

**FINAL TPD REPORT**

Specialty Programme Reviewed	Genitourinary Medicine			
Type of Visit	Specialty Review			
Training Programme Director	Dr XX			
Date of Review	23 <sup>rd</sup> March 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, Placement Quality Executive Officer, NIMDTA			
Rating Outcome	Red	Amber	Green	White*
	1	1	0	0

<b>Purpose of Deanery Visits</b>	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.
<b>Purpose of this review</b>	The purpose of this review is to assess the training environment and the postgraduate education and training of trainees in the Genitourinary Specialty Programme.
<b>Circumstances of this review</b>	The Deanery Visiting Team met with the Training Programme Director, IMT and Specialty Trainees in the Programme and trainers from the Belfast HSC Trust.
<b>Relevant previous visits</b>	13 <sup>th</sup> June 2013
<b>Pre-review meeting</b>	23 <sup>rd</sup> March 2021
<b>Purpose of pre-review meeting</b>	To review and triangulate the information about postgraduate medical education and training in the Genitourinary Specialty Programme to be visited.
<b>Pre-visit documentation review</b>	Programme Background Information Template, December 2020 LEP Trainee Questionnaire for Deanery Visit (Specialty Review) March 2021 Previous Visit report 27 <sup>th</sup> February 2014 LEP Action Plan to Deanery Visit Report, 3 <sup>rd</sup> October 2014
<b>Types of Visit</b>	<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.

**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.

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

Educational Leads Interviewed	
Dr X, Training Programme Director	
Trainees Interviewed	
Trust	BHSCT
Total Posts	2
Interviewed	1 previous ST3+ (now CCT in consultant post) 1 IMT3 (currently in post) 1 IMT3 (previously in post)
Trainers Interviewed	
Trust	BHSCT
Interviewed	2
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, Genitourinary Specialty Programme Dr X, Director of Medical Education, BHSCT  BHSCT Annex: Dr XX (Director of Medical Education)	

Background
<p><b>Trainees in Programme:</b> There are 2 posts in the training programme, currently no specialist trainees in posts.</p> <p><b>Programme Training Sites:</b> Trainees are posted to the BHSCT, at the RVH site.</p> <p><b>NTS:</b> No NTS completed this year due to the covid-19 pandemic.</p> <p><b>Previous Visits or Concerns:</b> The previous visit on 13<sup>th</sup> June 2013 identified no areas of concern. Areas of good practice included a good volume and breadth of case mix including HIV outpatient and inpatient work and a close-knit team within the unit. Areas identified for improvement included: a high service commitment of trainees and trainers which at times could affect training; in particular there is a high volume of test results to sift and deal with. Also, areas around induction and trainer support.</p>

Feedback from Training Programme Director (TPD)
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Theme 5: Delivery of Approved Curriculum including Assessments
<p><b>S5.2:</b> 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><b>(R5.9, 5.11)</b></p> <p><b>Recruitment and Selection to the Programme (R2.20)</b> The specialty has struggled to recruit nationally. There are no plans for recruitment to specialty posts for 2021. The programme only has two training posts, currently filled by IMT3 grade. The last specialty trainee has successfully completed training and secured a consultant post. The new curriculum is being introduced in August 2022, which will include general medicine training. The hope would be that more IMT trainees will rotate through the specialty, increasing exposure and interest and ultimately improve recruitment numbers.</p> <p><b>Induction to the Programme (R3.5, 3.8, 5.9c)</b> Induction is well organised and based in one centre. Trainees are given a pack that details all areas covered over 4 weeks with a checklist of what will be delivered and requirements for e-portfolio and ARCP. Trainees are also given a protocol book. Induction is delivered by Dr XX.</p> <p><b>Allocation Process (R3.7)</b> Trainees are all placed within the one unit in RVH Belfast Trust. There are 10 Consultants in NI, 5 in RVH and the other 5 are in the peripheral sites. The plan is to explore sites outside Belfast for training in the future.</p> <p><b>Trainee Support (R3.2, 3.3, 3.5, 3.11, 3.14, 5.12)</b> Trainees are supported by TPD and ES and are aware of PSU NIMDTA.</p> <p><b>LTFT Trainees (R3.10)</b> There are no trainees currently.</p>

<p><b>Regional Training Events (R1.16).</b> Formal teaching runs ½ day every month. It is delivered to the entire multidisciplinary team. The Specialist trainee (when in post) would contribute to this training event.</p> <p><b>Exam Preparation/Pass rates (R2.5)</b> There is a long history of exam success in this specialty. There are diplomas in GUM and also in HIV medicine that need to be passed for the trainees to progress. There are revision courses offered and funded.</p> <p><b>Study Leave (R3.12)</b> There are no concerns.</p> <p><b>Support for Academic Opportunities (R3.8)</b> There are no concerns.</p>
<p><b>Support and Development of Trainers (R4.4-4.6)</b> It was noted by the Chair that the 2 current trainers within the programme are recognised trainers. It has been difficult to recruit colleagues into training posts, largely due to time constraints and clinical commitments.</p>
<p><b>Specialty Training Committee (R2.4)</b> The Education Committee meets twice yearly.</p>
<p><b>ARCP Process (R2.12, 2.16)</b> This is completed in conjunction with the TPD infectious diseases, Dr XX, as the programmes align in some of the specialist areas of the clinic and provide good support to each other. There is no issue in organising panel members.</p>
<p><b>Quality Management of Programme (R2.5, 2.8, 2.9, 2.17)</b> It is difficult with such small numbers of trainees, who need to remain anonymous, to use the local NTS results fully. No individual negative comments within the feedback.</p>

<p><b>Summary of Programme Review Findings</b></p>
<p><b>Comments:</b></p> <p>There is currently no FY/IMT attachment in GUM. This has led to a lack of exposure and in turn potentially a reduced interest in GUM at ST level. The programme has downbanded both posts for a period to stimulate interest. The Shape of training new GUM specialty curriculum (Aug 2022) will introduce GUM/GIM dual training. It will be 4 years programme with a tighter 3 years to do the same GUM training and 1-year GIM. The hope of this programme would be to demonstrate that GUM is a good IMT3 option, offering plenty of outpatient/teleconsultations opportunities and exposure to wide variety of learning opportunities across a range of CIPs. Another aim of the current downbanding is to offer an opportunity to reflect if an IMT3 post in GUM is desirable long term.</p>

<p><b>Areas Working Well</b></p>
<p>1. Good support of trainers and close links established with Dr XX ID TPD to support recruitment and ARCP panels.</p>

<p><b>Areas of Good Practice</b> (includes areas of strength, good ideas and innovation in medical education and training):</p>
<p>1. Excellent induction into the specialty both at ST3+ and IMT. The induction pack has been recently updated. 2. Rotational monthly programme for education/audit/QI presentations. 3. Evidence of continued examination success. 4. ES/CS have achieved Recognised Trainer status.</p>

<p><b>Areas of Opportunity:</b></p>
<p>1. Increasing links for teaching with other programmes within the UK and Ireland. Could be done on a virtual basis long term. 2. Establish training opportunities in other centres outside of Belfast. 3. Establish opportunities for trainees in areas of research. 4. Increase trainer numbers as programme expands.</p>

<p><b>Areas for Improvement</b> (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):</p>
<p>There were none Identified.</p>

<p><b>Areas of Concern</b> (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):</p>			
	<p><b>Educational Governance</b></p>	<p><b>Clinical Governance</b></p>	<p><b>RAG Rating</b></p>
<p>1. <b>Regional Training Events.</b> Improve the balance between service and training in regard to signing of reports pre and post clinics.</p>	<p>✓</p>		<p>Red</p>
<p>2. <b>Regional Training Events.</b> Increased engagement from senior colleagues in the monthly training days.</p>	<p>✓</p>		<p>Amber</p>

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Annex for Belfast 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)** Trainees attend Trust induction and unit induction. Induction is well organised Trainees are given a pack and a protocol book. Unit induction is delivered by [REDACTED] Training Programme Director.

**Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)** Clinical supervision is excellent, with good consultant cover and availability. There is a ward named consultant every month and outpatients named consultant for each session. Named consultants are very accessible and helpful when needed. The TPD is very encouraging and uses every opportunity as a teaching experience providing feedback immediately which trainees found extremely helpful.

**Handover (R1.14)** There is no OOH working in this post. There are consultants cover only. Daily handover is verbal. Weekend handover is in written form.

**Practical Experience (R1.19)** This was reported to be excellent with a good case mix at ward level and at clinic. Sufficient access to a number of practical procedures. Clinical queries and referral came through to the trainee, but the clinical supervisor was available for guidance and advice.

**Workload (R1.7, 1.12)** On the whole there is a good balance between workload and service provision, however as identified in the previous visit there remains an issue in relation to the review of results. Due to change in practice secondary to the covid-19 pandemic and the move to the introduction of virtual clinics, there has been some improvement in practice, which the trainees have welcomed. The majority of patients now attend a phlebotomy service prior to their attendance at clinic. The results are viewed by the consultant at clinic, where there is an opportunity to discuss this directly with the patient. Checking results by a trainee, unfamiliar with the patient's case requires a sufficient amount of time and effort with notes having to be requested and consultant advice sought. In many specialty units this would be completed by a nurse specialist and a specialty doctor.

**EWTR Compliance (R1.12e)** The rota is compliant. There is currently no OOH working at IMT level.

**Hospital and Regional Specialty Educational Meetings (R1.16)** Half day each month in accordance to the monthly GAIN audit rotation. Every 3<sup>rd</sup> on is SMRPSM (which includes audit/QI) Trainees are encouraged to utilise weekly physician meeting. IMT will also follow educational activities set by NIMDTA.

**Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)** There were no concerns.

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

The trainees reported that they were able to take part in QiP and audit activities without difficulty.

**Patient Care (R1.1, 1.3, 1.4)** There were no concerns.

**Patient Safety (R1.1-1.5)** There were 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)**

Trainees reported that they had a named Educational Supervisor and would meet at regular intervals.

**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.

<b>Feedback on Performance, Development and Progress (R3.13)</b> Regular feedback received at ward level and at clinic.
<b>Trainee Safety and Support (R3.2)</b> There were no concerns.
<b>Undermining (R3.3)</b> There were no concerns.
<b>Study Leave (R3.12)</b> There are no concerns currently; however, leave was limited during the Covid-19 pandemic peaks.
<b>Theme 4: Supporting Educators</b> <b>S4.1:</b> Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities. <b>S4.2:</b> Educators receive the support, resources and time to meet their education and training responsibilities.
<b>Trainer Support (R4.1-4.6)</b> Trainers said that they felt valued by their HSC Trusts in their educational roles. Education is incorporated into their current job plans and that each received a separate annual educational appraisal. ES/CS had achieved Recognised Trainer status. They felt supported by NIMDTA.
<b>Theme 5: Developing and Implementing Curricula and Assessments</b> <b>S5.2:</b> 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. Trainers are aware of the curriculum requirements and are engaged in the ARCP process.
<b>Summary of Conclusions</b>

The below conclusions have been categorised as follows:

1. Educational governance (training)
2. Clinical governance or patient safety issues

<b>Comment</b>
Since the last visit in 2013, educational roles have been incorporated into each trainer's job plans and each now receives a separate annual educational appraisal. ES/CS had achieved Recognised Trainer status.

<b>Areas Working Well</b>
<ol style="list-style-type: none"> <li>1. Practical experience at ward level and outpatients, with good access to procedures required for training.</li> <li>2. Clinical supervision in all aspects of training.</li> <li>3. Supportive environment.</li> </ol>

<b>Good Practice</b> (includes areas of strength, good ideas and innovation in medical education and training):
<ol style="list-style-type: none"> <li>1. New learning opportunities of managing teleconsultations/digital photo examinations as a result of Covid-19.</li> <li>2. Trainers said that they felt valued by their HSC Trusts in their educational roles.</li> </ol>

<b>Areas for Improvement</b> (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):			
	<b>Educational Governance</b>	<b>Clinical Governance</b>	<b>RAG Rating</b>
1. <b>Workload:</b> There is a high service commitment of trainees which at times can impact on training. In particular there is a high volume of test results to view, manage and sign off. This was highlighted in the previous 2013 visit.	✓	✓	N/A

<b>Areas of Concern</b> (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):			
	<b>Educational Governance</b>	<b>Clinical Governance</b>	<b>RAG Rating</b>
There were no areas of concern.			

<b>Areas of Significant Concern</b> (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):			
	<b>Educational Governance</b>	<b>Clinical Governance</b>	<b>RAG Rating</b>
There were no areas of significant areas of concern.			