

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.

Local Education Provider (LEP) Visited	Craigavon Area Hospital, Southern Trust	Factual Accuracy Report (15 working days to respond)	Date Issued: 12 June 2018 Date Trust Response Received: 29 June 2018
Specialty Visited	General Medicine	Interim Report and Action Plan Timeline	Date Issued: 16 July 2018 (For Response by: 06 August 2018) Date Trust Response Received: 06 August 2018 Date Reviewed at QM: 20 August 2018 Date QM Updated Action Plan Issued: 22 August 2018 Action Plan Update Deadlines: 30 November 2018 Date Trust Response Received: Date Reviewed at QM:
Type of Visit	Cyclical		
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Ahmed Khan, Interim Medical Director Mr Colin Weir, AMD Education & Training		
Date of Visit	03 May 2018	Final Report & Action Plan	Date Final Action Plan Issued: Date Final Report Uploaded to Website: Final Report Sent to: Dr Khan & Mr Weir Date Final Report Sent: 22 August 2018
QMG Grading Decision & Date	Red x 7 Amber x 3 Green x 6 20 August 2018		

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 and Involved Individuals:	Date to be completed by:	QMG Comment	Risk Rating	Status
1	Educational And Clinical Governance	Area of Significant Concern	Practical Experience. Core medical trainees rarely attend outpatient clinics. There is a curriculum requirement	We have agreed to identify a SAS doctor on each medical ward to roster a Core Medical Trainee to attend outpatient clinic on the following week.	Dr Philip Murphy	30 th September 18	The Deanery QM group have requested feedback on whether this action has enabled trainees to attend outpatient clinics by 30 November 2018.	High Impact \ High Likelihood	Stage 2

			for CTs to attend clinics; therefore this must be addressed as a matter of priority. Clinic attendance might be improved by formally rostering CTs to a clinic week or similar arrangement, and by improving the physical clinic space.	Due to physical limitations, it is felt that their attendance may on occasions be supernumerary in the short term					
2	Educational And Clinical Governance	Area of Significant Concern	Undermining. X	X	X	30 th September 18	The Deanery QM group have requested an update on this item by 30 November 2018.	High Impact \ Medium Likelihood	Stage 2
3	Educational And Clinical Governance	Area of Significant Concern	Clinical Supervision. ST3+ reported that sometimes they might have to do cardiology clinics on-site or off-site when there was no consultant available.	It was agreed to amend arrangements so that this doesn't happen off site, and only happens on-site when there is suitable on site consultant to provide cover when clinical guidance is required	Kay Carroll	30 th September 18	The Deanery QM group thank the Trust for the response and note that trainees are not attending off-site clinics without a consultant present. The group also note that trainees attending on-site clinics will have a consultant cardiologist available, who has been identified to the trainee, and that the clinic will have been tailored according to the level of experience of the trainee. The group have requested an update on this item by 30 November 2018.	High Impact \ Medium Likelihood	Stage 2
4	Educational And Clinical Governance	Area of Concern	Induction. Trainees allocated to Lurgan Hospital must be given a suitable induction.	Accepted. This will be reflected in the new induction processes	Dr Pat McCaffery	On-going	The Deanery QM group have requested confirmation that all trainees allocated to Lurgan Hospital commencing in August 2018 received appropriate induction to enable closure of this item.	Medium Impact \ Medium Likelihood	Stage 2
5	Educational And Clinical Governance	Area of Concern	Clinical Supervision. Trainees said that in their view at times there could be a lack of hands-on decision making by	We believe that with the turnover in locums, this has now been resolved We will continue to review this at the trainees forum and Core Medical	Mr Colin Weir	On-going	The Deanery QM group acknowledge and accept the action provided.	Low Impact \ Low Likelihood	Stage 5

			some of the locum consultants in AMU.	Trainee focus group					
6	Educational And Clinical Governance	Area of Concern	Handover. The identification and tracking of outlier patients is very inefficient. At times it is not clear who is responsible for the outlier patient post take team.	An established process is in place to accurately assign patients within FLOW; this will be reviewed and amended as weaknesses are identified	Caitriona McGoldrick	30 th September 18	The Deanery QM group thank the Trust for the response but note that this patient safety item was provided for information only. A RAG rating will not be allocated and this item will be categorised as closed on the action plan.	N/A	N/A
7	Educational And Clinical Governance	Area of Concern	Handover. There is no formal morning handover in General Medicine. There are post take ward rounds but these are not an effective system of handover. Handover does not appear to be adequately supported by locum consultants. There are no formal records retained.	Locum Consultants will be reminded of the importance of participating in formal handover within AMU We have previously identified the need to review our handover processes on the base wards, and a project is ongoing in relation to this. The Chief Registrar will be involved within this	Mary Burke Dr Michael McCormick	On-going 30 th September 18	The Deanery QM group have requested an update on developments with the handover meeting in General Medicine by 30 November 2018.	Medium Impact \ High Likelihood	Stage 2
8	Educational Governance	Area of Concern	Practical Experience. GPST trainees do not attend any clinics. This is a missed opportunity for an important aspect of their training.	We have agreed to identify a SAS doctor on each medical ward to roster Trainees to attend outpatient clinic on the following week. Due to physical limitations, it is felt that their attendance may on occasions be supernumerary in the short term	Dr Philip Murphy	30 th September 18	The Deanery QM group note the plans to facilitate GP trainees attending clinics which are necessary if the post is to be suitable for GP training. Please provide an update by 30 November 2018 on the number of clinics which GP trainees have been able to attend.	Medium Impact \ High Likelihood	Stage 2
9	Educational And Clinical Governance	Area of Concern	Practical Experience. Whilst there are some opportunities for experience in rehab in Lurgan Hospital, a three-months rotation to Lurgan does not provide a great deal of educational value. Much of the work is of a	We are reviewing with colleagues the services on the Lurgan site and the way in which they are supported	Dr Philip Murphy Dr Pat McCaffrey	30 th September 18	The Deanery QM group have requested an update by 30 November 2018 as to how training opportunities will be maximised as a result of the review.	High Impact \ High Likelihood	Stage 2

			service nature and is often concerned with admissions of patients transferred from CAH between 5.00-10.00pm.						
10	Educational And Clinical Governance	Area of Concern	Patient Safety. Trainees said that they were concerned about the lack of continuity of care for patients admitted over the weekend or at bank holidays.	This will be incorporated into the review of handover arrangements	Dr Michael McCormick	30 th September 18	The Deanery QM group thank the Trust for the response but note that this item was provided for information only. A RAG rating will not be allocated and this item will be categorised as closed on the action plan.	N/A	N/A
11	Educational Governance	Area of Concern	Educational Supervision. Trainees reported that it was difficult to do ACATs in AMU as the locum consultants there were unwilling to do them with trainees.	Trainees at induction will be reminded to raise this at the time with their educational supervisors	Mr Colin Weir	On-going	The Deanery QM group thank the Trust for the response but note the concern that trainees may not be able to get sufficient assessments if an adequate number of consultant staff are not involved in ACATs/WBAs and providing feedback. The Deanery QM group acknowledge and accept the action provided.	Low Impact \ Low Likelihood	Stage 5
12	Educational And Clinical Governance	Area of Concern	EWTR Compliance. Trainees' evening shift in Lurgan Hospital often runs on beyond 10.00pm, and sometimes by several hours.	We are reviewing with colleagues the services on the Lurgan site and the way in which they are supported	Dr Pat McCaffery Dr Philip Murphy	30 th September 18	The Deanery QM group have requested confirmation by 30 November 2018 as to what measures have been put in place to ensure trainees' evening shifts do not over run.	Medium Impact \ Medium Likelihood	Stage 2
13	Educational And Clinical Governance	Area for Improvement	Induction. F1 should be clearly informed what wards they are going to be allocated to in August.	F1s were informed of this information on 6 th July		Completed	The Deanery QM group acknowledge and accept the action provided.	Low Impact \ Low Likelihood	Stage 5
14	Educational And Clinical Governance	Area for Improvement	Practical Experience. The use of ward books to communicate with F1s should be discouraged. Face-to-face discussion of tasks would improve	It was agreed to reinforce the decision to have a single point of contact for tasks and bleeps to ensure that face-to-face discussions are optimised	Mrs Anne McVey	30 th September 18	The Deanery QM group have requested an update by 30 November 2018 to confirm whether it has been possible to remove the use of ward books.	High Impact \ Medium Likelihood	Stage 2

			team working and education of F1s.						
15	Clinical Governance	Area for Improvement	Induction. ST3+ should be able to attend the general medical induction on the second day of induction, and not expected to cover clinics then.	This expectation will be accommodated	Kelly Wylie	On-going	The Deanery QM group acknowledge and accept the action provided.	Low Impact \ Low Likelihood	Stage 5
16	Educational And Clinical Governance	Area for Improvement	Induction. There is variability in unit induction. All trainees should have some form of induction to the clinical area or ward that they will be working in. Ideally this should involve meeting relevant staff and a walk-round of the department.	We are unclear on this area of improvement, and welcome clarification, as there is already a comprehensive induction for staff			Please confirm by 30 November 2018 that all trainees commencing in August 2018 received a clear induction for the unit which they were allocated to.	Medium Impact \ Medium Likelihood	Stage 2
17	Educational And Clinical Governance	Area for Improvement	Workload. Trainees reported that in their view there was an imbalance in the numbers of F1 in medicine and surgery during the winter: proportionally more were needed in medicine.	Lynn Wilson has agreed to review the allocations for next year	Lynn Wilson	On-going	The Deanery QM group acknowledge and accept the action provided.	Low Impact \ Low Likelihood	Stage 5
18	Educational Governance	Area for Improvement	Hospital and Regional Specialty Educational Meetings. Thursday teaching sessions have been cancelled frequently. We would encourage a review of the content and relevance of the local teaching programme.	We will review the timetable for the forthcoming year and monitor the level of cancellations	Kelly Wylie	On-going	The Deanery QM group acknowledge and accept the action provided.	Low Impact \ Low Likelihood	Stage 5

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):

1. Trainees reported that they had been offered MAPA training to cope with patients who might become violent or aggressive.

Areas Working Well

1. Trust induction is well-organised. Badges and passwords are given out in a timely manner.
2. Educational supervision is good.
3. There is good support for F1 trainees by the ward pharmacists.
4. There is a regular Foundation forum.
5. A number of sub specialties run weekly teaching for staff.

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: NEW CONCERN IDENTIFIED - a concern has been identified and an action plan is not yet in place.
Stage 2: PLAN IN PLACE - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: PROGRESS BEING MONITORED - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: CHANGE SUSTAINED - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: CLOSE CONCERN - 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>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.</p> <p>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 <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p>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.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p>S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>	<p>S3.1: 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>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>S5.2: 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: