

**NIMDTA**  
**Educational Monitoring Visit to Trust**

**FINAL REPORT**

<b>Hospital Visited</b>	<b>Craigavon Area Hospital</b>			
<b>Specialty Visited</b>	<b>General Surgery</b>			
<b>Type of Visit</b>	<b>Cyclical</b>			
<b>Trust Officers with Postgraduate Medical Education &amp; Training Responsibility</b>	<b>Dr Gail Browne, Director of Medical Education</b> <b>Mr Simon Gibson, Assistant Director - Medical Directors Office</b> <b>Mrs Kelly Wylie, Medical Education Manager</b>			
<b>Date of Visit</b>	<b>Friday 30<sup>th</sup> October 2020 (via ZOOM)</b>			
<b>Visiting Team</b>	<b>Mr Kourosh Khosraviani, Associate Dean for Visits &amp; Curriculum Review (Chair)</b> <b>Mr Niall McGonigle, Deputy Head of School, Surgery</b> <b>Ms Louise Webb, Lay Representative</b> <b>Miss Rebekah O'Neill, Quality Management Administrator, NIMDTA</b>			
<b>Rating Outcome</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>White<sup>1</sup></b>
	0	1	0	0

<b>Purpose of Deanery visits</b>	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.
<b>Purpose of this visit</b>	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in General Surgery training at Craigavon Area Hospital.
<b>Circumstances of this visit</b>	The Deanery Visiting Team met with educational leads, trainees and trainers in General Surgery at Craigavon Area Hospital.
<b>Relevant previous visits</b>	23 <sup>rd</sup> November 2012
<b>Pre-visit meeting</b>	30 <sup>th</sup> October 2020
<b>Purpose of pre-visit meeting</b>	To review and triangulate information about postgraduate medical education and training in the unit to be visited.
<b>Pre-Visit Documentation Review</b>	Trust Background Information Template – October 2020 Pre Visit Smart Survey – October 2020 Pre Visit Survey – April 2020 GMC NTS Results for 2019 Previous Visit Report and Action Plan – November 2012
<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.

<sup>1</sup> 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 Gail Browne, Director of Medical Education  
 Mr Simon Gibson, Assistant Director - Medical Directors Office  
 Mr Colin Weir, Clinical Director for Surgery & Consultant in General Surgery  
 Mr Muhammed Yousaf, Consultant in General Surgery  
 Mr Damian McKay, Consultant in General Surgery  
 Mrs Kelly Wylie, Medical Education Manager

#### Trainees Interviewed

	F1 & F2	CT1/2	ST3+
<b>Posts</b>	10 x F1 2 x F2	3 x CT1 2 x CT2	2 x ST5 2 x ST6
<b>Interviewed</b>	3 x F1 1 x F2	2 x CT1 2 x CT2	1 x ST5 1 x ST6

#### Trainers Interviewed

Trainers x 2

#### Feedback provided to Trust Team

Dr Gail Browne, Director of Medical Education  
 Mr Simon Gibson, Assistant Director - Medical Directors Office  
 Ms Amie Nelson, Head of Service for General Surgery  
 Mrs Kelly Wylie, Medical Education Manager

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

Dr Gail Browne, Director of Medical Education  
 Mr Simon Gibson, Assistant Director - Medical Directors Office  
 Mrs Kelly Wylie, Medical Education Manager

#### Background

**Staff:** There are 11 consultant general surgeons (including one working in a LTFT capacity and one currently on a career break) working a 1 in 9 rota. At present six of the consultants participate on the on-call emergency rota. There are five Associate Specialists/Staff Grades, four ST3+ trainees, five core surgical trainees, two F2 trainees and ten F1 trainees.

**Rotas:** The ST3+ trainees work a band 3 rota on-call.

**Other Sites:** There are outpatient clinics in Armagh and South Tyrone Hospitals. There is also day surgery and endoscopy in Daisy Hill and South Tyrone Hospitals.

**NTS:** The F1 NTS results identified a red indicator for workload, the CST results identified a red indicator for teamwork and

handover and pink indicators for reporting systems, curriculum coverage, educational supervision and feedback and the higher trainees identified pink indicators for clinical supervision OOH, teamwork and regional teaching. The higher trainees also identified green indicators for overall satisfaction, induction and educational governance. The post specialty results (all trainees) identified a red indicator for regional teaching. There was a 44% response rate to the trainer survey for CAH. Trainers identified a red indicator for overall satisfaction, educational governance and support for trainers and a pink indicator for handover and time for training.

**Previous Visits/Concerns:** The previous visit in 2012 was graded as a **B2: Satisfactory (with conditions)** with three areas for improvement – clinical supervision of emergency endoscopy list, impact of rota on higher trainees ability to attend theatre and clinics and access to regional teaching. All three items are closed.

## 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)

Induction is satisfactory for all grades of trainees and includes written information as well as information on the Trust intranet.

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

This is reported to be excellent. Trainees feel very well supported by senior clinical staff at all times.

#### 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 all grades of trainees however this has been significantly affected by the COVID pandemic and downturn in elective work.

#### Workload (R1.7, 1.12)

The workload was acceptable. Trainees reported that when the Daisy Hill ED department had relocated to the CAH site the workload was extremely heavy but manageable especially at weekends. However now that the ED has returned to Daisy Hill the workload is appropriate.

#### EWTR Compliance (R1.12e)

The F1 and CT rotas are compliant but the rotas for ST3+ trainees are Band 3 and not EWTR compliant. Monitoring is taking place.

#### Hospital and Regional Specialty Educational Meetings (R1.16)

Trainees were released for regional teaching. Local teaching takes place on a Friday each week and is well attended and tapered for all grades of trainees. Initial presentation by foundation trainees and subsequent discussion by more senior trainees. There is a consultant presence every week.

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

No concerns were raised.

#### 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)

This is reported to be of a high standard.

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

There were no patient safety issues.

**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)**

This was of a high standard and no issues were identified.

**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)**

Trainees were able to get regular feedback from trainers with regular time to meet and discuss portfolios.

**Trainee Safety and Support (R3.2)**

No safety issues were identified.

**Undermining (R3.3)**

There was no evidence of undermining.

**Study Leave (R3.12)**

Trainees were able to access study leave without any 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)**

The trainers interviewed were very happy regarding the support they were receiving from the trust and NIMDTA. No deficiencies were highlighted.

**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.

No concerns were identified.

**Summary of Conclusions**

The below conclusions have been categorised as follows:

- i) Educational governance (training)
- ii) Clinical governance or patient safety issues

<b>Comment (if applicable)</b>
This was reported by several trainees as “the best place to work”.

<b>Areas Working Well</b>
<ol style="list-style-type: none"> <li>1. This is an excellent training unit with excellent performance regarding clinical supervision, practical experience (in a very difficult time regarding the pandemic).</li> <li>2. Comprehensive handover.</li> <li>3. Regular teaching sessions attended by consultant staff.</li> <li>4. Induction.</li> <li>5. There is an excellent relationship with senior clinical staff and also management within the Trust. As a result several trainees reported that “this was the best place to work”.</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. The Trainee Hub is a recent development within the Trust driven by one of the Adept Fellows with management interest. Trainees can access this and have problems resolved rapidly.</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</b>
There were no areas for improvement identified.			

<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</b>
<b>EWTR Compliance (R1.12e).</b> The rotas for ST3+ trainees are Band 3 and not EWTR compliant.		✓	Amber

<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</b>
There were no areas of significant concern identified.			

