

NIMDTA
Deanery Review of Intensive Care Medicine
Specialty Programme

FINAL REPORT

Specialty Programme Reviewed	Intensive Care Medicine
Type of Visit	Cyclical
Training Programme Director	Dr X
Date of Review	Wednesday 2 December 2015
Visiting Team	Dr X, X [X] Dr X, X, X Dr X, X, X Dr X, X, X Ms X, X

Purpose of Deanery Visits	The General Medical Council (GMC) requires UK Deaneries to demonstrate compliance with the standards and requirements that it sets (GMC-The Trainee Doctor). 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.
Purpose of this Review	The purpose of this review is to assess the training environment and the postgraduate education and training of trainees in Intensive Care Medicine.
Circumstances of this Review	The Deanery Visiting Team met with the Training Programme Director, Specialty trainees in the Programme and trainers from all five HSC Trusts.
Relevant Recent Visits	None
Pre-review Meeting Date	Thursday 19 November 2015
Purpose of Pre-review Meeting	To review and triangulate the evidence about postgraduate medical education and training in the Programme to be visited
Pre-Visit Documentation Review	Programme Background Information Template November 2015 Background Information Templates from RVH, AAH, UHD, ALT and CAH November 2015 GMC National Trainee Survey 2014 Survey Monkey Outcomes November 2015
Types of Visit	<u>Cyclical</u> Planned visitation of all Specialties and Units within 5 years <u>Interim Visit</u> 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.
Grading Outcome	A2 : Good <i>See final page for grading descriptions.</i>

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

Dr X, X, X

Trainees Interviewed

Total number of Trainees in Programme

10

Trainees Interviewed

7

The trainees interviewed had rotated between each Trust during their ICM training as follows. Trainees had experience of working in ICU and Anaesthetics with out of hours cover of ICU on these sites:

RVH	BCH	UHD	CAH	ALT	AAH
7	2	5	4	5	3

Trainers Interviewed

	BHSCT	SEHSCT	SHSCT	WHSCT	NHSCT
Interviewed	2	1	1	1 (telephone)	1

Feedback Provided

Dr X, X, X

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

Dr X, X, X

BHSCT Annex: Dr X (X), Dr X (X)SEHSCT Annex: Dr X (X), Dr X (X)SHSCT Annex: Dr X (X), Mr X (X)WHSCT Annex: Dr X (X), Dr X (X)NHSCT Annex: Dr X (X), Dr X (X)**Background****Configuration of Programme**

Training in intensive care medicine was previously done as a joint CCT with a parent specialty. This was usually Anaesthetics but did include other specialties such as Respiratory Medicine. These trainees are referred to as the Joint programme and some trainees are still following this programme.

Trainees can now apply for the new curriculum Intensive Care CCT programme following a core programme (Acute Care Common Stem, Core Anaesthetics or Core Medicine) from August 2012 without already having a NTN in another specialty. This programme normally lasts 7 years from completion of the Foundation Programme. They can then progress to a single CCT in ICM but will normally apply for a second specialty to obtain a second CCT. This is referred to as the Dual CCT programme and this option to apply for a second CCT was available from August 2013. There is a stepped recruitment process which does not allow trainees to obtain both NTNs in the same round of recruitment. The Dual programme normally takes 8.5 years from completion of the Foundation Programme.

For each trainee the training requirements are individually assessed based on their previous core programme, their previous training and the requirements of their second specialty where they are doing either Joint or Dual training. The need to take into account the previous core programme has implications for training requirements in medicine and areas of ICM training.

Trainees in Programme:

There are currently 10 trainees in the intensive care training programme. Six trainees are completing a dual CCT with Acute Medicine, Anaesthetics or Respiratory Medicine. There are 4 trainees completing a joint CCT with anaesthetics.

Programme Training Sites:

Trainees in Intensive Care Medicine rotate throughout the following intensive care training sites:

BHSCT: Royal Victoria Hospital (RVH), Belfast City Hospital (BCH)

SEHSCT: Ulster Hospital (UHD)

SHSCT: Craigavon Area Hospital (CAH)

NHSCT: Antrim Hospital (AAH)

WHSCT: Altnagelvin (ALT)

This specialty review focussed on the training received in the intensive care units. In addition trainees are attached to units for anaesthetics and medicine training.

Feedback from Training Programme Director (TPD)**Delivery of Approved Curriculum including Assessment (Suitability of Posts in the Programme)**

The X reported that in his opinion all Intensive Care training posts provide a sufficient breadth of opportunities to meet the needs of the curriculum and are suitable for training. The rotas are mix of training grades, specialties and service doctors and all fulfil the requirements of the programme.

There are no designated training posts for ICM and the required posts are identified from within the School of Anaesthetics and School of Medicine training posts. Trainees on the new curriculum are required to rotate through neurosurgery ICU, paediatric ICU (PICU) and cardiac ICU and there can be difficulties in securing a funded training post to facilitate this, particularly in PICU. Trainees on the new curriculum may need to do 12 months of Medical posts, depending on their core programme, whereas the Joint trainees only required 6 months Medicine.

There are two sites approved for the final year of ICM training, RVH and UHD. This training is referred to as Advanced training for the small number of trainees on the old curriculum and is termed Stage 3 training under the new curriculum. The trainers in ALT and CAH expressed the view that they could meet the requirements for advanced ICM. However, there may be some issues with releasing trainees from the main anaesthetics/ICM rota as trainees at this stage of their training are required to participate on the Consultant rota in a supervised capacity.

Recruitment and Selection to the Programme

There is a national recruitment process into the Intensive Care Medicine training programme. This is a 3 day process in Birmingham and three representatives attend from Northern Ireland for a day each. Normally 5 interviewers are expected to attend from each region. The X reported that the process works well and is very competitive. There is a stepped recruitment process which does not allow trainees to obtain both NTN's in the same round of recruitment.

Induction to the Programme

The new trainees receive an email from the X when they are appointed regarding their requirements and then meet individually with the X to review their previous training and discuss the programme.

Local induction takes place with the X on the site for each of the training units in all Trusts

Trainees reported the induction on all sites to be good with individualised trainee meetings. There are often delays in obtaining passwords on most sites but the introduction of the Electronic Care Record has assisted with bypassing of passwords for some systems.

The X was reported to be very accessible and meets individually annually as well as when any issues arise where advice is required.

Allocation Process

Trainees have the opportunity to discuss training needs in advance with the X, at their ARCP panel and are allocated based on their individual training needs. The X and trainees reported that the allocation process worked well in conjunction with the School of Anaesthesia and School of Medicine. The trainers from the Intensive Care Units interviewed did not raise any concerns about the allocation process.

In addition to being allocated to Intensive Care posts trainees are allocated to anaesthetics posts. Trainees will receive the School preference form for anaesthetics if they require this.

Allocation to PICU has required supernumerary funding to be identified for 6 months for Dual trainees from a medical background. This is expected to be required in future years.

Trainees commented that they are often unaware of their specific placement within their allocated hospital until they are due to commence post and on some occasion when they arrive at the hospital, although none of the units have been unsuitable for their training. They added that they often need to highlight number of times if they have been placed for anaesthetics that they are unable to do ICU. This is more frequent as trainees become more senior.

Trainee Support

No issues identified.

LTFT Trainees

There are currently no LTFT trainees in the training programme.

Regional Training Events

There is a very well developed regional training programme which rotates through the main Trusts. Feedback is very positive and is reviewed at the Specialty Training Committee. Trainees are required to attend 50% of the sessions and there are no difficulties in achieving this.

The programme is not restricted to ICM trainees.

Trainees in Dual and Joint programmes also need to attend regional events relevant to their other specialty.

Exam Preparation/Pass Rates

Dr X, X, runs an FICM exam preparation course in conjunction with Dr X, X. This takes place twice per year on a Saturday morning in Antrim Hospital and is welcomed by the trainees. Feedback on this course is very positive and the pass rate in Northern Ireland very good. There are currently no FICM examiners in Northern Ireland. Trainees are required to pass the FICM exam to progress to stage 3 of their training.

Study Leave

There were no difficulties reported, however it was noted that requests for study leave are approved via the Head of School of Anaesthetics. It was discussed that it may be more appropriate for the X to approve requests for the trainees within the ICM training programme.

Support for Research

Trainees within the specialty in the region are not currently involved in research.

Support and Development of Trainers

Trainers are able to access a variety of training courses run by NIMDTA or Trusts. The X and Named Supervisors were aware of the GMC recognition and approval of trainers process. All Supervisors reported having their educational role included in their appraisal.

Specialty Training Committee

The X reported the STC meets four times per year at NIMDTA and there is a good attendance. All Supervisors interviewed reported that they attended regularly. There is a trainee representative on the Committee.

ARCP Process

Dual ICM trainees are required to have 2 ARCP outcomes for ICM and their parent specialty. In anaesthetics a joint ARCP with ICM takes place but there have previously been some difficulties in co-ordinating ARCPs with medical specialties. Trainees who have been training in ICM only are included with the anaesthetic trainees ARCPs.

Quality Management of Programme

There are insufficient numbers of ICM responses in the GMC NTS as they are identified by their parent specialty. As a result the Faculty of Intensive Care Medicine has developed their own survey however no responses were received from Northern Ireland.

Feedback from Trainees

The trainees reported that all of the posts were suitable for training and that the training environment was very good on all sites.

The trainees felt the arrangements for morning handover could be improved in BCH and ALT. In BCH morning handover was reported as often being delayed due to the overlap of shift patterns between trainees and consultants. Morning handover was reported as having been a concern in ALT in previous years but none of the trainees were currently based there to confirm if this remained a concern.

Evening handover in RVH and CAH was identified as good practice as it includes consultants and is incorporated into consultant job planning.

Summary of Review Findings

Comments:

Trainers are very committed to supporting trainees.

Areas of Good Practice:

1. There is a very well developed regional training programme which rotates through the main Trusts. Feedback is very positive and is reviewed at the Specialty Training Committee. Trainees are required to attend 50% of the sessions and there are no difficulties in achieving this.
2. The new trainees receive an email from the X when they are appointed regarding their requirements and then meet individually with the X to review their previous training and discuss the programme.

Areas for Improvement:

Dual ICM trainees are required to have 2 ARCP outcomes for ICM and their parent specialty. In anaesthetics a joint ARCP with ICM takes place but there have been some difficulties in co-ordinating ARCPs with medical specialties. Trainees who have been training in ICM only are included with the anaesthetic trainees ARCPs.

Areas of Concerns:

None identified.

Areas of Significant Concerns:

Allocation to PICU has required supernumerary funding to be identified for 6 months for Dual trainees from a medical background. This is expected to be required in future years. Funding for a flexible ICM training post would be required to facilitate the individual requirements for trainees allocated into the ICM training programme. NIMDTA will take this forward with the Department of Health.

	Grading Outcome	Description	Deanery Action
A1	Excellent	Exceeds expectations for a significant number of GMC domains.	Cyclical.
A2	Good	Meets expectations under all GMC domains.	Cyclical.
B1	Satisfactory	Areas for improvement identified, but no significant areas of concern.	No automatic re-visit / Cyclical.
B2	Satisfactory (with conditions)	Areas for improvement identified. Amber concern(s) to be addressed.	No automatic re-visit / Cyclical / Follow Up report required.
C	Borderline	Areas of concern to be addressed (may include one red or multiple amber RAG ratings).	A Deanery review within 12 months (unless all concerns adequately addressed by Trust within 6 months of rated action plan being issued). The review may include a re-visit.
D	Unsatisfactory – Not able to assess	Unable to assess due to lack of trainee and/or trainer engagement with visit.	

E	Unsatisfactory - Urgent action	Urgent action required on significant areas of concern (multiple red RAG ratings).	Deanery review within 6 months of rated action plan being issued. This is expected to include a re-visit unless all areas have been adequately addressed within 6 months.
F	Unsatisfactory-Unsafe Training Environment – Immediate Action	Will apply if a red* RAG rating is identified or may occur if multiple red RAG ratings. Immediate action to be taken by notification to nominated Trust representative. Possible withdrawal of trainees (single or multiple red*).	Automatic review within 3 months. If no improvement is apparent within 3 months, the GMC Withdrawal of Approval process may be initiated.

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