

QUALITY MANAGEMENT VISIT REPORT

TRUST	Barnsley Hospital NHS Foundation Trust
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DAY	Date	Site
Friday	2 nd October 2015	Barnsley Hospital

Mr Peter Taylor (Chair)	Deputy Postgraduate Dean
Mr Paul Renwick	Deputy Head of School
Ms Teresa Dorman	Associate Postgraduate Dean
Ms Jackie Tay	Head of School, Obstetrics & Gynaecology
Ms Karin Schwarz	Head of School, Paediatrics
Mr Mike Hayward	Associate Postgraduate Dean
Mr Mark Gibson	Head of School,
Mr Trevor Rogers	Head of School, Medicine
Dr Tun Aung	Regional Adviser, Medicine
Dr Vincent Kirkbride	Regional Adviser, Paediatrics
Ms Linda Garner	Quality Manager
Ms Kim Maskery	Quality Co-ordinator
Ms Alison Poxton	Quality Administrator
Ms Barbara Welch	Recruitment Officer

Mr Michael Nelson Associate Postgraduate Dean (observer)

SPECIALTIES VISITED:
<ul style="list-style-type: none"> • Paediatrics • Obstetrics & Gynaecology • Medicine • General Surgery (including T & O)

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	20/10/15
First Draft Submitted to Trust	11/11/15
Trust comments to be submitted by	18/11/15
Final Report circulated	19/11/15

SUMMARY

The panel felt the Trainees as a whole group were mature and reflective in their responses, demonstrated resilience when dealing with problems and were enthusiastic in their approach to education and training. All the trainees supported the hospital at night system which was felt to be very well organised. The trainees recognised the value derived and there was agreement it was working well.

The panel noted that previous tensions between all trainees and the Radiology Department (noted in Condition 9 from 29th April 2014 Quality Management report) have eased. The situation has improved with more balanced expectations; for examples scans were more quickly obtained.

Paediatrics

The Paediatric Foundation and GP trainees have all met with their Educational Supervisor and found it a useful meeting. Clinical support is always readily available and the trainees did not feel under pressure to do anything they were not qualified to do. The panel acknowledged that the process of escalation of issues had improved and that consultants gave the right level of supervision.

The current triple red outlier on the GMC NTS Survey for educational resources was examined and while it was clear this was a historic issue with Paediatrics, the panel felt that the situation had now improved. The introduction of extra text books, an increase in the number of computers and the inclusion of IT in induction has ensured this condition can now be closed.

The panel expressed concerns regarding the utilisation of resources in the midwifery workforce as trainees reported that mothers were staying unnecessarily as in-patients for up to two days so their babies could have a baby check. Midwives were noted to refuse to do baby checks and administer MMR vaccinations which the Obstetrics & Gynaecology and Paediatric Consultant Panel members felt were repetitive tasks that were of limited educational value for trainees and often performed by suitably trained nursing staff elsewhere. Further concern was caused by the reported layout of the hospital in terms of the Paediatric ward being on the ground floor and the neonatal ward being on the 8th floor. The trainees felt the time and energy spent moving from one to another was not an ideal situation and in an emergency they had no access to the lift over-ride system.

The Paediatric trainers commented that the hospital often received short notice of which trainees were on the next attachment. Paediatrics is changing to yearly attachments but the Head of School needs to monitor adequate promulgation of these.

Obstetrics & Gynaecology

It was disappointing that there were only two Obstetrics and Gynaecology trainees present due to a regional teaching day held on the same day.

Obstetrics and Gynaecology trainees enjoyed the variety of work and reported there was a good range of tasks available to gain experience. All the trainees had a named Clinical Supervisor/Educational Supervisor; the same consultant doubles up for both roles. There were no difficulties accessing supervision, although no-one specifically performs checks (except at ward rounds) unless there are problems. No Trainees were asked to consent for tasks they were not trained to do.

Medicine

The higher trainees stated their working hours were manageable and there were no issues with study leave. All reported their Educational Supervisors were accessible and supportive, and were pro-active with the portfolio and giving feedback.

Condition 2 from the 29th April 2014 Quality Management visit concerns issues surrounding the middle grade rota, with a maximum of 1 in 8. A rota frequency of 1 in 11 was the target set and the panel acknowledged that there was clear evidence that this is now in place. As the criteria has now been met and there were no issues reported by the trainees on frequency or working beyond hours, this condition can now be closed.

Surgery

Foundation and Core Trainees all received an induction and had met their Educational Supervisor. There were no issues getting WPBAs or DOPs and all trainees felt they were in a good training environment. Workload is hindered through IT issues, mainly problems with internet access; Internet Explorer 7 is in use and trainees are unable to download Google Chrome.

The higher Trainees reported that the training they received was of very good quality. Ward rounds are consultant led and support was available when required; some Trainers provided WPBA opportunities. The Trainers created an education environment which gave the trainees independence and a good level of autonomy. The trainees reported being able to attend teaching sessions except when they are on call when it can be difficult to find cover. The Education Centre has been very supportive of the Trainees with special mention for the Education Centre co-ordinators who were reported to be very welcoming and supportive of the learning environment in terms of arranging teaching opportunities. The higher Trainees would both recommend the hospital to a family member and the training element to a friend.

The following areas of concern were identified:

CONDITIONS

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>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.</p> <p>Foundation doctors must always 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.</p>	
HEYH Condition Number	1	
LEP Site	Barnsley	
Specialty (Specialties)	Paediatrics	
Trainee Level	Foundation and Core	
Concern	Paediatric Trainees are sometimes expected to provide clinical care without access to appropriate support from a consultant.	
Evidence for Concern	The Foundation and Core trainees reported that the clinic on a Wednesday is run by registrars. Trainees working in clinics need to be directly supervised by a Trainer. Plans also need to be in place for absences.	
Action	All trainees, when working in outpatients, must have a consultant supervisor working with them in clinic	Within 2 weeks
Evidence for Action	Evidence of consultant presence in all clinics where trainees work	Within 2 weeks
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.9 Level of Competence)	Learner's 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 supervision.	
HEYH Condition Number	2	
LEP Site	Barnsley	
Specialty (Specialties)	Obstetrics & Gynaecology, Paediatrics	
Trainee Level	Foundation, GP VTS	
Concern	<p>Foundation and GP VTS trainees are sometimes required to carry out clinical duties that are beyond the expected level of competence for their stage of training.</p> <p>This condition only relates to any trainee that is asked or expected to be a first attender at a neonatal arrest.</p>	
Evidence for Concern	Foundation and GP trainees reported receiving only a very short training ILS training session at induction. All trainees called to the delivery room/labour ward as first responders should have the full neonatal ILS training.	
Action 1	Provide alternative arrangements for staff to carry out these duties or provide appropriate training.	1 month
Action 2	Confirm that alternative arrangements have been adopted or appropriate training provided.	3 months
Evidence for Action 1	Summary of alternative arrangements or appropriate training.	1 month
Evidence for Action 2	Written confirmation that policy has been adopted or appropriate training has been undertaken and is effective.	3 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainer 10 Trainee 10	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	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.	
HEYH Condition Number	3	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Higher	
Concern	Trainees are expected to carry out duties which are not appropriate for their stage of training.	
Evidence for Concern	It was reported that trainees are performing daily ward rounds on Ward 20 without consultant supervision. One consultant has been supportive when help is needed, but there is no formal consultant led ward round in place for half the ward. Whilst this may not be a patient safety issue in the acute sense, it could be in the longer term management sense.	
Action	Provide Foundation trainees with access to on-site support from supervising consultant	Within 2 weeks
Evidence for Action	Copy of resident senior cover rota.	Within 2 weeks
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Staffing)	Organisations must make sure that 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 learning opportunities.	
HEYH Condition Number	4	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Foundation, Core, GP	
Concern	Trainees and/or trainers report that there are insufficient staff on duty during ward rounds on the MAU to allow them to benefit from consultant teaching	
Evidence for Concern	Trainees reported that teams on MAU have been reduced from 3 to 2. As a result patients are queuing to be clerked and by 3 pm there is a long list of jobs to perform. MAU ward rounds are taking too long for trainees to benefit from Consultant teaching.	
Action	Review staffing levels in MAU and develop an action plan to address the deficiencies. Evaluate action plan	6 months
Evidence for Action	Copy of review and action plan. Evidence of evaluation Evidence of effectiveness	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns	
Question Reference	Trainer 7 Trainee 7	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.14 Handover)	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. <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
HEYH Condition Number	5	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Foundation, Core, GP	
Concern	Handover in MAU is not supported by appropriate documentation.	
Evidence for Concern	Condition 1 from the 29 th April 204 Quality Management visit concerns the requirement for a more robust handover within MAU. Whilst the work undertaken to improve this is recognised, the condition remains open as some issues still remain. Trainees reported that different start and finish times complicate the MAU morning handover process and inconsistencies in name spelling were also reported which could lead to a mix-up of patients and have implications for patient safety.	
Action 1	Introduce a reliable method of documenting the handover. If this involves IT, there must be easy access in all clinical areas.	3 months
Action 2	Appoint an appropriate senior member of staff to lead the handover.	3 months
Action 3	Evaluate effectiveness of handover.	6 months
Evidence for Action 1	1. Copies of handover documentation 2. Description of e-handover system	3 months 3 months
Evidence for Action 2	Copy of process authorising arrangements for the leadership of handover.	3 months
Evidence for Action 3	Copy of the handover system evaluation.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf	
Question Reference	Trainer 15 Trainee 13	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.13 Induction)	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources <p>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.</p>	
HEYH Condition Number	6	
LEP Site	Barnsley	
Specialty (Specialties)	Paediatrics, Obstetrics & Gynaecology	
Trainee Level	Foundation, Core, GP	
Concern	Trainees are not provided with a relevant and useful induction in Paediatrics and Obstetrics & Gynaecology. They are not provided with essential guidance on the management of the important or common conditions they are expected to manage as soon as they take up post.	
Evidence for Concern	The trainees reported that whilst the Trust induction was good, the departmental induction was lacking in content and structure. The guidelines showed the trainees when to do something but not how; for example how to order a CT scan. Another example was a gynaecology handbook that was available and informative, but had to be pointed out by a nurse. The trainees also felt the induction was too rushed and that they were expected to know everything by the end of the first day. In paediatrics Heel prick and 'Cap Gas' checks are not taught at departmental induction but as a 'learn as you go' basis from the registrars	
Action 1	Provide all trainees with a relevant departmental induction.	Next intake
Action 2	Evaluate the effectiveness of departmental induction.	After next intake
Evidence for Action 1	Copy of departmental induction programme.	After next intake
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724	
Question Reference	Trainer 11 Trainee 12, 13	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>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.</p> <p>Foundation doctors must always 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.</p>	
HEYH Condition Number	7	
LEP Site	Barnsley	
Specialty (Specialties)	Obstetrics and Gynaecology	
Trainee Level	Core	
Concern	Trainees do not know who to contact when seeking advice on clinical care for patients or receive contradictory advice. The early morning routine in particular is felt to be complicated, unstructured and the chain of command unclear. The trainees felt this was a patient safety issue.	
Evidence for Concern	Obstetrics and Gynaecology now have two teams. Although the team system was discussed at induction, the trainees are uncertain as to how the two teams should work and interact with each other. There appears to be no formal reporting stream, they are unsure as to who they should contact and when and seem to depend on a trainee's judgement. The Trainees reported that the Trainers have different perspectives on how the teams should work and that this can cause conflict. This problem is particularly acute with regard to the management of post-natal patients and on days when a trainee has a morning theatre list and is, rightly, expected to see the pre-op patients in preference to their ward patients.	
Action	Provide trainees with clear written guidance on how the teams work and interact and a reporting stream policy that identifies who should be contacted with concerns.	3 months
Evidence for Action	Copy of guidance and a reporting policy.	3 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf 53817963.pdf	
Question Reference	Trainer 8 / Trainee 8, 9	

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
HEYH Condition Number	8	
LEP Site	Barnsley	
Specialty (Specialties)	Surgery	
Trainee Level	Core	
Concern	Core trainees have experienced undermining behaviour from theatre and anaesthesia staff.	
Evidence for Concern	Condition 7 from 29th April 2014 Quality Management report describes unsympathetic behaviour by theatre staff to junior trainees. Work has been undertaken to improve matters with a designated theatre sister available for concerns. However, whilst the higher surgical trainees reported that the situation has changed significantly, the core trainees still felt under pressure from the theatre and anaesthesia staff. This condition will remain open and progress will be evidenced by the HEYH survey.	
Action	The trust must show that the undermining behaviour has ceased.	6 months
Evidence for Action	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainer EG4 Trainee EG2	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	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 always 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.	
HEYH Condition Number	9	
LEP Site	Barnsley	
Specialty (Specialties)	Surgery	
Trainee Level	Foundation & Core	
Concern	Trainees are expected to provide cross cover without having been provided with sufficient training.	
Evidence for Concern	Surgical trainees are expected to provide cross-cover for ENT without appropriate training; for example as a first responder for severe epistixas.	
Action	Make alternative arrangements for cross cover or provide appropriate training.	3 months
Evidence for Action	1. Confirmation of changes made to cross cover arrangements or appropriate training provided 2. Copy of training programme provided	3 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
HEYH Condition Number	10	
LEP Site	Barnsley	
Specialty (Specialties)	Obstetrics & Gynaecology	
Trainee Level	Core	
Concern	Core trainees have experienced behaviour that undermined their confidence	
Evidence for Concern	There was a perception on the part of the trainees that Obstetrics & Gynaecology trainers expected trainees to have had prior Obstetrics & Gynaecology experience, even though this is often not the case. All trainees should be supported in the speciality irrespective of prior experience.	
Action	The trust must show that it is understood that due to the rigidity of the Foundation rotations some core trainees will join the unit without any previous significant O&G experience and this must be taken into account in interactions with these trainees	6 months
Evidence for Action	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainer EG4 Trainee EG2	

GMC Theme	DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT	
Requirement (R5.9h Service)	Postgraduate training programmes must give DiT 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. 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.	
HEYH Condition Number	11	
LEP Site	Barnsley	
Specialty (Specialties)	Paediatrics	
Trainee Level	Foundation and Core	
Concern	Foundation and Core Doctors in Training reported that the work that they were allocated to do was unnecessarily restricted.	
Evidence for Concern	FY1s reported that they did no patient clerking. Writing discharge letters dominated their afternoon work. GP VTS trainees were largely allocated to SCBU and felt that the skills learnt (ie catheterisation of neonates) was not relevant to general practice. They were given little or no exposure to out-patient clinics or community paediatrics and no experience of dealing with safeguarding issues (which were always handled by the registrars) The trainee doing community paediatrics would have liked more hospital experience to compliment the community work.	
Action 1	Review the service commitments of the trainees and the work that best suits the educational and curricular needs of the different grades of trainee and produce an action plan that identify how a more rounded training can be achieved with some responsibilities shared with or devolved to other members of staff.	3 months
Action 2	Assess the impact of the implementation of the action plan on the training opportunities for trainees.	6 months
Evidence for Action 1	Summary of review and copy of action plan.	3 months
Evidence for Action 2	Copy of impact assessment.	6 months
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources		
Question Reference	Trainee 2	

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: Mr Peter Taylor

Title: Deputy Dean

Date: 11th November 2015

Signed on behalf of Trust

Name: Dr J Beahan

Title: Director of Medical Education

Date: 19th November 2015

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