NIMSC Clinical Placement Quality Survey 2022
Summary Report
Introduction

Northern Ireland Medical Students Committee (NIMSC) are aware of concerns that medical students across Northern Ireland face an apparent variance in quality in their clinical placements. Whilst there are a number of issues that have been highlighted and exacerbated as a result of the COVID 19 pandemic, these are concerns that have long existed.

Some of the challenges were thought to be particularly acute in the Belfast HSC Trust, in part because the trust has been affected more significantly during the pandemic, but more broadly because of the size of the trust, students have suggested that support can feel more distant and impersonal.

As a result, NIMSC commissioned a survey to better understand the views and experiences of medical students across Northern Ireland, with a focus on drawing comparisons between experiences in Belfast Trust and other HSC trusts. The survey looks at a range of issues, but most importantly, the quality of student placements across Northern Ireland and the extent to which student experiences align with the required standards.

NIMSC will use the results of the survey to support its ongoing work to improve the quality and consistency of clinical placements in Northern Ireland.

Background

The General Medical Council (GMC) sets the standards and requirements for the delivery of all stages of medical education and training. Promoting excellence: standards for medical education and training\(^1\) sets out standards organisations responsible for educating and training medical students and doctors in the UK are expected to meet. The GMC’s Practical skills and procedures\(^2\) outlines the core set of practical skills and procedures, and minimum level of performance that newly qualified doctors must have when they start work for the first time so they can practise safely.

Method

A survey link was sent via email to year 3, 4 and 5 students studying in Queen's University Belfast, as well as promoted through various BMA member and public channels, including social media, list server and medical student newsletter. The survey was also open to intercalating students whose most recent year of study was their 3rd, 4th or 5th year.

The survey was open between 24th Feb 2022 and 14th March 2022 and was hosted on SurveyMonkey. A total of 153 responses were received. Questions related to the most recent placement undertaken by the student, unless otherwise stated.

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Respondents

- There was a broadly even split between respondents in their 3rd year (31%), 4th year (39%) and 5th year (29%) \([n:153]\).
- There was a significant gender split, with well over twice as many female respondents (71%) compared to male (28%) \([n:151]\).
- One in five (20%) reported having a disability, or physical or mental health condition or illness, lasting or expected to last 12 months or more \([n:151]\).
- Almost nine in ten (88%) reported their ethnicity as white \([n:151]\).
- Over two-thirds (67%) said their permanent residence was Northern Ireland. 17% were resident in England with 5% resident in both ROI and ‘Other non-EU country’ \([n:149]\).
- Each HSC trust was represented by respondents, although a plurality, over one third, reported their current or most recent trust was in Belfast Trust (34%). The least represented was Western Trust (9%) \([n:149]\).

Key findings

1. There is strong evidence to suggest that the experiences of students undertaking placements in Belfast Trust differ to those whose placements are in other trusts.

Differing views and experiences were evident throughout the survey between students whose placements were in Belfast, and those whose placements were in other HSC Trusts.

Over three quarters of respondents overall (77%) felt part of the clinical team during their placement, while 23% of students did not \([n:135]\).

However, under two thirds (65%) whose placement was in the Belfast Trust felt part of the clinical team, with 35% saying they did not \([n:48]\). Conversely, 84% of those in other trusts felt part of the clinical team, compared to 16% who did not \([n:87]\).

This means that Students in Belfast Trust were twice as likely to report not feeling a part of the clinical team when compared other trusts.

- Very few staff members were aware of our presence or delegated us to more junior staff members. (5th Year, Belfast Trust)

- I love this hospital, everybody encourages learning and support. (4th Year, Western Trust)

- The doctors always went out of their way to help us with teaching when they could e.g. having a stroke lysis bleep so we were alerted to lysis calls made me feel like they were really invested in my learning. Helping with tasks like taking bloods, carrying out cognitive assessments for patients. Taking a tea break with members of staff. (4th year, Belfast Trust)

When asked if they were satisfied that teaching experiences on their placement is meeting required standards, over a quarter (28%) of respondents overall said ‘yes, to a significant extent’ and a further 58% said ‘yes, to a sufficient extent’. 14% said it was ‘insufficient’ or not meeting the required standards ‘at all’ \([n:130]\).

However, students in Belfast Trust are four times more likely to report that teaching experiences on placement are not meeting required standards, compared to those in other trusts, with one quarter (24%) reporting it was ‘insufficient’ or not meeting the required standards ‘at all’ \([n:46]\), compared to 7% in other trusts \([n:84]\).
Further disparities between Belfast Trust and other HSC trusts are described throughout this report.

2. **The vast majority of students would prefer the option of travelling to and from placements and being reimbursed for expenses.**

Currently, most students have the option of using freely available hospital accommodation during their placement if they choose to. However, for students who don’t want to use hospital accommodation, there is no comparable alternative support offered, such as reimbursement of travel costs. Respondents were asked whether they would personally prefer the option to travel to and from placement and be reimbursed for travel expenses. Over four in five (82%) said that they would prefer the option of reimbursed travel expenses [n:136].

58% used hospital accommodation whilst on their most recent placement [n:136], and of those 82% said that the accommodation provided was of a standard that ensured they were able to study, carry out domestic duties and rest adequately at the end of every working day. However, this wasn’t the case for 18% of students [n:79].

42% did not use hospital accommodation [n:136] and of these, most chose not to (72%). However, almost one in ten (9%) said they weren’t offered hospital accommodation or weren’t provided with it despite wanting it [n:57].

3. **Students’ experiences during placements are impacting the likelihood of them pursuing careers in certain specialties.**

Respondents were asked if, thinking of this placement as well as other placements they have undertaken, if their experience of particular specialties affected their consideration of pursuing a career in them. Response options were: I’m more likely to pursue a career in this specialty as a result of my experience; I’m no more or less likely to pursue a career in this specialty as a result of my experience; or I’m less likely to pursue a career in this specialty as a result of my experience.

The specialties that students were **less likely** to pursue as a result of their experiences were: **geriatrics** (35% less likely compared to 21% more likely) [n:126], **neurosciences** (34%/21%) [n:124], **psychiatry** (32%/19%) [n:124] and **neurology** (32%/22%) [n:127].
The specialties that students were more likely to pursue as a result of their experiences were: perioperative and emergency medicine (A&E and anaesthetics) (49% more likely compared to 15% less likely) [n:124], general medicine (41%/15%) [n:129], general surgery (40%/27%) [n:131] and paediatrics (38%/15%) [n:125].

4. **Medical students reported that, in a significant number of instances, useful information such as clinical guidelines and workplace policies, were not provided as part of an induction. Other gaps in support were also identified.**

A third (34%) of respondents said that their duties and supervision arrangements were not set out very clearly [n:135].

One in ten (10%) said that the induction they received didn’t set out how to gain support from senior colleagues. Almost two in ten (18%) did not have clinical or medical guidelines and workplace policies set out and one in ten (11%) were not told how to access clinical and learning resources [n:134].

This is despite clear guidance in the GMC’s *Promoting Excellence* that ‘organisations must make sure learners have an induction in preparation for each placement that clearly sets out 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, and how to access clinical and learning resources’. 3

In terms of communication, students reported that they generally received timely and accurate information about their curriculum (71%) and their assessments (72%). However, over a third (34%) said that this wasn’t the case for their placements [n:127].

Timetables didn’t always reflect how placements progressed in practice: a third (33%) said they did ‘to a significant extent’, 58% said to ‘some extent’ and 9% said not at all [n:127].

> Timetables dispersed very last minute but were accurate for the most part. Teaching in some specialties cancelled last minute and without notice or scheduled at very awkward times. I honestly think it would be better for doctors to record lectures and make them available for the whole year. We’d get the best teachers from all the trusts and be able to watch them in our own time rather than have a clinic from 9-12, then a 4 *hour* break then 30 min teaching at 4pm that is sometimes cancelled last minute.
> (4th year, SE Trust)

> Very often show up to things where people don’t expect us, can’t take us, or can’t take more than one student when several have been timetabled. Many times, start times have been incorrect. Several times I have showed up to a clinic that has never been on in the time period we were scheduled...to be told the consultant I was attached to that day had retired 2 years ago. Get all our placement information ridiculously late, especially considering how far away some hospitals are.
> (4th year, Belfast Trust)

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3 *Promoting Excellence, requirement R1.13*
5. Some students have felt pressured to work beyond their level of competence and are concerned that their teaching is not being sufficiently managed.

The GMC requirements set out in *Promoting Excellence* state that ‘organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence’. 4

However, over half (52%) of medical students have, at some time, felt pressured to work beyond their competence by other staff members. One third (33%) say this has happened ‘regularly’ or ‘always’ [n:134].

Furthermore, over one quarter (27%) of respondents said that the quality of their teaching is being monitored and managed ‘to an insufficient extent’ or ‘not at all’ [n:134]. This is despite the GMC requirement that ‘organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training’. 5

Students do generally receive regular, constructive and meaningful feedback on their performance, development and progress during placement, in line with the relevant GMC requirements. 6

Over a third say (37%) this to a ‘significant extent’ and 54% say this is to ‘some extent’. Nine per cent say ‘not at all’ [n:127]. However, over three times more students in Belfast (16%) say they receive no constructive and meaningful feedback on their performance, development and progress during placement at all, when compared to other trusts (5%).

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4 Promoting Excellence, requirement R1.10
5 Promoting Excellence, requirement R2.1
6 Promoting Excellence, requirement R3.13
6. Staff at placements are generally kind, approachable and eager to support learning where they are afforded an appropriate amount of time to do so.

When asked about staff during their placements, responses suggest that for the most part, staff were either ‘always’ or ‘regularly’ kind and approachable (83%). 17% of respondents saying this was ‘occasionally’ ‘rarely’ or ‘never’ [n:127].

Three quarters (75%) of respondents said that staff were ‘always’ or ‘regularly’ eager to support their learning, with the rest saying this was either ‘occasionally’ or ‘rarely’. No one responded ‘never’ [n:127].

Of those who responded ‘occasionally’ or ‘rarely’:
- 72% said staff didn’t have time,
- 63% said staff were too stressed, and
- 40% said there too many learners to get the individual support needed [n:32].

Some staff were just outright rude. I’ve heard so many sexist comments during my placement that I’ve now started to get disheartened about going into medicine. Many staff members have been lovely but there have been plenty of staff members who have pied me off, not helped me improve my skills, not given me useful feedback. I feel very alone in my path to be a doctor. (4th Year, Northern Trust)

Some staff view students as an imposition. I had numerous people – quite a few nurses actually – who turned me away because something was “inappropriate” e.g. an 11 y/o with DKA... I understand I don’t need to go in and ask a ton of questions but those situations are useful for learning – both knowledge and empathy. Do you want an F1 who’s never seen a parent told their child is seriously ill? (4th Year, South Eastern Trust)

7. There were a concerning number of instances where students experienced or witnessed discrimination, as well as reports that students didn’t feel confident to raise concerns. In many instances, where concerns were raised, they weren’t fully addressed.

Students were asked if, during their placement, they witnessed or experienced any form of discrimination on the basis of gender, race, sexuality or other protected characteristics. One third of respondents (33%) report witnessing or experiencing discrimination [n:127]. This was one quarter (25%) in Belfast Trust [n:45] and higher (38%) in other trusts [n:82].
I have experienced discrimination on the basis of race, gender and sexuality on many occasions. Nothing was done about it.
(4th Year, SE Trust)

Yes [I have witnessed or experienced discrimination] - from a female surgeon who was very shocked our group was 90% female and found this ‘interesting’ and wondered how this would pan out in the future ‘when you all go off and have children’.
(5th year, Northern Trust)

GMC requirements state that ‘organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences’, although one quarter (26%) were either ‘not very’ confident or ‘not confident at all’ in doing so [n:134].

In practice, most students (52%) didn’t raise concerns about the quality of training, support, facilities or learning opportunities. However, a quarter (25%) raised concerns that were addressed in part and 15% raised concerns that were not addressed at all [n:130].

I felt that my concerns were almost entirely ignored and myself and the other student involved were blamed for what happened and told to apologise.
(3rd year, SE Trust)

I haven’t felt able to raise concerns.
(3rd year, Belfast Trust)
8. There is variation both in the access to, and the quality of, practical experiences required for students to meet their learning outcomes.

GMC requirements state that medical school programmes must give medical students ‘sufficient practical experience to achieve the learning outcomes required for graduates’. ⁸

Most students (68%) are either ‘highly’ or ‘somewhat’ satisfied with access to practical experiences, and this is broadly consistent across trusts.

However, around one in six (16%) are either ‘not very satisfied’ or ‘not satisfied at all’ [n:130], and there is variation between Belfast, where a quarter (24%) are either ‘not very satisfied’ or ‘not satisfied at all’ [n:46], and other trusts, where 12% are either ‘not very satisfied’ or ‘not satisfied at all’ [n:84].

Alongside the survey, respondents were asked to complete a checklist based on the GMC’s Practical skills and procedures⁹ to assess the level of exposure to the activities described.¹⁰

The full results can be seen in Annex A, highlighting the difference in levels of exposure and competence reported by those in Belfast Trust compared to other HSC trusts.

Overall, in terms of opportunities to undertake the required practical skills and procedures, this varied across trusts.

In Belfast Trust, students were more likely to perform a direct ophthalmoscopy (by 11%), carry out venepuncture (by 8%), measure capillary blood glucose (by 7%) and use correct techniques for moving and handling, including patients who are frail (by 7%).

However, in other trusts, students were more likely to instruct patients in the use of devices for inhaled medication (by 23%), carry out male and female urinary catheterisation (by 21%), take and/or instruct patients how to take a swab (by 16%), prescribe and administer oxygen (by 15%), set up an infusion (by 14%) and perform surgical scrubbing up (by 13%).

The results suggest that generally, students get more opportunities to undertake practical skills and procedures in trusts other than Belfast Trust. Whilst there are a few areas where this trend is reversed, it’s to a lesser extent.

Self-assessed competence at required practical skills and procedures was broadly in line with students’ opportunities to practice and develop them.

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⁸ Promoting Excellence, requirement R5.4
¹⁰ The checklist read: For each procedure, please select either Yes or No from the first drop down to answer whether or not you have undertaken this procedure during this placement. Then select either Yes or No from the second drop down to answer whether, in your own judgement, you have achieved the required level of competency (as described in [brackets]) during this placement.
## Annex A

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Belfast [n:43]</th>
<th>Other trusts [n:82]</th>
<th>Difference in exposure to procedure (Belfast – other trusts)</th>
<th>Difference in competency levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of patient needs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take baseline physiological observations and record appropriately</td>
<td>90.70%</td>
<td>93.02%</td>
<td>2.90%</td>
<td>13.75%</td>
</tr>
<tr>
<td>Carry out peak expiratory flow respiratory function test</td>
<td>53.49%</td>
<td>51.16%</td>
<td>2.90%</td>
<td>-1.72%</td>
</tr>
<tr>
<td>Perform direct ophthalmoscopy</td>
<td>79.07%</td>
<td>65.12%</td>
<td>13.95%</td>
<td>2.07%</td>
</tr>
<tr>
<td>Perform otoscopy</td>
<td>67.44%</td>
<td>60.47%</td>
<td>16.05%</td>
<td>-6.87%</td>
</tr>
<tr>
<td><strong>Diagnostic procedures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take blood cultures</td>
<td>67.44%</td>
<td>51.16%</td>
<td>16.28%</td>
<td>2.48%</td>
</tr>
<tr>
<td>Carry out arterial blood gas and acid base sampling from the radial artery</td>
<td>37.21%</td>
<td>20.93%</td>
<td>16.28%</td>
<td>-9.07%</td>
</tr>
<tr>
<td>Carry out venepuncture</td>
<td>95.35%</td>
<td>90.70%</td>
<td>4.65%</td>
<td>4.22%</td>
</tr>
<tr>
<td>Measure capillary blood glucose</td>
<td>83.72%</td>
<td>76.74%</td>
<td>6.98%</td>
<td>6.67%</td>
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<tr>
<td>Carry out a urine multi dipstick test</td>
<td>76.74%</td>
<td>72.09%</td>
<td>4.65%</td>
<td>-4.16%</td>
</tr>
<tr>
<td><strong>Patient care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform surgical scrubbing up</td>
<td>67.44%</td>
<td>67.44%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Set up an infusion</td>
<td>44.19%</td>
<td>37.21%</td>
<td>6.98%</td>
<td>-6.22%</td>
</tr>
<tr>
<td>Use correct techniques for moving and handling, including patients who are</td>
<td>79.07%</td>
<td>65.12%</td>
<td>14.95%</td>
<td>2.71%</td>
</tr>
<tr>
<td><strong>Prescribing</strong></td>
<td></td>
<td></td>
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<tr>
<td>Instruct patients in the use of devices for inhaled medication</td>
<td>46.51%</td>
<td>41.86%</td>
<td>4.65%</td>
<td>-2.39%</td>
</tr>
<tr>
<td>Prescribe and administer oxygen</td>
<td>39.53%</td>
<td>39.53%</td>
<td>0.00%</td>
<td>0.00%</td>
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<tr>
<td>Prepare and administer (intramuscular, subcutaneous, intravenous) drugs</td>
<td>55.81%</td>
<td>55.81%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Therapeutic procedures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Carry out intravenous cannulation</td>
<td>74.42%</td>
<td>65.12%</td>
<td>9.30%</td>
<td>2.92%</td>
</tr>
<tr>
<td>Carry out safe and appropriate blood transfusion</td>
<td>37.21%</td>
<td>27.91%</td>
<td>9.30%</td>
<td>-2.22%</td>
</tr>
<tr>
<td>Carry out male and female urinary catheterisation</td>
<td>46.51%</td>
<td>34.88%</td>
<td>21.63%</td>
<td>-16.60%</td>
</tr>
<tr>
<td>Carry out nasogastric tube placement</td>
<td>46.51%</td>
<td>39.53%</td>
<td>7.02%</td>
<td>-3.47%</td>
</tr>
<tr>
<td>Use local anaesthetics</td>
<td>32.56%</td>
<td>30.23%</td>
<td>2.33%</td>
<td>-2.22%</td>
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</table>