

NIMDTA
Deanery Review of Cardiology Specialty Programme
REPORT



FINAL REPORT

Specialty Programme Reviewed	Cardiology			
Type of Visit	Specialty Review			
Training Programme Director	Dr X			
Date of Review	29 th April 2021			
Visiting Team	Dr X, Associate Dean for Deanery Visits (Chair) Dr X, Deputy Head of Medicine Ms X, Lay Representative Miss X, Placement Quality Executive Officer, NIMDTA			
Rating Outcome	Red	Amber	Green	White*
	0	0	1	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 the Cardiology Specialty Programme.
Circumstances of this review	The Deanery Visiting Team met with the Training Programme Director, IMT and Specialty Trainees in the Programme and trainers from the Belfast HSC Trust.
Relevant previous visits	None
Pre-review meeting	23 rd April 2021
Purpose of pre-review meeting	To review and triangulate the information about postgraduate medical education and training in the Cardiology Specialty Programme to be visited.
Pre-visit documentation review	Programme Background Information Templates - April 2021 Background Information Templates from HSCTs - April 2021 GMC National Trainee Survey 2021 Survey Monkey questionnaires for each LEP - April 2021 Previous Amalgamated Deanery Visit Report - Dec 2014
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.

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.

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

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	3 ST7, 3 ST6, 3 ST5, 4 ST4, 1 ST3, 2 OOPT, & 3 OOPR (12 in Programme 5 Out of programme 1 is a slotshare post)	1 ST5 & 1 LAT (2 IN TOTAL)	1 ST5/6 (1 IN TOTAL)	1 ST5, 1 ST4 & 1 LAT3 (3 IN TOTAL)	1 ST4 & 1 ST5 (2 IN TOTAL)
Interviewed	10	2	1	2	2
Trainers Interviewed					
	BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
Interviewed	7	2	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 Dr X, Head of School, Medicine					

Background

Trainees in Programme: There are 26 trainee slots at present; including 2 on OOPT and 3 on OOPR 1 on maternity leave. There are also 2 Fellowships available within the BHSCT.

Programme Training Sites: There are cardiology training units in BHSCT, NHSCT, SHSCT, SEHSCT and WHSCT.

Sub Specialty Training Opportunities: All Trusts provide training in Cardiology/ Coronary care and ECHO. Primary PCI is delivered in Belfast and Altnagelvin.

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) Recruitment is on a local basis. No problems identified.

Induction to the Programme (R3.5, 3.8, 5.9c) Induction is provided by TPD. This is annually at time of the September regional training session. Trainees receive information on E-Portfolio, various opportunities available and how to address any concerns.

Allocation Process (R3.7) The TPD advised that they have an oversubscription of trainees currently in programme due to Covid 19 delaying the CCT of four trainees. Forward planning is ongoing focusing on the next six months; there is a possibility that there will be inclusion of one interventional post in Altnagelvin in the (WHSCT) or Craigavon (SHSCT). A database of trainees' allocations helps to ensure that there is rotation throughout all the DGH sites so that trainees have exposure to a variety of training

Trainee Support (R3.2, 3.3, 3.5, 3.11, 3.14, 5.12) The TPD and trainers in all sites are approachable and supportive.

LTFT Trainees (R3.10) LTFT are supported within the program.

Regional Training Events (R1.16) There is a monthly mainly organised by one of the fellows.

Exam Preparation/Pass rates (R2.5) Trainees receive course information during induction that highlights those that are highly recommended or mandatory for trainees to attend, for example the three day British Cardiovascular Society courses (EECC Exam, EECC Exam Resit and the EECC-CESR). The pass rate is of a high standard and most trainees pass first time.

Study Leave (R3.12) No issues were identified.

Support for Academic Opportunities (R3.8) There is a strong research ethos and trainees are well supported.

Support and Development of Trainers (R4.4-4.6) Trainers are able to access a variety of training courses run by NIMDTA or Trusts. They are aware of the GMC recognition and approval of trainers' process.

Specialty Training Committee (R2.4) There is committee made up of AES's from units across the region.

ARCP Process (R2.12, 2.16) No issues identified. These are conducted twice a year and each trainee is invited to attend in past year this has been via Zoom.

Quality Management of Programme (R2.5, 2.8, 2.9, 2.17) Feedback from ARCPs and the GMC NTS is utilised.

Summary of Programme Review Findings

Areas Working Well

1. Patient Care excellent across all units.
2. Handover is good.
3. Clinical Supervision is excellent and the trainees are delighted.
4. Workload balance is good.
5. All Rotas are compliant.
6. Educational supervision is excellent.
7. No issue of undermining or patient safety.
8. Formal education that is adhoc & trainee led is excellent.

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

There were no areas of good practice identified.

Areas of Opportunity:

There were no areas of opportunity identified.

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

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
Trainee Safety and Support. Radiology exposure badges not made available to trainees in WHSCT and SHSCT.		✓	Green

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm; trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

There were no areas of significant concern identified.

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) No problems reported, trainee's had been there before so previously inducted.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Consultants were easily accessible for all sites.

Handover (R1.14) No concerns were identified.

Practical Experience (R1.19) Overall very good practical experience but at times difficult to get into Cath lab, interventional (PCI) Outpatients with limited attendance.
 One week in 12 hold the CCU bleep for referrals.

Workload (R1.7, 1.12) Workload is balanced and manageable on RVH site.

EWTR Compliance (R1.12e) Rotas are reported as compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) Educational sessions in cardiology were well organised and attended.

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

Quality Improvement and Audit (R1.3, 1.5, 1.22) Trainees are able to undertake audits and there are monthly hospital audit meetings.

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

Patient Safety (R1.1-1.5) No patient safety issues were reported.

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 have a named Educational Supervisor.

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.

<p>Feedback on Performance, Development and Progress (R3.13) There was none identified.</p> <p>Trainee Safety and Support (R3.2) No issues reported.</p> <p>Undermining (R3.3) There were no concerns.</p> <p>Study Leave (R3.12) Trainees did not report any difficulties obtaining study leave.</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) There is opportunities to access relevant training in the Trust and at NIMDTA. Trainers are given SPA allocation within their job plans.</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>There were none 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
N/A

Areas Working Well
N/A

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

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.			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
There were no areas of concern identified.			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
There were no areas of significant concern identified.			N/A

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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) This was reported as excellent and detailed for cardiology. Medical induction was ok but mainly focused on patient safety.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) Previous trainees reported excellent supervision by consultants on the Antrim site who were easily contactable.

Handover (R1.14) There was a H@N evening handover reported by higher trainees in Antrim Area Hospital.

Practical Experience (R1.19) Trainees reported that the Antrim higher trainee was able to attend the RVH for Cath Lab sessions with their supervisor.

Workload (R1.7, 1.12) This was reported as satisfactory.

EWTR Compliance (R1.12e) Rotas were reported as compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) Limited due to COVID but still happening. Regional training is good.

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

Quality Improvement and Audit (R1.3, 1.5, 1.22) Trainees are able to undertake audits and there are regular hospital audit meetings.

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

Patient Safety (R1.1-1.5) No issues reported.

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 have a named Educational Supervisor.

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) No concerns were identified.

Trainee Safety and Support (R3.2) No issues reported.

Undermining (R3.3) No concerns were identified.

Study Leave (R3.12) Trainees did not report any difficulties obtaining study 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) There is opportunities to access relevant training in the Trust and at NIMDTA.

Trainer's roles are identified in their job plans. Appraisal of their educational role is included in their annual appraisal.

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

Comment
N/A

Areas Working Well
There were no areas working well identified.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
There were no areas of good practice identified.

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
There were no areas of concern identified.			

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.			

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) Trust induction was comprehensive in UHD. Unit induction was good in the experience of previous trainees.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) This was reported as excellent.

Handover (R1.14) In the morning the handover is a face to face meeting with the cardiology consultant by the overnight staff. Evening handover is satisfactory through H@N.

Practical Experience (R1.19) No issues reported. Overall very good.

Workload (R1.7, 1.12) This is regarded as satisfactory.

EWTR Compliance (R1.12e) Rotas were reported as compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) Generally good local teaching. Partly affected by the Pandemic.

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

Quality Improvement and Audit (R1.3, 1.5, 1.22) Trainees are able to undertake audits and there are regular hospital audit meetings.

Patient Care (R1.1, 1.3, 1.4) No issues reported.

Patient Safety (R1.1-1.5) No issues reported.

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 have a named Educational Supervisor. There are no reported difficulties accessing 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.

<p>Feedback on Performance, Development and Progress (R3.13) There was no concerns identified.</p> <p>Trainee Safety and Support (R3.2) No issues.</p> <p>Undermining (R3.3) No issues.</p> <p>Study Leave (R3.12) Trainees did not report any difficulties obtaining study leave.</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) There is opportunities to access relevant training in the Trust and at NIMDTA. Education role is covered within annual appraisal.</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>There were no concerns 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
N/A

Areas Working Well
There were no areas working well identified.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
There were no areas of good practice identified.

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
There were no areas of concern identified.			

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.			

Annex for Southern 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) Trust induction was comprehensive, very well organised and praised by trainees.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) There is good consultant supervision and provision of feedback. Consultants are accessible at all times.

Handover (R1.14) There is a well-established handover. No concerns.

Practical Experience (R1.19) Higher trainees get a wide range of experience with the trainees rotating between roles in the ward, The Cath lab operational every day; however, the ST3+ scheduling does not permit them to attend every day.

Workload (R1.7, 1.12) No issues were raised.

EWTR Compliance (R1.12e) Rotas are reported as compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) There are twice-weekly cardiology meetings which consultants also attend. This has been impacted during the pandemic.

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

Quality Improvement and Audit (R1.3, 1.5, 1.22) Trainees are able to undertake audits and there are regular hospital audit meetings.

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

Patient Safety (R1.1-1.5) No issues reported.

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 have a named Educational Supervisor.

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 was no concerns identified.

Trainee Safety and Support (R3.2) Trainees report that there is no radiation safety badges provided.

Undermining (R3.3) No issues.

Study Leave (R3.12) Trainees did not report any difficulties obtaining study 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) There is opportunities to access relevant training in the Trust and at NIMDTA. SPA allocations are appropriate and educational role appraisal is conducted along with general appraisal.

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 identified.

Summary of Conclusions

The below conclusions have been categorised as follows:

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

Comment
N/A

Areas Working Well
There were no areas working well identified.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
There were no areas of good practice identified.

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
There were no areas of concern identified.			

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. Trainee Safety. Radiation safety badges are not routinely provided for trainees this is a historic issue and was identified at previous specialty review visit.		✓	AMBER

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) Trainees advised that there was limited information provided during their online induction. This was the same for the unit specific induction also.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15) There is good consultant supervision.

Handover (R1.14) There is a well-organised handover.

Practical Experience (R1.19) Practical experience was good with opportunities tailored to trainee's needs. There were concerns raised about access to ECHO lab and training.

Workload (R1.7, 1.12) Workload is reported as appropriate.

EWTR Compliance (R1.12e) Rotas are reported as compliant.

Hospital and Regional Specialty Educational Meetings (R1.16) Trainees reported that there is no local teaching at WHSCT. There is good informal teaching.

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

Quality Improvement and Audit (R1.3, 1.5, 1.22) Trainees are able to undertake audits and there are regular hospital audit meetings.

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

Patient Safety (R1.1-1.5) No issues reported.

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 have a named Educational Supervisor. There are no reported difficulties accessing 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 was no concerns identified.

Trainee Safety and Support (R3.2) No issues reported.

Undermining (R3.3) No issues reported.

Study Leave (R3.12) Trainees did not report any difficulties obtaining study 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) There is opportunities to access relevant training in the Trust and at NIMDTA.

Trainers are given SPA allocation for their educational role.

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 identified.

Summary of Conclusions

The below conclusions have been categorised as follows:

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

Comment
N/A

Areas Working Well
There were no areas working well identified.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
There were no areas of good practice identified.

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
There were no areas of concern identified.			

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
2. Trainee Safety. Ensure all trainees in the Cath Lab have a badge for recording cumulative radioactivity exposure.		✓	N/A

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