

## MUCKAMORE ABBEY HOSPITAL INQUIRY

### WITNESS STATEMENT

#### Statement of Joanne Camille Harron

Date: 26/01/2023

#### **SECTION 1: Qualifications and Position**

- 1.1 I, Joanne Camille Harron, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry. The statement is made on behalf of the Northern Ireland Medical and Dental Training Agency (NIMDTA) in response to a request for evidence by the Inquiry Panel. This is my first statement to the Inquiry. For reference I list the General Medical Council Promoting Excellence: Standards for Medical Education and Training at CH/1 which set out ten standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet.
- 1.2 I am the Medical Director for NIMDTA Single Lead Employer. From November 2022, I have been the Interim Postgraduate Dean with responsibility for oversight of processes related to the education of doctors in postgraduate training programmes in Northern Ireland.
- 1.3 I qualified in Medicine from Oxford University in 1990. I completed Speciality Training in Renal Medicine and General (Internal) Medicine in Northern Ireland and Scotland and have been a consultant nephrologist in the Northern Health and Social Care Trust since 2002. I am a Fellow of the Royal College of Physicians (London) and have completed a PhD related to renal disease in diabetes (QUB) and Masters in Clinical Education (QUB) and in Career Counselling and Development (Warwick). I have had educational leadership roles which have included College Tutor in Medicine (Antrim Hospital), Training Programme Director for Core Medicine (NIMDTA), Deputy Head of School (NIMDTA) and Associate Dean for Careers and Professional Support (NIMDTA).

**SECTION 2: Modules to be addressed**

2.1 In this statement, I am addressing elements of Module 4 of the inquiry's terms of reference specifically:

- 4d: the training, recruitment and deployment of learning disability psychiatrists
- 4h: the programme for NIMDTA placement audits at Muckamore Abbey Hospital

### **SECTION 3: Module 4d Training, recruitment and deployment of learning disability psychiatrists**

- 3.1 NIMDTA is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. It oversees General Medical Council (GMC) recognised training programmes which lead to qualifications which include certificates of completion of training (CCT) for the different medical specialties. A CCT allows a doctor to be on the register of specialists and being on the register is usually an expectation for a doctor taking up a substantive consultant post within HSCNI.
- 3.2 NIMDTA has a Speciality Training Programme in Intellectual Disability (previously called Psychiatry of Learning Disability). This is led by a Training Programme Director who is usually a consultant in the specialty appointed on a sessional basis for a three-year term by NIMDTA. The Training Programme in Intellectual Disability sits within the School of Psychiatry at NIMDTA and is overseen by a Head of School, the Director of Specialty Training and ultimately the Postgraduate Dean. These roles are undertaken by registered medical doctors who work alongside NIMDTA's education management staff who provide administrative and corporate support.
- 3.3 Recruitment to training in Intellectual Disability (ID) occurs through a competitive recruitment process. This is locally delivered in Northern Ireland mirroring the processes used for national recruitment in other parts of the UK. The person specification requires that applicants have successfully completed Membership of the Royal College of Psychiatrists examination and a three-year programme in Core Psychiatry or have evidence of the equivalent competencies. Candidates will therefore usually be at least 5 years post medical graduation.
- 3.4 The selection process for recruitment is reviewed on a yearly basis. The selection criteria are based on knowledge, clinical skills, academic skills, personal skills, probity and commitment to speciality and these are assessed through the application form, interview and references. The competition ratios for recruitment are published on the NIMDTA website. Successful candidates to the Intellectual Disability programme are awarded a national training number which they hold for the duration of the training. Within Northern Ireland, there

are currently 4 training numbers in ID. The number of funded training posts is determined by Workforce Planning at the Department of Health. As ID is a relatively small programme, there may not be NI training numbers advertised each year. In 2020, 3 posts were advertised with 6 applicants, in 2021, 1 post with 2 applicants and in 2022, no posts were advertised.

- 3.5 The indicative training time for higher specialty training in ID is 3 years. Combined training, involving two psychiatry specialties is often undertaken by trainees which lengthens training. During this time trainees will rotate through different placements, receive education both through workplace learning and supervision and formal educational events and have assessments to guide and judge their training progression. Every trainee has an Annual Review of Competency Progression and if they have a satisfactory outcome, they progress to the next year of training. After three successful years during which they show evidence of competency in the curriculum requirements, they are given a Certificate of Completion of Training (CCT) and can enter the GMC Speciality Register for ID. The current ID Curriculum is available at [psychiatry-of-learning-disability-curriculum-final-16-june-22.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/curriculum-of-learning-disability-curriculum-final-16-june-22.pdf)
- 3.6 During the training programme, trainees will rotate through different placements and training sites. These sites must be approved by the GMC. Muckamore Abbey Hospital has been approved as a training site both for the Core Psychiatry programme and the Intellectual Disability programme. In 2011, there were 8 recognised posts based at Muckamore Abbey Hospital, 3 for core psychiatry trainees and 5 for higher specialist/ID training. Allocation of trainees to specific training posts are based on the training needs of the trainees who are following a curriculum set by the Royal College of Psychiatrists. General Practice trainees may also be posted to Muckamore Abbey Hospital as part of a training rotation in psychiatry. Trainees contribute to the clinical service during their training (and are often referred to as 'junior doctors' in this role). Consideration is therefore also given during allocation to service workload particularly the contribution of particular posts to the out-of-hours rotas. Training posts are regularly evaluated to ensure that they are providing good training opportunities. During 2020 – 2021, following discussion with the School of Psychiatry and the Belfast Health and Social Care Trust, it was agreed that two of the four ST4+ training posts in

Psychiatry of Intellectual Disability based in the BHSCT would be relocated to another Trust within Northern Ireland. This is because there was insufficient capacity to train due to the number of available trainers in the BHSCT.

- 3.7 Other doctors work within learning disability psychiatry. These posts are described as 'non-training' posts and would include permanent and locum staff working as consultants and in other types of posts which might be described as Specialty Grade, Staff Grade or Trust Grade. These doctors are locally employed. NIMDTA does not have responsibility for the training, recruitment and deployment of these doctors.

## **SECTION 4: Module 4h The programme for NIMDTA placement audits at Muckamore Abbey Hospital**

4.1 The General Medical Council (GMC) requires UK Deaneries such as NIMDTA to demonstrate compliance with the standards and requirements that it sets for recognised postgraduate training programmes. These standards are set out in the Promoting Excellence document (GMC, 2016) [Promoting excellence: standards for medical education and training \(gmc-uk.org\)](https://www.gmc-uk.org/standards-for-medical-education-and-training). This activity is called Quality Management and NIMDTA ensures that Local Education and Training Providers such as hospital trusts meet GMC standards through robust reporting and monitoring processes. The Quality Management Policy is listed as CH/2. NIMDTA's Quality Management Processes are informed by gathering information on the quality of placements and programmes in a number of ways which include:

- the GMC National Training Survey (NTS) conducted annually across trainees and trainers
- Educational Monitoring visits to training programmes and training sites
- specialty school reviews
- regular meetings with Trust Officers who have responsibility for medical education including the Trust Director of Medical Education and the Trust Medical Director
- feedback gained from trainees in other settings such as at training events, annual assessment panels or on attendance at NIMDTA Professional Support Unit
- NIMDTA Raising Concerns portal

4.2 The GMC national training survey (NTS) is the largest annual survey of UK doctors; in 2020 it was completed by over 67,000 doctors which included 1,405 trainees in Northern Ireland (78% of all NI trainees). Trainees are asked about the quality of their training and the environments in which they work. The questions are focused on the GMC standards for medical education and training as set out in Promoting Excellence. The results may be accessed via an on-line

reporting tool which allows analysis of the results for specific training programmes and locations. The results are compared across the UK average scores and in this way allow identification of both good practice and areas of risk. If data for a particular training location are significantly more negative than the UK average, the GMC support the relevant postgraduate dean and may put procedures in place, such as enhanced monitoring to protect training and ensure patient safety. NTS results for trainees at Muckamore Abbey Hospital are available for 2012-2019. NTS summary reports are publicly available at [National training surveys reports - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/education/ntsr/summary-reports)

- 4.3 On 2012, one domain was noted as causing concern (in the lowest quartile of national results) which was access to local teaching. Induction was reported as being significantly better than average (in the top quartile). In the 2014 survey, overall satisfaction, workload, induction and study leave were all in the top quartile. In 2015, clinical supervision out-of-hours was in the top quartile. In 2016, clinical supervision out of hours and workload were in the top quartile. In 2017 and 2019, results were not reported. This usually reflects less than three trainees have completed the survey questions. Any concerns raised on the NTS are given greater weight if the concern persists over a two- or three-year period as this suggests that interventions for improvement are not taking place or are ineffective.
- 4.4 Training programmes and sites are also quality managed through Educational Monitoring visits to Local Education and Training Providers (LEPS). Most visits occur as part of a regular cyclical schedule (with planned visits of all units within a 5-year period). Following a visit, a report is prepared and shared with the LEP. The LEP will prepare an action plan to address any areas of educational or clinical practice which have caused concern or where there is room for improvement. Units may also be visited out with the schedule if there has been reconfiguration of a service, if there is a wish to reassess the findings from a visit or to assess progress against an action plan. Units may also be visited as part of a problem-solving approach e.g. if concerns have been raised by the GMC or the findings on the national training survey.

- 4.5 During a visit, a programme or site is assessed against the criteria set out in Promoting Excellence. Specific areas include induction, clinical supervision, handover, practical experience, workload, attendance at local and regional teaching, access to educational resources, patient care and patient safety, educational supervision, feedback, trainee safety and support, access to study leave and support for trainers.
- 4.6 Muckamore Abbey Hospital was visited in November 2011 as part of a programme of visits to all Psychiatric Units in Northern Ireland, visit report listed as CH/3. Two core and 4 higher trainees were interviewed. The visit noted areas of good practice which included that the trainees all rated the unit highly, generic and specialty-specific induction programmes were both good, educational supervision was good, clinical supervision was good, formal education was good and clinical audit was well supported. Suggested areas for improvement included an opportunity to meet unit consultants at induction, a balancing of outpatient and inpatient experience across trainees, review of night-time cover arrangements across sites and access to computers and the internet.
- 4.7 Muckamore Abbey Hospital was also visited in December 2020 as part of a Deanery Visit to the ID programme, visit report listed as CH/4. This was a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Psychiatry of Intellectual Disability training at that site. The visit summary indicated three areas of good practice around teaching, trainee support and processes in place to improve patient care. Rota construction was highlighted as an area for improvement and concerns were raised around the need for formalisation of handover and access to IT resources at induction. These concerns were followed up on an action plan prepared by the LEP which was BHSCT.
- 4.8 NIMDTA also completed a survey of and report into the quality of psychiatry placements in 2020. The purpose of the placement quality review programme is to optimise patient-centred care through quality improvement of medical training posts within Northern Ireland and it involves rigorous review of current placements, active engagement with trainees, trainers and providers, and the development and implementation of strategies to improve current practice within



medical training. The report commented on Good Practice with ID through provision of a handbook at induction. No specific comments were made about Muckamore Abbey Hospital.

- 4.9 I am not aware that any concerns were raised about placements at Muckamore Abbey Hospital between 1999 and 2021 through any of the other mechanisms listed above.

#### **SECTION 5: Declaration of Truth**

- 5.1 The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 26 January 2023



# Promoting excellence:

standards for medical education  
and training

Working with doctors Working for patients

General  
Medical  
Council

# The duties of a doctor registered with the General Medical Council

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Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

## Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.

## Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

## Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
  - Treat patients politely and considerately.
  - Respect patients' right to confidentiality.
- Work in partnership with patients.
  - Listen to, and respond to, their concerns and preferences.
  - Give patients the information they want or need in a way they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

## Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

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# Promoting excellence: standards for medical education and training

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Published 15 July 2015.

Comes into effect 1 January 2016.

You can find the latest version of this guidance on our website at [www.gmc-uk.org/education/standards.asp](http://www.gmc-uk.org/education/standards.asp).



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# About these standards

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The General Medical Council (GMC) sets the standards and requirements for the delivery of all stages of medical education and training.

*Promoting excellence: standards for medical education and training* sets out ten standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet.

The standards and requirements are organised around five themes. Some requirements – what an organisation must do to show us they are meeting the standards – may apply to a specific stage of education and training.

*Promoting excellence: standards for medical education and training* replaces the 'standards for delivery of teaching, learning and assessment for undergraduate medical education' in *Tomorrow's Doctors* (2009), and the 'standards for postgraduate training' in *The Trainee Doctor* (2011).

# Patient safety is the first priority

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Patient safety is at the core of these standards. Just as good medical students and doctors make the care of their patients their first concern, so must the organisations that educate and train medical students and doctors. In non-clinical learning environments, there should also be a culture of promoting patient safety.

We set out the professional values, knowledge, skills and behaviours required of all doctors working in the UK in *Good medical practice*.<sup>1</sup> We also expect medical students to meet these standards when they have contact with patients. The learner's\* ability to develop the appropriate professional values, knowledge, skills and behaviours is influenced by the learning environment and culture in which they are educated and trained.

Patient safety runs through our standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. Where our standards previously focused on protecting patients from any risk posed by medical students and doctors in training, we will now make sure that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued.

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\* Learners are medical students and doctors in training.



# The ten standards

## 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.\*

## THEME 5

### Developing and implementing curricula and assessments

- S5.1** Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.
- 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.

## 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.



## THEME 2 Educational governance and leadership



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- S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the 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, the standard of care, and the standard of education and training.
- S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

## 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 their curriculum.

\* For undergraduate education, the learning outcomes for graduates (*Tomorrow's Doctors*)<sup>2</sup> and for postgraduate training, the curriculum approved by the General Medical Council.

# Theme 1: Learning environment and culture

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## Purpose

This theme is about making sure that the environment and culture for education and training meets learners' and educators' needs, is safe, open, and provides a good standard of care and experience for patients.

Education and training should be a valued part of the organisational culture. Learners will have a good educational experience and educators will be valued where there is an organisational commitment to, and support for, learning. High quality organisations will promote excellence in education.

The clinical learning environment is multiprofessional, so an effective learning culture will value and support learners from all professional groups.

## Responsibility

Local education providers (LEPs) – specifically the leadership at board level or equivalent – provide the learning environment and culture. They are accountable for how they use the resources they receive to support medical education and training. They are responsible for taking action when concerns are raised that impact on patient safety. They work with postgraduate deaneries, local education and training boards (LETBs) and medical schools in recognising and rewarding trainers.<sup>3</sup>

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Postgraduate deaneries, LETBs and medical schools make sure that medical education and training takes place in an environment and culture that meets these standards, within their own organisation and through effective quality management of contracts, agreements and local quality control mechanisms. They work together to respond when patient safety and training concerns are associated.

## Standards

**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.\*

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\* For undergraduate education, the learning outcomes for graduates are set out in *Tomorrow's Doctors*.<sup>2</sup> For postgraduate training, the curriculum is approved by the General Medical Council.

## Requirements

- R1.1** Organisations\* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.<sup>4</sup>
- R1.2** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
- R1.3** Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
- R1.4** Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.
- R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

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\* Organisations that are responsible for the learning environment and culture.

**R1.6** Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

**R1.7** Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

**R1.8** Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.

Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.\* Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.

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\* This will normally be a doctor, but on some placements it may be appropriate for a senior healthcare professional to take on this role.

- R1.9** Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
- R1.10** Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
- R1.11** Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent.<sup>5</sup> Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
- R1.12** Organisations must design rotas to:
- a** make sure doctors in training have appropriate clinical supervision
  - b** support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
  - c** provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
  - d** give doctors in training access to educational supervisors
  - e** minimise the adverse effects of fatigue and workload.

**R1.13** Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:

- a** their duties and supervision arrangements
- b** their role in the team
- c** how to gain support from senior colleagues
- d** the clinical or medical guidelines and workplace policies they must follow
- e** how to access clinical and learning resources.

As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.

**R1.14** Handover\* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

**R1.15** Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.

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\* Handover at the start and end of periods of day or night duties, every day of the week.



- R1.16** Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
- R1.17** Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.
- R1.18** Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
- R1.19** Organisations must have the capacity, resources and facilities\* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
- R1.20** Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.

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\* Resources and facilities may include: IT systems so learners can access online curricula, workplace-based assessments, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.

**R1.21** Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.

**R1.22** Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.

# Theme 2: Educational governance and leadership

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## Purpose

This theme is about making sure that organisations have effective systems of educational governance and leadership to manage and control the quality of medical education and training.

These systems should treat learners according to principles of safety, equality and fairness. They should ensure appropriate assessment, manage learners' progression, and share outcomes of education and training programmes. It is in the public and patients' interests that there is effective, robust, transparent and fair oversight of education and training.

Information should be shared across educational and clinical governance systems to identify risk to patient safety and the quality of education and training, and to ensure transparency and accountability.

## Responsibility

All organisations must demonstrate leadership of medical education and training through effective educational governance. Working together, they should integrate educational, clinical and medical governance to keep patients and learners safe and create an appropriate learning environment and organisational culture.

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Postgraduate deaneries and LETBs manage the quality and funding of postgraduate training programmes provided by LEPs in their regions.

Medical schools (and the universities of which they are a part) manage and control the quality of education leading to the award of their primary medical qualifications. They make sure LEPs appropriately educate their medical students by providing appropriate placements.

LEPs control the organisational culture and the quality of education and training in their local organisations. An executive must be accountable for educational governance, and those in educational leadership roles must have demonstrable educational credibility and capability.

Colleges, faculties and specialty associations develop and maintain curricula and assessment frameworks according to the standards for curricula and assessment set by the GMC.<sup>6</sup> Colleges, faculties and specialty associations are responsible for the quality of approved curricula and exams. They work in partnership with national bodies, postgraduate deaneries, LETBs and LEPs to select learners to training programmes.

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## Standards

**S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the 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, the standard of care, and the standard of education and training.

**S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

## Requirements

**R2.1** Organisations\* must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.

**R2.2** Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

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\* Organisations that are responsible for educational governance.

- R2.3** Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.
- R2.4** Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.
- R2.5** Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.
- R2.6** Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
- R2.7** Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.

- R2.8** Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.
- R2.9** Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.
- R2.10** Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.
- R2.11** Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
- R2.12** Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
- R2.13** Medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each LEP who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.<sup>3</sup>

- R2.14** Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.<sup>3</sup>
- R2.15** Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.<sup>3</sup>
- R2.16** Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.<sup>7</sup>
- R2.17** Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.



**R2.18** Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.

**R2.19** Organisations must have systems to make sure that education and training comply with all relevant legislation.

**R2.20** Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.

# Theme 3: Supporting learners

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## Purpose

This theme is about making sure learners get effective educational and pastoral support, so they can demonstrate what is expected in *Good medical practice* and achieve the learning outcomes required by their curriculum.

## Responsibility

Postgraduate deaneries, LETBs, and medical schools provide and manage structures and systems of support for learners. They provide appropriate support to ensure the health and wellbeing of their learners.

LEPs provide support and learning opportunities for learners, making available the facilities, staff and practical support needed to deliver the clinical parts of the curriculum or training programme.

Learners are responsible for their own learning and achieving the learning outcomes required by their curriculum. They should take part in structured support opportunities for learners. Learners must make care of patients their first concern and must not compromise safety and care of patients by their performance, health or conduct. Learners have a duty to follow the guidance in *Good medical practice* and must understand the consequences if they fail to do so.

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## Standard

**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 their curriculum.

## Requirements

- R3.1** Learners must be supported to meet professional standards, as set out in *Good medical practice* and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.
- R3.2** Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:
- a** confidential counselling services
  - b** careers advice and support
  - c** occupational health services.

Learners must be encouraged to take responsibility for looking after their own health and wellbeing.

- R3.3** Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

- 
- R3.4** Organisations must make reasonable adjustments for disabled learners, in line with the *Equality Act 2010*.<sup>\*</sup> Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.
- R3.5** Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.
- R3.6** When learners progress from medical school to foundation training they must be supported by a period of shadowing<sup>†</sup> that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.
- R3.7** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.

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<sup>\*</sup> The *Equality Act 2010* does not apply to Northern Ireland. The *Equality Act 2010* is in force in the rest of the UK, but the *Disability Discrimination Act 1995* and the *Special Educational Needs and Disability (NI) Order 2005* remain in force in Northern Ireland.

<sup>†</sup> Shadowing is coordinated and arranged across the UK as part of the transition from medical school to the Foundation Programme.

- R3.8** Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.
- R3.9** Medical students must have appropriate support while studying outside medical school, including on electives, and on return to the medical programme.
- R3.10** Doctors in training must have access to systems and information to support less than full-time training.
- R3.11** Doctors in training must have appropriate support on returning to a programme following a career break.
- R3.12** Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.
- R3.13** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.

- R3.14** Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
- R3.15** Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.
- R3.16** Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.

# Theme 4: Supporting educators

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## Purpose

This theme is about making sure that educators have the necessary knowledge and skills for their role, and get the support and resources they need to deliver effective education and training.

## Responsibility

Postgraduate deaneries, LETBs, and medical schools make sure that educators have the necessary knowledge and skills, support and resources they need for their role. Postgraduate deans and medical schools – as education organisers\* – have to meet GMC requirements<sup>3</sup> for formally recognising and approving medical trainers in four specific roles.<sup>†</sup>

LEPs provide support and resources for educators. LEPs must work with postgraduate deaneries, LETBs and medical schools in recognising and rewarding trainers.<sup>3</sup>

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\* Education organisers are the bodies responsible for recognising trainers.

† The four roles are: those who oversee medical students' progress at each medical school; lead coordinators for undergraduate education at each LEP; and named educational supervisors and named clinical supervisors for postgraduate training. The four roles will be fully recognised by 31 July 2016.

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Educators are responsible for engaging positively with training, support and appraisal relating to their role, and are accountable for the resources they receive to support education and training. They must act in line with professional guidance for all doctors – they must be positive role models demonstrating good medical practice.<sup>8</sup> They are expected to maintain and continue to develop knowledge and skills on an ongoing basis through continuing professional development. Educators are involved in and contribute to the learning environment and culture.

Medical trainers in the four specific roles are responsible for complying with the arrangements set out by medical schools and postgraduate deans to meet GMC requirements for recognising and approving trainers.<sup>3</sup>

## Standards

**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.



## Requirements

- R4.1** Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.
- R4.2** Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.
- R4.3** Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.
- R4.4** Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.
- R4.5** Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.
- R4.6** Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.<sup>3</sup>

# Theme 5: Developing and implementing curricula and assessments

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## Purpose

The GMC's statutory responsibilities for regulating curricula and assessments are different according to the stage of training. This theme is about making sure medical school and postgraduate curricula and assessments are developed and implemented to meet GMC outcome or approval requirements.

## Responsibility

The GMC sets the learning outcomes required of medical students when they graduate<sup>2</sup> and the standards that medical schools must meet when teaching, assessing and providing learning opportunities for medical students.

Medical schools develop and implement curricula and assessments to make sure that medical graduates can demonstrate these outcomes. Medical schools, in partnership with LEPs, also make sure that clinical placements give medical students the learning opportunities they need to meet these outcomes. Medical schools are responsible for the quality of assessments including those done on their behalf. Medical schools make sure only medical students who demonstrate all the learning outcomes are permitted to graduate.

Colleges, faculties, specialty associations and other organisations develop postgraduate curricula and assessments, and the GMC approves them against the standards for curricula and assessment systems.<sup>6</sup>

Postgraduate deaneries and LETBs make sure that LEPs are meeting the requirements for delivering postgraduate curricula and assessments, and that training programmes and placements enable the doctor in training to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

## Standards

**S5.1** Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

**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.

## Requirements

### Undergraduate curricula

**R5.1** Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.

**R5.2** The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.

**R5.3** Medical school curricula must give medical students:

- a** early contact with patients that increases in duration and responsibility as students progress through the programme
- b** experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor
- c** the opportunity to support and follow patients through their care pathway
- d** the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics
- e** learning opportunities that integrate basic and clinical science, enabling them to link theory and practice
- f** the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates
- g** learning opportunities enabling them to develop generic professional capabilities
- h** at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.

## Undergraduate programmes and clinical placements

### R5.4 Medical school programmes must give medical students:

- a sufficient practical experience to achieve the learning outcomes required for graduates
- b an educational induction to make sure they understand the curriculum and how their placement fits within the programme
- c the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation
- d experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum
- e the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working
- f placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.

## Undergraduate assessment

**R5.5** Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.

- R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.
- R5.7** Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.
- R5.8** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.

### Postgraduate curricula

The development of postgraduate curricula is addressed in the standards for curricula and assessment.<sup>6</sup>

## Postgraduate training programmes and clinical placements

### R5.9 Postgraduate training programmes must give doctors in training:

- a** training posts that deliver the curriculum and assessment requirements set out in the approved curriculum
- b** sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum
- c** an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme
- d** the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation
- e** the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working
- f** regular, useful meetings with their clinical and educational supervisors
- g** placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress
- h** a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.<sup>9</sup> Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.

## Postgraduate assessment

- R5.10** Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.
- R5.11** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.

## Reasonable adjustments

- R5.12** Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the *Equality Act 2010*, although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.



## References

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- 9 Academy of Medical Royal Colleges (2014) *A charter for postgraduate medical training: value of the doctor in training* available at: [www.aomrc.org.uk/publications/reports-a-guidance](http://www.aomrc.org.uk/publications/reports-a-guidance) (accessed 22 June 2015)

# Glossary

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## Clinical governance

Clinical governance is the system through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.

## Doctor in training

This is the GMC's preferred term for a doctor participating in an approved postgraduate training programme (Foundation Programme or specialty including general practice training).

## Education organisers

Education organisers are postgraduate deans and medical schools who are responsible for recognising trainers in four specific roles, in accordance with our requirements for recognising and approving trainers. Education organisers work together to recognise trainers where there is overlap between the groups of trainers.

## Educational governance

Educational governance is the systems and standards through which organisations control their educational activities and demonstrate accountability for and the continuous improvement of the quality of education.

Educational governance may be part of a wider, integrated governance framework comprising elements such as clinical audit, risk management and organisational development, which fall within the responsibility of other regulators, and are outside the direct scope of these standards. However, an indicator of how effective educational governance is could be how well integrated these elements are within the overall governance of the organisation.

## Educators

Individuals with a role in teaching, training, assessing and supervising learners. This includes:

- a** individuals in a recognised and approved trainer role
- b** other doctors or healthcare professionals involved in education and training in the course of their daily clinical or medical practice
- c** academic staff from a range of disciplines with a role in education and training.

Educators may also include patients and members of the public who have roles in medical teaching or training, and other people whose knowledge, experience or expertise is used in teaching or training.

## Lead coordinators at each LEP

One or more doctors at each LEP who are responsible for coordinating the training of medical students, supervising their activities and making sure these activities are of educational value.

All lead coordinators at each LEP must be recognised by their medical school by 31 July 2016.

## Learners

Learners are medical students receiving education leading to a primary medical qualification and doctors in postgraduate training leading to a certificate of completion of training (CCT). Doctors and students undertaking other forms of training and education, such as a fellowship, will also be learning, but are not covered by these standards for medical education and training. These standards do not cover continuing professional development that all doctors across the UK do to keep their knowledge and skills up to date throughout their working life.

## Learning outcomes

The competences that a learner must acquire by the end of a period of education or training. The learning outcomes required of medical students when they graduate are set by the GMC.

## Local education and training boards (LETBs)

In England, the roles of the postgraduate dean and deanery sit within LETBs.

## Local education providers (LEPs)

LEPs are the organisations responsible for the learning environment and culture (usually clinical) in which training is taking place, whether in primary, secondary, community or academic placements. LEPs include health boards, NHS trusts, independent sector organisations and any other service providers that host and employ medical students and doctors in training.

## Medical trainer

A medical trainer is an appropriately trained and experienced doctor who is responsible for educating and training medical students or doctors in training within an environment of medical practice.

Four medical trainer roles are performed only by recognised or approved trainers who are registered doctors holding a licence to practise. The arrangements do not cover other doctors whose practice contributes to teaching, training, assessing or supervising medical students or doctors in training, but whose role does not need to be formally recognised.

## Named clinical supervisor

A named clinical supervisor is a trainer who is responsible for overseeing a specific doctor in training's clinical work throughout a placement in a clinical or medical environment and is appropriately trained to do so. The named clinical supervisor leads on providing a review of the doctor in training's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

All named clinical supervisors must be recognised by their postgraduate dean by 31 July 2016.

## Named educational supervisor

A named educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specific doctor's educational progress during a placement or a series of placements. The named educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The named educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about the doctor's progression at the end of a placement or a series of placements.

All named educational supervisors must be recognised by their postgraduate dean by 31 July 2016.

## Organisations

Organisations that manage or deliver medical education or training to learners, usually medical schools, postgraduate deaneries or LETBs, LEPs and colleges, faculties and specialty associations. These organisations must meet our standards for medical education and training.

## Overseeing students' progress

One or more doctors at a medical school who are responsible for overseeing students' progression. They might be NHS consultants or clinical academics acting as block or course coordinators.

Those responsible for overseeing students' progress at each medical school must be recognised by their medical school by 31 July 2016.

## Placement

A structured period of experience and learning in a particular specialty or area of practice in a health or social care setting.



## Postgraduate dean

In England, the roles of the postgraduate dean and deanery sit within LETBs. In Northern Ireland, these roles are held by the Northern Ireland Medical and Dental Training Agency. In Scotland, the postgraduate deans and the Scotland Deanery are part of NHS Education for Scotland. In Wales, the postgraduate dean is part of the Wales Deanery (School of Postgraduate Medical and Dental Education), Cardiff University. These are the UK bodies that the GMC has authorised to manage approved training programmes and the training posts within them according to GMC standards.

## Primary medical qualification

In relation to UK graduates, a first medical degree awarded by a body or combination of bodies that is recognised by the GMC for this purpose, or that was empowered to issue primary medical qualifications at the time the degree was awarded.

## Recognised trainers

Medical trainers formally recognised by postgraduate deans and medical schools according to our requirements for recognising and approving medical trainers in four specific roles.

Our statutory role to approve general practice trainers remains in place.

## Student

A medical student is an undergraduate receiving training or learning from a trainer, and who is working towards an undergraduate medical degree, even if they already hold a non-medical degree. Students are not registered with the GMC and cannot perform activities legally restricted to registered doctors with a licence to practise.

## Training programme

A formal alignment or rotation of posts that together comprise a programme of postgraduate training in a given specialty or subspecialty. A programme may deliver the full curriculum through linked stages to a CCT, or the programme may deliver different component elements of the approved curriculum.



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Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

**Textphone:** please dial the prefix **18001** then  
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**General  
Medical  
Council**



POLICY DOCUMENT

# **Quality Management Policy for Postgraduate Medical and Dental Training**

**(Northern Ireland Deanery)**

2022 (Version 11.0)  
QMG

## Policy Review Schedule

Date first Approved by QMG: November 2009  
 Last Approved by QMG: June 2019  
 Date of Next Review: January 2023

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**Policy Owner:** Senior Education Manager

### Amendment Overview

Version	Date	Pages	Comments	Actioned
2009 – 1.0	01.11.09	48	Quality Manual created and presented to QMG for approval. <b>Approved.</b>	T McMurray
2012 – 2.0	03.02.12	18	Name changed to 'Quality Management Operational Guide'. Presented to QMG for approval. <b>Approved.</b>	K Gardiner
2013 – 3.0	23.08.13	38	Reviewed and agreed changes updated	D Hughes
2013 – 3.1	13.11.13	45	Further agreed changes updated. Presented to QMG for approval. <b>Approved.</b>	D Hughes
2014 – 4.0	06.01.14	14	Name changed to Quality Management Processes for Postgraduate Medical Training (Northern Ireland Deanery). Reviewed and agreed changes updated Presented to QMG for approval. <b>Approved.</b>	I Steele
2015 – 5.0	20.02.15	16	Reviewed and agreed changes updated	I Steele
2015 – 5.1	27.04.15	21	Further agreed changes updated. Presented to QMG for approval.	D Hughes
2015 – 5.2	18.06.15	21	Changes approved at QMG	D Hughes
2016 – 6.0	31.05.16	22	Revised to include reference to new GMC standards and revised processes	D Hughes
2019 – 7.0	31.05.2019	21	Updated to include changes to GMC ODR, membership, surveys.	G Carlisle
2020 – 8.0	20.11.2020	21	Updated to include revised GMC QA process, redrafted some sections	G Carlisle
2021 – 9.0	14.05.2021	20	Updated to reflect amendments to the LDAs and NIMDTA appointments. Discussed at QMG 14.05.2021.	G Carlisle
2021 – 10.0	15.10.2021	21	Updated with new Role of NIMDTA & other amendments (Dental & others)	G Carlisle
2022 – 11.0	07.01.2022	21	Updated with new Role of NIMDTA & other amendments (Dental & others)	G Carlisle

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## Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional and national requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. NIMDTA endeavours to attract and appoint individuals of the highest calibre to recognised training posts and programmes. NIMDTA encourages doctors to train and remain in NI so that Health and Social Care (HSC) has a highly competent medical and dental workforce with the essential skills to meet the changing health needs of its population.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. NIMDTA supports trainees with the aim of maximising their potential to successfully progress, complete training and be appointed to permanent posts in NI. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that both the training and supervision of trainees support the delivery of high quality safe patient care. NIMDTA provides trainees with a wide range of opportunities to gain experience in leadership, quality improvement, research and teaching.

NIMDTA trains clinical and educational supervisors and recommends them to the General Medical Council (GMC) for recognition of their role. NIMDTA selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the GMC for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA is the Designated Body for doctors in training and has a statutory role in making recommendations to the GMC to support the revalidation of trainees. NIMDTA is also responsible to the GDC for the Standards for Specialty Education.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA has been integrated as lead employer for Doctors and Dentists in training (DDiT) across the HSC. The aim of this service is to provide a high quality continuous employment experience for DDiT.

NIMDTA plays a key role in attracting DDiT to the HSC, and in creating an environment where they wish to continue to remain practising within the HSC.

NIMDTA carries out these roles on behalf of the DoH by focussing on the needs of people (population, trainees, trainers and NIMDTA staff), in partnership with key stakeholders and by upholding the HSC Values - openness and honesty, compassion, excellence and working together.

## 1. Introduction

This document sets out the principles, policy and processes in place to support the Northern Ireland Medical and Dental Training Agency's approach to the Quality Management of Postgraduate Medical and Dental Training. The document relates to trainees from Foundation Year 1 to Completion of Specialty Training (including General Practice & Dental Training) appointed to training programmes in Northern Ireland.

Within postgraduate medical training there are a number of key processes that take place:

- Recruitment and Selection
- Allocation of Placement
- Induction to Programme and Placement in LEPs.
- Clinical and Educational Supervision
- Formal Education (including regional teaching and study leave)
- Practical Experience (including OOPE/OOPT)
- Assessment and sign off – Annual Review of Competence Progression (ARCP)
- Revalidation\*
- Trainee Support (including career management)
- Provision of Additional Opportunities (Academic or Leadership Training; OOPR)
- Less Than Full Time Training (LTFT)
- Trainer Recognition
- Removal of trainees

To improve the quality of postgraduate medical training it is important for each of these processes to have mechanisms in place to:

- Identify Good Practice and Concerns
- Allow the sharing of Good Practice
- Be able to understand a Concern
- Be able to understand the systems involved
- Be able to choose the right methods for change
- Be able to produce the change within an appropriate timescale
- Be able to implement changes that are effective and sustainable
- Have techniques to evaluate improvements

To complete all of these functions effectively, NIMDTA is required to work in a collaborative way with a number of other stakeholders, including Local Education Providers (LEPs), Medical Royal Colleges and Faculties and the General Medical Council (GMC) and General Dental Council (GDC) as the regulators of postgraduate medical and dental training respectively. The processes to be followed are further outlined in the Reference Guide for Postgraduate Foundation and Specialty Training in the UK (Gold Guide) (<https://www.copmed.org.uk/gold-guide-8th-edition>) and COPDEND Gold Guide ([Dental Gold Guide 2021 - COPDEND](#)).

*\*does not apply to Dental Training*

## 2. Quality Management of Postgraduate Medical Education and Training

Ensuring the quality of postgraduate medical and dental education and training involves a number of different organisations.

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is the organisation responsible for delivering postgraduate medical and dental training in the Northern Ireland Deanery.

### Medical Training

The GMC sets the educational standards for all UK doctors through undergraduate and postgraduate education and training. The GMC promote high standards and make sure that medical education and training reflect the needs of patients, medical students and doctors in training, and the healthcare systems across the UK.

The GMC's **Quality Assurance Framework** gives an overview of how the GMC quality assures postgraduate medical education and training in the UK. The QAF describes 3 levels of activity – Quality Assurance (QA), Quality Management (QM) and Quality Control (QC).

**Quality Assurance** is carried out by the GMC and includes the policies, standards, systems and processes in place to maintain and enhance the quality of medical education and training in the UK. From 2021, the GMC QAF requires NIMDTA to submit a **Declaration** which demonstrates that both the Deanery and LEPs are meeting GMC standards. This declaration will be published on the GMC website, as well as the expected next declaration date. The first NIMDTA declaration will be made in 2021-22 with a re-declaration every four years. Between declarations, NIMDTA will submit an **Annual Self-Assessment Questionnaire (SAQ)** to the GMC.

### **Quality Management (QM)**

QM refers to the arrangements through which a Deanery satisfies itself that the LEPs are meeting the GMC's standards. Deaneries are responsible for the educational governance of all approved foundation programme and specialty (including GP) training programmes. In Northern Ireland, these LEPs include Health and Social Care Trusts, Public Health Agency and GP practices. QM is a partnership between these organisations because it is only through working together that deaneries, Royal Colleges and Faculties, with LEPs, can deliver postgraduate medical education and training to the standards required.

### **Quality Control (QC)**

QC is the arrangement through which the LEPs ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The GMC quality assures medical education and training through the deaneries but day-to-day delivery is at LEP level. Each LEP must demonstrate how the GMC's standards and requirements are being achieved. NIMDTA supports LEPs in doing this and ensures that systems of delivery and QC are consistent across specialties and LEPs.

### Dental Training

The Standards for Education and the requirements that underpin these apply to all UK programmes leading to registration with the General Dental Council (GDC). A rolling review is being conducted by the SAC and a report is being made per specialty.

### **Learning and Development Agreement (LDA)**

NIMDTA has a Learning and Development Agreement (LDA) with each LEP. The LDA provides the framework for setting out the standards to be achieved for the provision of high quality postgraduate medical and dental education and training and outlines the roles and responsibility of each party and the services to be delivered under the terms of the agreement.

### 3. The GMC Quality Assurance Process

The GMC standards and requirements for medical education and training are set out in '[Promoting Excellence: standards for medical education and training](#)'. These standards came into effect on 1 January 2016 and replaced the previous standards in *Tomorrow's Doctors* and *The Trainee Doctor*.

Deaneries are reviewed against these standards and approval for training by the GMC is granted or withdrawn. Approval may be granted with conditions if there are requirements that a deanery needs to meet. Failure to meet those conditions can result in approval being withdrawn.

The standards within Promoting Excellence are contained within 5 domains:

- Theme 1: Learning Environment and Culture
- Theme 2: Educational Governance and Leadership
- Theme 3: Supporting Learners
- Theme 4: Supporting Educators
- Theme 5: Developing and Implementing Curricula and Assessments

The GMCs Quality Assurance Framework (QAF) sets out how the GMC secure their undergraduate and postgraduate standards for medical education and training. It clarifies their responsibilities around quality assurance, and defines the processes by which organisations responsible for medical education and training will have to demonstrate that they meet their standards.

The QAF helps educators and organisations establish quality management and quality control processes that can demonstrate training monitoring, data collection and identify improvements required.



#### Visits (including Regional and National Reviews)

The GMC carries out Regional Reviews to medical schools and deaneries in a geographical region to obtain an overview of education and training in that area and to make judgements about each individual organisation against their standards. The GMC also conduct Thematic Reviews which focus on particular aspects or areas of medical education and training and include small specialty reviews and risk based spot checks.

#### Monitoring

The GMC use a number of methods to monitor the quality of education and training to include:

- Analysing information from education and training organisations such as medical schools, deaneries and local education and training boards, and royal colleges and faculties
- Visiting organisations which provide education and training and speaking to staff, students and doctors in training
- Carrying out surveys of doctors to find out about their experiences

#### Enhanced monitoring

The GMC use enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training. Issues that require enhanced monitoring are those that could affect patient safety or training progression or quality. EM issues usually meet the following criteria:

- Persistent and serious patient safety concerns
- Doctors in training's safety is at risk
- Doctors in training are not getting the experience required
- Local quality management processes alone are insufficient to address the issue

#### GMC Quality Reporting System (QRS)

The GMC Quality Reporting System allows deaneries to directly manage a range of items using a live system on GMC Connect. NIMDTA is required to provide an update to the GMC on each open item at least annually which describes where improvement is needed to maintain standards. The GMC use the system to monitor concerns highlighted through quality management processes. For example, concerns that arise from quality visits conducted or from the GMC National Training Surveys.

#### Programme and Site Approvals

The GMC is responsible for the approval of specialty training curricula for doctors, postgraduate training programmes and posts and training sites. Approval is arranged via GMC Connect. Approval can be granted or withdrawn.

#### Good Practice

The GMC defines good practice as areas of strength, good ideas and innovation which should have potential for wider dissemination and development, or a new approach to dealing with a problem from which others might learn. The GMC has started to publish good practice cases studies on their website.

#### Evidence

The GMC triangulates the evidence it receives from medical schools, deaneries, medical Royal Colleges, trainees and trainers to check that it is consistent and comparable. Examples of evidence sources include:

- reports and action plans from medical schools and postgraduate deans
- annual specialty reports from medical royal colleges and faculties
- data from approval of posts, programmes, trainers, curricula and assessment systems
- reports of visits
- updates on requirements and recommendations from previous visit visits
- GMC surveys
- intelligence from other GMC sources (e.g. fitness to practice, revalidation)
- data on the outcomes of training programmes such as Annual Review of Competence Progression (ARCP) and exam results, mapped to demographic information to include information on differential attainment

This shared evidence helps the GMC to:

- identify areas of risk that need further investigation
- verify the evidence provided and check whether it is consistent and comparable
- identify trends or patterns which may influence GMC QA activity or local action
- to fulfil its statutory function of approving and monitoring training in the UK
- ensure that organisations responsible for medical education and training work together to ensure fair training pathways and processes for medical students and doctors in postgraduate training.

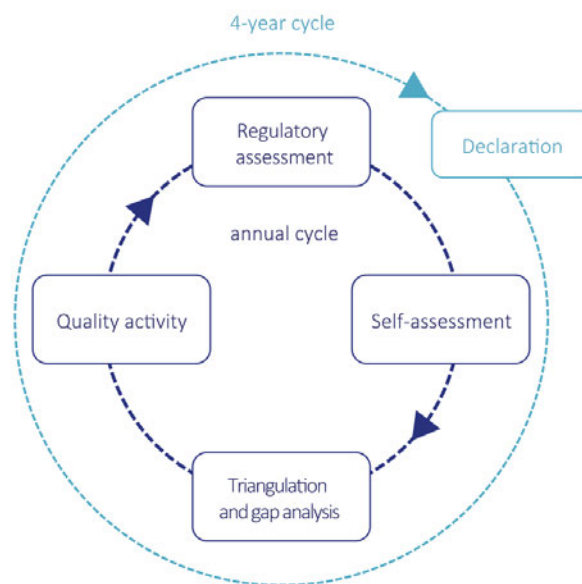
### 3.1 Review of the GMC Quality Assurance Process (implementation 2020)

In 2019 the GMC piloted a new process for Quality Assurance with Postgraduate Training Organisations (PTOs). This new process is being rolled out in 2020. A key change in the new process will be the introduction of a Declaration, which marks the beginning of the four-year QA cycle.

NIMDTA will be expected to make an initial declaration that it is meeting and/or working towards the standards of [Promoting Excellence](#). This declaration will be published on the GMC website, as well as the expected next declaration date. The first NIMDTA declaration will be made in 2021 with a re-declaration every four years.

NIMDTA will review data and intelligence, including any the GMC holds and shares, and submit an annual self-assessment questionnaire (SAQ).

The GMC will review NIMDTA's completed SAQ alongside the GMC's data and intelligence. The GMC will meet with NIMDTA to discuss the SAQ and agree any follow up quality activity.



The GMC will undertake proportionate quality activity to seek assurance that their standards are being met, or to explore excellence, innovation or notable practice detailed in the SAQ. Activities may include document requests, meetings, shadowing, observations, visits and document reviews. The GMC may also undertake quality activities as part of a UK-wide or thematic review outside of the SAQ.

The GMC will produce an annual QA summary noting the self-assessment, triangulation and quality activity. This summary will include any requirements or recommendations the GMC set as a result of their quality activity, as well as areas of excellence, innovation or notable practice.

The GMC will work with NIMDTA through the annual SAQ to check that the GMC's standards continue to be met, and that progress is made addressing any gaps if they are not.

The GMC expect that the declaration process will be straightforward and present little burden to organisations; NIMDTA will complete a simple form and upload it to GMC Connect. If the GMC have serious concerns about an organisation's engagement with the process over the course of the cycle, or their ability to meet the standards, the GMC will consider deferring their declaration while they undertake more work with the organisation to seek assurance on these issues.

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/review-of-our-quality-assurance-process>

[https://www.gmc-uk.org/-/media/documents/external-guidance-for-qa-process-20200512\\_pdf-82502564.pdf](https://www.gmc-uk.org/-/media/documents/external-guidance-for-qa-process-20200512_pdf-82502564.pdf)

### **3.2 Annual Self-Assessment Questionnaire (SAQ)**

The GMC have developed an SAQ template which focuses on the standards in Promoting Excellence. The GMC may also include additional questions in the SAQ, for example if they are carrying out a thematic or UK-wide review. The GMC will ask organisations to review the data they hold about them when completing the SAQ, particularly if there are any outliers that concern the GMC.

When completing the SAQ, organisations do not need to repeat the previous year's response if it is still current. Where NIMDTA works closely with another organisation that has already told the GMC about how a standard is covered by a centralised function (e.g. QUB), the GMC will not need to see this detail again.

When the GMC receive the completed SAQ it will be checked to ensure that NIMDTA has fully addressed any question areas, and that responses include available data and previous SAQs to help identify potential areas of risk or excellence, innovation and notable practice. The GMC will arrange to meet with NIMDTA to discuss the submitted SAQ and any appropriate and proportionate targeted follow up quality activity.

Quality activity will be agreed with NIMDTA in the SAQ feedback meeting. The GMC will aim to be proportionate and create the least possible burden for organisations and the service.

The GMC envisage that most quality activities will be observing activities that NIMDTA manages and has already arranged. The GMC may also request additional information or documentation to support the SAQ submission. This process allows for information from activities led by third parties to form part of the GMC's overall assurance. Where required the GMC may undertake GMC-led activities, such as visits or bespoke surveys.

The GMC will publish an annual QA summary for on a dashboard. In most cases the GMC's regulatory assessment will be that they are assured. In the circumstances where the GMC are not assured they are likely to undertake further activity to seek assurance. If the GMC are still not assured they will consider setting a requirement or recommendation, which will set out the area needing improvement.

The GMC may consider deferring an organisation's declaration until we are assured. The status of any open requirements or recommendations will be included in the annual QA summary.

## 4. The GDC Quality Assurance Process

The GDC has been quality assuring specialty training against the Standards for Specialty Education since 2019. The quality assurance process is a paper based exercise with all UK Deaneries assessed against the standards. The GDC publish these reports on their website.

The GDC Standards for specialty education state that, “The Standards for Specialty Education and the requirements that underpin these apply to:

- a) all UK programmes leading to inclusion on one of the General Dental Council’s (GDC) specialist lists. They cover programmes in Special Care Dentistry, Oral Surgery, Orthodontics, Paediatric dentistry, Endodontics, Periodontics, Prosthodontics, Restorative dentistry, Dental Public Health, Oral Microbiology, Oral and Maxillofacial Pathology, Oral Medicine and Dental and Maxillofacial Radiology.
- b) all examinations undertaken as part of a specialty trainee’s route to recommendation for a certificate of completion of specialist training (CCST).

The GDC expects programme and examination providers to meet the Standards, which cover the areas below, in order that graduates of training programmes may be accepted for inclusion on a specialist list.

- Patient protection (programme providers only)
- Quality evaluation and review
- Specialty trainee assessment

The quality assurance process for specialist education and training is undertaken by programme and examination by means of a self-assessment questionnaire against the standards and constituent requirements”.



## 5. NIMDTA Quality Management Group processes

NIMDTA is reviewed against the standards described in the GMC's [Promoting Excellence](#) and GDC [Standards for Specialty Education](#). Where necessary, the GMC & GDC will set requirements that deaneries must meet to ensure conditions are not placed on their approval. If such conditions are not met, the GMC & GDC will then take steps to withdraw approval.

In order to carry out its role within the Deanery, NIMDTA is required to monitor LEPs and assess their delivery of training against the GMC/GDC standards.

NIMDTA oversees and coordinates its functions of Quality Management through the NIMDTA Quality Management Group (QMG) which normally meets every 2 weeks. QMG's purpose is to support the Senior Management Committee and the NIMDTA Board in fulfilling its statutory functions and in promoting excellence in healthcare by delivering high quality postgraduate medical and dental education and training.

The NIMDTA Board is ultimately responsible for all the decisions and actions taken in its name, whether directly or through its arrangements for delegation. The Board retains the right, therefore, to amend or overturn any decisions or actions of any Committee, Sub-Committee or working group which it deems to be contrary to Board policy or otherwise against the Board's interests.

### 5.1 Composition and Membership of QMG

QMG will consist of the following:

- Director of Professional Development (Chair)
- Postgraduate Medical Dean / Director of Education
- Postgraduate Dental Dean\*
- Associate Dean / Director of Hospital Specialty Training (or deputy)
- Director of Postgraduate General Practice Education (or deputy)
- Associate Dean, Director of Foundation Training (or deputy)
- Associate Deans for Visits and Curriculum Review
- Associate Dean for Placement Quality
- Senior Education Manager
- Senior Professional Support Manager
- Quality and Revalidation Manager
- Quality Management Executive Officers / Administrators

In the absence of the Director of Professional Development, the Postgraduate Medical Dean / Director of Education will chair QMG.

\*The Postgraduate Dental Dean and representatives from the Dental Training Department will normally attend meetings twice per year to discuss a range of issues.

The following are also invited to attend as external members:

- Director/Associate Director, Centre for Medical Education, School of Medicine, Dentistry and Biomedical Science, QUB (or deputy)

The quorum for meetings of QMG will be four, of whom two must be senior medical or dental educators.

QMG may invite any individual to attend to discuss identified agenda points and inform discussion.

## 5.2 Aims & Role of QMG

NIMDTA is committed to promoting excellence in healthcare by delivering high quality postgraduate medical and dental education and training. The QMG aims to monitor, manage and improve postgraduate medical and dental education through a collaborative partnership with Regulatory Bodies, LEPs, QUB and other stakeholders.

QMG will undertake the following:

- Review and implement GMC initiatives for Quality Management
- Respond to GMC consultations
- Consider the impact of Department of Health and HSC initiatives, reports and correspondence on postgraduate medical and dental education and training
- Assess the quality of delivery of postgraduate medical education and training against GMC & GDC standards using:
  - Surveys (GMC/GDC and NIMDTA)
  - Educational Monitoring Visits to Local Education Providers (cyclical, follow-up and problem-solving)
  - Reports (from LEPs and from Foundation and Specialty Training Programmes)
  - Specialty Programme reviews
  - Feedback from ARCP panels
  - Feedback directly from trainees or trainers (comments, complaints)
- Improve Placement Quality through:
  - Review training within specialties and across units.
  - Use of evidence-based quality indicators to establish what makes a good training post.
  - Analysis of data gathered from trainees and education providers to direct strategies to implement changes which are realistic, specific, timely and measurable.
  - Determine indicators of good practice, create opportunities to learn and disseminate to other units, specialties and areas.
  - Develop networks with national and international education providers to share already existing practices and experiences of placement quality indicators.
  - Pilot strategies learnt from national and international placement quality indicator work, in individual training units in NI to determine the most effective local strategies, with a long term goal of creating a programme of placement quality which is best suited to NI and can be disseminated into wider practice.
  - Overcome barriers to change and develop relationships between trainees, local educational providers, programme educators and directors and NIMDTA to create a united approach to improving placement quality.
  - Foster environments to provide effective training and encourage positive wellbeing for trainees.
- Manage the quality of postgraduate medical and dental education and training by:
  - Providing oversight of organisation for all visits to LEPs
  - Ensuring that reports from NIMDTA Educational Monitoring visits to LEPs are discussed in line with the visit cycle
  - Ensuring that reports identify areas of good practice, areas for improvement, concern and significant concern
  - Sharing reports from NIMDTA Educational Monitoring visits to LEPs, and specifying requirements on LEPs to complete action plans to address areas for improvement, concern and significant concern
  - Review of LEP action plans
  - Review of reports from Lay and Specialist Externals
  - Review of Recruitment and Selection, Allocation and ARCP processes and outcomes

- Follow up of concerns identified through surveys, visits and reports (through meetings, follow up visits, surveys)
- Share good practice identified through visits and reports through School Boards/Training Committees, Lead Educators Forum and Regional Postgraduate Medical Education Forum
- Development and review of training policies
- Share areas of good practice, areas for improvement, concern and significant concern with Queen's University Belfast
- Report routinely on areas of concern and significant concern and good practice arising from surveys, visits and reports to
  - GMC (QRS)
  - DOH (Accountability meetings and Medical Education Policy Group)
  - Public Health Agency/HSCB (Liaison Meetings)
  - RQIA (Director of reviews and other regulatory bodies)
- Escalate unresolved and urgent concerns according to escalation policy
- Consider requests for circulation of surveys or third party emails to doctors in training

There may also be more immediate direct contact with each of the agencies above if serious concerns are identified during a NIMDTA visit to a LEP. The process for this is outlined in the NIMDTA Deanery Visit Process and Escalation of Concerns Process.

### 5.3 NIMDTA Visits to LEPs and Specialty Reviews

Quality Management involves reporting and monitoring, and one of the mechanisms for doing this is by local visits to LEPs and Specialty Programmes Reviews with the aim of improving education and training opportunities, and of enabling local problem solving and dissemination of good practice. NIMDTA carries out visits to specialties within LEPs and Specialty Programmes normally on a cyclical basis.

The GMC expect, wherever possible, that LEPs should be allowed to monitor their own performance against GMC standards and requirements.

### 5.4 Utilisation of Reports and Action Plans by QMG

In order to carry out its QM role, NIMDTA needs to monitor LEPs, review the quality of the training delivered through Specialty Schools and update the QRS on GMC Connect.

To assist in the monitoring process and in completing the reporting to the GMC, each LEP and Specialty School/Training Programme is required to submit Quality Reports (QR) to self-assess against GMC standards.

The QR is designed in different formats for LEPs and Specialty Schools and are set out according to the GMC standards. Both the Specialty Schools and the LEPs are asked to identify areas of good practice and areas of concern and to produce an Action Plan to deal with the areas of concern. LEPs are also asked to submit a Mid Year LEP Quality Report to NIMDTA to allow review of progress.

Reports are:

- scrutinised by QMG members
- recorded in a Deanery Visit Outcome Grid

- used to regularly update the NIMDTA Quality Management Log which is a current record of areas for improvement, areas of concern and areas of significant concern that have been identified by NIMDTA and have Action Plans in place
- used to inform the QRS on GMC Connect
- used to inform future NIMDTA Visits

Action Plans will be produced by both LEPs and Specialty Schools and are:

- scrutinised by QMG members
- used to inform ongoing monitoring (follow up of implementation of the Action Plan)
- used to regularly update NIMDTA's Quality Management Log which is a current record of areas for improvement, areas of concern and areas of significant concern that have been identified by NIMDTA and have Action Plans in place
- used to inform the QRS on GMC Connect
- used to inform future NIMDTA Visits

## 5.5 NIMDTA Quality Management of Undermining Concerns arising within HSC Trusts and Public Health Agency

The GMC categorises undermining concerns as follows:

- belittling or humiliation
- threatening or insulting behaviour
- deliberately preventing access to training
- bullying related to a protected characteristic

Undermining may be identified through individual comments by trainees in their responses on the GMC NTS. In addition, trainees have the opportunity to raise undermining concerns at ARCP meetings, NIMDTA visits to LEPs or at Specialty Reviews. Trainees may also contact NIMDTA officers directly to report undermining if they feel that their employer has not listened to their concerns or has not dealt with them appropriately.

Doctors and dentists in training can raise concerns about bullying and undermining at any time. They can do this in one of four ways.

- Through their current LEP: in the first instance, a doctor in training should raise a concern with their employer
- Through NIMDTA: if the doctor perceives that the LEP has not addressed their concern appropriately, the doctor in training should take their concern to NIMDTA
- Through the GMC: the NTS allows doctors in training to raise concerns about bullying and undermining directly with the GMC. All issues raised are investigated and shared with NIMDTA. If a concern is serious, the GMC take action to rectify the problem. For example, the GMC can carry out visits with NIMDTA to look into the issue.
- Through the GMC confidential helpline which allows doctors to raise concerns if they do not feel able to do so locally. Each comment made by a respondent is treated confidentially.

Following notification to NIMDTA of an undermining concern, NIMDTA will make contact with the Medical Director at the LEP to request an assessment of the concern to determine whether there is evidence that undermining has occurred.

The LEP should assess the concern promptly in view of the risks to patients and trainees of such behaviours and provide an update to NIMDTA's Postgraduate Dean on the investigation within 1 month (outlining steps the LEP is taking/planning to take to assess the concern and that progress has been made in that assessment) and the outcome of the investigation to NIMDTA's Postgraduate Dean within 6 months.

If following investigation, undermining has been confirmed to have occurred, the LEP should outline the following:

- actions the LEP has taken or is planning to take to address the concern.
- timeframe for addressing this concern
- steps the LEP is going to put in place to reduce the chance that trainees will be subjected to this type of behaviour in the future
- follow up the LEP is going to put in place to check that the concern has been resolved in a sustainable fashion

The relevant processes are described in the NIMDTA policy *Reporting Concerns of Undermining, Bullying or Harassment – Guidance for Doctors and Dentists in training* at [www.nimdtg.gov.uk/trainee-policies-and-guidance/](http://www.nimdtg.gov.uk/trainee-policies-and-guidance/)

## 5.6 QMG role in Surveys

NIMDTA is required to ensure maximum participation in the Annual GMC National Training Survey (NTS). Trainees can also be asked to complete questionnaires and surveys by their respective Royal Colleges and Faculties, by Trainee organisations and by Specialty organisations. Trainers can be repeatedly sent questionnaires and surveys from Royal Colleges, Specialty Organisations, LEP, Commercial Companies and Universities.

To promote local trainee and trainer responses to the Annual GMC NTS and to reduce the risk of survey fatigue, QMG has decided that NIMDTA will normally only ask trainees to normally complete two surveys per year (the GMC Annual NTS and an end of year placement survey for NIMDTA).

QMG may also decide to survey trainees in response to concerns and will survey trainees before NIMDTA visits to LEPs. Trainers will be asked to complete the GMC National Trainer Survey.

Additional surveys which have not been initiated by QMG can only be sent to trainees via NIMDTA in exceptional circumstances and after a request with supporting evidence has been considered and approved by QMG.

### Actions from NTS Survey

- Results will be made available to the LEPs and the Foundation, GP and Specialty Schools
- Results will be analysed by Schools and by LEP
- Results are fed into the NIMDTA Quality Management Issues Log and are scrutinised at QMG
- Findings from the NTS will be used as an information source by the NIMDTA Visit Teams and can be used for triangulation
- LEPs and Specialty Schools will be asked to respond to issues identified from the NTS which are not already being managed through QM/QC processes

## 5.7 Monitoring LEP Responses to Concerns

NIMDTA's Quality Management Processes require LEPs to provide updates and responses to concerns, following a timeline which is provided at the time of requesting this information. Examples are included below:

Background information in preparation for a Deanery visit	15 working days
Deanery Visit FAC	15 working days*
Deanery Visit Initial Action Plan	15 working days
Ongoing Visit Action Plans	Individually agreed at QMG
LEP Quality Reports	4 week response time (minimum)
GMC NTS Patient Safety and Undermining Comments	6 week response time
Undermining concerns	4 week response time
Revalidation Exception Reports	Requested monthly

*\*If a response to the Deanery Visit FAC is not provided by the LEP within the timeframe requested, QMG will automatically issue the interim report and initial action plan. This is documented in the visit cycle.*

If the requested information is not received within the specified timeframe, a reminder is issued to the DME. A further reminder will be issued if a response has not been received within 5 working days from the initial reminder. This correspondence will also be copied to the Postgraduate Dean and relevant NIMDTA Senior Educators.

If the required information is not provided following these stages, the Postgraduate Dean will contact the Medical Director for a formal response. This will be documented in the QMG log.

## 5.8 Other groups with relationships to QMG

**Faculty Development Group (FDG)** is a sub-group of QMG responsible to oversee trainer recognition and faculty development. The aims of this group are to develop trainers' expertise in their education role through better understanding of medical education theory; to improve skills and knowledge; to enable better enjoyment of teaching and learning; and to improve credibility of teachers and trainers. The group's functions include oversight of the Recognition and Approval of Trainers process, collating information on trainers in partnership with local education providers, formally certifying trainer status and communicating with GMC.

**NIMDTA Revalidation Operational Group (ROG)** is responsible for overseeing NIMDTA's processes to support trainees preparing for revalidation

**NIMDTA Trainee Support Review Group** oversees the management of trainees requiring extra support and the processes to be followed within NIMDTA.

**NIMDTA Hospital Specialty Training Committee (HSTC)** oversees the processes in place relating to the delivery of post Foundation Hospital Specialty Training including:

- Reviewing ARCP processes and outcomes

- Reviewing Specialty recruitment and selection processes
- Analysing Reports from Lay Assessors and External Assessors
- Reviewing Trainee posting allocation process (including arrangements for trainees with Reviewing special circumstances and trainees wishing to work less than fulltime)
- Reviewing applications to take time out of programme and processes
- Reviewing Membership and Specialty Examination Results
- Designing and reviewing appraisal processes for Heads (and Deputy Heads of School) and Training Programme Directors (TPDs)

The **NIMDTA Hospital Dentistry Committee (HDC)** supports the Postgraduate Dental Dean in ensuring that all education, training and assessment processes meet with GDC, COPDEND and NIMDTA Standards in respect of:

- |                                |  |
|--------------------------------|--|
| • Recruitment & Selection      | • Allocations                          |
| • Induction                    | • Curriculum delivery                  |
| • Study Leave                  | • Study Day Programme                  |
| • Organising Courses           | • Monitoring course feedback           |
| • Monitoring course attendance | • Trainee support                      |
| • Career advice                | • ARCP panels                          |
| • Academic training            | • LTFT training                        |
| • Examination results review   | • Hospital Training Scheme Development |

**Northern Ireland Postgraduate Medical Education Forum (PMEF)** provides a forum for discussion of postgraduate medical education issues between NIMDTA and the five HSC Trusts.

The **Lead Educator Forum** allows feedback from QMG to Heads of Schools, Deputy Heads of School and Training Programme Directors and discussion about relevant QM and QC issues.

**Joint NIMDTA and LEP Annual Review Meetings** provide the opportunity to discuss developments in postgraduate medical and dental education and training and to review how well the LDA between NIMDTA and the LEP is functioning.

The **Foundation School Board** is responsible for ensuring foundation training is delivered in accordance with the national standards set by the GMC and guidance developed by the UK Foundation Programme Office.

The **Foundation Programme Directors (FPD) Committee** exists to provide a network forum for FPD to work collaboratively to improve the Foundation Programme within Northern Ireland.

The **General Practice Specialty Training Committee** is responsible for providing advice and guidance to national and local bodies on all matters relating to the education, training and professional development of general practitioners and potential general practitioners including undergraduate medical students.

The Northern Ireland **Trainee Forum** has been established to provide a better opportunity for trainee views and feedback to be heard, and to ensure that training in the region is delivered to the highest standard in order to deliver excellent and safe clinical care to patients.

## 6. Policies and Processes relevant to Quality Management

### 6.1 Trainee Recruitment

- Policies and other information relating to Recruitment to the Foundation, GP, Dental and Hospital Specialty Training programmes is available via the NIMDTA website: [Recruitment – Northern Ireland Medical & Dental Training Agency \(nimdta.gov.uk\)](http://nimdta.gov.uk)
- Procedure for Assessment of References for Applicants to NIMDTA Specialty Training Programmes.
- COPDEND Gold Guide ([Dental Gold Guide 2021 - COPDEND](http://nimdta.gov.uk))
- MDRS Policies and Processes

### 6.2 Allocation to Training Posts

- Allocation Policy for Allocation of Placements Policy – Foundation, Core and Specialty Trainees (excluding General Practice) [www.nimdta.gov.uk/trainee-policies-and-guidance](http://www.nimdta.gov.uk/trainee-policies-and-guidance)
- Special Circumstances policy [www.nimdta.gov.uk/trainee-policies-and-guidance/](http://www.nimdta.gov.uk/trainee-policies-and-guidance/)
- Less Than Full Time Training policy [www.nimdta.gov.uk/trainee-policies-and-guidance/](http://www.nimdta.gov.uk/trainee-policies-and-guidance/)

### 6.3 Induction

- Foundation induction handbook [www.nimdta.gov.uk/foundation-training/](http://www.nimdta.gov.uk/foundation-training/)
- Specialty training induction [www.nimdta.gov.uk/specialty-training/information-for-specialty-trainees/information-for-newly-appointed-trainees/](http://www.nimdta.gov.uk/specialty-training/information-for-specialty-trainees/information-for-newly-appointed-trainees/)
- Induction for Lead Educators [www.nimdta.gov.uk/faculty-development/training-for-faculty/](http://www.nimdta.gov.uk/faculty-development/training-for-faculty/)
- Induction handbook for lay representatives <http://www.nimdta.gov.uk/quality-management/qa>
- Induction Handbooks for Dental TPDs, Dental Specialty Trainees

### 6.4 Recognition of Trainers

- Achieving and Maintaining Recognition Policy [www.nimdta.gov.uk/faculty-development/approval-of-trainers](http://www.nimdta.gov.uk/faculty-development/approval-of-trainers)

### 6.5 Trainee Support

- Management of Trainees Requiring Support [www.nimdta.gov.uk/trainee-policies-and-guidance/](http://www.nimdta.gov.uk/trainee-policies-and-guidance/)
- Management of Undermining Concerns Process

### 6.6 Education

- Study Leave Guidelines [www.nimdta.gov.uk/trainee-policies-and-guidance/](http://www.nimdta.gov.uk/trainee-policies-and-guidance/)

### 6.7 Approval of Training Posts

- Process for Educational Approval of a new Hospital based Training Post.



## 6.8 ARCP / Assessment

- ARCP Guidance [www.nimdtg.gov.uk/specialty-training/information-for-specialty-trainees/arcprita-process/](http://www.nimdtg.gov.uk/specialty-training/information-for-specialty-trainees/arcprita-process/)
- A Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide) [www.nimdtg.gov.uk/trainee-policies-and-guidance/](http://www.nimdtg.gov.uk/trainee-policies-and-guidance/)
- COPDEND Gold Guide ([Dental Gold Guide 2021 - COPDEND](#)).

## 6.9 Revalidation

- Revalidation Operational Group FAQs [www.nimdtg.gov.uk/revalidation/faqs/](http://www.nimdtg.gov.uk/revalidation/faqs/)
- Failure to comply with the Requirements of the Training Programme [www.nimdtg.gov.uk/trainee-policies-and-guidance/](http://www.nimdtg.gov.uk/trainee-policies-and-guidance/)

## 6.10 Vulnerable Training Programmes

Appointing to a training programme is a commitment to a trainee that the full College curriculum requirements for that specialty can be delivered for the total duration of the programme. For small specialties that are unable to fulfil all curricular requirements in Northern Ireland, trainees are required to spend time outside NI. The duration of this as a proportion of the overall length of the training time must be considered as NIMDTA will not have oversight of the educational governance and quality management processes during this period. If a trainee requires to spend significant periods of time outside of NI to achieve their curricular requirements in a specialty training programme, then there will be insufficient educational governance and the quality of the training provided will not be able to be managed effectively.

## 6.11 Removal of trainees from a setting or organisation in relation to serious concerns about a training environment

Examples of circumstances when removal of trainees might be considered include: confirmed undermining, poor or inadequate supervision, significant patient safety concerns, inappropriate resources or support, service reconfiguration not fulfilling the requirements of the trainees' curriculum. Notification of these issues may come from a number of sources including NIMDTA visits to LEPs.

When the removal of trainees is to be considered this will be discussed with the GMC (Director or Assistant Director of Education and Standards), the Department of Health (DOH), the Health and Social Care Board/Public Health Agency (HSCB/PHA) and the Regulation and Quality Improvement Authority (RQIA). Such action should be discussed with the LEP Medical Director and Chief Executive. Open discussion of the issues, triangulation with other bodies, consideration of the risks of the decision and contingency planning maybe facilitated by a round table meeting. The process to be followed is available at [www.nimdtg.gov.uk/quality-management/qa/](http://www.nimdtg.gov.uk/quality-management/qa/)

## 6.12 Academic Training

Clinical Academic Training opportunities (Academic Foundation year 2 programmes, Academic Clinical Fellows and Academic Clinical Lecturers) have been developed by Queen's University Belfast in partnership with NIMDTA. They offer candidates a comprehensive experience in clinical academic medicine alongside internationally recognised clinicians and researchers.

Academic Foundation Trainees (AF2): Academic F2 posts provide the opportunity to have a 'taster' of clinical and laboratory research as well as medical education.

Academic Clinical Fellow (ACF): This is normally a 2 year full-time training post carrying an NTN (A) in Academic Medicine. Those taking up this post will have achieved evidence of clinical academic achievement and ideally have experience of research such as an intercalated BSc prior to appointment, and aim to pursue a career in academic medicine or dentistry. Trainees appointed to ACF posts will spend 25% of their time in research.

Academic Clinical Lecturer (ACL): This is normally a 3 year full time training post carrying an NTN (A). ACLs will have completed a postgraduate research programme prior to taking up post, and aim for a career in academic medicine or dentistry and development of a research application for a Clinician Scientist Training award. Trainees appointed to ACL posts will spend 50% of their time in research, depending on the clinical training requirements for the individual trainee.

Recruitment to ACL and ACF posts takes place annually and is facilitated jointly by NIMDTA and QUB. The process for appointment into Clinical Academic Training Programmes is available at [www.nimdtg.gov.uk/specialty-training/information-for-specialty-trainees/spec-academic/](http://www.nimdtg.gov.uk/specialty-training/information-for-specialty-trainees/spec-academic/)

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**NIMDTA**  
**Deanery Visit to Trust**  
**REPORT**



**INTERIM REPORT**

**Please note that the information contained within this report is confidential, and should only be distributed at the discretion of the Director of Medical Education or the Medical Director.**

<b>Hospital Visited</b>	<b>Muckamore Abbey Hospital, Belfast Trust</b>
<b>Specialty Visited</b>	<b>Psychiatry</b>
<b>Type of Visit</b>	<b>Cyclical</b>
<b>Trust Responsible Officer</b>	[REDACTED]
<b>Date of Visit</b>	<b>18 November 2011</b>
<b>Visiting Team</b>	[REDACTED]

<b>Purpose of Deanery Visits</b>	The General Medical Council (GMC) requires UK Deaneries to demonstrate compliance with the standards and requirements that it sets (GMC-The Trainee Doctor). 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 visit is part of a programme of visits to all Psychiatric Units in Northern Ireland in October-December 2011 to assess the training environment and the postgraduate education and training of trainees attached to these units.
<b>Circumstances of this Visit</b>	The Deanery Visiting Team met separately with educational leads, trainees, trainers and management team on the Muckamore Abbey site
<b>Relevant Recent Visits</b>	None
<b>Pre-Visit Meeting Date</b>	3 <sup>rd</sup> October 2011
<b>Purpose of Pre-Visit Meeting</b>	To review and triangulate the evidence about postgraduate medical education and training in the unit to be visited
<b>Pre-Visit Documentation Review</b>	GMC National Trainee Survey (2010) NIMDTA pre-visit Trainee Survey (Survey Monkey – September 2011) Trust Background Information Template (September 2011)
<b>Types of Visit</b>	<u>Cyclical</u> Planned visitation of all Units within 4 years  <u>Interim Visit</u> 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.

Trainees Interviewed		
	Core (CT1-3)	Higher (ST4+)
Interviewed/Total	2/3	4/4
Trainers Interviewed		
Consultants interviewed/total 4/7		
Feedback provided to Trust Team		
<p>██</p> <p>██</p> <p>██</p> <p>██</p> <p>██</p>		
Contacts to whom the visit report is to be sent to for factual accuracy check		
<p>██</p> <p>██</p>		

**Background**

**Staff:** There are 7 consultants (6.1 WTEs), 1 associate specialist/staff grade (with 1 post vacant), 3 registrar slots (ST4+- 1 currently filled with 2 slot-share less than full time trainees) and 3 core trainees (CT1-3). Educational supervision is provided by ██████████ Educational leadership by ██████████ (Specialty Educational Lead) and ██████████ (Head-Postgraduate Medical Education and Training). Clinical leadership is provided by ██████████ (Clinical Director) and ██████████ (Associate Medical Director).

**Rotas:** Junior Trainees (CT1-3) work in the evenings, nights and weekends on a 1-in-26 full shift rota as part of Mental Health at Night rota covering Belfast Trust (acute psychiatry in-patient sites at Mater, Belfast City and Knockbracken; Belfast Trust Emergency Departments at Mater and Royal Victoria; and 2 GP out-of-hours services). The Senior Trainees (ST4+) provided 2<sup>nd</sup> call learning disability cover of Muckamore Abbey in-patients and out-patients in South Eastern, Northern and Belfast Trusts (First on call for emergencies or admission to the Muckamore wards is provided by GPs).

**Other Sites:** In-patient care is only provided on Muckamore Abbey site. Out-patient clinics are provided on a number of sites.

**Programme:** In-house teaching is provided weekly on a Monday lunchtime including case presentations, journal club and audit component (once/month). There is also a Belfast Trust-wide multi-disciplinary psychiatry education meeting on Friday lunchtime (once/month). Trainees are facilitated to attend relevant centrally-run courses – QUB Diploma in Mental Health, Psychotherapy and MRCPsych preparation as appropriate in Belfast.

## Findings against GMC's Standards for Training

### Domain 1 – Patient Safety

#### Clinical Supervision

Clinical supervision was described as good. The consultants were accessible. Feedback was usually informal. All trainees had 1-1 weekly 1 hour supervision meetings with their consultants.

#### Handover

For the junior trainees, there are formal handovers at 8.45am, 4.45pm and 8.45pm as part of the Mental Health at Night rota. There is no formal handover at Muckamore.

#### Workload

Workload was usually manageable during the day but quite variable at night on the Belfast Mental Health at Night rota. There were some clinics which over-ran and this was made more difficult by these clinics being remote from Muckamore (Bangor) and being late returning to Muckamore after the clinic. The trainees feel this issue is being addressed and should be resolved in January 2012.

#### Rota

The junior trainees work at night on the Belfast Mental Health at Night rota covering the Belfast Trust in-patient units (Mater, Windsor House-Belfast City Hospital and Knockbracken), Belfast Trust Emergency Departments (Mater and Royal Victoria Hospitals) and GP out-of-hours services. These trainees worked with a senior registered mental health nurse and the next tier of senior cover was provided at the registrar level (ST4+). Some of the trainees had concerns about how they could safely cover multiple sites at the same time. It did not appear to the visiting team that these trainees felt empowered to call the second tier for help when they felt stretched due to simultaneous emergencies on different geographic sites.

#### EWTD Compliance

There were no issues regarding EWTD compliance

### Domain 5 – Delivery of approved curriculum including assessment

#### Practical Experience

Practical experience is dependent on the team to which the trainee is attached. The trainee attached to the Forensic Ward looked after in-patients, admitted and discharged patients and also gets some experience of community. The trainee attached to the community team was an intrinsic member of the specialised mental health team for learning disability, did 2 clinics per week, and attended link meetings with 4 multidisciplinary teams in the Belfast area. The trainee attached to the acute in-patients team mainly did ward work and attended multi-disciplinary team meetings in the acute in-patient ward and two other in-patient units. The trainee attached to the chronic long stay patients was involved in the care of patients in 3 different ward areas and did 1 clinic/week. Trainees who were slot-sharing did out-patients clinics in Belfast and Bangor. There were no issues regarding tasks of limited educational value.

#### Training Days

Trainees are released to attend Regional teaching on Psychotherapy or in preparation for MRCPsych as appropriate.

### Domain 6 - Support and development of trainees, trainers and local faculty

#### Induction

Trainees attended generic induction in Belfast Trust, Psychiatry-specialty induction at Windsor House, and unit induction at Muckamore Abbey. The Psychiatry induction was good and ran on the first day and 2 subsequent Fridays and covered a range of psychiatric disorders, Trust guidelines and policies and the arrangements for Mental Health at Night rota. The induction to Muckamore included an explanation of the workings of the hospital, a tour of the site and provision of a handbook by one of the trainees who had worked in the unit before. The trainees missed out on introductions to the consultants.

**Education Supervision**

Trainees knew who their educational supervisors were, had met with them, had signed an educational agreement and were making progress with their workplace based assessments.

**Hospital Specialty Educational Meetings**

Trainees described a well organised unit educational meeting on Monday lunchtimes which involved journal club and case presentations and which was well supported by consultants

**Audit**

Most of the trainees were taking part in audits and there were opportunities to present audits monthly during the Monday lunchtime teaching programme.

**Internet Access** - Trainees described an inadequate number of computers and slow internet access.

**Undermining** - No issues were raised

**Personal Safety**

Trainees had been provided with dis-engagement training at Muckamore. Some of the trainees raised issues about personal safety when visiting patients at the GP out-of-hours service in Belfast (Beldoc). They felt vulnerable, due to perceived lack of secure car parking, when walking back to their cars in the dark after seeing patients during the night at Beldoc.

**Trainer Support**

Trainer Training Most consultants had attended a Teaching the Teachers course and some expressed an interest in attending a course on Managing Trainees in Difficulty. Trainers were not sure that they were receiving emails from the Belfast Trust Education Centre concerning the Doctors in Difficulty courses or courses for clinical and educational supervisors

Training Capacity. Due to increasing sub-specialisation of the consultants, there are challenges in providing a balance between in-patient and out-patient experience for trainees. In addition, trainees may not get much experience of acute psychiatry.

PA Allocation The consultants feel that time for clinical end educational supervision duties is squeezed but they do have time recognised for 1-1 weekly 1 hour supervision sessions with their trainees

Accountability. Dr Carabine is responsible for postgraduate medical education and training in the Trust

Appraisal. Appraisal for educational roles occurs as part of annual appraisal

**Conclusions****Good Practice:**

1. The trainees all rate the unit highly
2. Generic and Specialty-specific induction programmes were both good.
3. Education supervision was good
4. Clinical supervision was good
5. Formal education was good
6. Audit was well supported

**Areas for Improvement:**

1. The unit induction could be improved by an opportunity to meet the consultants during the session.
2. Practical experience was not well balanced for all trainees. The attachments should be re-organised to provide trainees with both in-patient and out-patient experience.
3. Mental Health at Night. Safety of simultaneous cover of multiple sites – We would request the Specialty Education Lead to investigate whether there are genuine safety issues here or whether this is due to a lack of empowerment on the side of trainees in not feeling able to ask for help from the next tier of seniority.
4. Personal Safety at night and car parking at Beldoc. We would ask the Trust to investigate the trainees concerns re secure car parking.
5. Computer and internet access reported as weak by trainees and trainers.

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**Trust Action Plan to Deanery Visit Report**



All final reports will be sent to the Director of Medical Education, and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS  
 These reports will be used to inform GMC of both good practice and areas of concern through the Annual Deanery Report.

<b>Hospital Visited</b>	<b>Muckamore, Belfast</b>	<b>Specialty Visited</b>	<b>Psychiatry</b>
<b>Type of Visit</b>	<b>Cyclical</b>	<b>Date of Visit</b>	<b>18 November 2011</b>
<b>Trust Responsible Officer</b>	██████████	<b>Deadline for submission of Trust Response/Action Plan</b>	<b>N/A</b>
<b>Action Plan Reviewed By QMG</b>	<b>13 August 2012</b>	<b>QMG Grading Decision</b>	<b>B1 Satisfactory</b>

	Grading Outcome	Description	Action Plan	Update on Action Plan	Re-visit
A1	Excellent	Exceeds expectations under all GMC domains	Not required	Not required	Not necessary
A2	Good	Meets expectations under all GMC domains	Not required	Not required	Not necessary
B1	Satisfactory	Areas for improvement identified, but no significant areas of concern	Required within 10 working days	Required within 6 months	No automatic re-visit
B2	Satisfactory (with conditions)	Areas for improvement identified. Specific concern to be addressed	Required within 10 working days	Required within 6 months	No automatic re-visit
C	Borderline	Areas of concern to be addressed	Required within 10 working days	Required within 3 months	Automatic re-visit within 12 months
D	Unsatisfactory - Not able to assess	Unable to assess due to lack of trainee and/or trainer engagement with visit	Urgent conference with Medical Director and Director of Medical Education within 10 working days.		
E	Unsatisfactory - Urgent action	Urgent action required on significant areas of concern	Required within 10 working days	Required within 3 months	Required within 3 months
F	Unsatisfactory- Unsafe Training Environment – Immediate Action	Immediate action to be taken by notification to nominated Trust representative. Possible withdrawal of trainees/training post after discussion with GMC	Required within 10 working days	Required within 30 working days	Automatic re-visit within 3 months

Visit Team Findings against GMC Standards for Training					
	Areas For Improvement Identified by Visit Team:	Trust Action Proposed:	Lead and Involved Individuals:	Date to be completed by:	QMG Response:
1	The unit induction could be improved by an opportunity to meet the consultants during the session.	The site educational lead takes part in the induction programme and meets all new trainees. Opportunities will be provided for the LD consultants to meet with all the LD trainees at an early stage.	██████████ and Colleagues	April 2012	The Deanery QMG acknowledges and accepts this action.
2	Practical experience was not well balanced for all trainees. The attachments should be re-organised to provide trainees with both in-patient and out-patient experience.	<p>The trainee job plans will be reviewed to ensure that they include a balanced experience. Trainees are encouraged to obtain experience in areas outside their individual post for example by attachment to other consultants' clinics and special interest sessions. The Trust intends to appoint a non-training grade doctor. This should increase flexibility in trainee job plans.</p> <p><b>UPDATE 14.6.12:</b> The Educational Supervisor &amp; Clinical Director have reviewed trainee job plans to ensure that trainees have access to training in both inpatient and outpatient settings. Individual job plans should reflect not only service needs but the training needs, seniority and previous experience of the trainee.</p>	██████████	June 2012	The Deanery QMG would acknowledge and accept this update.
3	Mental Health at Night. Safety of simultaneous cover of multiple sites – We would request the Specialty Education Lead to investigate whether there are genuine safety issues here or whether this is due to a lack of empowerment on the side of trainees in not feeling able to ask for help from the next tier of seniority.	<p>As noted in the Windsor visit report "the junior staff could get help from the experienced nursing members of the team and from registrars on the 2<sup>nd</sup> tier. They had learnt how to prioritise quickly and would have no hesitation in getting a patient transferred by ambulance to the acute hospital if the patient had a major medical problem and the trainee had difficulty in travelling to that site in a timely fashion."</p> <p>Updated written guidance to trainees reinforces the advice to trainees. Clear guidance is given regarding response to emergencies and how to deal with situations when simultaneously calls come from different sites. Trainees are advised to call the second on call if assistance is needed. The second on call can in turn call the consultant. Non-medical (nursing) member of the team can also provide backup.</p> <p>The intensity of calls will be monitored and the system kept under review.</p>	██████████	Achieved	The Deanery QM group would like to thank the Trust for carrying out and sending through the results of the 'Mental Health at Night' audit.



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4	Personal Safety at night and car parking at Beldoc. We would ask the Trust to investigate the trainees concerns re secure car parking.	Parking provision will be addressed by Trust management with provision of appropriate access to safe and convenient spaces.  <b>UPDATE 14.6.12:-</b> Fobs allowing access to the fenced car part at Fairview have been provided by estate services and are available for trainees on duty with the Mental Health at Night service.	Mr M Carney	May 2012	The Deanery QMG would acknowledge and accept this update.
5	Computer and internet access reported as weak by trainees and trainers.	The Trust will work to improve access to computers and the internet access locally. There are plans to introduce a IT-based Community Information System (PARIS). This will involve increased provision of IT facilities across the site.  <b>UPDATE 14.6.12:-</b> There is one ordinary PC and two chip PCs in the library, a chip PC in the journal room, and a chip PC in each trainee's office. Speed and reliability remain an issue, though the ordinary PC in the library should provide reliable and speedy access unless two juniors require this at the same time. The desktop computers should provide reliable and speedy internet access. The internet access in the trainees' offices are the Chip computer arrangement. The Trust recognises that there is an issue with this arrangement with regards to speed and reliability. A number of meetings have taken place with the Trust IT Department, they are aware of the issue, and I understand the issue is on a priority list for action.	ICT Department Dr D Hughes	May 2012	The Deanery QMG would acknowledge and accept this update.

**Additional Comments from the Trust:**

We would like to thank the Deanery team for their visit which has facilitated the service in reviewing our training scheme. We intend to continue to develop the scheme to respond to the needs of trainees in a changing system of service delivery.

**On behalf of the Trust:**

**Signature of Nominated Trust Responsible Officer**

NIMDTA  
Educational Monitoring Visit to Trust



## FINAL REPORT

Hospital Visited	Muckamore Abbey Hospital, South Eastern Trust			
Specialty Visited	Psychiatry of Intellectual Disability			
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	[REDACTED]			
Date of Visit	04 December 2020			
Visiting Team	[REDACTED]			
Rating Outcome	Red	Amber	Green	White*
	0	2	1	0

Purpose of Deanery visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the Northern Ireland Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPs). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland.
Purpose of this visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Psychiatry of Intellectual Disability training at Muckamore Abbey Hospital.
Circumstances of this visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Psychiatry of Intellectual Disability training at Muckamore Abbey Hospital.
Relevant previous visits	Cyclical visit to the Psychiatry unit in Belfast Trust in May 2017
Pre-visit meeting	04 December 2020
Purpose of pre-visit meeting	To review and triangulate information about postgraduate medical education and training in the unit to be visited.
Pre-Visit Documentation Review	Previous visit report and subsequent Trust Action Plan - 24 May 2017 Trust Background Information Template December Pre-visit Smart Survey <sup>o</sup> - November 2020 GMC National Training Survey 2019
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.

\* 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**

[Redacted]

**Trainees Interviewed**

	GPST1	CT1 -2	CT3	ST3/4+
<b>Posts</b>	1	1	2	4
<b>Interviewed</b>	1	0	1	3

**Trainers Interviewed**

Trainers x 3

**Feedback provided to Trust Team**

[Redacted]

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

[Redacted]

**Background**

**Organisation:** The Belfast sites included in this visit are Muckamore Abbey Hospital which has inpatient beds and the Belfast City Hospital site which has one outpatient clinic. There are intellectual disability consultants who work for the both the Belfast and the South Eastern Trust which has two outpatient clinics.

**Staff:** There are currently two x consultants and three Specialty Registrars. One consultant is based out in the community and the other is based in Lisburn within the SEHSCT four days a week and one day in Muckamore Abbey Hospital site. Further to this there is 1 x GPST1 trainee, 1 x CT3 trainee, 1 x CT2 trainee and 2 x locum specialty doctors. There is no F1/F2 or Associate Specialists.

**Rotas:** There is a split rota that consists of on site and off site working as follows:

- 1 x 1.0 WTE & 1x WTE 0.5 On Site consultants
- 1x WTE 1.0 ( 9-5 Community) Staff Grade and 1x WTE 1.0 Staff Grade (9-5 SEHSCT)
- 1 x GPST1 trainee 1.0 WTE
- 1 x CT3 (LTFT 60%)
- 1 x CT2 1.0 WT
- 1 x Specialty Locum 1.0 WTE
- 1 x Specialty Locum (GP) 0.5 WTE

**Other Sites:** Knockbracken remaining wards, Acute Mental Health Centre (AMHIC) in the Belfast City Hospital & CAMHS in-patient unit based in Forster Green Hospital.

**NTS:** There was no NTS survey completed this year due to the Covid 19 Pandemic.

**Previous Visits/Concerns:** The loss of connectivity with trainees working in different sites; loss of opportunity for trainers to touch base with trainees on a more informal basis. This has impacted the timeliness of receipt of rota/impact of rota gaps, the Enhanced Junior Doctor forum working with Medical HR re same. Trainees working in PID being aware of recent investigations who feel very supported by staff in this regard, and made aware of other supports and available/mechanisms for raising concerns.

### Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

#### Theme 1: Learning Environment and Culture

**S1.1:** The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

**S1.2:** The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

#### Induction (R1.10, 1.13, 1.19)

There appeared to be a very comprehensive approach to induction even given the Pandemic. It was mainly conducted through MS Teams, back up with online documentation which the trainees reported as being very helpful and frequently consulted. There was however concern raised by trainees regarding IT access at different sites. On occasions secretaries have been required to email the last patient letter to trainees for information.

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

This was of a high standard. All trainees felt well supported with appropriate supervision.

#### Handover (R1.14)

Handover is very informal which would be a concern. It usually involves telephone contact between trainees and on occasion's use of What app groups. Trainees did not feel that this was a significant patient risk given the presently low number of patients.

#### Practical Experience (R1.19)

All training grades were very happy with the range of clinical material. They were all enthusiastic regarding Psychiatry of Intellectual Disability.

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

There were no concerns raised regarding the workload.

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

All rotas were compliant, there was however concern raised by both trainers and trainees regarding the complexity of the rota, this was due to the requirements of multisite cover on different shifts. The Trust is attempting to address this.

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

There are regular weekly teaching sessions covering the curriculum. There is also once a month Intellectual Disability specific training. These sessions are well supported by consultant trainers.

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

Within each unit there is good access to IT facilities however as indicated earlier (Induction), access at different sites is problematic and not all trainees have seamless access.

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

Trainees are encouraged and supported in both audits and QI projects.

#### Patient Care (R1.1, 1.3, 1.4)

This is of a high standard. All trainees felt that each patient was cared for in a patient focused care and manner.

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

There are no concerns regarding patient safety.
<p><b>Theme 2: Educational Governance and Leadership</b></p> <p><b>S2.1:</b> 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.</p> <p><b>S2.2:</b> The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p><b>S2.3:</b> The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>
<p><b>Educational Supervision (R2.11, 2.14, 2.15)</b></p> <p>All trainees felt well supported by trainers and described easy and frequent access to ES and CS. There are no issues regarding completion of WBAs.</p>

<p><b>Theme 3: Supporting Learners</b></p> <p><b>S3.1:</b> Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>
<p><b>Feedback on Performance, Development and Progress (R3.13)</b></p> <p>There are no concerns regarding feedback, this is done in a very supportive manner.</p>
<p><b>Trainee Safety and Support (R3.2)</b></p> <p>There were no concerns raised regarding trainee safety.</p>
<p><b>Undermining (R3.3)</b></p> <p>There are no reports of undermining.</p>
<p><b>Study Leave (R3.12)</b></p> <p>This is accessible and no concerns were raised.</p>

<p><b>Theme 4: Supporting Educators</b></p> <p><b>S4.1:</b> Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p><b>S4.2:</b> Educators receive the support, resources and time to meet their education and training responsibilities.</p>
<p><b>Trainer Support (R4.1-4.6)</b></p> <p>All trainers were well supported by the LEP and School. No concerns were raised.</p>

<p><b>Theme 5: Developing and Implementing Curricula and Assessments</b></p> <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>
There were no concerns raised.

**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>

<b>Areas Working Well</b>
<ol style="list-style-type: none"> <li>1. Excellent supervision.</li> <li>2. 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. The Teaching was highlighted as excellent, and all trainees can access all training provided.</li> <li>2. All trainees are very well supported by their trainers.</li> <li>3. The daily huddle to discuss patient care and weekly governance meeting and the drive by all to improve this.</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):			
	Educational Governance	Clinical Governance	RAG Rating
1. <b>Rota</b> construction is very complex. The Trust is already working to address this. During discussion it was suggested that trainees should be involved in redesigning the rota.		✓	Amber

<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):			
	Educational Governance	Clinical Governance	RAG Rating
1. <b>Handover.</b> There is no formal process for handover. This needs to be addressed.	✓	✓	Green
2. <b>Induction.</b> Trainees do not have access to all IT resources required. This may be helped by ensuring there is good and timely IT access across all sites and a single portal can be created for handover which can be accessed from any location.	✓	✓	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):			
	Educational Governance	Clinical Governance	RAG Rating
There were no areas of significant concern identified.			