NIMDTA
Deanery Review of Geriatric Medicine Specialty Programme

FINAL REPORT (TPD & Trust Annexes)

Specialty Programme Reviewed	**Geriatric Medicine**
Type of Visit	**Cyclical**
Training Programme Director	**Dr X**
Date of Review	**15th April 2021**
Visiting Team	**Dr X, Associate Dean for Deanery Visits (Chair)** **Dr X, Deputy Head of School for Medicine** **Mr X, Lay Representative** **Ms X, Quality Executive Officer, NIMDTA**

Rating Outcome	Red	Amber	Green	White*
	0	0	0	0

Purpose of Deanery Visits	The General Medical Council (GMC) requires UK Deaneries and LETBs to demonstrate compliance with the standards and requirements that it sets (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) and Specialty Training Programmes. NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland.
Purpose of this review	The purpose of this review is to assess the training environment and the postgraduate education and training of trainees in Geriatric Medicine Specialty Programme.
Circumstances of this review	The Deanery Visiting Team met with the Training Programme Director, Specialty trainees in the Programme and trainers from BHSCT, SEHSCT, NHSCT, SHSCT and WHSCT.
Relevant previous visits	19th September 2013
Pre-review meeting	15th April 2021
Purpose of pre-review meeting	To review and triangulate the information about postgraduate medical education and training in the Geriatric Medicine Specialty Programme to be visited
Pre-visit documentation review	Programme Background Information Template: April 2021 Survey Monkey questionnaires for Geriatric Medicine Trainee Questionnaire April 2021 GMC National Trainee Survey 2019 Previous visit report 19th September 2013 with Trusts' Annexes Final BHSCT action plan to deanery report 6th February 2016
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

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

	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.

Educational Leads Interviewed

Dr X, Training Programme Director

Trainees Interviewed

	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Total Posts	9	2	2	3	2
Interviewed	9	2	2	3	2

Trainers Interviewed

	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Interviewed	7	3	3	3	3

Feedback provided

Dr X, Training Programme Director

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

Dr X, Training Programme Director, Geriatric Specialty Programme
Dr X, Head of School/Deputy Head of School, Medicine

Background

Trainees in Programme: Half of the trainees within the programme are within the BHSCT, the other half split between SEHSCT, NHSCT, SHSCT and WHSCT.

Programme Training Sites: Royal Victoria Hospital/Musgrave Park Hospital, Ulster Hospital Dundonald, Antrim Area Hospital, Craigavon Area Hospital and Altnagelvin Area Hospital. Approval received for posts in Lagan Valley Hospital and Daisy Hill Hospital.

NTS: 2019.

Previous Visits or Concerns: Deanery visit 19th September 2013. Areas of concerns: handover (RVH); induction (RVH); clinical supervision (consultant contact numbers, RVH); patient safety (numerous patients moving between BCH and RVH sites); allocation policy; workload (CAH).

Feedback from Training Programme Director (TPD)

Theme 5: Delivery of Approved Curriculum including 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.

(R5.9, 5.11)
Recruitment and Selection to the Programme (R2.20) Competitive recruitment, with all posts filled at each round. Locally recruited. Entered a round of National recruitment last year but did not fill any of the advertised posts. **Induction to the Programme (R3.5, 3.8, 5.9c)** TPD not previously been involved in induction as only took up the position in November 2020. The induction process normally involves new trainees being invited to attend an induction session in NIMDTA, where they are taken through the curriculum and E-Portfolio. Due to COVID-19 restrictions this is to be delivered remotely. **Allocation Process (R3.7)** There is no formal allocation process in place. The TPD meets with trainees in February and assesses their training needs. Allocations are based on training requirements as well as taking trainee preferences into account.
Trainee Support (R3.2, 3.3, 3.5, 3.11, 3.14, 5.12) Trainees have been able to access support from the TPD and their supervisors as well as NIMDTA's Professional Support Unit. Supporting shielding trainees with training opportunities has been particularly challenging. **LTFT Trainees (R3.10)** There are currently three less than full-time trainees. Two of these trainees work at 80% and one works at 60%.
Regional Training Events (R1.16). Regional training events are trainee led often with the support of second trainee. The teaching programme is mapped using the curriculum and is delivered in a lecture style, with Q&A. They were previously were held in NIMDTA on a half day a month basis. Currently these are being delivered remotely via Zoom. Limited consultant input. The plan going forward is that the responsibility for organising each session would rotate from Trust to Trust. **Exam Preparation/Pass Rates (R2.5)** There is a consistent good success rate with the specialty exam. **Study Leave (R3.12)** There are competing elements when requesting study leave at times. Competition comes from other training grades within each unit. **Support for Academic Opportunities (R3.8)** Encouraged.
Support and Development of Trainers (R4.4-4.6) All trainers are recognised. Described as a small group with effective communication. There has been evidence of learning and adapting in a pandemic, leading change and facing uncertainty in a collegiate way.
Specialty Training Committee (R2.4) There is a plan to establish an STC committee that meets on a regular basis, three or four times a year. This is of particular importance with several new changes scheduled to take place with the new curriculum due by 2022.
ARCP Process (R2.12, 2.16) ARCP process is adhered to. There is engagement from trainers across all the Trusts for the ARCP panels.
Quality Management of Programme (R2.5, 2.8, 2.9, 2.17) NTS results of previous years are studied. Used to inform change.

Summary of Programme Review Findings

Comments:	4
The programme has recently recruited a new TPD. A number of plans are being put into place to further support both trainees and trainers within the programme.	

Areas Working Well

1. **Recruitment and Selection to the Programme:** an established local recruitment process is in place.
2. **Practical Experience:** the programme offers a good case mix and sufficient opportunities for procedures.

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

1. **Induction to the Programme:** positive feedback received regarding the specialty and Trust inductions.
2. **Regional Training Events:** continued remotely during the COVID-19 pandemic.
3. **Exam Preparation/Pass Rates:** exam success rate is in keeping with the national average.
4. **Trainee Support:** new TPD received positive feedback from trainees on accessibility and degree of support offered.
5. **Support and Development of Trainers:** all supervisors have attained recognised trainer status.

Areas of Opportunity:

1. **Allocation Process:** a formally documented allocation policy would be encouraged.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

1. **Specialty Training Committee:** support the plan to establish an STC committee that meets on a regular basis.

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):

1. **Regional Training Events:** regional teaching programme would benefit from consultant/ES input.
2. **Practical Experience:** subspecialty areas of training currently not mapped into the training programme.

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) No concerns. Trust induction reported positively.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Generally good clinical supervision within posts, however consultant supervision in the frailty assessment at Musgrave Park was raised as an issue. There is a named consultant each week for this clinic, but the consultants are frequently not in attendance or on site due to other commitments. They can be contacted for advice and for discussion of patients, but at times the trainees are asked in advance to contact the on call consultant as the named consultant for that day is not available. This is a mixed clinic of new and review patients. SAS grade doctors attend clinic and offer supervision.

Handover (R1.14) No concerns identified. Well established handover systems in place.

Practical Experience (R1.19) Belfast Trust training includes stroke & acute geriatric medicine (RVH) and frailty assessment and acute care at home/intermediate care (Meadowlands/MPH). BHSCT offers training opportunities in sub-specialty areas of the curriculum including ICU, orthogeriatrics, stroke, GUM, psychiatry of old age and movement disorders. Trainees report difficulty in fitting in these compulsory secondments. They would universally appreciate an organised plan and time allocation. There is an ongoing imbalance between the GIM elements of the post and subspecialty geriatric training.
Trainees are happy with experience gained in stroke unit.

Face to face outpatient clinic experience has been difficult in BHSCT through pandemic but this is now improving. Virtual/telephone review clinics have been possible.

Trainees advised that the medical registrars are being asked to provide cover on the BCH site; they could be covering a long weekend or nights, with no acute medical patients admitted on site. This is of no educational value. NIMDTA is aware of this and already in discussions with the Trust.

Loss of BCH direct in 1 South BCH has led to a loss of training opportunity. Previously trainees had access to assessing acutely unwell geriatric patients presenting directly rather than via ED and being admitted by an F2/IMT in GIM

Workload (R1.7, 1.12) Workload is variable. Currently too quiet OOH on BCH site. Trainees are uncomfortable knowing how busy their colleagues are on RVH site.

EWTR Compliance (R1.12e) Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16). Trainees can access their regular regional teaching events. There are number of local training opportunities that have continued remotely through the COVID-19 pandemic.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20) No concerns reported.

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

Patient Care (R1.1, 1.3, 1.4) No concerns.

Patient Safety (R1.1-1.5) No 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) Educational Supervision is good with regular meetings and support given with e-portfolio when needed.

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) Feedback received from clinical and educational supervisors. Good relationship reported with TPD.

Trainee Safety and Support (R3.2) No concerns raised.

Undermining (R3.3) No concerns raised.

Study Leave (R3.12) There are competing elements when requesting study leave. Specialty trainees compete with IMT and foundation trainees for leave in many units.

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 feel supported and valued by the Trust in their educational roles. The roles are reflected in their job plans. Each has a yearly educational appraisal. All have been able to reach recognised trainer status.

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.

Establishing a STC that meets on a regular basis will further inform the trainers within this programme
There is ongoing engagement with the recruitment and ARCP processes.

Summary of Conclusions

The below conclusions have been categorised as follows:
- i) Educational governance (training)
- ii) Clinical governance or patient safety issues

Comment
There are a number of changes being put into place within the Trust in this post-COVID-19 period that has had a direct impact on training in this specialty.

Areas Working Well

1. **Practical Experience:** a good case mix offered across the 2 sites and sufficient opportunities for practical procedures.
2. **Educational Supervision:** regular meetings and support with e-portfolios.

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

1. **Induction:** good quality Trust induction is in place
2. **Handover:** effective handover practices in place
3. **Trainer Support:** education roles reflected in job plans and no barriers to each securing recognised trainer status

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. Practical Experience: increasing face to face clinics in the post COVID-19 period.	✔		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. **Practical Experience:** trainees report difficulty in fitting in subspecialty compulsory secondments. Loss of BCH direct in 1 South BCH has led to a loss of training opportunity.	✔		N/A
2. **Trainer Support:** address current imbalance between current service demand and ability to provide specialty training.	✔		N/A
3. **Workload:** is variable. Currently too quiet OOH on BCH site.	✔		N/A
4. **Study leave:** there are competing elements when requesting study leave.	✔		N/A
5. **Clinical Supervision:** consultant supervision in the frailty assessment at Musgrave Park.		✔	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**
1. **Practical Experience:** Trainees advised that the medical registrars are being asked to provide cover on the BCH site; they could be covering a long weekend or nights, with no acute medical patients admitted on site. This is of no educational value.	✔		N/A

Annex for Northern HSC Trust:

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) No concerns. Trust induction reported positively.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Good clinical supervision provided.

Handover (R1.14) No concerns identified. Well established handover systems in place.

Practical Experience (R1.19) Trainees are asked to cover gaps due to limited staffing that results in the geriatric sub-specialty aspects of their training being out of balance with service provision. Good in-patient experience. Good case mix. Limited outpatient experience due to COVID-19.

Workload (R1.7, 1.12) ███
███
███████

EWTR Compliance (R1.12e) Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) Trainees can access their regular regional teaching events. There are number of local training opportunities that have continued remotely through the COVID-19 pandemic.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20) No concerns reported.

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

Patient Care (R1.1, 1.3, 1.4) No concerns.

Patient Safety (R1.1-1.5) ███
█████████████████████████████

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) Educational Supervision is good with regular meetings and support given with e-portfolio when needed.

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) Feedback received from clinical and educational supervisors. Good relationship reported with TPD.

Trainee Safety and Support (R3.2) No concerns raised.

Undermining (R3.3) No concerns raised.

Study Leave (R3.12) There are competing elements when requesting study leave. Specialty trainees compete with IMT and foundation trainees for 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 feel supported and valued by the Trust in their educational roles. The roles are reflected in their job plans. Each has a yearly educational appraisal. All have been able to reach recognised trainer status.
It was commented that current service demand is higher than the ability to provide specialty training.

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.

Establishing a STC that meets on a regular basis will further inform the trainers within this programme
There is ongoing engagement with the recruitment and ARCP processes.

Summary of Conclusions

The below conclusions have been categorised as follows:
    i)   Educational governance (training)
    ii)   Clinical governance or patient safety issue

Comment
There are a number of changes being put into place within the Trust in this post-COVID-19 period that has had a direct impact on training in this specialty.

Areas Working Well
1. **Practical Experience:** A good case mix offered and sufficient opportunities for practical procedures.
2. **Educational Supervision:** Regular meetings and support with e-portfolios.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
1. **Induction:** Good quality Trust induction is in place.
2. **Handover:** Effective handover practices in place.
3. **Trainer Support:** Education roles reflected in job plans and no barriers to each securing recognised trainer status.

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. **Practical Experience:** Increasing face to face clinics in the post COVID-19 period.	✓		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. **Study leave:** There are competing elements when requesting study leave.	✓		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. **Workload:** ███	✓		Amber

2.	**Patient Safety:** Potential patient safety issues in relation to some trainees that are graduates from outside of Northern Ireland and recently started in the Trust.		✓	Amber

Annex for South Eastern HSC Trust:

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) No concerns. Trust induction reported positively.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Well supported unit with significant Consultant support.
High level of Multi-disciplinary, collaborative and team-based working.

Handover (R1.14) No concerns identified. Well established handover systems in place.

Practical Experience (R1.19) Experience can be gained in the majority of sub-specialty areas.
Limited outpatient and Community / intermediate setting experience within the last year due to COVID-19 Pandemic.
Virtual/telephone review clinics have been possible.

Workload (R1.7, 1.12). Workload can be intense.
Trainees advised that recently they have been involved in an escalated rota due to Covid 19 service provision.
In the last 6 months there have been only 2 weeks with 9-5 working; this has led to less continuity during daytime working.
The focus has been on GIM rather than geriatric medicine training.
Trainees have found it disruptive, going onto weekend and nights on a 12-12 rota.
Trainees have been frequently shifted about to cover gaps in the UHD site.

EWTR Compliance (R1.12e) Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16). Trainees can access their regular regional teaching events.
There are number of local training opportunities that have continued remotely through the COVID-19 pandemic.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
No concerns reported.

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

Patient Care (R1.1, 1.3, 1.4) No concerns.

Patient Safety (R1.1-1.5) No 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) Educational Supervision is good with regular meetings and support given with e-portfolio when needed.

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) Feedback received from clinical and educational supervisors. Good relationship reported with TPD.

Trainee Safety and Support (R3.2) No concerns raised.

Undermining (R3.3) No concerns raised

Study Leave (R3.12) There are competing elements when requesting study leave. Specialty trainees compete with IMT and foundation trainees for 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 feel supported and valued by the Trust in their educational roles. The roles are reflected in their job plans. Each has a yearly educational appraisal. All have been able to reach recognised trainer status.
It was commented that current service demand is higher than the ability to provide specialty training.

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.

Establishing a STC that meets on a regular basis will further inform the trainers within this programme.
There is ongoing engagement with the recruitment and ARCP processes.

Summary of Conclusions

The below conclusions have been categorised as follows:
   i)   Educational governance (training)
   ii)   Clinical governance or patient safety issues

Comment

There are a number of changes being put into place within the Trust in this post-COVID-19 period that has had a direct impact on training in this specialty.

Areas Working Well

1.   **Practical Experience:** a good case mix offered and sufficient opportunities for practical procedures.
2.   **Educational Supervision:** regular meetings and support with e-portfolios.

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

1.   **Induction:** good quality Trust induction is in place.
2.   **Handover:** effective handover practices in place.
3.   **Trainer Support:** education roles reflected in job plans and no barriers to each securing recognised trainer status.

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. **Practical Experience:** increasing face to face clinics in the post COVID-19 period.	✔		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. **Practical Experience:** Trainees report difficulty in fitting in subspecialty compulsory secondments.	✔		Amber
2. **Trainer Support:** Address current imbalance between current service demand and ability to provide specialty training.	✔		Amber
3. **Workload:** Rota changes made during the COVID-19 pandemic have impacted on training.	✔		Amber
4. **Study leave:** There are competing elements when requesting study leave.	✔		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.			N/A

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) No concerns. Trust induction reported positively.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Good clinical supervision provided.

Handover (R1.14) No concerns identified. Well established handover systems in place.

Practical Experience (R1.19) Opportunity to get good Community experience in Acute Care at Home Service. Experience in stroke and neurovascular assessment. Fewer clinics on the CAH site due to COVID-19. Some clinics moved to Mullinure site, which involved trainees driving to Armagh. Face-to-face neurovascular clinics have restarted on the CAH site and while in AC@H and based in Lurgan the Registrars are accessing OP clinics.

Workload (R1.7, 1.12). Trainees advised that OOH workload is very dependent on locum cover; every nightshift there are 3 locum shifts offered, if not taken the workload can be excessive.

EWTR Compliance (R1.12e) Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16). Trainees can access their regular regional teaching events. There are number of local training opportunities that have continued remotely through the COVID-19 pandemic.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20) No concerns reported.

Quality Improvement and Audit (R1.3, 1.5, 1.22) Final Year Speciality Registrar was successful in his application for the Chief Registrar Programme. Registrars participating in a quality improvement project to identify frailty in Ed Department.

Patient Care (R1.1, 1.3, 1.4) No concerns.

Patient Safety (R1.1-1.5) No 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) Educational Supervision is good with regular meetings and support given with e-portfolio when needed.

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) Feedback received from clinical and educational supervisors. Good relationship reported with TPD.

Trainee Safety and Support (R3.2) No concerns raised.

Undermining (R3.3) No concerns raised.

Study Leave (R3.12) There are competing elements when requesting study leave. Specialty trainees compete with IMT and foundation trainees for 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 feel supported and valued by the Trust in their educational roles. The roles are reflected in their job plans. Each has a yearly educational appraisal. All have been able to reach recognised trainer status.
It was commented that current service demand is higher than the ability to provide specialty training.

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.

Establishing a STC that meets on a regular basis will further inform the trainers within this programme.
There is ongoing engagement with the recruitment and ARCP processes.

Summary of Conclusions

The below conclusions have been categorised as follows:
  i)   Educational governance (training)
  ii)   Clinical governance or patient safety issues

Comment
There are a number of changes being put into place within the Trust in this post-COVID-19 period that has had a direct impact on training in this specialty.

Areas Working Well

1. **Practical Experience:** a good case mix offered and sufficient opportunities for practical procedures.
2. **Educational Supervision:** regular meetings and support with e-portfolios.

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

1. **Induction:** good quality Trust induction is in place.
2. **Handover:** effective handover practices in place.
3. **Trainer Support:** education roles reflected in job plans and no barriers to each securing recognised trainer status.
4. **Quality Improvement and Audit:** evidence of active participation and support.

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. **Practical Experience:** increasing face to face clinics in the post COVID-19 period.	✔		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. **Trainer Support:** address current imbalance between current service demand and ability to provide specialty training.	✔		Amber
2. **Workload:** OOH workload is very dependent on locum cover.	✔		Amber
3. **Study leave:** there are competing elements when requesting study leave.	✔		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.			N/A

Annex for Western HSC Trust:

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) No concerns. Trust induction reported positively.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Good clinical supervision provided.

Handover (R1.14) No concerns identified. Well established handover systems in place.

Practical Experience (R1.19) Simulation training in Acute Stroke Assessment brings all new registrar trainees up to speed with stroke service. Feedback very positive with this initiative.
OPAL service – geriatric medicine/stroke older people assessment and liaison service.
Acute Care at Home – Specialty Registrar can gain community geriatric experience, usually for one week at a time, with ACAH Specialty Doctor providing ward cover to COTE/Stroke.
Movement Disorder – outpatient experience at specialist movement disorder clinic.
Memory Clinic – Specialty Registrar can attend weekly memory clinic during placement.
Reduction of face to face clinic due to COVID-19.

Workload (R1.7, 1.12). Trainees advised that a significant amount of time is being required to upskill and provide supervision to the IMG trainees within the Trust.

Trainees raised concerns that during OOH working they feel obliged to follow up on tasks that had been completed by IMG trainees in order to maintain patient safety, adding to their own workload. Trainees advised that they spend more time during their daytime working providing additional support to the IMG trainees as opposed to being trainees themselves.

Time available for aspects of specialty training is limited by commitment to acute take and out of hours on call. Plans are in place from August 2021 to involve AMU team in the acute take between the hours of 9 am to 5 pm. This would free the speciality registrars to do their own speciality work and clinics.

EWTR Compliance (R1.12e) Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) Trainees can access their regular regional teaching events. There are number of local training opportunities that have continued remotely through the COVID-19 pandemic

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20) No concerns reported.

Quality Improvement and Audit (R1.3, 1.5, 1.22) STEPWEST Project: medical registrars given time to pursue a Quality Improvement Project

Patient Care (R1.1, 1.3, 1.4) No concerns.

Patient Safety (R1.1-1.5) Potential patient safety issues in relation to IMG trainees (see under workload).
Trainees advised that they would have concerns in regard to patient safety; this has been escalated within the last few weeks and is still in the process of being audited. Trainees involved in governance meetings, M+M. Trainers had no issues in regard to 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) Educational Supervision is good with regular meetings and support given with e-portfolio when needed.

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) Feedback received from clinical and educational supervisors. Good relationship reported with TPD. **Trainee Safety and Support (R3.2)** No concerns raised. **Undermining (R3.3)** No concerns raised. **Study Leave (R3.12)** There are competing elements when requesting study leave. Specialty trainees compete with IMT and foundation trainees for 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 feel supported and valued by the Trust in their educational roles. The roles are reflected in their job plans. Each has a yearly educational appraisal. All have been able to reach recognised trainer status. It was commented that current service demand is higher than the ability to provide specialty training.

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.

Establishing a STC that meets on a regular basis will further inform the trainers within this programme There is ongoing engagement with the recruitment and ARCP processes.

Summary of Conclusions

The below conclusions have been categorised as follows:
- i)   Educational governance (training)
- ii)   Clinical governance or patient safety issue

Comment
There are a number of changes being put into place within the Trust in this post-COVID-19 period that has had a direct impact on training in this specialty.

Areas Working Well
1.   **Practical Experience:** a good case mix offered and sufficient opportunities for practical procedures. 2.   **Educational Supervision:** regular meetings and support with e-portfolios.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
1.   **Induction:** good quality Trust induction is in place. 2.   **Handover:** effective handover practices in place. 3.   **Trainer Support:** education roles reflected in job plans and no barriers to each securing recognised trainer status.

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. **Practical Experience:** increasing face to face clinics in the post COVID-19 period.	✓		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. **Workload:** commitment to acute take and out of hours on call impacting on specialty training.	✔		Amber
2. **Study leave:** there are competing elements when requesting study leave.	✔		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. **Workload:** additional time needed to upskill and provide supervision to some trainees that are graduates from outside of Northern Ireland and recently started in the Trust.	✔		Amber
2. **Patient Safety:** Potential patient safety issues in relation to some trainees that are graduates from outside of Northern Ireland and recently started in the Trust.		✔	Amber
2. **Patient Safety:** a patient safety issue is currently under investigation within the Trust.		✔	Red