Educational inspections are an unavoidable fact of life. The postgraduate deans and royal colleges have a statutory duty to inspect employing trusts in order to verify standards and recommend remedial action. This duty originates from the General Medical Council, whose publications give explicit instructions about the duties and responsibilities of all parties concerned, including doctors in training grades. 'The New Doctor' and 'The Early Years' refer to PRHOs and SHOs respectively. They detail what universities, postgraduate deans, clinical tutors, educational supervisors and consultants must do. They are clear, concise, well-written documents that must become familiar to every senior doctor and manager. The GMC also publishes the useful pamphlet about its expectations of teachers called 'The Doctor as Teacher'.

The inspection process is wide-ranging and includes a review of past visits, a presentation by the clinical tutor and a preliminary meeting between senior staff when matters of moment are discussed. We shall ignore this, along with inspection of all paper-based material, and focus solely on the meeting between the inspectorate and the junior doctors. Question and answer are used to elicit factual information and, more importantly, the actual experience and feelings of individuals. This does not always match what the consultant thinks is being delivered by his team.

WHAT QUESTIONS DO INSPECTORS ASK?

Areas for assessment are predictable and constant. Inspectors are skilful and take careful histories about service, education and the welfare of trainees.

1 The clinical experience

Contractual issues
Is there a job description?
Contract of employment?
A clear duty roster?
Are they within the New Deal?

Clinical activity
Who do they work for?
Do post-take ward rounds occur?
Where does patient contact occur? eg outpatients, theatre etc
Do they get adequate access to clinical case mix?
Are they given adequate senior cover at all times?
Are they asked to work alone or beyond their competence?
How do different parts of the rotation compare?
How do they receive feedback on the management of cases?
Bleep policies
Radiology and pathology services

Cardiopulmonary resuscitation
Were they given training?
Did they undergo assessment?
What are the crash team's arrangements?
How is the safety of patient transfers assured?

2 Educational environment

Structure
Name of clinical tutor
Name of educational supervisor
Do they have education contracts?

Induction
Was there an orientation and induction programme to the trust?
Was it effective?
Were handbooks, guidelines and protocols distributed?
Were they shown round specialist units and welcomed? If so, by whom?
Did shadowing occur for PRHOs?

Study leave for SHOs
Was the system for application explained?
Have they been successful?
Prompt payment of claims
Any refusals
Other problems

Educational supervision
Have they had planned meetings with educational supervisors?
If so, what were they like?
Did they get satisfactory feedback about performance and progress?
Does feedback occur at other times?
Do other staff give feedback?
Are they using logbooks?

Education programme
Bleep-free time
Published programme, half-day release for SHOs
Library facilities
24-hour access
Medline, Cochrane databases

Inappropriate duties
Filling in forms, ward clerk duties, portering
Finding beds
Excessive ECG and phlebotomy

3 Welfare
Is there satisfactory access to:
Career guidance, counselling
Accommodation
Security
Mess facilities
Hot food out of hours
Junior doctors’ liaison committee
Social life

Two questions which commonly lead to further probing are
Are you happy?
Would you recommend this job to your successor?

This is a simple logical system of enquiry which anyone could perform. Inspecting bodies signal their purpose very clearly yet consultants are sometimes shocked to hear what junior doctors say about their experience. So what goes wrong?

PROBLEMS

1 People don’t meet when they should
Most commonly, consultants fail to meet new staff on their first day. Annual or study leave is the only acceptable reason and if this is the case, the job should be properly delegated. Pressure of work or disregard for new staff are not good reasons.

Educational supervision is shunted aside by other activity.

People at particular risk are
Locums
Doctors arriving at odd times

2 Poor educational supervision
Planned meetings are postponed, cancelled, rushed or interrupted for whatever reason
Dialogue is not two-way
Objectives for improvement are not set

3 Poor clinical experience
The job is quiet – not always a bad thing. Time can be used to study for exams
There is competition for practical experience of procedures between different doctors in the team
Learning opportunities in theatre or OPD are missed. Review clinics are not enough for SHOs
Feedback on the management of clinical cases is patchy or poor, often because the focus is on the patient’s illness. The trainee’s performance is overlooked

IN OUR DEFENCE
Inspecting bodies make allowance for the following:
People forget – they swear blind that no induction occurred when it did. Published programmes are always useful
Group dynamics can be quite different in consecutive intakes. Inspectors are quick to spot occasional whiners or bolshie trainees. They are conscientious about verifying complaints and looking at the big picture
We are always given a chance to respond to observations. Generally, nothing appears in a written report which was not discussed, verified or modified during the feedback sessions

REALITY CHECK
Standards are high in this trust. We enjoy a good reputation for the quality of our education and training. Our hospitals are acknowledged to be friendly and happy. The bulk of our performance is good and some is outstanding. I am not aware of a significantly unfair report in the last five years at the RLI or WGH. External inspections have helped us to improve matters at senior management level.

TAKE-HOME MESSAGES
The inspection template is simple
Anyone can check performance at any time by asking the right questions
We cannot identify problems or take action to improve matters unless we ask these questions. College tutors have a vital role here
Take particular care at times of sick leave