Health Education
North Central and East London

SPECIALTY FOCUSED VISIT REPORT

Visit Details	
LEP	Homerton University Hospital NHS Foundation Trust
Specialty	Emergency Medicine and ACCS
Date of visit	25 February 2015
Background to visit	The General Medical Council (GMC) National Training Survey in 2015 contained a serious comment regarding bullying and undermining within the Emergency Department at Homerton University NHS Foundation Trust. The issue had been dealt with by the Local Education Training Board (LETB) and the main reason for the Specialty Focused Visit to Emergency Medicine and ACCS was to investigate if bullying and undermining were a prevalent factor within the department and how the Trust had dealt with and learnt from this issue. Emergency Medicine and ACCS were also included as specialties making up a multi –specialty visit to the Trust because they have not been visited for a few years. The visit's purpose was to assess the state of training and teaching for Emergency Medicine and ACCS trainees, including investigating trainees' ability to complete curriculum competencies with adequate training and teaching opportunities, that they had sufficient supervision and support and to assess whether there were any patient safety concerns.
Visit summary and outcomes	The Emergency Medicine and ACCS visit team would like to thank all of those who attended the visit, they were very impressed with the turn out and effort taken by the Trust staff to engage with the visit process. The visit team would like to apologise for the lack of the Lead Provider Representative who had to withdraw at late notice due to unforeseen circumstances. However Dr Jonathan Birns, Deputy Head of School for Medicine was able to step into this role to provide clinical expertise on acute and intensive medicine. The visit team saw the Post-Graduate Medical Education Management Team, including the Director of Medical Education, they then met with the Clinical Leads for Emergency Medicine, Intensive Care, Anaesthetics and Acute Medicine and the College Tutor for Emergency Medicine. The visit team heard from ACCS core trainees from years one, two and three, from specialty trainees and Direct Route Entry into Emergency Medicine (DRE-EM) and trainees from Emergency Medicine. There were also sessions including the Educational Supervisors and the Senior Corporate Management Team. The visit team is aware that the incident, that has since been resolved, has deeply affected the department but that the staff must be commended for their constructive approach, commitment to learn from such an episode and the positive environment that the trainees now work within. The visit team is pleased to report that they heard of no incidents of bullying and undermining from any member of staff within the Emergency Department and all trainees commended the friendly, supportive and open environment that had been cultivated within the department. The only reservation the visit team had was, that such an open and friendly environment lacked formal boundaries, which different types of trainees might perceive as favouritism, even though the

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	department has no intention of such behaviour and that bullying and undermining training should be accessible to faculty members. The visit team saw an ACCS and emergency medicine faculty that is committed to the teaching of trainees and expanding their training opportunities while at the Trust. This is made possible by a committed team of clinical leads and college tutor, who are supported by their Post- Graduate Medical Education Team and a department, which had an ethos of teaching, and education. Trainees stated that the teaching they received at the Trust was one of the best they had experienced and the clinical supervision and feedback they receive from, approachable and friendly consultants is excellent. The visit team found an ACCS and emergency medicine faculty that were more than adequately able to teach and develop trainees, in a supporting and encouraging environment. There are areas however that could be improved upon: The volume of patients seen, requires the department to have an increased number of Whole Time Equivalent (WTE) consultants to at least a minimum of ten, (although preferably with the size of the department the Trust should look to recruit 16 WTE consultants) as a suggested requirement by the Royal College of Emergency Medicine (RCEM). The local faculty groups need to be more frequent and a formalised system for trainee representatives used, the rotas were good with teaching scheduled in and protected, however there were issues regarding doing shifts after a whole day at a teaching course and other trainees do not have access to private study leave for the multiple mandatory exams. One other area was the educational role and responsibilities of the ACCS trainers were not recognised in their job plans. All trainees would recommend the Trust to a colleague to train, and their family and friends for clinical care, as patients are treated with respect and dignity.

Visit team

Lead Visitor	Dr Chris Lacy	**Lay Observer**	Mary Watkins
Medicine Representative	Dr Jonathan Birns	**Visits Officer**	Lizzie Cannon
Trainee Representative	Dr Tom Boon		

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	EM1.1	**Clinical supervision** The trainees reported excellent levels of clinical supervision and very approachable and		

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		supportive consultants in the Emergency Department. There are at least two consultants on the 'shop floor' from 8am to 10pm and between 10pm and 8am there are consultants on call who are accessible and the trainees did not express any qualms about contacting consultants if needed and they felt well supported with the constant presence of higher trainees on the 'shop floor'. The higher trainees in emergency medicine stated that due to shortage of FY2 trainees the ST trainees were the only clinicians on the 'shop floor' for two hours from 6am – 8am, however they stated that if they needed support they could easily phone a consultant and they would attend. The visit team heard from the clinical leads that there were 8.5 WTE consultants in post within the emergency department with a patient flow of 120,000 patients per year. The higher trainees reported that there is good communication and support between departments, with very little pressure from staff to move patients on before the four hour quota. The trainees stated that the department was more concerned with patient safety than meeting the four hour quota. Trainees are able to discuss their decisions with consultants before referring them to radiologists for scans.	The RCEM suggests a minimum requirement of ten consultants but with the size of the department at Homerton the RCEM recommends 16 WTE consultants. The visit team would like to see the department supported in recruiting at least two more WTE consultants to the department.	Amber Mandatory requirement
1	EM1.2	**Serious incidents and reporting** The Post–Graduate Medical Education Team stated that their DATIX system for reporting incidents and feedback mechanism are robust but have reviewed the process across the Trust which assessed where improvements could be made. The visit team heard that there is a meeting held within a few days, with everyone involved with the incident invited to the meeting, which is led by either the Medical Director or Chief Nurse. The DME is told of the incident if it involves a trainee. The DME assured the visit team that the trainees were told of the various routes they could communicate a serious incident through at induction and they were confident that there was a safety net guaranteeing incidents were reported and trainees supported and protected. The clinical leads confirmed that the educational supervisors provided support for any trainee involved in a serious incident and if the incident occurred while on call the on call consultant would assume the supportive role. The visit team heard from the	Trainees should be given a formal	Amber

		trainees that they were unsure of the formal process of how to escalate certain issues or the whistle blowing policy; however they stated that they felt they could approach a consultant or even the DME if warranted. The visit team also heard from the clinical leads that feedback from serious incident investigations are discussed within the department and reflective learning takes place. The acute medicine clinical lead stated that serious incidents are incorporated into the simulation training; the visit team would like to commend this good practice.	policy of whistle blowing and serious incident reporting. This should be accessible to trainees via the Trust intranet. Trainees to be shown how to access the intranet site and policies at induction.	Mandatory requirement
2	EM2.1	**Quality Management of Training** The visit team heard from the Post–Graduate Medical Education Team that there are separate Local Faculty Groups (LFGs) for both Emergency Medicine and ACCS that occur every three months and the DME received the minutes. The clinical leads for Emergency Medicine and ACCS confirmed that there were separate LFGs for ACCS that occurred every three to four months however the Emergency Medicine LFG was not as frequent, it had only occurred three times in 18 months. The visit team heard that for the ACCS LFG there are trainee representatives from anaesthetics, emergency medicine and intensive care who attended the LFG. The visit team heard that because of the high workload within the Emergency Department the method in which the trainee representatives were selected for the LFG was based on who the consultant felt was free according to the rota. The visit team was concerned that this method was not very formal and a more robust method should be found, that could not be potentially perceived as favouritism. The acute medicine clinical lead stated that there was a separate LFG for acute medicine. There were separate ACCS LFG leads for emergency medicine, ICM and anaesthetics. The visit team was assured that the clinical leads act as communication bridges between one another to address any training issues that might have been raised within the LFGs. The visit team heard from the core trainees that they appreciated the LFGs and found	The Emergency Medicine LFGs should occur at least once every three months. The selection of emergency medicine trainee representatives for the LFG should be more formalised, robust and trainee driven.	Amber Mandatory Requirement Amber Mandatory Requirement

		them an encouraging and open environment to discuss problems and implement solutions. The anaesthetic trainees stated that there were not many LFGs and as a result it was sometimes difficult to attend. The higher trainees in Emergency Medicine stated that they had not attended an LFG and were not aware of one that had occurred. The higher trainees stated that they were not part of the core trainee 'Whatsapp' group which was a main form of communication within the trainee cohort. The Post–Graduate Medical Education Team was confident that they had clear lines of communication between themselves, educational supervisors, clinical leads and consultants which enabled trainees in difficulty to be identified and supported. The visit team also heard the Post–Graduate Medical Education Team operated an open door policy for all Trust staff to come and discuss issues. The clinical leads told the visit team that the size of the Trust allowed for good communication between the different specialties and allowed the clinical leads to support educational supervisors and trainees in difficulty (TID). The clinical leads were also aware of how and where to escalate a TID if needed. The trainees confirmed that they were aware of whom to escalate any training problems too and felt supported and empowered to do so. The visit team heard from the acute medicine and anaesthetic clinical leads that they gave trainees feedback forms when they rotated to monitor the quality of the post. This feedback was discussed at the LFGs. The visit team was also pleased to hear that within acute medicine there was a rapid 30 minute meeting every week, attended by all health professionals on shift where they discussed and solved problems; this should be commended as good practice.		
5	EM5.1	**Teaching** The anaesthetic clinical lead stated that the core anaesthetic ACCS trainees had been automatically given the regional teaching day at Barts Health NHS Trust protected as teaching time. The core EM trainees were expected to attend late shifts before or after teaching days or have to arrange cover themselves. The other clinical leads stated that the trainees were completely released to attend regional teaching and compulsory training days, without having to arrange any cover themselves. No trainees were expected to work night shifts pre or post training days, however the ACCS trainees in EM	The Trust should ensure that information regarding the training days received from the School and LIACCS is communicated to the department and the rota coordinator to allow trainees to attend all mandatory training days.	Amber Mandatory requirement

		stated that they would be expected to work the late shift (5pm – 9pm) after attending a training/teaching course. The visit team also heard that since there was an increase in the number of ACCS trainees in acute medicine to three, this applied operational pressure when all trainees had to be released for training days. There was a lack of clarity around who attends the EM ACCS training days which are only mandatory for EM ACCS trainees. Not all ACCS trainees were able to be released for these training days; but the visit team stated that this was an issue of capacity at the trainings days and not a Trust issue. It was noted however that the majority of trainees had been able to attend all of the training days they had wanted to attend. The visit team from all core trainees present stated that the Trust took a very proactive approach towards training days and their rotas already included blocked out days for the training days the rota coordinator already knew about. All trainees spoke highly of the departmental teaching they received at the Trust, and commended Dr Roberts, stating that the teaching was relevant, flexible and tailored to their needs, one trainee stating that it was the best training he/she had received. The DRE-EM CT3 trainees stated that they were able to attend both the core and higher trainee teaching sessions. The higher trainees also confirmed that they had received informal coaching and mentoring from the consultants regarding their consultant interviews and there are mock exams provided too. The exam preparation was led more by trainees but the higher trainees assured the visit team that they would feel able to ask consultants for support and advice if needed. The visit team found that there was a very proactive and committed approach to teaching within the department. All core trainees received protected, bleep free teaching for at least one hour per week and all trainees attend the anaesthetics novice anaesthetists' course when they start at the Trust. The ITU also holds a journal club meeting which is attended by the entire department after the grand round, and is protected teaching time.	UCLP Lead Provider to ensure appropriate communication channels exist between the School of EM / training and education committee and LIACCS. No trainee should have late shifts at night immediately pre or post the training day. The Trust should clarify if it supports non EM ACCS trainees attending EM training days. The visit team recommends NCEL ACCS representatives provide clarity on NCEL position on LIACCS and disseminate the training days to all training coordinators.	Green Recommendation
5	EM5.2	**Training opportunities** The trainees stated that because of the consultant shift change every day there is not		

		always the consistency to support trainees discussing patient write ups of case reports. However all trainees stated that they were sure that if they asked any of the consultants to help support them write up a patient report they would do so, however the higher trainees stated that because of the work load this would have to be done outside of work hours. The educational supervisors stated that they would be very supportive of any trainees who wanted to write up case reports but admitted to being reactive in their approach. The acute medicine trainees stated that there was an excellent opportunity with the quality improvement project meeting every week in acute medicine. The meetings put the onus on the trainee to identify problems and implement solutions within a supportive structure. There are meetings held every month which included members of the senior corporate management and nursing staff to discuss issues too. The core trainees stated that due to the nature of the Trust there was not access to trauma cases in comparison to other larger trusts and they wanted to have more access or shifts to the resuscitation (resus) area. Core EM trainees stated that they had found it hard rotating into paediatrics and had to be quite forceful to gain training opportunities in the emergency department, instead of always being sent to paediatric cases. However the trainees stated that a shift system wouldn't work in assuring resus exposure because of the unpredictability of the number of cases in resus and they assured the visits team that if they asked the consultants for more time in resus or for any type of training opportunities then they would receive support in achieving these. The core trainees stated that due to the department being very well staffed the training and learning opportunities were increased because consultants were not busy and could spend time teaching and discussing with trainees and completing WPBAs. The educational supervisors stated this approach was much better than the past structured teaching shift which due to workload, trainees expectations could not be met, whereas now the consultants felt that they had increased amounts of contact time with trainees and allowed for discussion and feedback to take place. The higher trainees stated that they received limited exposure to trauma and although they rotated to the Royal London for exposure, the consultant led service did not always allow for as many training opportunities. However the higher trainees stated that they had	The visit team would like to see a more proactive approach to patient report write ups from the department and utilise the support available from the consultant in acute medicine with an interest in academia.	Amber Mandatory requirement

		asked for more training opportunities and the department had made sure they had shifts in the urgent care centre and primary care centre which had increased their exposure to minor injuries. The AM ACCS lead showed an interest in developing the trainees' academic skills.		
6	EM6.1	**Rotas** The visit team heard that there were three rotas for trainees. One rota for higher trainees ST4 and above, one for core trainees CT1-3 and GP VTS trainees and then a rota for FY2 trainees. The team were reassured by trainees and trainers that no CT3 / DRE-EM trainees were included on the ST4+ trainee rota, nor left unsupervised at any point. The trainees stated that the rotas were focused on evening shifts, with only one week of night shifts in every eight weeks; there was also one week in eight weeks of 9am – 5pm shifts. The trainees appreciated that the rotas included protected teaching time every week. The higher trainees stated that they were happy with their rotas and found them to be flexible and created a good work – life balance. The CT3 EM trainees who had been rotated into paediatrics stated that their rotas were paediatric ones and due to staff shortages were not very flexible and experienced difficulties attending non-mandatory training days. The higher trainees stated that they were not able to take study leave for the multiple exams they had to take in Emergency Medicine and were using their own annual leave as study time provision.	The Trust should review their policy of study leave for exams, especially in the context of the changing exams process for emergency medicine.	Amber Mandatory requirement
6	EM6.2	**Educational Supervisors** The Postgraduate Medical Education Team stated that the Trust was committed to meeting the GMC Trainer Census target of 80 per cent compliance by March 2015 and that the appraisal of trainers would remain separate from the consultant appraisals that occur every three years. The educational leads would be appraised every year which assured they are fit to appraise the trainers within their department. The visit team also heard that trainers who were not deemed fit would have their trainees removed.		

		The visit team heard all consultants had a specific job plan however the educational supervisors and clinical leads all agreed that their educational roles and responsibilities were not recognised in their job plans. The post-graduate medical education team stated that all consultants with educational roles receive 0.25 PA, however the emergency medicine and ACCS consultants stated that in reality this was not true and found that with on average four trainees each they are responsible for, they would appreciate more time to adequately fulfil their role. The consultants stated that they had an extra PA each for additional responsibilities such as simulation. The clinical leads stated that they felt supported when arranging training events at the simulation centre but would appreciate more help when they organised other training days. They stated that they generally felt well supported by the Postgraduate Medical Education Team and had good working relationships with the team. The educational supervisors confirmed that all their training was done under University College London Partners (UCLP) and that if they had not completed it they would not be trainers. The educational supervisors stated that they would like to have more emergency medicine centric training days provided by UCLP. The clinical leads stated that they do The visit team heard from the educational supervisors that all the trainees meet with their educational supervisors within the first few weeks of starting at the Trust and then there are mandatory meetings every few months and a final meeting at the end of the trainees post. The higher trainees stated that they felt able to email or text their educational supervisors if there were any problems they wanted to discuss and assured the visit team that if they were to have a personal problem with one consultant they would feel comfortable going to another or escalating the issue further.	The Trust should ensure that all consultants who have educational and training responsibilities are given 0.25 PA and this is adequate and protected to fulfil their responsibilities. The visit team recommends that college tutors and educational leads receive additional recognition in SPA allocations. The clinical leads should be given more administrative support when organising training events outside of the Trust's simulation centre.	Amber Mandatory Requirement Green Recommendation Amber Mandatory Requirement
6	EM6.3	**Bullying and Undermining** The Post–Graduate Medical Education Team assured the visit team that they took bullying and undermining behaviour seriously at the Trust and were committed to preventing such behaviour. However they stated that in such a high pressure environment no trust was immune to such behaviour but they had set up forums that		

		were led by external members such as Local Negotiating Committee (LNC) representatives to allow trainees an open and supported environment to discuss concerns. They stated that the forums and anonymous feedback forms acted as a safe guard and monitor against bullying and undermining behaviour. The visit team must commend the work carried out by the Emergency Department and the severity with which they approached the past issue. The visit team heard of the commitment the department had made to analyse their working environment and engage all staff members in open and protected discussions to create a safe and positive working environment. The visit team is pleased to report that the department had been successful and all trainees stated that the department was friendly and supportive, with the consultants being an exemplar of support and team work. No trainees reported being a victim or witness of bullying and undermining behaviour. The only concern the visit team had was that the environment of the emergency department was so friendly that some trainees may find it difficult to navigate within such an informal environment and they could construe this environment as favouritism and this could lead to a potential perception of bullying and undermining, even with the best intentions of the department to avoid such behaviour. The visit team heard from all the trainees however that they felt that they were treated with equality and felt very well supported by the department. The clinical leads stated that there was a Trust policy on bullying and undermining but no training modules for educational supervisors, however there are non-mandatory training provided by UCLP that they could attend. The clinical lead for emergency medicine stated that the department had started to incorporate bullying and undermining into simulation with a particular emphasis on leadership skills and dealing with difficult personalities.	The visit team recommends that the emergency department collaborate with the DME and the LETB to develop the progress already made and establish transparent and professional boundaries.	Green Recommendation

Good Practice	Contact	Brief for Sharing	Date
The acute medicine clinical lead stated that serious incidents are incorporated into the simulation training.	Acute Medicine Clinical Lead	Please describe and explain how these are used in the simulation training.	

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The visit team was also pleased to hear that within acute medicine there was a rapid 30 minute meeting every week, attended by all health professionals on shift where they discussed and solved problems.	Acute Medicine Clinical Lead	Please give brief synopsis of the content of these meetings and whether they could be transferred to other departments.	
All core trainees received protected, bleep free teaching for at least one hour per week and all trainees attended the novice anaesthetists' course when they started at the Trust.	Anaesthetics Clinical Lead		
The ITU holds a journal club meeting which was attended by the entire department after the grand round, and was protected teaching time.	ITU Clinical Lead		

Other Actions (including actions to be taken by Health Education North Central and East London)

Requirement	Responsibility

Information and reports provided to the team prior to the visit

DME Annual Report	*No*	Regulator Reports/Data	*No*	LFG Reports	*No*	MEM minutes	*No*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*Yes*		
PVQs - trainees	*Yes*	PVQs - trainers	*No*	Result of school survey	*No*		

Signed

By the Lead Visitor on behalf of the Visiting Team:	*Chris Lacy*

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Date:	*25 March 2015*