rota. There are 2 Neurology F2 trainees and 1 Core Neurology trainee cross covering Neurosurgery out of hours. There is an additional locum who acts as a registrar, performing a vital role in answering calls from 9-5 to protect the trainees exposure to clinic and theatre but he is not on the rota.

NTS 2018: The higher trainee results identified a pink indicator for adequate experience and a green indicator for induction. The results for all trainees identified a green indicator for reporting systems. There was a 100% response to the trainer survey.

Pre-visit SurveyMonkey: There were a total of 10 responses to the pre visit survey. No significant issues were raised and only 1/10 raised a concern regarding undermining by a wide range of professionals.

Previous Visits/Concerns: The following areas of concern and improvement were identified at the visit in 2013:

1. Areas for Improvement: Induction and Teaching/Education.
2. Areas of Concern: Cross Cover Induction, Handover, Practical Experience and F2/ST1 Workload.

Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

Theme 1: Learning Environment and Culture

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.

Induction (R1.10, 1.13, 1.19)

F2: There was comprehensive induction for trainees starting in neurosurgery with documents emailed in advance. The documents included information on how to deal with common acute emergencies. Induction included neurology as F2 trainees cover neurology out of hours.

F2 (Neurology): Neurology F2s received no induction to neurosurgery. Trainees had to seek out the handbook that had been sent to the neurosurgery F2 trainees; however there was good support on the wards.

ST1-8: Induction was provided at the start of the role but given that they all remain in the one unit it is not repeated.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)

F2: Very good support from registrars and consultants, very much consultant led but given the specialty it is understandable. No concerns were raised.

ST1-8: Good supervision at all times.

Handover (R1.14)

There is a formal morning handover each morning. The night time F2 attends the morning ward round. At ST3+ level the handover is carried out using a written book which is passed onto the next team. The book includes details of new patients referred into the service.

Practical Experience (R1.19)

F2: These are mainly ward duties which are passed on - discharge letters, blood radiology requests, assessment of sick patients on the ward as per protocols for the neurosurgical patients etc. The F2 trainees would like to get to theatres to see cases, but given the workload this is not possible.

ST1-8: This is generally a good experience, however there are concerns regarding the clinical fellows taking away some of the surgical experience. This is highlighted because there are cancellations of theatre lists due to nursing shortages. When in theatre the experience is good. Emergency experience is excellent with good supervision and autonomy as the experience develops. There is excellent clinic exposure with both new and review patients with very good support.

Workload (R1.7, 1.12)

F1/F2: Very heavy workload of mainly ward duties during the day. Very intense in early evening 5-9pm, then light during the nights or weekends.

ST1-8: Busy on-call with multiple referrals during the night.

EWTR Compliance (R1.12e)

The rotas were compliant for all groups.

Hospital and Regional Specialty Educational Meetings (R1.16)

F2: Trainees reported that there is very little teaching, and noted that a programme has been established but has not yet commenced.

ST1-8: There is a regular teaching programme with consultant presence. The programme covers the curriculum and provides teaching and training towards the exit exam. There is also a funded period of teaching/training on a national basis which the ST trainees have access to.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)

No concerns identified.

Quality Improvement and Audit (R1.3, 1.5, 1.22)

Trainees confirmed that there were opportunities to take on a QIP.

Patient Care (R1.1, 1.3, 1.4)
There were no issues with patient care. Everyone said they would be happy to have friends and family looked after in the unit, especially with emergency care. There was concern regarding access to elective theatres for patients with tumours and other benign conditions.

Patient Safety (R1.1-1.5)
No significant issues were raised. The F2 trainees expressed concern regarding communication with patients by a few of the consultants. This however was not triangulated with the ST trainees.

Theme 2: Educational Governance and Leadership
S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our 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.
S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Educational Supervision (R2.11, 2.14, 2.15)
All trainees have a named educational supervisor and have met with them to agree educational objectives. There are no difficulties accessing workplace based assessments.

Theme 3: Supporting Learners
S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.

Feedback on Performance, Development and Progress (R3.13)
There is regular feedback provided by the consultant staff.

Trainee Safety and Support (R3.2)
F2: No issues.
ST1-8: Trainees reported that their rota is non-resident, but they spend more than 75% of the time onsite and can be very tired going home. If there was an on-call room for trainees to rest it would reduce the risk.

Undermining (R3.3)
There were no issues raised.

Study Leave (R3.12)
There were no issues reported.

Theme 4: Supporting Educators
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.

Trainer Support (R4.1-4.6)
Trainers reported that they felt supported and valued by the Trust. All trainers are Recognised Trainers. A review of job planning is being undertaken to ensure all those with clinical and educational supervisory roles are allocated their additional supplement for training.

Theme 5: Developing and Implementing Curricula and Assessments
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.

Simulation training takes place with the national teaching programme.

Summary of Conclusions

The below conclusions have been categorised as follows:

i) Educational governance (training)

ii) Clinical governance or patient safety issues

Comment (if applicable)
The visiting team were impressed by the openness of the service.

Areas Working Well
1. Registrar teaching
2. Induction for the neurosurgical appointed trainees
3. Emergency case exposure
4. National teaching programme
5. Day time cover by locum/Clinical fellow.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
There were no specific areas of good practice identified.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG
1. Practical Experience: It would be beneficial for F2 trainees to have opportunities to gain more practical experience in theatre etc. in order to encourage their interest in neurosurgery.	✔	✔	White
2. Trainee Safety & Support: Trainees reported that their rota is non-resident, but they spend more than 75% of the time onsite and can be very tired going home. If there was an on-call room for trainees to rest it would reduce the risk.		✔	Red

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance	RAG
1. Induction: There are concerns about induction for trainees from Neurology cross covering. Neurology F2s received no induction to neurosurgery. Trainees had to seek out the handbook that had been sent to the neurosurgery F2 trainees.		✔	Amber
2. Practical Experience: There are concerns regarding the clinical fellows taking away some of the surgical experience.	✔	✔	Amber
3. Teaching: F2s reported that there is very little teaching. This needs to be delivered.	✔		Amber

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance	RAG
There were no areas of significant concern identified.			