NIMDTA

Deanery Review of Anaesthetics, Royal Group of Hospitals, Musgrave Park Hospital and Belfast City Hospital; Belfast Health & Social Care Trust

Northern Ireland mdta Medical & Dental Training Agency

FINAL REPORT

Hospital Visited	Royal Group of Hospitals, Musgrave Park Hospital and Belfast City Hospital; Belfast Health & Social Care Trust
Specialty Visited	Anaesthetics
Type of Visit	Cyclical
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr X, Director Medical Education Dr X, Deputy Medical Director Dr X, Specialty Tutor Anaesthetics Dr X (BCH/MPH Anaesthetics) Dr X (RVH Anaesthetics) Dr X (BCH ICM) Dr X (RVH ICM)
Date of Visit	9th December 2021
Visiting Team	Dr X, Associate Dean for Deanery Visits (Chair) Dr X, Head of School for Anaesthetics Dr X, Deputy Head of School for Anaesthetics Mr X, Lay Representative Dr X, Trainee Representative Miss X, Placement Quality Executive Officer, NIMDTA Mrs X Quality Management Executive Officer, NIMDTA Miss X, Quality Management Administrator, NIMDTA

Rating Outcome	**Red**	**Amber**	**Green**	**White[1]**
	1	5	0	5

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 cyclical visit to assess the training environment and the postgraduate education and training of trainees in Anaesthetics in Royal Group of Hospitals, Musgrave Park Hospital and Belfast City Hospital
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Anaesthetics in Royal Group of Hospitals, Musgrave Park Hospital and Belfast City Hospital
Relevant Previous Visits	Enhanced Monitoring Visit 14th December 2017
Pre-Visit Meeting	9th 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	Background Information Template from Anaesthetics in Royal Group of Hospitals, Musgrave Park Hospital and Belfast City Hospital 2021 Previous Enhanced Monitoring Visit Report 14th Dec 2017 and subsequent Trust Action Plan 17th July 2018 Review of Progress Meeting to discuss Enhanced Monitoring Concerns 4th Oct 2018 LEP trainee survey Oct 21 – Dec 21 GMC National Training Survey 2017-2021
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.

[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.**

Trainees Interviewed

	CT/ACCS	RVH ST3+	BCH ST3+
Posts	11 CT; ACCS 6	44	13
Interviewed	8	15 (3 ST 3-5; 12 ST6-7)	3

Trainers Interviewed

Trainers x 20 representing all 3 sites and all departments. A range of educational roles.

Feedback provided to Trust Team

Dr X, Director Medical Education
Dr X, Deputy Medical Director
Dr X, Specialty Tutor Anaesthetics
Dr X (BCH/MPH Anaesthetics)
Dr X (RVH Anaesthetics)
Dr X (BCH ICM)
Dr X (RVH ICM)

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

Dr X, Director of Medical Education
Dr X, Deputy Director of Medical Education

Background

Organisation:
Consultant anaesthetists and intensivists work across the Royal Victoria Hospital (RVH), Royal Jubilee Maternity Hospital, Royal Belfast Hospital for Sick Children, Musgrave Park Hospital (MPH) and Belfast City Hospital (BCH).

Staffing levels:

Consultants:
20.40 WTE Belfast City Hospital (BCH) Dept Anaesthesia
6.53 WTE Musgrave Park Hospital (MPH) Dept Anaesthesia
33 WTE Royal Victoria Hospital (RVH) Dept Anaesthesia
10 WTE Royal Jubilee Maternity Hospital (RJMH)
5 WTE Mater Infirmorum Hospital (MIH)
8.78 WTE Cardiac ICU/Anaesthesia (CSICU)
7 WTE Belfast City Hospital Intensive Care Unit
16.58 WTE Regional Intensive Care Unit (RICU)
5 WTE NISTAR

Specialty Doctors / Clinical Fellows:
2.75 WTE RICU Specialty Doctors
16 WTE RICU Clinical Fellow Rota
7 WTE MIH Specialty Doctors
1 WTE MPH Specialty Doctor
1 WTE SCICU Specialty Doctor

Trainees:
44 WTE RVH Specialty trainees
13 WTE BCH Specialty trainees
8 WTE RVH Core trainees
3 WTE BCH Core trainees
2 WTE RVH FY2 trainees
4 WTE ACCS EM trainees
2 WTE ACCS (Anaes) trainees
4 WTE IMT2 trainees
1 WTE Respiratory Medicine Specialty trainee
1 WTE Dual EM/ICM Specialty trainee

Rota: There are seven trainee rotas covering Emergency/Level 3 first on call, Emergency/Level 3 second on call, RICU first on call, RICU second on call, Paediatrics, Obstetrics, and Cardiac.

NTS 2021: The Trainee results indicate positive ('green') trainee feedback for reporting systems and team work. Most of trainee responses are 'white'. No 'red' areas across the domains. The Trainer report highlights positive 'green' response in relation to curriculum coverage and 'red' in relation to a supportive environment.

Previous Enhanced Monitoring Visit:
Areas working well: Supervision (expansion in ES and CS numbers), Clinical supervision and ACCS in RICU is good. Team Work – team working in cath lab had improved.

Concerns: EWTR compliance in relation to trainees regularly starting early (7am) to complete pre-OP assessments. Workload -heavy workload reported OOH. Undermining.

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)
Trust induction is comprehensive and occurs regularly, with electronic information shared in advance of the induction and then other items sent later. Accommodation is made for trainees that could not attend induction on the day. No issues with login passwords and ID badges encountered. Unit Inductions include sharing of information, guidelines and tours of the relevant areas.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)
Clinical supervision described as excellent in and out of hours. Close working relationship between trainees and trainers. Trainees know who to contact OOH. Senior colleagues are accessible and come in if required. Trainees never feel that they are working outside their level of experience

Handover (R1.14).
Handover occurs regularly across the units. RICU handovers are run formally face to face with rounds of the pods, consultants and trainees not on shift during the handover, join remotely via Zoom. On occasion the IT used for handover in RICU can disrupt the handover process e.g., microphone/speaker not working. The sound quality was described as poor. This could potentially pose a patient safety issue.
Cardiac handover takes place in the morning and evening with consultant presence at both.
On Level 3 consultant is present at 5pm and 8pm handovers.
A Block trainees are involved with every OOH transfer as there are less than two airway competent trainees working regularly at night. Difficulties in communication were reported in relation to assessment and decisions for those patients transferring to RICU. When a decision has been made to transfer a patient to RICU there is uncertainty as to whether the 'A' Block consultant or the Intensive Care consultant has responsibility for the patient in the period prior to the physical transfer to RICU. It was reported that there is an increased consultant presence (from 8am – 12am) in the new RICU unit compared to the old ICU.
RBHSC – no issues identified, handover occurs between two registrars.

Practical Experience (R1.19)
Anaesthetics trainees are assigned a list under consultant supervision. They are also on call for an emergency list with supervision. There is sufficient experience gained in obstetrics and paediatrics. Trainees are placed in ICU for a minimum of 3-month block. Some elective cases have been cancelled due to bed pressures however emergency surgeries are still taking place. ENT has massively reduced for airways experience with only one-half day a week taking place. Provisions have been made with trainee attendance at dental and spinal surgeries but this is a significant difference to training programme 2 years ago.
During the current Covid-19 pandemic anaesthetic trainees have been providing ICU support OOH and as a result reducing the opportunity for OOH anaesthetic exposure. Plenty of opportunity to perform procedures under supervision.

Workload (R1.7, 1.12)
Workload is described as consistently busy with trainees covering a number of areas such as resus and cath lab etc. but reported as not unmanageable.
A Block – described as 'heavy going' due to the number of long days, although trainees report it as being moderately intense – offering good training opportunities. No staffing issues. CT1's is supernumerary.

RICU – The new RICU is over two floors with 4 pods on each floor. Each pod has 8 beds. Trainees reported that they feel workload is often unmanageable but that the intensity has improved since the move to the new unit. There are more Clinical Fellows which helps with the workload. OOH is more intense.
Several trainees expressed concerns regarding the shortfall in ICU nursing staff and felt an increased intensity and volume in their workload as a result.

EWTR Compliance (R1.12e)
Rota assessed as compliant with EWTR. However, there are a large number of LTFT trainees currently in posts, which has resulted in on call shifts being automatically allocated to full time trainees, despite the Trust agreeing to offering locum cover and appropriate remuneration.

Hospital and Regional Specialty Educational Meetings (R1.16)
These are a number of local teaching sessions:
RVH Level 3, weekly Tuesday early morning, by consultants and trainees, also addition adhoc teaching, organised by Fellows
RICU lunchtime teaching Tues/Wed/Fri – Teams and F2F. includes a journal club.
Cardiac – weekly teaching
RBHSC – twice weekly consultant teaching
RJMH – fortnightly teaching by trainees, consultants present
BCH (Anaes) weekly teaching, consultant led, mostly via Teams, some F2F
BCH (ICM) – weekly teaching and journal club

QI/M&M
BCH/MPH/RVH – fortnightly QI/M&M meetings at lunchtime via Teams – trainees attend if free (not protected time)
RICU – QI/M&M Thursday afternoons – trainees attend if free (not protected time)
RBHSC – monthly QI/M&M
RJMH – Obstetric QI/M&M – trainees can attend

Others:
BCH/RVH – monthly site-wide teaching – led by different specialty area each month – aids exam preparation. Protected time
Cardiac – simulation and CALS courses
RBHSC – simulation at induction for 3-monthly changeover
RJMH – PROMPT course, practical induction for new trainees

ICU trainees find it difficult to attend teaching usually held during lunchtimes when the unit is at its busiest. Teaching has recently moved to the morning following handover. The trainees were hopeful that this will improve their chances of attending. Senior airway trainees spend the majority of time managing transfers, so find attendance at teaching to be a challenge. Site wide teaching is reported as excellent, however ICU trainees are not made aware of this or given protected time to attend.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20).
Space in the departments appears to be at a premium and as a result there is often no appropriate environment to host one-on-one feedback or personal discussions with trainees. Several IT systems on the BCH site/consultant offices have outdated software or are not working.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
While audit meetings are ongoing in RBHSC, Cardiac and ICU, the same is not taking place across other areas of anaesthetics within the Trust. No protected time offered for trainee or consultant colleagues.

Patient Care (R1.1, 1.3, 1.4)
All trainees reported an excellent quality of care and feel they can influence the quality of care.

Patient Safety (R1.1-1.5)
There is a positive culture of raising patient safety concerns and trainees are encouraged to fill in incident reports if needed (aware of Datix). A lack of protected time for M&M, QI/audit and governance meetings was raised as an area of significant concern by both trainee and trainer groups. Any scheduled meetings tend to be poorly attended, due to the fact that neither consultants nor trainees are offered protected time. A lack of protected time for M&M, QI/audit and governance meetings raises a patient safety issue, as well as having an impact on departmental and staff learning and development.

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)

Trainees generally reported no concerns in relation to educational supervision. There is no difficulty in securing time to meet with their ES. There is an issue with one ES absence although this has been raised and being dealt with separately (intensive care). HoS aware of situation and working to resolve. The hope is to have an additional two ES in post.

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)

Informal feedback offered regularly at ICU ward rounds and in anaesthetics where trainees and trainers work closely on a daily basis. Formal feedback on performance is given on a regular basis at educational meetings.

Trainee Safety and Support (R3.2)

All trainees know who to approach if they want to discuss anything in confidence. Trainees do not have individual mentors assigned to them to support their pastoral needs. In the RICU it was made apparent that there are 3 on call rooms yet 4 doctors on call. Whilst the pressure of the work is unlikely to allow all 4 to go off at the same time, an additional room would seem appropriate. (RBHSC – on call room / Cardiac – on call room / A Block – 3 on call rooms / RICU – 3 on call rooms however if there are 4 on they take it in turns).

Undermining (R3.3)

No concerns reported.

Study Leave (R3.12)

Trainees reported that annual leave and study leave could be approved in a more timely fashion. Rotas are organised in 3-month blocks and shared at short notice resulting in difficulty in book 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)

Trainer roles were included in their job plans and each underwent an annual educational appraisal. Lack of support for M&M, audit and governance meetings is viewed by trainers as a major concern.

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.

Trainees are meeting curriculum requirements despite the recent changes in their working environment.

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):

Despite the impact of COVID-19 on practical experience, all trainees are currently on track to meet curriculum objectives.

Areas Working Well

1. Induction programme – out of sync trainees receive full induction.
2. Excellent clinical supervision.
3. Feedback received regularly.

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

1. Established extensive local teaching programmes as outline in the report.

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. **Educational Resources, Internet Access, Simulation Facilities.** Addition space for private study would be welcomed.	✓		Amber
2. **Trainee Safety & Support.** In the RICU it was made apparent that there are 3 on call rooms yet 4 doctors on call. Whilst the pressure of the work is unlikely to allow all 4 to go off at the same time, an additional room would seem appropriate.	✓		N/A
3. **Study Leave.** Timely sharing of rotas to allow sufficient time for requests for study leave to be submitted.	✓		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**
1. **Handover.** On occasion the IT used for handover in RICU can disrupt the handover process e.g. microphone/speaker not working. The sound quality was described as poor. This could potentially pose a patient safety issue.	✓	✓	N/A
2. **Practical Experience.** During Covid-19 pandemic anaesthetic trainees have been providing ICU support OOH and as a result reducing the opportunity for OOH anaesthetic exposure.	✓		N/A
3. **Workload.** Shortfall in ICU nursing staff has led to an increased intensity and volume in workload for trainees.	✓		Amber
4. **Rota.** There are a large number of LTFT trainees currently in posts, which has resulted in on call shifts being automatically allocated to full time trainees, despite the Trust agreeing to offering locum cover and appropriate remuneration.		✓	N/A
5. **Hospital and Regional Specialty Educational Meetings.** ICU and senior airway trainees frequently find it difficult to attend local teaching sessions.	✓		Amber
6. **Educational Resources, Internet Access, Simulation Facilities.** Several IT systems on the BCH site have outdated software or are not working.	✓	✓	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**
1. **Quality Improvement & Audit/Patient Safety:** A lack of protected time for M&M, QI/audit and governance meetings raises a patient safety issue, as well as having an impact on departmental and staff learning and development.	✓	✓	Amber
2. **Handover**: When a decision has been made to transfer a patient to RICU there is uncertainty as to whether the 'A' Block consultant or the Intensive Care consultant has responsibility for the patient in the period prior to the physical transfer to RICU.	✓	✓	Red

NIMDTA
Deanery Review of Anaesthetics, Antrim Area Hospital
Northern Health & Social Care Trust

FINAL REPORT

Hospital Visited	Antrim Area Hospital, Northern Health & Social Care Trust			
Specialty Visited	Anaesthetics			
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr X, Director of Postgraduate Medical Education and Training. Dr X, Clinical Director Dr X, Medical Director Ms X, Head of Service, Medical and Dental Education and Training			
Date of Visit	21st October 2021			
Visiting Team	Dr X, Associate Dean for Deanery Visits (Chair) Dr X, Deputy Head of School for Anaesthetics Miss X, Quality Management Administrator, NIMDTA Mr X, Lay Representative Dr X, Trainee Representative			
Rating Outcome	**Red**	**Amber**	**Green**	**White[1]**
	0	0	0	4

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 cyclical visit to assess the training environment and the postgraduate education and training of trainees in Anaesthetics in Antrim Area Hospital.
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Anaesthetics in Antrim Area Hospital.
Relevant Previous Visits	Cyclical Visit to Anaesthetics in Antrim Area Hospital.
Pre-Visit Meeting	21st October 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	Background Information Template from Anaesthetics Antrim Area Hospital Sept 2021 Previous visit report 17th Oct 2013 and subsequent Trust Action Plan 3rd March 2014 GMC National Training Survey 2017-2021
Types of Visit	Cyclical Planned visitation of all Units within 5 years Re-Visit Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service Problem-Solving Visit 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			
	F1/F2	**CT 1-2 ST1-2**	**ST3+**
Posts	1	7	9
Interviewed	1	4	5

Trainers Interviewed

Trainers x 5

Feedback provided to Trust Team

Ms X, Medical Education Manager
Dr X**,** Consultant Anaesthetist, College Tutor for Anaesthetics and ICM
Dr X, Consultant Anaesthetist and Clinical Director for Anaesthetics and ICM
Dr X, Clinical Director for Surgery
Dr X, Medical Director
Dr X, Director of Medical Education

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

Ms X, Medical Education Manager
Dr X, Director of Medical Education

Background

Organisation: Trainees are based in anaesthetics in Antrim Area Hospital. Activity on other NHSCT sites;

- Pre-assessment Clinic (Antrim)
- High Risk Obstetric Clinic (Antrim)
- Provide anaesthetic cover to theatres and maternity (Antrim)
- Provide anaesthesia for day-case patients under consultant supervision (Antrim/ Whiteabbey/ Mid-Ulster Hospitals)
- Provide anaesthetic care for children requiring GA for MRI under Consultant supervision (Antrim)
- Anaesthetic care for patients receiving ECT under Consultant/ Associate Specialist supervision (Whiteabbey)
- Emergency cover to the rest of the hospital as required

Staff: Consultant**:** 20
Associate Specialist/Specialty Doctors: 7
ST3+: 9 (**Rota:** 3rd Tier as has 2 ST3+ trainees & then the 6 Specialty Doctors/ 2nd Tier Rota 1:8)
CT1-2/ST1-2: 7 (**Rota:** 1st Tier Rota 1:9 includes IMT2's)
F1-2: 1 (**Rota**: 1st Tier Rota)

NTS 2021: The results for Anaesthetics in Antrim Area Hospital are as follows;

- **Anaesthetics (Post Specialty)** – 13 white indicators and 6 red indicators for Overall satisfaction, adequate experience, curriculum coverage, Educational Governance, local teaching and Rota Design.
- **Anaesthetics (Programme Group)** – 4 red indicators for Overall satisfaction, adequate experience, curriculum coverage and rota design, 2 pink indicators for Educational Governance and Local Teaching, and 13 white indicators.
- **Core Anaesthetics (Programme Group)** – 7 white indicators, 1 grey indicator and 7 red indicators for overall satisfaction, work load, supportive environment, adequate experience, curriculum, local teaching and rota design, 4 pinks for reporting systems, induction, Educational Governance & Educational Supervision.

Previous **areas of good practice** highlighted were **induction** and **clinical supervision.** Previous Visit **Concerns** were **trainee safety:** Handover timing and **patient safety:** No anaesthetic assistant available for resuscitations.

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)

Trust induction is well organised. Protected time given to complete on line mandatory training. Unit induction is well organised, comprehensive and includes a tour of the department, including theatres, obstetrics and resuscitation in ED. No issues with login passwords and ID badges encountered.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)
Senior supervison always available for all trainees. OOH consultants can be contacted easily and frequently come in. Trainees never feel that they are working outside their level of experience.

Handover (R1.14)
Consultants are present during morning and afternoon handover, allowing an excellent opportunity for learning. It is a more formal process in ICU with added educational value with teaching points highlighted. Supportive and comfortable environment.

Practical Experience (R1.19)
Anaesthetics trainees are assigned a list under consultant supervision. They are also on call for an emergency list. Experience gained through a good case mix, despite recent down turn in operative cases due to covid-19 pandemic. Due to covid-19 pressures trainees on anaesthetic block are frequently asked to cover ICU. Trainees in ICU have found a reduction in case mix of late. Training in obstetrics block largely protected during pandemic. Plenty of opportunity to perform procedures under supervision in all blocks.

Workload (R1.7, 1.12)
Workload is variable with some periods of more intense working. Overall the workload was described as manageable. No pressure for trainees to cover the gaps. There is a culture for trainees to get away on time at the end of each shift.

EWTR Compliance (R1.12e)
Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16)
There are several programmes in place, including weekly ICM teaching, monthly afternoon anaesthetic teaching, novice teaching: airway course and registrar tutorials, and core topics. These utilise both virtual and face to face teaching. Sessions are informally protected. Those placed in ICU have a higher chance of being interrupted. Regional teaching is good with zoom teaching now offered.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
Limited quiet spaces for private study. No designated rooms for confidential discussions/educational meetings/completion of WBAs between trainees and supervisors.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
Trainees have been encouraged to be involved in QI projects.

Patient Care (R1.1, 1.3, 1.4)
Patient care reported as excellent.

Patient Safety (R1.1-1.5)
All trainees know how to raise a concern. Although trainees are aware of the trust reporting systems, some were not familiar with how to use the system. Trainees feel supported when raising a concern.

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) Trainees reported no concerns in relation to educational supervision. There is no difficulty in securing time to meet with their ES.

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)
Informal feedback offered regularly at ICU ward rounds and in anaesthetics where trainees and trainers work closely on a daily basis. Trainees appreciated having the opportunity to discuss cases in real time. Handover offers a good educational opportunity with feedback. Formal feedback on performance is given on a regular basis at educational meetings.

Trainee Safety and Support (R3.2)

All trainees know who to approach if they want to discuss anything in confidence. Trainees have individual mentors assigned to them to support their pastoral needs. The unit offers 'friendship and a close working environment'. There is only 1 suitable on call room, offered to the 3rd on call. Second on call relies on recliner chair for rest periods. F2/ACCS/CT have no on call room. Given the pressurised environment these trainees work in it is important that suitable accommodation is available for appropriate rest. Also, important to have an on-call room available to sleep in after a long night shift before driving home.

Undermining (R3.3)
No concerns reported.

Study Leave (R3.12)
No issues.

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 by the Trust and NIMDTA. Their roles were included in their job plans and each underwent an annual educational appraisal. Trainers request protected time to attend and participate in unit teaching. Currently there is no designated room for confidential discussions/educational meetings/completion of WBAs between trainees and supervisors.

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.

Trainees are meeting curriculum requirements. WBAs completed regularly, previously in real time, but due to current clinical pressures and lack of a suitable space, most are now being done retrospectively.

Summary of Conclusions

The below conclusions have been categorised as follows:

iii) Educational governance (training)
iv) Clinical governance or patient safety issues

Comment (if applicable):
Trainees appreciated the efforts of their senior consultant colleagues in providing a positive, high quality learning environment.

Areas Working Well

Despite the impact of COVID-19 on practical experience, all trainees are currently on track to meet curriculum objectives.

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

4. Induction is repeated regularly and continually updated.
5. Excellent clinical supervision.
6. Effective handover occurring regularly and offering educational opportunities.
7. Workload; trainees encouraged to leave on time.
8. Regular local teaching sessions.
9. AUDIT/QI is well supported.
10. Supportive environment – 'mentors' allocated for pastoral care.

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. Datix. Trainees reported being aware of Datix, but had never been shown how to access or use the system. Recommend addressing this through the induction programme.	✓	✓	N/A
2. Formal protected time. Trainees to attend local teaching sessions.	✓		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**
1. Trainee Safety and Support: On call rooms for F2/ACCS/CT trainees needs immediate attention (with exception of 3rd Tier rota).	✓		N/A
2. Educational Resources, Internet Access, and Simulation Facilities: Limited quiet spaces for private study. No designated rooms for confidential discussions/educational meetings/completion of WBAs between trainees and supervisors.	✓		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.			

NIMDTA
Deanery Review of Anaesthetics, Ulster Hospital Dundonald
South Eastern Health & Social Care Trust

FINAL REPORT

Hospital Visited	**Ulster Hospital Dundonald, South Eastern Health & Social Care Trust**			
Specialty Visited	**Anaesthetics**			
Type of Visit	**Cyclical**			
Trust Officers with Postgraduate Medical Education & Training Responsibility	**Dr X, College Tutor and LEP Educational Lead** **Dr X, Clinical Director for Anaesthetics** **Dr X, Director of Medical Education** **Mr X, Medical Director**			
Date of Visit	**2nd December 2021**			
Visiting Team	**Dr X, Associate Dean for Deanery Visits (Chair)** **Dr X, Deputy Head of School for Anaesthetics** **Mr X, Lay Representative** **Miss X, Quality Management Administrator, NIMDTA**			
Rating Outcome	**Red**	**Amber**	**Green**	**White[1]**
	0	0	0	3

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 cyclical visit to assess the training environment and the postgraduate education and training of trainees in Anaesthetics in Ulster Hospital Dundonald.
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Anaesthetics in Ulster Hospital Dundonald
Relevant Previous Visits	Cyclical Visit to Anaesthetics in Ulster Hospital Dundonald 17th Oct 2013
Pre-Visit Meeting	2nd 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	Background Information Template from Anaesthetics Ulster Hospital Dundonald Sept 2021 Previous visit report 17th Oct 2013 and subsequent Trust Action Plan 16th Dec 2013 LEP trainee survey Oct 21 – Dec 21 GMC National Training Survey 2017-2021
Types of Visit	Cyclical Planned visitation of all Units within 5 years Re-Visit Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service Problem-Solving Visit 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			
	ACCS	**CT 1-2 ST1-2**	**ST3+**
Posts	1	6	13
Interviewed	1	4	8

Trainers Interviewed

Trainers x 7

Feedback provided to Trust Team

Dr X, College Tutor and LEP Educational Lead
Dr X, Clinical Director for Anaesthetics
Dr X, Director of Medical Education
Mr X, Medical Director

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

Dr X, College Tutor and LEP Educational Lead
Dr X, Clinical Director for Anaesthetics
Dr X, Director of Medical Education
Mr X, Medical Director

Background

Organisation: Trainees are based in anaesthetics in Ulster Hospital Dundonald. Activity also in Lagan Valley Hospital and Downe Hospital.

Staff: Consultant**:** 41; 9 in ICU and 11 working across Lagan Valley Hospital and Downe Hospital sites
Associate Specialist/Specialty Doctors: 4 (1 in pain clinic only/no OOH); 1 weeknight shift per fortnight and 1 in 8 weekend night shift
ST3+: 12 (4 LTFT); 1 in 8 full shift rota or LTFT equivalent hours. 1 ST6 Pain Fellow (no OOH on call)
CT1-2/ST1-2: 7; 1 in 8 full shift rota
Others: 1 LAS CT equivalent + 1 EM ACCS CT2; 1 in 8

NTS 2021: positive ('green') feedback for handover, rota design and supportive environment. No 'red' areas across the domains.

Previous Visit:
Areas of Good Practice: Trainees were always supported by an Operating Department Assistant (ODA) both in theatres and outside in the wards, emergency department and maternity

Concerns: Patient Safety in relation to delay in obtaining ID badges and IT passwords; **Trainer Support** with no specific SPA allocation for postgraduate education and training within consultant job plans.

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)
Trust induction occurs regularly with information shared on line. Unit induction reported as excellent, comprehensive and includes a tour of the departments by the specialty tutor. Some electronic information shared in advance of the induction and then other items sent later. Accommodation made for trainees that could not attend induction on the day with specialty tutor facilitating induction with these trainees. No issues with login passwords and ID badges encountered.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)
Clinical supervision described as excellent in and out of hours. Close working relationship between trainees and trainers. Trainees know who to contact OOH. Senior colleagues are accessible and come in if required. Trainees never feel that they are working outside their level of experience.

Handover (R1.14)
Timetabled twice daily handover. Consultants are present for morning handover, allowing an opportunity for learning. Supportive and comfortable environment.

Practical Experience (R1.19)
Anaesthetics trainees are assigned a list under consultant supervision. They are also on call for an emergency list with supervision. There is sufficient experience gained in obstetrics. Trainees are placed in ICU for a 3-month block. Trainees not allocated to ICU are protected and are not called into this area, even with ongoing covid pressures. Despite recent down turn in operative cases due to covid-19 pandemic opportunities to meet curriculum requirements have been sought through rotating trainees to lists in Lagan Valley Hospital, day surgery theatre lists offered on a day to day rotational basis and Downe Hospital with attendance at ophthalmology day surgery theatre lists for trainees who wish to gain (optional) competency in ophthalmic anaesthesia. Plenty of opportunity to perform procedures under supervision.

Workload (R1.7, 1.12)
Trainees reported that workload intensity in general is manageable, but can be very busy at times in the area of obstetrics. However, pressures in this area have eased with the introduction of a regular 3 tier rota. Trainees get their breaks. Trainees advised they occasionally volunteer to cover gaps in the rota, but that there is no pressure to do so. There is a culture for trainees to get away on time at the end of each shift. Rota design was reported to be good.

EWTR Compliance (R1.12e)
Compliant –monitoring due Spring 2022.

Hospital and Regional Specialty Educational Meetings (R1.16)
Trainees advised there are no barriers to getting to their regional and local teaching and rated the teaching as excellent. These sessions include a weekly (Mon 8am) peer lead teaching, weekly (Mon 1pm) consultant lead teaching, weekly (Thurs 8am) ICU teaching, weekly (Tues 8am) Journal Club. There is a monthly QI/audit meeting. There is access to simulation training.
Sessions are not formally protected. A trainee carries bleep during these times but it was reported that it rarely goes off during these periods.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
The educational resources are good with good access to educational equipment (e.g. epidural simulation). There is good access to simulation facilities. There are adequate rooms for teaching and 1 to 1 meetings and access to adequate number of computers with access to on line resources.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
Trainees are encouraged to be involved in QIP projects with good consultant support.

Patient Care (R1.1, 1.3, 1.4)
Patient care reported as excellent.

Patient Safety (R1.1-1.5)
Positive culture described in relation to patient safety**.** All trainees know how to raise a concern. Trainees feel supported when raising a concern. Having a 3rd tier rota potentially improves patient safety.

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) Trainees reported no concerns in relation to educational supervision. There is no difficulty in securing time to meet with their ES.

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)
Informal feedback offered regularly at ICU ward rounds and in anaesthetics where trainees and trainers work closely on a daily basis. Formal feedback on performance is given on a regular basis at educational meetings.

Trainee Safety and Support (R3.2)
All trainees know who to approach if they want to discuss anything in confidence. Trainees have individual mentors assigned to them to support their pastoral needs. There are dedicated on call rooms for each tier of the rota. There were described to be of a high standard. Given

the pressurised environment these trainees work in it is important that suitable accommodation is available for appropriate rest and important to have an on-call room available to sleep in after a long night shift before driving home.
Trainees raised concern about a poorly lit area of a flight of steps to the car park, where they walked alone at the end of a late shift. They were not aware of CCTV operating in the area.

Undermining (R3.3)
No concerns reported.

Study Leave (R3.12)
No issues encountered in securing 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 by the Trust and NIMDTA. Their roles were included in their job plans and each underwent an annual educational 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.

Trainees are meeting curriculum requirements despite the recent changes in their working environment.

Summary of Conclusions

The below conclusions have been categorised as follows:

v) Educational governance (training)
vi) Clinical governance or patient safety issues

Comment (if applicable):

Despite the impact of COVID-19 on practical experience, all trainees are currently on track to meet curriculum objectives, due to migration of services to Lagan Valley Hospital and Downe Hospital.

Areas Working Well

1. Induction programme – out of sync trainees receive full induction.
2. Excellent clinical supervision.
3. Effective handover occurring regularly and offering educational opportunities.
4. Workload; trainees encouraged to leave on time.
5. AUDIT/QI well supported.
6. Feedback received regularly
7. Access to study leave

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

1. Established local teaching programme as outline in the report.
2. Trust support in accessing educational equipment (example epidural simulation).
3. Protected training blocks despite covid-19 pressures.
4. Trainee support and mentorship.

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. **Resources/Facilities.** Addition space for private study would be welcomed.	✓		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**
1. Workload/Patient Safety: There should be 2 airway and 1 obstetric competent doctors on site OOH, but the 3rd tier of the rota that offers this is currently incomplete. Assurance is needed that this 3rd tier will be fully established and remain long term.	✓	✓	N/A
2. Trainee Safety: Trainees raised concern about a poorly lit area of a flight of steps to the car park, where they walked alone at the end of a late shift. They were not aware of CCTV operating in the area.	✓		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.			

NIMDTA
Deanery Review of Anaesthetics, Craigavon Area Hospital
Southern Health & Social Care Trust

FINAL REPORT

Hospital Visited	Craigavon Area Hospital, Southern Health & Social Care Trust			
Specialty Visited	Anaesthetics			
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr X, Deputy Medical Director Mr X, Assistant Director, Medical Directors Office Ms X, Medical Education Manager Dr X, College Tutor Dr X, AMD for Anaesthetics Ms X, ATICS, Head of service for Anaesthetics, Theatre and Intensive Care Services			
Date of Visit	22nd October 2021			
Visiting Team	Dr X, Associate Dean for Deanery Visits (Chair) Dr X, Deputy Head of School for Anaesthetics Miss X, Placement Quality Executive Officer, NIMDTA Mr X, Lay Representative			
Rating Outcome	**Red**	**Amber**	**Green**	**White[2]**
	0	2	0	1

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 cyclical visit to assess the training environment and the postgraduate education and training of trainees in Anaesthetics in Craigavon Area Hospital.
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Anaesthetics in Craigavon Area Hospital.
Relevant Previous Visits	Cyclical Visit to Anaesthetics in Craigavon Area Hospital.
Pre-Visit Meeting	22nd October 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	Background Information Template from Anaesthetics Craigavon Area Hospital. Sept 2021 Previous visit report 26th Sept 2013 and subsequent Trust Action Plan 11th March 2014 GMC National Training Survey 2017-2021
Types of Visit	Cyclical Planned visitation of all Units within 5 years Re-Visit Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service Problem-Solving Visit 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.**

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

Trainees Interviewed			
	F1/F2	**CT 1-2 ST1-2**	**ST3+**
Posts	2	9 (2 supernumerary)	12
Interviewed	2	6	9

Trainers Interviewed

Trainers x 6

Feedback provided to Trust Team

Dr X, Deputy Medical Director
Mr X, Assistant Director, Medical Directors Office
Ms X, Medical Education Manager
Dr X, College Tutor
Dr X, AMD for Anaesthetics
Ms X, ATICS, Head of service for Anaesthetics, Theatre and Intensive Care Services

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

Dr X, Deputy Medical Director
Ms X, Medical Education Manager

Background

Organisation: Trainees are based in anaesthetics in Craigavon Area Hospital. Activity also in Daisy Hill Hospital and South Tyrone Hospital as follows;

- Pre-assessment Clinic (Craigavon Area Hospital)
- Provide anaesthetic cover to theatres and maternity (Craigavon Area Hospital)
- Provide anaesthesia for day-case patients (Day Surgery and Endoscopy) under consultant supervision (Craigavon Area Hospital/Daisy Hill Hospital/South Tyrone Hospital)
- Emergency cover to Craigavon Area Hospital as required

Staff: There are the following Staffing in CAH;

- Consultant**:** 35
- Associate Specialist/Specialty Doctors: 2
- ST3+: 12 (3; 1st on call and 9; 2nd on call)
- CT1-2/ST1-2: 6 (2 are supernumerary)
- ACCS: 3

NTS 2021: The results for Anaesthetics in Craigavon Area Hospital are as follows;

- **Anaesthetics (Post Specialty)** – 19 white indicators.
- **Anaesthetics (Programme Group)** – 19 white indicators
- **Core Anaesthetics (Programme Group)** – 16 white indicators, 1 grey indicator and 2 pink indicators for Curriculum Coverage and Feedback.

Previous **areas of good practice** were **induction; clinical supervision; training environment** and **patient safety**. Previous **Visits/Concerns** were **Educational Supervision** and **Trainee Safety** this was related to rota design.

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)

Trust Induction – protected time offered to attend. Unit induction reported as excellent, comprehensive and includes a tour of the departments. Electronic handbooks shared in advance of the induction. Out of sync trainees receive full induction. No issues with login passwords and ID badges encountered.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)
Clinical supervision described as excellent in and out of hours. Close working relationship between trainees and trainers. Due to pressures from Covid-19, consultants worked extended hours on site in the evenings and weekends, offering extra 1 to 1 training opportunities. Trainees never feel that they are working outside their level of experience.

Handover (R1.14)
Timetabled twice daily handover 8:30am and 8:30pm. Consultants are present for handover, allowing an opportunity for learning. Supportive and comfortable environment.

Practical Experience (R1.19)
Anaesthetics trainees are assigned a list under consultant supervision. They are also on call for an emergency list with supervision. There is exposure to obstetrics. Trainers are concerned that redeployment of trainees from theatres to ICU is having an impact on trainees training. Despite recent down turn in operative cases due to covid-19 pandemic opportunities to meet curriculum requirements have been sought through rotating trainees to lists in Daisy Hill Hospital and South Tyrone Hospital. Plenty of opportunity to perform procedures under supervision.

Workload (R1.7, 1.12)
Trainees reported that workload intensity is busy at times but that this offers adequate training opportunities. Trainees get their breaks. Trainees advised they occasionally cover gaps in the rota, but that there is no pressure to do so. There is a culture for trainees to get away on time at the end of each shift.

EWTR Compliance (R1.12e)
Compliant – recently monitored.

Hospital and Regional Specialty Educational Meetings (R1.16)
Trainees advised there are no barriers to getting to their regional and local teaching and rated the teaching as excellent. They have access to simulation training. There are several programmes in place, including weekly ICM teaching, weekly anaesthetic teaching, weekly journal club, weekly '11@11' trainee-led teaching (11 slides @ 11am), Special-interest symposia bi-monthly and monthly QiP meeting.
Utilise both virtual and face to face teaching. Sessions are generally protected. Consultant colleagues also offer teaching at 8am before the handovers. Regional teaching is good with zoom teaching now offered.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
The 'Hub' offers valuable shared space for all grades of the anaesthetic and ICU teams for shared learning. There is a library and a computer suite. Trainees appreciate continued access to 'Up to Date'. Trainees advised the medical education centre is too far away to travel to from the theatres for periods of private study. The rooms tend to be block booked ahead of time making access a challenge.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
Trainees are encouraged to be involved in QIP projects with good consultant support.

Patient Care (R1.1, 1.3, 1.4)
Patient care reported as excellent.

Patient Safety (R1.1-1.5)
Positive culture described in relation to patient safety**.** All trainees know how to raise a concern. Trainees feel supported when raising a concern. Trainees are invited to attend governance meetings and feedback offered on SAIs. Viewed as a learning opportunity.

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)
Trainees reported no concerns in relation to educational supervision. There is no difficulty in securing time to meet with their ES.

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)

Informal feedback offered regularly at ICU ward rounds and in anaesthetics where trainees and trainers work closely on a daily basis. Handover offers a good educational opportunity with feedback. Feedback received on patient safety and governance issues. An email feedback system called "greatix" gives trainees immediate recognition for good work. Formal feedback on performance is given on a regular basis at educational meetings.

Trainee Safety and Support (R3.2)
All trainees know who to approach if they want to discuss anything in confidence. Trainees have individual mentors assigned to them to support their pastoral needs. Trainees have experience violence in resus; there is a zero-tolerance policy and pathways to deal with it. There is lack of permanent adequate rest facilities (single gender especially), with no on call room available for either 1st or 2nd on call trainees. Given the pressurised environment these trainees work in it is important that suitable accommodation is available for appropriate rest. Also, important to have an on-call room available to sleep in after a long night shift before driving home.

Undermining (R3.3)
No concerns reported.

Study Leave (R3.12)
No issues.

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 by the Trust and NIMDTA. Their roles were included in their job plans and each underwent an annual educational appraisal. There are ongoing discussions in relation to remuneration to CS in ICU as anaesthetic trainees rotate into ICU.

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.

Trainees are meeting curriculum requirements despite the recent changes in their working environment.

Summary of Conclusions

The below conclusions have been categorised as follows:

vii) Educational governance (training)
viii) Clinical governance or patient safety issues

Comment (if applicable):

Trainees and Mr X voiced their appreciation of the efforts of their senior consultant colleagues in providing a positive, high quality learning environment.

Areas Working Well

Despite the impact of COVID-19 on practical experience, all trainees are currently on track to meet curriculum objectives, due to migration of services to Daisy Hill Hospital and South Tyrone Hospital.

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

1. Induction programme – out of sync trainees receive full induction.
2. Excellent clinical supervision.
3. Effective handover occurring regularly and offering educational opportunities.
4. Workload; trainees encouraged to leave on time.
5. Regular local teaching sessions. 11@11 example of good practice.
6. AUDIT/QI well supported.
7. Feedback - An email feedback system called "greatix" gives trainees immediate recognition for good work.
8. Supportive environment – 'Hub' offers a shared environment for all grades.

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. Trainer Support: Remuneration for CS in ICU.	✓		Amber

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. Trainee Safety and Support: On call rooms for trainees needs immediate attention.	✓		N/A
2. Educational Resources, Internet Access, and Simulation Facilities: Limited quiet spaces for private study. No designated rooms for confidential discussions/educational meetings/completion of WBAs between trainees and supervisors.	✓		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.			

NIMDTA
Deanery Review of Anaesthetics, Altnagelvin Area Hospital
Western Trust

FINAL REPORT

Hospital Visited	Altnagelvin Area Hospital, Western Health & Social Care Trust			
Specialty Visited	Anaesthetics			
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr X, Director of Postgraduate Medical Education and Training. Dr X, Associate Medical Director Dr X, Medical Director Ms X, Head of Service, Medical and Dental Education and Training			
Date of Visit	14th October 2021			
Visiting Team	Dr X, Associate Dean for Deanery Visits (Chair) Dr X, Head of School for Anaesthetics Miss X, Quality Management Administrator, NIMDTA Mr X, Lay Representative Dr X, Trainee Representative			
Rating Outcome	**Red**	**Amber**	**Green**	**White[3]**
	0	0	0	2

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 cyclical visit to assess the training environment and the postgraduate education and training of trainees in Anaesthetics in Altnagelvin Area Hospital.
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Anaesthetics in Altnagelvin Area Hospital.
Relevant Previous Visits	Cyclical Visit to Anaesthetics in Altnagelvin Area Hospital.
Pre-Visit Meeting	14th October 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	Background Information Template from Anaesthetics Altnagelvin Area Hospital Sept 2021 Previous visit report 24th Oct 2013 and subsequent Trust Action Plan 10th June 2014 LEP Surveys Sept 2021 GMC National Training Survey 2017-2021
Types of Visit	Cyclical Planned visitation of all Units within 5 years Re-Visit Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service Problem-Solving Visit 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.**

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

Trainees Interviewed			
	F1/F2	**CT 1-3 ST1-2**	**ST3+**
Posts	1	8	9
Interviewed	0	4	3

Trainers Interviewed

Trainers x 5

Feedback provided to Trust Team

Dr X, LEP Educational Lead
Dr X, Director of Postgraduate Medical Education and Training.
Ms X, Head of Service, Medical and Dental Education and Training
Dr X, Clinical Director
Dr X, Associate Medical Director

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

Dr X, LEP Educational Lead
Dr X, Director of Postgraduate Medical Education and Training.
Ms X, Head of Service, Medical and Dental Education and Training
Dr X, Clinical Director
Dr X, Associate Medical Director

Background

Organisation: Trainees are based in anaesthetics in Altnagelvin Area Hospital. Outpatient clinics in chronic pain management in Altnagelvin and Omagh. Provide anaesthetic cover to theatres and maternity (Altnagelvin)
Emergency cover to rest of hospital as required (e.g. Cath lab, ED)

Staff: Staffing levels within Anaesthetics in Altnagelvin Area Hospital are as follows;

- Consultant**:** ICU – 7**;** General – 10**;** Trauma – 5**;** Other – 2 (Rota: 1 in 8; 1 in 12; 1 in 6; none)
- Associate specialist/Specialty Dr: 5 (3 in ICU) (Rota: 1 in 5; 1 in 6; none)
- ST3+: 9 plus 1 in a period of grace (Rota: 1 in 7)
- CT1-2: 6 (Rota: 1 in 7)
- ST1-2: 2 (Rota: 1 in 4)
- F1-2: 1 (Rota: 1 in 4)

NTS 2021: The results for Anaesthetics in Altnagelvin Area Hospital are as follows;

- **Anaesthetics (Post Specialty)** – 1 green indicator for teamwork, 18 white indicators.
- **Anaesthetics (Programme Group)** – 15 white indicators, 1 grey indicator, 1 green indicator for teamwork and 2 pink indicators for Clinical Supervision and Clinical Supervision OOH.
- **Core Anaesthetics (Programme Group)** – 16 white indicators, 1 grey indicator and 2 green indicators for overall satisfaction and teamwork.

Previous Visits highlighted induction and clinical supervision as **areas of good practice**. Previous visit Concerns were **trainee safety:** Risk to loss of on call room and **patient safety:** No anaesthetic assistant available for resuscitations.

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)

Trust induction is well organised and comprehensive, administered through an online training portal. Unit induction is well organised and includes a tour of the department. Described as excellent, better than other Trusts.
No issues with login passwords and ID badges encountered.

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

This unit provides a perfect balance between senior supervision and fostering trainee independence. Senior supervison always available for all trainees. OOH consultants can be contacted easily and frequently come in. Trainees never feel that they are working outside their level of experience.

Handover (R1.14)
Handover happens 3 times a day, morning, 5pm and 8.30pm with consultant presence at morning handover. Concerns are covered at every handover session. It is a more formal process in ICU with added educational value with teaching points highlighted. Supportive and comfortable environment.

Practical Experience (R1.19)
Anaesthetics trainees are assigned a list under consultant supervision. A senior trainee also on daily emergency list. Experience gained through a good case mix, despite recent down turn in operative cases due to covid-19 pandemic. Trainees in ICU have found a reduction in case mix of late. Trainees take part in morning ICU ward rounds, then reassess patients and see referrals. Plenty of opportunity to perform procedures under supervision. Anaesthetic on-call is reported as very good and well supervised.

Workload (R1.7, 1.12)
Workload is variable with some periods of more intense working. These periods are less frequent than trainees tend to experience in other units. No pressure for trainees to cover the gaps. Trainees from ICU support colleagues in anaesthetics and vis versa. There is a culture for trainees to get away on time at the end of each shift.

EWTR Compliance (R1.12e)
Compliant

Hospital and Regional Specialty Educational Meetings (R1.16)
There are weekly local teaching sessions. Weekly Friday 8am anaesthetic teaching session is consultant driven with trainees identified to participate. ICU teaching (Tuesday 2pm fortnightly) and ICU journal club (Thursdays 2pm every fortnight.) Adhoc ICU teaching every Monday. Simulation training with regular use of simulation suite and airway training. Sessions are informally protected. In ICU there is a higher chance of being interrupted. Regional teaching is good with zoom teaching now offered. Timetables are sent out to all trainees with most able to attend teaching. If ward cover is needed these are then first preference for the next teaching session.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
No concerns. Aim to increase simulation sessions as covid-19 restrictions reduce.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
Trainees have been encouraged to be involved in QI projects.

Patient Care (R1.1, 1.3, 1.4)
Patient care reported as excellent.

Patient Safety (R1.1-1.5)
All trainees advised there are no issues in regard to patient safety. All are aware of the trust reporting system. Trainees feel supported when raising a concern. A culture of 'flat hierarchy' where everyone is encouraged to discuss concerns.

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)
Trainees reported that their educational supervision was excellent, and that they had no difficulties completing WBAs or securing time to meet with their ES

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)
Informal feedback offered regularly at ICU ward rounds and in anaesthetics where trainees and trainers work closely on a daily basis. Trainees appreciated being challenged on the job and having the opportunity to discuss cases in real time. Handover offers a good educational opportunity with feedback. Formal feedback on performance is given on a regular basis at educational meetings.

Trainee Safety and Support (R3.2)
All trainees know who to approach if they want to discuss anything in confidence. Trainees have individual 'personal tutors' assigned to them to liaise with in non-educational role for the duration of their training time.
On site Trust living accommodation is less than satisfactory, described as dirty and generally uninhabitable. Trainees are placed in mixed gender living arrangements and on the occasion that they raise any objection, they feel their request is not taken seriously. Trainees have raised these issues with Postgraduate Medical Education department within the Trust but reported that responses were not helpful with the same issues remaining unresolved (e.g. flood damage/ mixed gender living). They are aware the Clinical Director within dept. has acted on their behalf but they have not received any further update on when issues will be resolved.

Receiving expenses payments is an ongoing issue. Trainees report that they have raised this with the department, Trust and NIMDTA.

Trainees would have preferred better communication from the School during the ACCS structure change 2021– this has now been rectified.

Undermining (R3.3) No concerns reported.

Study Leave (R3.12) No issues.

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 by the Trust and NIMDTA. Their roles were included in their job plans and each underwent an annual educational 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.

Trainees meeting curriculum requirements. WBAs completed regularly in real time.

Summary of Conclusions

The below conclusions have been categorised as follows:

ix) Educational governance (training)
x) Clinical governance or patient safety issues

Comment (if applicable):
Trainees appreciated the efforts of their senior consultant colleagues in providing a positive, high quality learning environment.

Areas Working Well

Good opportunities for practical experience despite working through a covid-19 pandemic.

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

1. Induction is repeated regularly and continually updated.
2. Excellent clinical supervision.
3. Effective handover occurring 3 times per day, offering educational opportunities.
4. Workload; trainees encouraged to leave on time.
5. Regular local teaching sessions.
6. AUDIT/QI well supported.
7. Supportive environment – 'personal tutors' allocated for pastoral care.

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**
No areas identified.			

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. Trainee Safety and Support: On site accommodation needs immediate attention. **(This has been provided for information purposes only)**	✓		N/A
2. Trainee Safety and Support: Resolve current issues in relation to claiming and payment of expenses. **(This has been provided for information purposes only)**	✓		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.			