

QUALITY MANAGEMENT VISIT REPORT

TRUST	Sheffield Teaching Hospitals NHS Foundation Trust
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DAY	SITE	DATE
Tuesday	Royal Hallamshire Hospital	3 rd March 2015
Wednesday	Northern General Hospital	4 th March 2015

This report has been agreed with the Trust.

The Trust Visit Report will be published on Health Education Yorkshire and the Humber's Website

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

Date of First Draft	12/03/15
First Draft Submitted to Trust	09/04/15
Trust comments to be submitted by	17/04/15
Final Report circulated	01/05/15

VISITING PANEL MEMBERS Day 1- ROYAL HALLAMSHIRE HOSPITAL

Dr Peter Taylor (Visit Chair)	Deputy Postgraduate Dean
Dr Tony Arnold	Head of School Medicine
Dr John Jolly	Trust Link Associate Postgraduate Dean
Dr Mike Hayward	Associate Postgraduate Dean
Dr Michael Nelson	Associate Postgraduate Dean
Dr William Ramsden	Head of School, Radiology
Dr Daniel Scott	Head of School, Pathology
Dr Jeremy MacMullen-Price	Consultant Neuroradiologist
Dr Michael Porte	Royal College Adviser
Mr Paul Cook	Postgraduate Dental Dean
Mrs Ghazala Ahmad-Mear	Associate Postgraduate Dental Dean
Mr Alan Sutton	Lay Representative
Mrs Linda Garner	Quality Co-ordinator
Miss Laura Tattersall	GMC Regional Review Project Officer
Ms Kate Philp	Programme Support Co-ordinator
Ms Joanne Hickey	Revalidation Assistant

Specialities visited:-	Neurology
	Oncology
	Medical Microbiology
	Virology
	Infectious Diseases
	Radiology
	Dental

VISITING PANEL MEMBERS DAY 2 – NORTHERN GENERAL HOSPITAL

Dr Peter Taylor (Visit Chair)	Deputy Postgraduate Dean
Dr Trevor Rodgers	Deputy Head of School – Medicine
Mr Paul Renwick	Deputy Head of School – Surgery
Dr John Jolly	Trust Link Associate Postgraduate Dean
Dr Craig Irvine	Deputy Foundation School Director
Dr Michael Nelson	Associate Postgraduate Dean
M'rs Linda Garner	Quality Co-ordinator
Miss Laura Tattersall	GMC Regional Review Project Officer
Mrs Janet Rutter	Personal Assistant

Specialities visited:-	Medicine
	Surgery

General Comments

The two day visit was very well organised by the Trust and on the whole the turnout of Foundation, Core and Higher Trainees and Trainers was satisfactory, with the exception of Radiology, where NO higher trainees were available for interview.

The panel were appreciative of the informative presentation given by the DME which included updates on the hospital at weekend pilots, the monthly central medical induction with the future inclusion of PALMS and engagement with GMC Trainer Accreditation.

The panel recognised the level of intensity of work the Trust dealt with and that a lot of progress and effort had been made by the Trust in many areas since the last visit.

Overall the visit was a positive experience. Both the trainees and trainers were engaged and motivated. The trainees' feedback was articulate, measured and sensible and the Trust should be able to work with some of their suggested solutions. Almost all the trainees would recommend their posts.

Neurology

Over the last two years the Neurology department has gone through change and the trainees reported no current issues with their training. The panel felt this represented a tremendous improvement and the Department was to be congratulated. The trainees reported more flexibility of timetables to incorporate clinic and ward responsibilities as well as training days. Training for lumbar punctures was especially appreciated by the trainees

Medicine

The trainees were professional and engaged. From a governance perspective supervision was good. Whilst acute medicine was very busy with a lot of intensity, the trainees were very positive and were constructive with their suggestions for improvement. There were no major issues with the speciality training component which was felt to be good.

Trainees expressed some patient safety concerns regarding Ward Huntsman 5 at Northern General Hospital. These were felt to be due to the fact its original purpose three years ago was as a winter pressure ward. However, the ward was felt to be under staffed and without dedicated doctors. The Trainers felt there were no patient safety concerns if the ward was used for very short stay observation purposes. However, they did agree patient safety concerns would arise if a patient who needed active treatment remained on this ward for a prolonged period.

Radiology

Handover was reported to be well managed. There were no reports of bullying or harassment. In terms of departmental/regional teaching the trainees have a one year training plan, access to a simulator and acute ultrasound experience on Saturday mornings. There were no problems with accessing WPBA and supervisors were reported to be very willing in this area. All trainees would recommend their post.

It should be noted that there were **no higher Radiology trainees present** which may limit the effectiveness of the visit in this area.

Surgery

The Hospital at night scheme is appreciated by all trainees especially Foundation and Core. The induction in cardiothoracic was deemed to be excellent. All Trainers are supportive and supervision is very good. Access to case load is excellent and there are extremely well defined timetables.

Medical Microbiology/Virology/Infectious Diseases

The trainees overall reported a good experience with very supportive and knowledgeable consultants. FY2s were extremely enthusiastic about their experience in microbiology with posts reportedly being sought after.

Oncology


Induction was felt to be timely and useful. The trainees felt supervised and handover and consent seemed to be working well. There was also a good level of organised teaching available.


It should be noted that access to Weston Park Hospital was raised as an issue in terms of swipe cards when crossing from the main tower block to the Jessop Wing via the G floor corridor at night. The trainees appreciate this route as it shortens the length of time spent outside secure premises at night. The panel recommend the Trust approach Estates with a view to adding G link corridor to the swipe card. Concerns regarding the Hospital at Night cover to Weston Park continue to be expressed at senior and junior level.

Dental

Restorative and Paediatric Core trainees felt the level of supervision was good and were comfortable with the consultants' open door policy. Dental Max Fax trainees feel empowered to only consent to the procedures they were happy with. However, one trainee was not aware that the consent policy was in the induction pack and the Trust could increase emphasis in this area. One third of minor oral surgery cases have been re-commissioned outside of the dental hospital from April 2015 and concern was expressed how this might impact on core training. The trainees expressed overall satisfaction with the post and would be happy for a member of their family to be treated there.


CONDITIONS


Condition 1		
GMC Domain: 7	Management of Education and Training	
Concern relates to:	Rota	
School: Radiology	Trainee Level Affected: Core	Site: Royal Hallamshire Hospital, Northern General Hospital, Sheffield Children's Hospital (separate Trust)
<p>The core Radiology trainees reported concerns around the duty role which was not felt to be clearly defined. For example Trainees reported being expected to carry out time consuming administrative tasks while on duty. The current scope of the duty role was felt to be inappropriate and the ensuing heavy workload impacted on training.</p> <p>In addition trainees reported having to carry out interventional procedures while carrying the duty bleep. It was felt that the duty role became less of a problem the more senior the trainee became. For instance; difficulties arose if a trainee was asked to do an ultrasound but was not sufficiently experienced for this procedure. Supervision would have to be sought which took up a lot of time. The duty rota at the Royal Hallamshire Hospital was felt to be the most difficult with more unusual procedures being requested.</p> <p>The panel felt that this could be an opportunity for the Trust to review the duty role by looking at out-of-hours provision as a whole. Definition of the duty role will need to be cascaded appropriately and included at induction.</p>		
Action To Be Taken: <ol style="list-style-type: none">1) Review of duty role2) Inclusion of duty role at induction		
RAG Rating:		Timeline: 31/07/15
Evidence/Monitoring: <ol style="list-style-type: none">1. Copy of duty role responsibilities2. Copy of induction timetable, content and evaluation		

Condition 2 (continues from Condition 4 in the report of 19 th /20 th February 2014)		
GMC Domain:	Patient Safety	
Concern relates to:		
School: Radiology/Dental	Trainee Level Affected: Core	Site: Royal Hallamshire Hospital/Northern General Hospital
<p>This condition follows on from the previous February 2014 visit when safety concerns were flagged up for the 9pm – 9am and weekend shifts at different hospital sites. The Radiology Trainers reported that negotiations for a solution to this problem had not been successful. Core Radiology trainees have expressed concerns that when on-call covering a number of sites they feel there is a real safety issue that needs addressing. For example on call trainees based at Northern General Hospital may need to go to Sheffield Children’s Hospital or Royal Hallamshire Hospital. When they return to NGH they are unable to park nearby and have to walk a long way at night which leaves them feeling unsafe.</p> <p>In addition the Dental Max Fax trainees reported feeling vulnerable when travelling from the Royal Hallamshire Hospital to the Children’s Hospital at night. The panel understand a risk assessment has been completed and the resulting protocol was for a porter to accompany the trainees. However, this has not always been possible and the problem remains.</p>		
Action To Be Taken:		
1) Trust to ensure that a review takes place on arrangements for trainee support while on call over all sites.		
RAG Rating:		Timeline: 31/07/14
Evidence/Monitoring:		
1. Trust to provide evidence that a review has taken place and that improvements have been implemented.		

Condition 3		
GMC Domain: 7	Management of Education and Training	
Concern relates to:	Rota	
School: Radiology	Trainee Level Affected: Core and Higher	Site: Royal Hallamshire Hospital, Northern General Hospital
<p>The core Radiology trainees report that the on-call rota has become more onerous going from 1:18 to 1:14. This has led to a loss in training time which the Trust have said the trainees may “voluntarily” recoup by working during European Working Time Directive (EWTD) rest days. Although it was understood this was a temporary measure, the panel viewed this solution as suboptimum and not something that should be encouraged. All training should be delivered within the working day.</p>		
<p>Action To Be Taken:</p> <p>1) The Trust to review training delivery during the standard working day.</p>		
RAG Rating:		Timeline: 31/07/15
<p>Evidence/Monitoring:</p> <p>1. Evidence that a review has taken place to ensure all training is within the working day</p> <p>2. Results of active monitoring of any trainees who have ‘opted out’ of EWTD</p>		

Condition 4		
GMC Domain:	Patient Safety	
Concern relates to:	Clinical Supervision	
School: Radiology	Trainee Level Affected: Core and Higher	Site: Royal Hallamshire Hospital, Weston Park Hospital
<p>Radiology core trainees reported concerns regarding supervision at Royal Hallamshire Hospital and Weston Park Hospital. The issue at the Royal Hallamshire Hospital was consultant supervision during the day and specifically for the duty radiologist. Consultant cover was not considered to be robust for five days a week or for illness or absence. The panel understand the Royal Hallamshire Hospital are taking steps to amend this, but the core Radiology trainees report this is not yet robust.</p> <p>The panel acknowledge the new consultant appointments in place, but despite this Consultants at Weston Park Hospital are only present for 80% of the time, and this does not take account of illness or absences. The panel expressed concerns as to the supervisory arrangements in place for the remaining 20% of the time.</p>		
<p>Action To Be Taken:</p> <p>1) Trust to review and define arrangements for consultant supervision at Royal Hallamshire Hospital and Weston Park Hospital</p>		
RAG Rating:		Timeline: 31/07/15
<p>Evidence/Monitoring:</p> <p>1. Confirmation of review and copy of planned action showing increased consultant supervision.</p>		

Condition 5		
GMC Domain: 5	Delivery of Curriculum including Assessment	
Concern relates to:	Workload	
School: Oncology	Trainee Level Affected: Higher	Site: Weston Park Hospital
<p>Despite the recent HEYH survey showing an improvement, the higher oncology trainees reported feeling under tremendous clinical pressure in terms of workload. They recognised the efforts the Trainers made to support them, but felt that the intensity of work was unsustainable. The panel recognised that the Trust had been supporting the department by the appointment of new consultants, but the workload issue remained. The trainees reported this problem related to the range of patients as well as the amount of patients. The Trust need to be aware that pressures on these trainees are at the limit. The complexity and intensity of oncology is increasing and cover is proving to be a problem. For example the panel felt if the night team is thinned out due to sick leave, Weston Park Hospital may struggle to cope.</p>		
Action To Be Taken:		
1) Review of timetables and job plans		
RAG Rating:		Timeline: 31/07/15
Evidence/Monitoring:		
1. Results of review and copies of revised timetables and job plans		

Condition 6		
GMC Domain: 1	Patient Safety	
Concern relates to:	Induction	
School: Infectious Diseases, Microbiology	Trainee Level Affected: Core, Foundation, Higher	Site: Royal Hallamshire Hospital
<p>The Foundation and Core trainees reported that although there was a three day Infectious Diseases induction, they were not able to attend as there was no cover provided for the wards. As a consequence one trainee gave an example of dealing with neutropenic sepsis without any previous induction.</p> <p>The higher trainees in Microbiology intimated that the induction to the laboratories was very informal and would not meet national lab standards (for example, CL3 areas).</p>		
Action To Be Taken:		
1) The Trust need to develop appropriate, robust induction packages		
2) Timetables need to be reviewed and amended to allow trainee attendance		
RAG Rating:		Timeline: 31/05/15
Evidence/Monitoring:		
1. Copy of revised induction plan and evaluation		
2. Copy of amended timetables		

Condition 7		
GMC Domain: 7	Management of Education and Training	
Concern relates to:	Rota	
School: Infectious Diseases	Trainee Level Affected: Higher	Site: Royal Hallamshire Hospital
<p>Concerns were expressed from both the Trainers and the Higher Trainees regarding being the GIM registrar on call. Whilst this is in the afternoon only, it takes time out of training in an area where trainees already struggle; for example audit, case presentations. Both Trainers and trainees were worried that any extension of this would seriously impact on training. Examples were given of a trainee ten years post PACES (and others more than 2 years post PACES) having to do GIM duties.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) The Trust need to provide firm assurance that there are no plans to extend this scheme 2) A review of current impact on training needs to be performed 		
RAG Rating:		Timeline: 31/07/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Confirmation that any changes to the acute medical support provided by Microbiology trainees would be discussed with the Programme Director to ensure that the primary curriculum delivery is not adversely impacted. 2. Results of review of current impact on training 		

Condition 8		
GMC Domain: 6	Support and Development of Trainee, Trainers and Local Faculty	
Concern relates to:	Job Planning for Educational Roles	
School: Medical Microbiology, Infectious Diseases, Virology,	Trainee Level Affected: Trainers	Site: Royal Hallamshire Hospital
<p>There was confusion amongst the Trainers as to whether the Educational Supervisors had PAs in their job plans. There was a general feeling that all were doing far more than was reflected in their job plans. One Educational Supervisor reported being responsible for 5 trainees, but had no additional PAs for this work.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Trust to confirm that all specialites providing postgraduate medical trainee placements have named clinical and educational supervisors. 2) To confirm that all named supervisors have 'educational supervisor' as a specific responsibility within the job plan (irrespective of the PA allocation) 3) To identify those Educational supervisors who are responsible for 5 or more trainees and ensure that the job plan accurately reflects this activity. 		
RAG Rating:		Timeline: 31/07/15

Evidence/Monitoring:

1. Written confirmation containing results of audit
2. Copy of statement from DME to Clinical Directors/Leads regarding allowing PA time for all ES.

Condition 9**GMC Domain: 5**

Delivery of Curriculum, including Assessment

Concern relates to:

Departmental and Regional Teaching

School: Microbiology**Trainee Level Affected:**
Higher**Site:** Royal Hallamshire
Hospital

The higher trainees reported the support from the consultants was excellent. However it was felt that many aspects of the curriculum were left to chance (of occurring in the final year) rather than planned into the Training Programme. This particularly concerned the more managerial aspects, for example infection control. The registrars also suggested it would be useful to spend time in the community, for example Public Health. In Virology the options were even more limited with a rotation only between the Royal Hallamshire Hospital and Northern General Hospital, thus limiting the range of experience and reliance on national courses to expand on this.

Action To Be Taken:

- 1) The Trust/Department to identify relevant additional learning opportunities for trainees and demonstrate the ability to release trainees for these activities.
- 2) The Trust/Department to ensure trainee involvement is an integral component of the identification and implementation of these generic training opportunities.

RAG Rating:**Timeline:** 31/05/15**Evidence/Monitoring:**

1. Written evidence of alternative learning opportunities for trainees and how these will be routinely incorporated into trainee workplans

Condition 10**GMC Domain: 5**

Delivery of Curriculum

Concern relates to:

Learning environment

School: Oncology**Trainee Level Affected:**
Foundation, Core**Site:** Weston Park Hospital

The trainees reported concerns with the Hospital at Night system at Weston Park Hospital. The protocol for action in the event of a cardiac arrest does not seem to be clear. It appears there is an escalation policy but it is not being utilised. The trainees reported difficulties in getting staff to the cardiac arrest.

Action To Be Taken:

- 1) The Trust to perform cardiac arrest drills on a regular basis and assess the effectiveness and safety of the response.

RAG Rating:**Timeline:** 30/04/15

Evidence/Monitoring:

1. Evidence that the cardiac arrest drills have taken place and that any patient safety issues have been addressed.

Condition 11**GMC Domain: 1**

Patient Safety

Concern relates to:

Consent

School: Surgery**Trainee Level Affected:**
Foundation**Site:** Northern General
Hospital

Surgical F1s reported feeling under duress when asked to take consent. They did not feel confident enough to be able to say no to taking consent in situations where they did not fully understand the procedure. However, the panel understand that the porters are empowered enough to refuse to take a patient for a procedure without consent.

The panel felt the Trust needed to empower the F1s through knowledge by directing to fact sheets on the intranet and pertinent information on the portfolio, and by gaining training from the Radiologists. However, more complex interventions/investigations should be consented by the performing interventionalist or their competent radiological trainee.

Action To Be Taken:

- 1) F1 Trainees need to have consent training where appropriate, and be made aware of their responsibility to refuse to consent when not appropriate

RAG Rating:**Timeline:** 30/04/15**Evidence/Monitoring:**

1. Evidence that F1s have been exposed to learning opportunities and have been empowered to refuse to take consent where this is appropriate.
2. Evidence that Consultants in Radiology have been informed that they (or a suitably experienced radiology registrar) are responsible for obtaining consent for complex investigations/interventions

Condition 12**GMC Domain: 1**

Patient Safety

Concern relates to:

Induction

School: Surgery/Medicine**Trainee Level Affected:**
Foundation, Core, Higher**Site:** Northern General
Hospital

The general Trust induction for both surgical and medical trainees was reported to be a concern. Several trainees reported it to be "chaotic" with log ins and ICE access sometimes taking weeks to receive. There was also insufficient detail as to how to use the handover system. One February starter stated they had not received any induction at all. The panel heard that there was a change in technology in August 2014 which impacted on efficiency and that this was likely to therefore be an exceptional circumstance.

The panel understand that PALMS has been introduced which will help with a more structured induction.

Action To Be Taken:

1. The Trust to ensure PALMS introduction continues and results audited and monitored.

RAG Rating:**Timeline: 30/04/15****Evidence/Monitoring:**

1. Written confirmation of structured, timetabled Trust induction

Condition 13		
GMC Domain: 1	Patient Safety	
Concern relates to:	Handover	
School: Medicine	Trainee Level Affected: Higher	Site: Northern General Hospital
<p>The trainees expressed concern regarding the clinical management for acute intake, particularly on a Friday. When using the electronic system, it was difficult to know the urgency of the jobs which were often poorly defined. This made prioritising tasks difficult with the danger of some tasks being missed at weekends. A long list was being generated with nobody managing the myriad of tasks. Tasks directed at SPRs were often falling to F1s to perform and juniors were being left to put jobs on the list, but lacking the confidence to do so adequately as they are unsure as to what task can wait until after the weekend. It was reported that there were 392 tasks on the ward at one point between five people. When audited 54% of tasks were being achieved. The panel understand that the Trust are aware of the situation and an audit is currently being performed with clinical directors in order to gain a solution.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) The Trust to continue with the audit and to inform HEYH of findings 2) To include protection for F1s in better solutions for handover 		
RAG Rating:	[REDACTED]	Timeline: 31/07/15
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1. Written confirmation of audit results 2. Trust's plan for improved handover 		

Condition 14		
GMC Domain: 1	Patient Safety	
Concern relates to:	Clinical Supervision	
School: Medicine	Trainee Level Affected: Higher	Site: Northern General Hospital
<p>Some of the acute physicians stay on the ward beyond their allotted time, but the trainees' perception is that some acute physicians are felt to be unhelpful and will often disappear before finishing time. This may be due to multiple competing priorities, but the trainees feel they are working to capacity and the broader manifestation of a lack of leadership is causing concern and a lack of morale.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) Increase trainee morale by ensuring leadership provision is available 2) Involve the trainees in potential ways of taking this forward 		
RAG Rating:	[REDACTED]	Timeline: 31/07/15
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1. Written evidence that trainees have an appropriate and consistent source of leadership and supervision, with a named clinical leader 		

Condition 15		
GMC Domain: 5	Delivery of Curriculum	
Concern relates to:	Learning environment	
School: Medicine	Trainee Level Affected: Higher	Site: Northern General Hospital
<p>Concerns were expressed regarding the GIM curriculum. It appears this is only being met on a piecemeal basis with no-one identified to be responsible to look at the GIM trainees to assess progress. As a result the trainees feel unsupported at the present time and the panel feel this needs to be addressed as they are an important resource.</p>		
<p>Action To Be Taken:</p> <p>1) The Trust to nominate an individual to manage the GIM curricular requirements</p>		
RAG Rating:		Timeline: 31/05/15
<p>Evidence/Monitoring:</p> <p>1. Written confirmation of nominated individual and management plan mapped to curricular requirements</p>		

Condition 16		
GMC Domain: 5	Delivery of Curriculum	
Concern relates to:	Learning environment	
School: Medicine	Trainee Level Affected: Core	Site: Royal Hallamshire Hospital
<p>Concerns were expressed regarding the lack of skills training for the Core Medical Trainees at the Royal Hallamshire Hospital in particular. The panel were concerned at the reported termination of the APS course and would like the Trust to demonstrate how skills training for Core Medical Trainees will be maintained.</p>		
<p>Action To Be Taken:</p> <p>1) The Trust to review skills training for Core Medical Trainees</p>		
RAG Rating:		Timeline: 31/05/15
<p>Evidence/Monitoring:</p> <p>1. Written evidence of management plans to maintain skills training for Core Medical Trainees</p>		

RAG guidance can be found at Appendix 1.

Approval Status

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

Signed on behalf of HEYH

Name: Dr Peter Taylor

Title: Deputy Postgraduate Dean

Date: 07/04/15

Signed on behalf of Trust

Name:

Position:

Date:

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 eg. 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 eg. 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, eg. 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 eg. 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