

## LEP Action Plan to Deanery Visit Report

All final reports including the Trust action plan will be sent to the Director of Medical Education and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS. Final reports and action plans with names redacted will be published on the NIMDTA website. These reports will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

<b>Local Education Provider (LEP) Visited</b>	Royal Victoria Hospital, Belfast Trust	<b>Factual Accuracy Report</b> (15 working days to respond)	<b>Date Issued:</b> 07 August 2019 <b>Date Trust Response Received:</b> 11 September 2019												
<b>Specialty Visited</b>	Neurosurgery	<b>Interim Report and Action Plan Timeline</b>	<b>Date Issued:</b> 20 September 2019 <b>For Response by:</b> 11 October 2019 <b>Visit Follow-Up Meeting:</b> 11 October 2019 <b>Date Trust Response Received:</b> 25 October 2019 <b>Date Reviewed at QM:</b> 08 November 2019												
<b>Type of Visit</b>	Cyclical														
<b>Trust Officers with Postgraduate Medical Education &amp; Training Responsibility</b>	Dr Cathy Jack, Medical Director Dr Stephen Austin, Deputy Medical Director Dr Claire Riddell, Director of Medical Education														
<b>Date of Visit</b>	21 June 2019														
<b>QMG RAG Decision &amp; Date</b>	<table border="1"> <tr> <td>Red</td> <td>Amber</td> <td>Green</td> <td>White<sup>1</sup></td> </tr> <tr> <td>1</td> <td>3</td> <td>0</td> <td>1</td> </tr> <tr> <td colspan="4">8 November 2019</td> </tr> </table>	Red	Amber	Green	White <sup>1</sup>	1	3	0	1	8 November 2019				<b>Final Report &amp; Action Plan</b>	<b>Date Final Action Plan Issued:</b> <b>Date Final Report Uploaded to Website:</b> <b>Final Report Sent to:</b> Dr Jack, Dr Riddell, Dr Austin <b>Date Final Report Sent:</b> 15 November 2019
Red	Amber	Green	White <sup>1</sup>												
1	3	0	1												
8 November 2019															

<sup>1</sup> Risks identified during the visit which were closed through action planning by the time of the final report.

Visit Team Findings against GMC Standards for Training									
	Educational and/or Clinical Governance	Area for Improvement / Area of Concern / Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Trust Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead Individual:	Date to be completed by:	QMG Comment	Risk Rating	Status
1	Clinical Governance	Area of Concern	<b>Induction:</b> 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.	The FY2 clinical supervisor who carries out the induction will email the neurology trainees along with the neurosurgery F2s to invite them to the induction and will send the induction booklet to them at this time.  The neurology and neurosurgery induction should be co-ordinated between the 2 clinical supervisors.	Mr Shanmuganathan (F2 clinical supervisor)	Dec 2019	The Deanery QM group request confirmation that cross-cover induction is provided at December 2019 changeover. This update is required by <b>28 February 2020.</b>	Medium Impact/ Medium Likelihood	Stage 2
2	Educational & Clinical Governance	Area of Concern	<b>Practical Experience:</b> There are concerns regarding the clinical fellows taking away some of the surgical experience.	The appointment of clinical fellows has been an attempt by the trust to make the registrar rota compliant. Fellows should have some operative time as part of their job, otherwise, we will not be able to attract individuals to these posts.  The current fellow's post ends in Feb 2020 and is not being extended and the most recent attempt to appoint was unsuccessful so there will be no fellows on the registrar rota from Feb 2020 although there may be a need for recruitment of fellows to maintain the rota when the ST8 is replaced by an ST1.	C Lundy	Dec 2019	The Deanery QM group have requested an update on this item by <b>28 February 2020.</b>	Medium Impact/ Medium Likelihood	Stage 2

3	Educational Governance	Area of Concern	<b>Teaching:</b> F2s reported that there is very little teaching. This needs to be delivered.	A senior registrar has been tasked with ensuring F2s attend teaching and an attendance record is kept.	Mr Shanmuganathan	Dec 2019	The Deanery QM group have requested an update on this item by <b>28 February 2020.</b>	Medium Impact/ Medium Likelihood	Stage 2
4	Educational & Clinical Governance	Area for Improvement	<b>Practical Experience:</b> 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.	All F2s are offered the opportunity and encouraged to attend theatre during their time in neurosurgery.	Mr Shanmuganathan	Dec 2019	The Deanery QM group acknowledge and accept the action provided.	Concern closed	Stage 5
5	Clinical Governance	Area for Improvement	<b>Trainee Safety &amp; Support:</b> 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.	The management team have identified a room on the ward and this process is under way.	C Lundy	Feb 2020	The Deanery QM group will request confirmation that an on-call room has been made available for trainees to use by <b>28 February 2020.</b>	High Impact/ Medium Likelihood	Stage 2

#### **Good Practice Items / Areas Working Well from Visit Report [if applicable]**

**Good Practice** (includes areas of strength, good ideas and innovation in medical education and training):

There were no areas of good practice identified.

#### **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.

## **Impact, Likelihood & Risk**

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

### **'Impact'**

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

*High Impact:* patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

*Medium Impact:* trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

*Low Impact:* issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

### **'Likelihood'**

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

*High Likelihood:* the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

*Medium Likelihood:* the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

*Low Likelihood:* the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

### **'Risk'**

Risk is then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

### Risk Rating

LIKELIHOOD ↓	IMPACT →		
	LOW	MEDIUM	HIGH
LOW	GREEN	GREEN	AMBER
MEDIUM	GREEN	AMBER	RED
HIGH	AMBER	RED	RED

### Status Ratings

Stage 1: <b>NEW CONCERN IDENTIFIED</b> - a concern has been identified and an action plan is not yet in place.
Stage 2: <b>PLAN IN PLACE</b> - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: <b>PROGRESS BEING MONITORED</b> - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: <b>CHANGE SUSTAINED</b> - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: <b>CLOSE CONCERN</b> - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

### New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	Theme 2: Educational Governance & Leadership	Theme 3: Supporting Learners	Theme 4: Supporting Educators	Theme 5: Developing and Implementing Curricula and Assessments
<p><b>S1.1:</b> 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.</p> <p><b>S1.2:</b> The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p><b>S2.1:</b> 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.</p> <p><b>S2.2:</b> The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p><b>S2.3:</b> The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>	<p><b>S3.1:</b> Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p><b>S4.1:</b> Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p><b>S4.2:</b> Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p><b>S5.2:</b> Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

**Additional Comments from the Trust:**

--

**On Behalf of the Trust: Director of Medical Education**

**Signature:**

**Date:**

CONFIDENTIAL