

Specialty Programme Reviewed	Gastroenterology			
Training Programme Director	Dr X			
Type of Visit	Specialty Review			
Date of Review	17 December 2021			
Visiting Team	Mr X, Associate Dean for Deanery Visits (Chair) Dr X, Head of School of Medicine Dr X, Trainee Representative Mr X, Lay Representative Miss X, NIMDTA Representative			
Rating Outcome	Red	Amber	Green	White^[1]
	0	0	0	0

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 NI 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 NI.
Purpose of this visit	This is a specialty review to assess the training environment and the postgraduate education and training of trainees in the gastroenterology training programme in NI.
Circumstances of this visit	The Deanery Visiting Team met with educational leads, trainees and trainers in the gastroenterology training in BHSCT, NHSCT, SHSCT, SEHSCT and WHSCT.
Relevant previous visits	5 th March 2015
Pre-visit meeting	17 th December 2021
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 and subsequent Trust Action Plan – May 2015 Trust Background Information Template Pre-visit Survey Monkey GMC National Training Survey 2021
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.

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.

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

Trainees Interviewed					
	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
Posts	7	2	2	2	1
Interviewed	6	2	2	2	1
Trainers Interviewed					
Trainers x 11					
Feedback provided to Trust Team					
Mr X, Training Programme Director					
Contacts to whom the visit report is to be sent to for factual accuracy check					
Dr X, Training Programme Director, Gastroenterology Specialty Programme					

Background
<p>Trainees in Programme: There are 14 ST3+ at present across 5 Trusts.</p> <p>Programme Training Sites: There are gastroenterology training units in BHSCT, NHSCT, SEHSCT, SHSCT and WHSCT.</p> <p>Sub Specialty Training Opportunities: There is currently Hepatology and Nutrition training within BHSCT.</p> <p>NTS 2021 Programme Group by Site Results: BCH: Green Indicators - Clinical Supervision OOH; Pink – Local Teaching. RVH: Green Indicators – Overall Satisfaction, Handover, Adequate Experience, Curriculum Coverage.</p>

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

Theme 1: Learning Environment and Culture
<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>Induction (R1.10, 1.13, 1.19) Induction was reported to be good and comprehensive at all sites. On occasions there was a delay in obtaining passes and passwords, but this was usually resolved quickly.</p> <p>Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) This was reported to be excellent; several units did have specific training list for endoscopy, but this has been impacted by the pandemic with reallocation of nursing staff. However, one to one training continues in all endoscopy lists.</p> <p>Handover (R1.14) No concerns were raised.</p> <p>Practical Experience (R1.19) This was reported to be very good. Initially at the start of the pandemic there was a cessation in endoscopy lists but this has now been fully resolved. There is some reduction due to nursing staff shortage but there are enough lists and cases to maintain training. In SET the trainees reported a new initiative a "Hub" to which patients are referred either post discharge or because of direct contact by GP which allows a rapid assessment. This is trainee led with support from consultant staff if necessary.</p> <p>Workload (R1.7, 1.12) This was reported as satisfactory in the speciality of Gastroenterology, however given that units outside of Belfast also cover GIM out of hours it has increased. ST trainees did report that if the unit has access to an IMT3 trainee this can be very advantageous, since they can get involved in assessment of referrals which provides experience but also frees up St trainees for other tasks.</p> <p>EWTR Compliance (R1.12e) All posts are compliant.</p>

Hospital and Regional Specialty Educational Meetings (R1.16)

There is very little local teaching given that most units have a small number of trainees, but regional teaching days compensates for this. All trainees reported to be satisfied with teaching they receive, and it covers the curriculum.

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

No concerns were raised.

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

All trainees are encouraged to get involved in QI projects.

Patient Care (R1.1, 1.3, 1.4)

This is regarded as excellent.

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)

This is reported to be very good with engaged consultants.

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)

No Concerns were raised.

Trainee Safety and Support (R3.2)

No issues identified.

Undermining (R3.3)

There is no evidence of undermining.

Study Leave (R3.12)

There is no problems with accessing study leave.

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 felt supported in their roles and generally were recognised through their job plans. Educational appraisal was conducted as part of overall appraisal.

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.

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)

Areas Working Well
1. Induction 2. Clinical Supervision 3. Educational Supervision 4. Practical Experience

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
1. Training lists, this has presently been suspended due to the pandemic. 2. Outpatient Hub for SEHSCT (allows for rapid access and continuity of care). 3. IMT3 posts which allows for focused training.

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
There were no areas for improvement identified.			N/A

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
There were no areas of concern identified.			N/A

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.			N/A