

## QUALITY MANAGEMENT VISIT

### LEEDS TEACHING HOSPITALS NHS TRUST

**DAY 1 – ST JAMES HOSPITAL WEDNESDAY 8<sup>TH</sup> MAY 2013**

**DAY 2 – LEEDS GENERAL INFIRMARY 9<sup>TH</sup> MAY 2013**

This report has been agreed with the Trust.

The Trust Visit Report will be published on the Deanery Website

Conditions that are RAG rated as Amber, Red and Red\* will be reported to the GMC as part of the Deanery Reporting process, the reports are published on the GMC website.

<b>Date of First Draft</b>	<b>14/05/13</b>
<b>First Draft Submitted to Trust</b>	<b>29/05/13</b>
<b>Trust comments to be submitted by</b>	<b>12/06/13</b>
<b>Final Report circulated</b>	<b>27/06/13</b>

## **VISITING PANEL MEMBERS DAY 1 – ST JAMES HOSPITAL:**

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Mr Craig Irvine	Deputy Foundation School Director
Mr Tony Browning	Associate Postgraduate Dean
Dr Kirsty Baldwin	Locality Lead for Postgraduate GP Education
Dr Michael Porte	Regional Adviser, Royal College of Radiologists
Mr Garry Dyke	Associate Postgraduate Dean
Dr Jane Allen	Training Programme Director, Obstetrics and Gynaecology
Dr Kevin Phillips	Training Programme Director, Obstetrics and Gynaecology
Dr Ian Wilson	Associate Postgraduate Dean
Dr Helen Law	Director of Medical Education
Sarah Walker	Quality Manager
Laura Tattersall	Quality Officer
Sue Reid	Medical Workforce Manager
Rachel Cadwallader	Programme Support Administrator
Emily Downes	Programme Support Officer
Katie Smith	Programme Support Assistant

<b>Specialties Visited:</b>	<b>Foundation</b>
	<b>GP</b>
	<b>Radiology</b>
	<b>Obstetrics &amp; Gynaecology</b>
	<b>Medicine</b>

## **VISITING PANEL MEMBERS DAY 2 – LEEDS GENERAL INFIRMARY:**

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Mr David Wilkinson	Postgraduate Dean
Sharon Oliver	Director of Education Quality, Learning & Development (feedback only)
Mr Craig Irvine	Deputy Foundation School Director
Mr Tony Browning	Associate Postgraduate Dean
Dr Kirsty Baldwin	Locality Lead for Postgraduate GP Education
Dr Michael Porte	Regional Adviser, Royal College of Radiologists
Professor Una Macleod	Academic Training Programme Director
Steve Duffy	Lay Representative
Emma Jones	Senior Business Manager
Sarah Walker	Quality Manager
Laura Tattersall	Quality Officer
Sue Reid	Medical Workforce Manager
Andrea Pearson	Programme Support Officer
Rachel Cadwallader	Programme Support Administrator
Anil Boury	Academic Co-ordinator

<b>Specialties Visited:</b>	<b>Foundation</b>
	<b>GP</b>
	<b>Radiology</b>
	<b>Obstetrics &amp; Gynaecology</b>
	<b>Medicine</b>
	<b>Academic</b>

## **NOTABLE PRACTICE**

### **GMC DOMAIN - ALL**

#### **All Schools**

The Trust has been looking at new ways of working to release trainees to enable them to spend more time on training. The panel was informed that the Foundation trainees have undertaken an audit on time and motion work and found that 30% of the work they undertake is non-medical. This time could be freed up to do training, with the non-medical work completed by using Advanced Nurse Practitioners or Clinical Support Workers.

The Trust are currently undertaking a large piece of work around competency based workforce planning which they feel will address some of the issues raised in this report.

**The Deanery strongly supports the Trust's attempts to reduce reliance on medical trainees for repetitive tasks.**

### **GMC DOMAIN 7 – Management of Education & Training**

#### **Academic and Out of Programme Posts**

The Deanery welcomes the very constructive contract arrangements (informal) between Human Resources at Leeds Teaching Hospitals NHS Trust and Leeds University.

### **GMC DOMAIN 6 SUPPORT & DEVELOPMENT**

#### **All Schools**

Trainee and trainer relationships, on a day to day basis, are generally positive.

### **GMC DOMAIN 5 – CURRICULUM DELIVERY**

#### **School of Obstetrics & Gynaecology & School of Radiology**

Trainees reported excellent training opportunities.

## **GMC DOMAIN 5 – CURRICULUM DELIVERY**

### **School of Medicine – Core Trainees**

Good feedback was received from the Core Medical Trainees who reported that each medicine speciality is running speciality specific teaching which they found to be useful.

## **CONDITIONS**

### **Condition 1**

## **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

### **Foundation School (Foundation Year 1 (FY1) more than Foundation Year 2 (FY2))**

There have not yet been visible improvements to the issues previously raised in general surgery at St James' Hospital. Attendance at the Surgical Assessment Unit (SAU) is sporadic, trainees reported that there is no scheduled time to go to SAU, and they are only able to attend if they are not too busy on their main ward.

Trainees reported that they do not receive departmental induction in surgery.

There was variable feedback regarding supervision, depending upon the individual.

There were concerns regarding some trainees not having met with their Educational Supervisor throughout a placement.

### **Action To Be Taken:**

The Trust must ensure the following actions are completed:

- 1) All Foundation trainees to gain appropriate exposure to acute surgery.
- 2) Departmental Induction to be implemented for all Foundation Trainees in surgical posts.
- 3) Supervision to be reviewed to ensure that all trainees receive an effective level of support.
- 4) Educational Supervisors to meet with their trainees within 2 weeks of commencing placement.  
The Trust to monitor this to ensure that it happens.

**RAG Rating:**



**Timeline:** 1 & 2 - July 2013, 3-5 - September 2013

### **Evidence/Monitoring:**

1. Copy of the placement arrangements.
2. Copy of Departmental Induction materials and Attendance Log.
3. Confirmation from the Trust that supervision has been reviewed and a copy of the action plan.
4. Copy of the Trust monitoring records demonstrating meetings are taking place in a timely manner.

**Condition 2****GMC DOMAIN 3 – EQUALITY & DIVERSITY****Foundation School**

The Oncology and Haematology FY2 trainees feel that some consultants are too judgmental in public meetings. The trainees are not receiving constructive feedback, they reported that handover sometimes appears to be used as an opportunity to criticise trainees in a public forum rather than as a learning opportunity.

The Deanery was reassured that the department was anxious to deal with the problem after it was raised in the first feedback session.

**Action To Be Taken:**

The Trust must ensure that all consultants are aware of this example of undermining of the trainees. Director of Medical Education (DME) to seek trainee feedback on its resolution.

**RAG Rating:****Timeline:** July 2013**Evidence/Monitoring:** Trust to confirm that this message has been communicated to all consultants.**Condition 3****GMC DOMAIN 1 – PATIENT SAFETY – Induction****Foundation School**

Some FY2 trainees on community placements in post 1 were told they were not required to attend the Trust Induction. This resulted in them not receiving essential information for example, not being allocated logins and training for the EDAN discharge system, which results in them being unable to access the system.

**Action To Be Taken:**

Trust must ensure that all trainees attend the Trust Induction including those in community placements and are issued with essential information.

**RAG Rating:****Timeline:** September 2013**Evidence/Monitoring:** Induction records.

**Condition 4****GMC DOMAIN 3 – EQUALITY & DIVERSITY****Foundation School**

Reports were received from FY1 and FY 2 trainees mainly in medicine and surgery, regarding undermining from some Radiology consultants when requesting investigations.

**Action To Be Taken:**

- 1) Trust to investigate the claims by further discussion with the trainees.
- 2) Trust policies and procedures to be brought to attention of trainees and trainers in the department.
- 3) DME to receive feedback from the Foundation trainees by 31<sup>st</sup> August

**RAG Rating:****Timeline:** 1 & 2 - July 2013, 3) - August 2013**Evidence/Monitoring:**

- 1) Findings from Trust investigation.
- 2) Copy of communication sent to trainees and trainers.
- 3) Copy of the feedback received and any identified actions if required.

**Condition 5**

**GMC DOMAIN 1 – PATIENT SAFETY & GMC DOMAIN 6 SUPPORT & DEVELOPMENT**

**Foundation School**

FY1s and FY2 trainees reported that they were attending some resuscitation events on both sites without any senior medical and anaesthetic cover. They reported that there is also equipment which is not in working order on Gledhow Wing e.g. ECG machines, blood gas machines

The Lay member expressed great concern; the very least a patient in hospital in need of the crash team has the right to expect is that those attempting to save their life will have every available facility at their disposal, meaning equipment which works and is reliable because it is properly maintained and routinely tested, and doctors who have the appropriate experience and seniority to ensure the best possible clinical outcome.

This needs urgent attention at the most senior level in the Trust by the person responsible for ensuring patient safety.

The Trust reported that there is on-going work in relation to this at Directorate level. Changes have recently been implemented introducing block driven crash teams and a registrar for each block has been identified in some areas. This has not been taken up by each team and further work is needed.

**Action To Be Taken:**

- 1) An identified medical and anaesthetic registrar must be identified for each crash team, and is communicated to all trainees.
- 2) All resuscitation equipment must be in full working order, properly maintained and routinely tested.

**RAG Rating:**



**Timeline:** 1) June 2013 & 2) Immediate

**Evidence/Monitoring:** Confirmation of resuscitation team structures from the Trust and evidence that all machinery is in full working order and routine tests have been carried out and are scheduled.

**Condition 6**

**GMC DOMAIN 5 – CURRICULUM DELIVERY**

**Foundation School**

FY1 trainees reported that scheduled teaching sessions are regularly cancelled on both sites.

**Action To Be Taken:**

The Trust must ensure that protected teaching is bleep free. The DME to seek feedback from the FY1 Trainees that this has been implemented.

**RAG Rating:**



**Timeline:** October 2013

**Evidence/Monitoring:** A copy of the trainee feedback.

**Condition 7****GMC DOMAIN 1 – PATIENT SAFETY****School of Medicine – Core Trainees**

There is a lack of clarity on escalation of sick patients in some parts of Gledhow Wing - Medicine for the Elderly. Trainees reported that when providing cover on the ward they are not sure who to contact. The Trainers confirmed that there is a Trust Escalation Policy in place.

**Action To Be Taken:**

The Trust must ensure that all trainees are aware of the Trust Escalation Policy.

**RAG Rating:****Timeline:** July 2013

**Evidence/Monitoring:** Confirmation from the Trust that this has been communicated to all trainees and a copy of the communication.

**Condition 8****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****Foundation School**

Trainees felt that there was not sufficient consultant presence in orthopaedics on the Leeds General Infirmary (LGI) site with no consultant led ward rounds.

The Foundation Medicine for the Elderly Trainees also reported not seeing any other doctor in 24 hours when on Gledhow Wing at weekends. The Trust indicated that there is a weekend consultant ward round on Gledhow Wing, but trainees are apparently not routinely attending this.

**Action To Be Taken:**

The Trust must ensure that there is appropriate senior support for trainees at all times.

**RAG Rating:****Timeline:** July 2013

**Evidence/Monitoring:** Confirmation from the Trust of senior support arrangements.



**Condition 9****GMC DOMAIN 5 – CURRICULUM DELIVERY****School of Medicine – Core Trainees**

In contrast to strong departmental teaching arrangements, there are concerns with the structure and delivery of systematic teaching. The trainees are responsible for organising the 3 hour Wednesday teaching session, and they reported that 25% of teaching is cancelled. The Trainees reported that they did not receive PACES teaching and were having to go to external courses for this. The trainers believe that the training programme is being delivered, but it is sporadic.

Trainees at the St James's site find it difficult to get to the teaching when it is held at LGI; there is poor access to video conferencing. Trainees do not feel that they are getting sufficient attendance to achieve the 70% attendance requirement.

A replacement College Tutor for Medicine has not been appointed.

**Action To Be Taken:**

- 1) Appoint a College Tutor for Medicine, with a clear responsibility for organising and ensuring delivery of the CMT teaching programme.
- 2) Develop a mixed training module involving trainers and trainees.

**RAG Rating:****Timeline:** 1) November 2013 & 2) August 2013**Evidence/Monitoring:**

- 1) Confirmation and details of appointment to Medicine College Tutor role.
- 2) A copy of the training module.

**Condition 10****GMC DOMAIN 5 – CURRICULUM DELIVERY****School of Medicine – Core Trainees**

Trainees reported difficulties in gaining feedback on their performance and getting Work Based Placement Assessments (WBPA) completed. The Trainers do feel that trainees sometimes leave the assessments until the last minute.

**Action To Be Taken:**

The Trust to ensure that the trainees and trainers are both reminded of their responsibilities towards completing WBPAs.

**RAG Rating:****Timeline:** July 2013**Evidence/Monitoring:** Copy of communication sent to trainees and trainers.

**Condition 11**

**GMC DOMAIN 1 – PATIENT SAFETY & DOMAIN**

**School of Medicine – Higher Trainees**

There are concerns from trainees regarding the proposals that the Trust has put forward for reorganisation of the medical rotas on both sites. There were concerns about the consultation process and trainee engagement, with a lot of frustration and anxiety. There was however a consensus that the trainees recognised the reasons for change, and were keen to work to identify appropriate solutions.

The planning of rotas is an employer matter, but the Deanery wishes to see effective plans both in relation to patient safety and also the quality of training.

The Deanery continues to support the previous proposals made in Dr Arnold's letter. ALL ST3 trainees working on a MAU rota require senior support, and the proposals should be framed in a way that does not leave two 'junior' registrars covering MAU. The Trust should also consider how consultant support for MAU and the base medical wards can be extended into out of hours periods and weekends – reorganisation of the middle grade doctors is not the only solution to improving the service provided.

Of the current proposal seen briefly so far, the plans for LGI cover seem likely to need further discussion with the trainees the most. Trainees contributing to any rota must have relevant skills, and access to suitable consultant advice and supervision.

**Action To Be Taken:**

The Trust must review the medicine rota proposals, involving the trainees when developing the new proposals.

**RAG Rating:**



**Timeline:** July 2013

**Evidence/Monitoring:** Trust to provide details of new rotas.

**Condition 12**

**GMC DOMAIN 5 – CURRICULUM DELIVERY**

**School of GP - Rheumatology and Medicine for the Elderly**

GP Trainees reported problems with half day release in elderly and rheumatology, averaging out at 50% attendance due to workload issues on the ward and providing ward cover.

**Action To Be Taken:**

The Trust must ensure that trainees are able to attend at least 70% of half day teaching.

**RAG Rating:**



**Timeline:** October 2013

**Evidence/Monitoring:** Confirmation from the Trust that 70% attendance is being achieved.

**Condition 13****GMC DOMAIN 1 – PATIENT SAFETY – Consent****School of GP – Obstetrics & Gynaecology**

Trainees reported that they do not receive consent training, specifically in gynaecology. The trainers reported that more pre-printed forms detailing risks are coming into use.

**Action To Be Taken:**

The Trust must ensure that all trainees required to take consent are formally trained in the procedures they are seeking consent for.

**RAG Rating:****Timeline:** September 2013

**Evidence/Monitoring:** Confirmation from the Trust that trainees have undertaken consent training and a copy of the attendance logs.

**Condition 14****GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****School of GP - Obstetrics & Gynaecology**

The GP trainees reported that on the post natal ward they run the discharge planning without any senior cover.

**Action To Be Taken:**

The Trust must ensure that senior cover is in place for patient discharges and the trainees know who to contact.

**RAG Rating:****Timeline:** July 2013

**Evidence/Monitoring:** Trust to confirm that this has been implemented and a copy of the arrangements/rota.

**Condition 15****GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****School of GP Obstetrics & Gynaecology**

Clinical Supervisors have not been allocated this year to obstetrics and gynaecology trainees. Trainees reported that they have been requested to find their own Clinical Supervisor.

**Action To Be Taken:**

The Trust must ensure that they allocate Clinical Supervisors to all trainees.

**RAG Rating:****Timeline:** July 2013

**Evidence/Monitoring:** Trust to confirm that this has been implemented.

**Condition 16****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of GP - ENT**

ENT trainees reported working up to 2 days in theatre, but being expected to carry out the electronic discharges rather than assist in the theatre work. This is an inappropriate use of training time.

**Action To Be Taken:**

The Trust must ensure that GP trainees are not used solely for administrative functions, and that attendance in the theatres is used as a teaching opportunity.

**RAG Rating:****Timeline:** August 2013**Evidence/Monitoring:** Confirmation from the Trust that this practice has ceased.**Condition 17****GMC DOMAIN 5 – DELIVERY OF APPROVED CURRICULUM****School of GP - Emergency Medicine**

A&E Trainees reported issues with not being able to get half day release on a Tuesday to attend training. They are released on a Thursday to attend departmental training, using locums to cover the wards.

**Action To Be Taken:**

The Trust must make sure that arrangements are in place to enable trainees to attend half day teaching on a Tuesday.

**RAG Rating:****Timeline:** August 2013**Evidence/Monitoring:** Confirmation from the Trust that trainees are being released for half day Tuesday teaching and attendance logs.**Condition 18****GMC DOMAIN 1 PATIENT SAFETY- Clinical Supervision****School of Obstetrics & Gynaecology**

There are concerns regarding the amount of senior cover overnight for the gynaecology service. The service can be run by a CT/FY2 who is supported by a registrar at home. Trainees feel exposed and described incidents where there had been concerns. This is aggravated by the geography of units within the Trust, and by trainees covering patients on different sites.

**Action To Be Taken:**

The Trust must review the senior cover provision available overnight and ensure that there is adequate senior support readily available.

**RAG Rating:****Timeline:** July 2013**Evidence/Monitoring:** A copy of the Trust review and action plan.

**Condition 19****GMC DOMAIN 1 PATIENT SAFETY- Handover****School of Obstetrics & Gynaecology**

There is no formal handover process for acute gynaecology, particularly after 5 pm. The first on call evening handover is informal. At the morning handover consultant attendance is variable.

**Action To Be Taken:**

The Trust to must ensure that there is a formal handover in place during the evening and there is consultant presence at morning handovers.

**RAG Rating:****Timeline:** July 2013**Evidence/Monitoring:** Confirmation from the Trust on handover arrangements.**Condition 20****GMC DOMAIN 3 – EQUALITY & DIVERSITY****School of Obstetrics & Gynaecology**

The visitors were pleased to hear that previous bullying concerns on the Obstetric Unit at LGI are much improved. Sadly there are now consistent reports of persistent undermining in the elective gynaecology theatre on Chancellor wing. The claims involve nursing staff and ODAs, with all medical staff groups being affected.

Trainees also reported the Reproductive Medicine Unit (RMU) to be dysfunctional. Some Consultants can be bullying, and the working atmosphere is often far from what trainees would wish to experience.

**Action To Be Taken:**

- 1) Trust to investigate the claims by further discussion with all medical staff.
- 2) Trust policies and procedures to be brought to attention of all staff in the elective gynaecology theatre and RMU.
- 3) DME to receive feedback from the trainees by 31<sup>st</sup> August.

**RAG Rating:****Timeline:** 1) & 2) July 2013 - 3) August 2013**Evidence/Monitoring:**

- 1) Findings from Trust investigation.
- 2) Copy of communication sent to staff.
- 3) Copy of the feedback received and any identified actions if required.

**Condition 21****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Radiology**

There is a lack of Trust support for job plan recognition of trainer time for Educational Supervision.

**Action To Be Taken:**

The Trust must ensure that Educational Supervisors and all others with formal teaching and training roles, have adequate time for training identified in their job plans

**RAG Rating:****Timeline:** September 2013

**Evidence/Monitoring:** Educational Supervision Planned Activities to be documented in all Educational Supervisors job plans.

**Condition 22****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Radiology**

Support and teaching received in Radiology were reported as excellent. The balance of service and training was generally good, but concerns were raised by the trainees as to the workload during the day at weekends at St. James' Hospital. Trainers confirmed these concerns.

**Action To Be Taken:**

The Trust must review weekend working arrangements in the radiology department.

**RAG Rating:****Timeline:** August 2013

**Evidence/Monitoring:** A copy of the Trust review report and action plan.

RAG guidance can be found at Appendix 1.

## **RECOMMENDATIONS**

As recommendations are not a condition of training they will not form part of our response to the GMC.

### **Recommendation 1**

#### **GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING**

##### **School of Academics**

Trainers feel that more engagement at senior Trust level would be valuable.

##### **Action To Be Taken:**

The Trust to recognise the importance of the Integrated Academic Pathway posts.

**RAG Rating:**



**Evidence/Monitoring:** Confirmation of senior Trust level engagement.

### **Recommendation 2**

#### **GMC DOMAIN 8 – EDUCATIONAL RESOURCES & CAPACITY**

##### **School of GP**

Clinical Supervisors are not engaging consistently with use of the ePortfolio, it is separate to other portfolios and there are difficulties with logins

**Action To Be Taken: The Trust should ensure that all Clinical Supervisors are given appropriate guidance in whichever e-portfolio they need to use in supervising a trainee.**

**RAG Rating:**



**Evidence/Monitoring:** Confirmation of how advice/logins have been provided to all Clinical Supervisors

### **Recommendation 3**

#### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

##### **Foundation School & School of GP**

There are concerns regarding phlebotomy on care of the elderly especially over the weekend, which results in trainees regularly undertaking routine non-medical tasks.

##### **Action to be taken:**

Phlebotomy service to be reviewed and actions taken to ensure trainees are not regularly required to undertake non-medical tasks.

**RAG Rating:**



**Evidence/Monitoring:** Confirmation from the Trust of the new phlebotomy arrangements.

#### Recommendation 4

#### GMC DOMAIN 1 – PATIENT SAFETY - Induction

#### School of Obstetrics & Gynaecology

Some trainees reported that those who did not start at the August intake did not receive a Trust Induction.

#### Action To Be Taken:

Trust must ensure that all trainees receive a full induction no matter when they start in the training year.

RAG Rating:



**Evidence/Monitoring:** Confirmation from the Trust that all trainees receive a Trust Induction. Copies of attendance logs.

Timeline for recommendations is 12 months.

#### FINAL COMMENTS

Trainee attendance at the visit was excellent, with good interaction. Trainers who attended were also engaged and constructive.

Overall the visit contained many positive findings. Considerable work has been undertaken to respond to concerns raised at the previous QM visit in October. Trainee feedback demonstrates that action plans that have been implemented are beginning to work.

The Trust is congratulated on the work looking at new ways of working to release trainees to enable them to spend more time on training.

The visitors noted the histopathology action plan, and welcomed the update on the progress in implementation so far; the current GMC survey indicates some improvement, but in view of the extent of the concerns and the detailed nature of the action plan a revisit will be arranged during the autumn to review progress.

The Trust has engaged well with the recently implemented Revalidation process.

**Foundation:** Trainees on both sites were especially positive about Emergency Medicine, Medicine (especially acute general medicine, elderly and respiratory), and anaesthetics and radiology. Teaching is good / excellent in Emergency Medicine, Paediatrics, O&G, Elderly, GP, Ophthalmology, Microbiology, ENT, Psychiatry and Palliative care.

85% of F1s would recommend their posts to colleagues. Nearly 100% of LGI F2s would recommend, less so at St James's, –with the deficit being almost entirely created by previous Surgical placements at St James's.



**Core Medical Training:** not one Core Medical trainee at St James would recommend the posts in their present form because of a lack of teaching opportunities. Only 30% of CMT trainees on either site intend to continue to do medicine at ST3, with many saying that they did not feel ready to be a medical registrar. This sentiment is not specific to Leeds, but is quoted here to illustrate the problems facing medical specialties in the very near future, and the urgency of maximising the attractiveness of training and support of the trainees.

**Higher Medicine:** are happy or very happy with their specialty training. The issues around Acute Medicine and the rota changes are the main source of concern, and reflects onto the CMT remarks above.

**Obstetrics and Gynaecology:** trainees would all recommend their posts, largely influenced by the highly rated obstetrics. The new concerns about undermining in Gynaecology need further investigation, and action.

**Academic:** they would all recommend their posts.

**Radiology:** support and teaching received in Radiology were reported as excellent.

**General Practice VTS:** 80% of the GP trainees reported that they would recommend their placements. Departments and trainers which recognise and respond to the different GP curriculum are much more valued.

Important issues remain within Acute Surgery admissions which have been reported as part of the Surgery Re-visit in April. Conditions have been set in the re-visit report. The issues in this report regarding F1 Surgery need resolving urgently, as the conversion of 8 surgical FY1 posts to psychiatry in August will add to the problem unless there are changes in the approach to training.

The DME showed a proposal for improving Educational Governance in the Trust. The Deanery supports the need for this, it is surprising for instance that there is no formal Medical Education Committee, and that there is not a complete network of College Tutors, and in a Trust of this size Associate Tutors. The recent appointment of an Associate Medical Director for education and training is welcome.

## Approval Status

Approved pending satisfactory completion of conditions set out in this report.

**Signed on behalf of Yorkshire and the Humber  
Postgraduate Deanery**

**Name: Dr David Eadington**

**Title: Deputy Postgraduate Dean  
(Panel Chair)**

**Date: 26/06/13**

**Signed on behalf of Trust**

**Name: Sarah Kaufmann**

**Position: Director of Postgraduate Medical  
Education**

**Date: as per email of 26/06/13**

## RAG Rating Guidance

The RAG rating guidance is based on the GMC RAG rating to ensure a consistent approach. The model takes into account impact and likelihood.

### Impact

This takes into account:

- a) patient or trainee safety
- b) the risk of trainees not progressing in their training
- c) educational experience – eg, the educational culture, the quality of formal/informal teaching

A concern can be rated high, medium, or low impact according to the following situations:

High impact:

- patients or trainees within the training environment are being put at risk of coming to harm
- trainees are unable to achieve required outcomes due to poor quality of the training posts/ programme

Medium impact:

- trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement
- patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement

Low impact:

- concerns have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

### Likelihood

This measures the frequency at which concerns arise e.g. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

High likelihood:

- the concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the concern e.g. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be 'high'.

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, e.g. if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

- the concern is unlikely to occur again e.g. if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of concerns arising as a result would be 'low'.

## Risk

The risk is then determined by both the impact and likelihood, and will result in a RAG Rating, according to the below matrix:

Likelihood	IMPACT		
	Low	Medium	High
Low	Green	Green	Amber
Medium	Green	Amber	Red
High	Amber	Red	Red*

Please note:

\* These conditions will be referred to the GMC Responses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012