

NIMDTA
Educational Monitoring Visit to Trust

FINAL REPORT

Hospital Visited	South West Acute Hospital			
Specialty Visited	General Surgery			
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr X, Medical Director Dr X, Director of Medical Education Ms X, Head of Service, Medical & Dental Education & Training			
Date of Visit	Friday 16th October 2020 (via ZOOM)			
Visiting Team	Mr X, Associate Dean for Visits & Curriculum Review (Chair) Mr X, Deputy Head of School, Surgery Mrs X, Lay Representative Ms X, Placement Quality Executive Officer, NIMDTA			
Rating Outcome	Red	Amber	Green	White¹
	2	0	0	0

Purpose of Deanery visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the 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 General Surgery training at the South West Acute Hospital.
Circumstances of this visit	The Deanery Visiting Team met with educational leads, trainees and trainers in General Surgery at the South West Acute Hospital.
Relevant previous visits	22 nd November 2012
Pre-visit meeting	N/A
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	Trust Background Information Template – October 2020 Pre Visit Survey – September 2020 Previous Visit Report and Action Plan – November 2012 Any other relevant information
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.

Educational Leads Interviewed

Mr X, Educational Supervisor
Dr X, Associate Director of Medical Education, Southern Sector

Trainees Interviewed

	F1	CT1/2
Posts	4	4
Interviewed	3	1

Trainers Interviewed

Trainers x 3

Feedback provided to Trust Team

Dr X, Director of Medical Education,
Mr X, Surgical Consultant
Mr X, Surgical Consultant, Clinical Supervisor
Dr X, Associate Director of Medical Education, Southern Sector
Dr X, Foundation Programme Director
Mrs X, Admin Lead, SWAH
Ms X, Head of Service, Medical & Dental Education & Training

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

Dr X, Medical Director
Dr X, Director of Medical Education
Ms X, Head of Service, Medical & Dental Education & Training
Dr X, Foundation Programme Director

Background

Organisation: The surgical department carries out general and colorectal surgery. CT, F2 trainees and F1 trainees cover T&O and Gynae in addition to general surgery out of hours.

Staff: There are five consultants, one locum, four Specialty Doctors and no Associate Specialists". There are four CT1/2 and five F1 trainees in Surgery. There is also one Stoma Nurse and one Tissue Viability Nurse.

Rotas: Consultants are on a 1:6 rota, the Associate Specialists / Staff Grades are on a 1:4 rota and the Core Trainees (CT1-2 or ST 1-2) are on a 1:8 rota. They also cover the on call and full shift rota. Foundation Doctors (F1 & F2) are on a 1:5 rota with a crossover of nights with the Medical F1's.

Other Sites: Outpatient Clinics and the Ambulatory Ward / Rapid Access / Day Unit are staffed by core trainees who are supervised by Consultants. The Surgery / Endoscopy unit is also staffed by core trainees.

NTS: N/A

Previous Visits/Concerns: The current COVID 19 Pandemic circumstances with all of their limitation for routine work and the very low number of consultants available.

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 was good induction to the Trust and Hospital. Trainees were provided with password and ID badges on arrival. The trainees informed the panel that unit induction did not occur although we were informed by consultant trainers that a consultant led induction took place.

The FY1 trainees attached to surgery did not receive any induction to General Medical or Gynaecological patients even though they were expected to care for these patients who were outlying on surgical wards.

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

Clinical supervision both in hours and out of hours was of a high standard. This was supported and enhanced by the Consultant of the week model.

Handover (R1.14)

There was a comprehensive handover each morning in a separate area prior to the daily ward round.

Practical Experience (R1.19)

There was a very good range of practical experience for the FY1's. However the FY1's did have a lot of tasks of limited educational value. The hospital would benefit from a phlebotomy service. The core trainee explained that each trainee was attached to a consultant which significantly enhanced their experience although this did not appear to be reflected in the logbooks to date.

Workload (R1.7, 1.12)

The workload was acceptable for FY1 grades however it appeared to be light for the CT grades. This may have been impacted upon by the COVID pandemic.

EWTR Compliance (R1.12e)

All rotas were compliant and monitored.

Hospital and Regional Specialty Educational Meetings (R1.16) The trainees were able to be released for regional teaching. Local teaching takes place at lunchtimes specifically on Monday. However the FY1s were rarely able to attend due to pressure of work on the wards. This was partly due to tasks for Medical outliners were not identified until much later in the morning therefore could not be co-ordinated more appropriately.

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

This was of a high standard.

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

Trainees were encouraged to take part and be involved in audits within the unit.

Patient Care (R1.1, 1.3, 1.4)

<p>There were no concerns identified regarding surgical patient care.</p> <p>Patient Safety (R1.1-1.5) There were no patient safety issues.</p>
<p>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.</p>
<p>Educational Supervision (R2.11, 2.14, 2.15) This was of a high standard and no issues were identified.</p>
<p>Theme 3: Supporting Learners S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>
<p>Feedback on Performance, Development and Progress (R3.13) Trainees were able to get regular feedback from trainers with regular time to meet and discuss portfolios.</p> <p>Trainee Safety and Support (R3.2) No safety issues were identified.</p> <p>Undermining (R3.3) There was no evidence of undermining.</p> <p>Study Leave (R3.12) Trainers were able to access study leave without any issues.</p>
<p>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.</p>
<p>Trainer Support (R4.1-4.6) Trainers were very happy regarding the support they were receiving from the trust and NIMDTA. No deficiencies were highlighted.</p>
<p>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 <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>
<p>No concerns were identified.</p>

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)
The SWAH remains a good unit for early stage training for FY1's and Core trainees. The workload for CT trainees could be enhanced.

Areas Working Well
<ol style="list-style-type: none"> 1. Handover. 2. Clinical Supervision. 3. Rotas. 4. Feedback.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
<ol style="list-style-type: none"> 1. The unit has benefited from the new consultant of the week model. Furthermore, core trainees are allocated to a consultant firm which allows for continuity of practical teaching and training.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):			
	Educational Governance	Clinical Governance	RAG
There were no areas for improvement identified.			

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
<ol style="list-style-type: none"> 1. Induction. The lack of induction to nonsurgical patients for FY1's. 	✓	✓	Red
<ol style="list-style-type: none"> 2. Practical Experience. The random nature of medical patient ward rounds as a result the tasks which need to be completed by FY1's are not passed on in a co-ordinated way. This needs to be addressed immediately. 		✓	Red

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.			