NIMDTA
Educational Monitoring Visit to Trust

FINAL REPORT

Hospital Visited	**Muckamore Abbey Hospital, South Eastern Trust**
Specialty Visited	**Psychiatry of Intellectual Disability**
Type of Visit	**Cyclical**
Trust Officers with Postgraduate Medical Education & Training Responsibility	**Mr X, Medical Director, Belfast Trust** **Dr X, Director of Medical Education, Belfast Trust** **Dr X, College Specialty Tutor, Psychiatry Specialty Programme** **Dr X, Associate Medical Director** **Dr X, Clinical Director**
Date of Visit	**04 December 2020**
Visiting Team	**Mr X, Associate Dean (Chair)** **Dr X, Head of School** **Mr X, Lay Representative** **Miss X, Quality Executive Officer, NIMDTA**

Rating Outcome	**Red**	**Amber**	**Green**	**White***
	0	2	1	0

Purpose of Deanery visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the 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 visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Psychiatry of Intellectual Disability training at Muckamore Abbey Hospital.
Circumstances of this visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Psychiatry of Intellectual Disability training at Muckamore Abbey Hospital.
Relevant previous visits	Cyclical visit to the Psychiatry unit in Belfast Trust in May 2017
Pre-visit meeting	04 December 2020
Purpose of pre-visit meeting	To review and triangulate information about postgraduate medical education and training in the unit to be visited.
Pre-Visit Documentation Review	Previous visit report and subsequent Trust Action Plan - 24 May 2017 Trust Background Information Template December Pre-visit Smart Survey® - November 2020 GMC National Training Survey 2019
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.

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* 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.**

Educational Leads Interviewed

Dr X, College Specialty Tutor

Trainees Interviewed

	GPST1	CT1 -2	CT3	ST3/4+
Posts	1	1	2	4
Interviewed	1	0	1	3

Trainers Interviewed

Trainers x 3

Feedback provided to Trust Team

Mr X, Medical Director, Belfast Trust
Dr X, Director of Medical Education, Belfast Trust
Dr X, College Specialty Tutor, Psychiatry Specialty Programme
Dr X, Associate Medical Director
Dr X, Clinical Director

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

Dr X, Director of Medical Education, Belfast Trust
Dr X, College Specialty Tutor, Psychiatry Specialty Programme
Mrs X, Postgraduate Education Manager

Background

Organisation: The Belfast sites included in this visit are Muckamore Abbey Hospital which has inpatient beds and the Belfast City Hospital site which has one outpatient clinic. There are intellectual disability consultants who work for the both the Belfast and the South Eastern Trust which has two outpatient clinics.

Staff: There are currently two x consultants and three Specialty Registrars. One consultant is based out in the community and the other is based in Lisburn within the SEHSCT four days a week and one day in Muckamore Abbey Hospital site. Further to this there is 1 x GPST1 trainee, 1 x CT3 trainee, 1 x CT2 trainee and 2 x locum specialty doctors. There is no F1/F2 or Associate Specialists.

Rotas: There is a split rota that consists of on site and off site working as follows:
- 1 x 1.0 WTE & 1x WTE 0.5 On Site consultants
- 1x WTE 1.0 (9-5 Community) Staff Grade and 1x WTE 1.0 Staff Grade (9-5 SEHSCT)
- 1 x GPST1 trainee 1.0 WTE
- 1 x CT3 (LTFT 60%)
- 1 x CT2 1.0 WT
- 1 x Specialty Locum 1.0 WTE
- 1 x Specialty Locum (GP) 0.5 WTE

Other Sites: Knockbracken remaining wards, Acute Mental Health Centre (AMHIC) in the Belfast City Hospital & CAMHS in-patient unit based in Forster Green Hospital.

NTS: There was no NTS survey completed this year due to the Covid 19 Pandemic.

Previous Visits/Concerns: The loss of connectivity with trainees working in different sites; loss of opportunity for trainers to touch base with trainees on a more informal basis. This has impacted the timeliness of receipt of rota/impact of rota gaps, the Enhanced Junior Doctor forum working with Medical HR re same. Trainees working in PID being aware of recent investigations who feel very supported by staff in this regard, and made aware of other supports and available/mechanisms for raising concerns.

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)
There appeared to be a very comprehensive approach to induction even given the Pandemic. It was mainly conducted through MS Teams, back up with online documentation which the trainees reported as being very helpful and frequently consulted. There was however concern raised by trainees regarding IT access at different sites. On occasions secretaries have been required to email the last patient letter to trainees for information.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)
This was of a high standard. All trainees felt well supported with appropriate supervision.

Handover (R1.14)
Handover is very informal which would be a concern. It usually involves telephone contact between trainees and on occasion's use of What app groups. Trainees did not feel that this was a significant patient risk given the presently low number of patients.

Practical Experience (R1.19)
All training grades were very happy with the range of clinical material. They were all enthusiastic regarding Psychiatry of Intellectual Disability.

Workload (R1.7, 1.12)
There were no concerns raised regarding the workload.

EWTR Compliance (R1.12e)
All rotas were compliant, there was however concern raised by both trainers and trainees regarding the complexity of the rota, this was due to the requirements of multisite cover on different shifts. The Trust is attempting to address this.

Hospital and Regional Specialty Educational Meetings (R1.16)
There are regular weekly teaching sessions covering the curriculum. There is also once a month Intellectual Disability specific training. These sessions are well supported by consultant trainers.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
Within each unit there is good access to IT facilities however as indicated earlier (Induction), access at different sites is problematic and not all trainees have seamless access.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
Trainees are encouraged and supported in both audits and QI projects.

Patient Care (R1.1, 1.3, 1.4)
This is of a high standard. All trainees felt that each patient was cared for in a patient focused care and manner.

Patient Safety (R1.1-1.5)

There are no concerns regarding 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)

All trainees felt well supported by trainers and described easy and frequent access to ES and CS. There are no issues regarding completion of WBAs.

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)

There are no concerns regarding feedback, this is done in a very supportive manner.

Trainee Safety and Support (R3.2)

There were no concerns raised regarding trainee safety.

Undermining (R3.3)

There are no reports of undermining.

Study Leave (R3.12)

This is accessible and no concerns were raised.

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)

All trainers were well supported by the LEP and School. No concerns were raised.

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.

There were no concerns raised.

Summary of Conclusions

The below conclusions have been categorised as follows:

     i)   Educational governance (training)

     ii)   Clinical governance or patient safety issues

Comment (if applicable)

Areas Working Well

1. Excellent supervision.		
2. Supportive environment.		

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

1. The Teaching was highlighted as excellent, and all trainees can access all training provided.
2. All trainees are very well supported by their trainers.
3. The daily huddle to discuss patient care and weekly governance meeting and the drive by all to improve this.

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 Rating
1. **Rota** construction is very complex. The Trust is already working to address this. During discussion it was suggested that trainees should be involved in redesigning the rota.		✔	**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 Rating
1. **Handover.** There is no formal process for handover. This needs to be addressed.	✔	✔	**Green**
2. **Induction.** Trainees do not have access to all IT resources required. This may be helped by ensuring there is good and timely IT access across all sites and a single portal can be created for handover which can be accessed from any location**.	✔	✔	**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 Rating
There were no areas of significant concern identified.			