

NORTH EAST THAMES FOUNDATION SCHOOL REVIEW VISIT REPORT

Visit Details	
LEP	Homerton University Hospital NHS Foundation Trust
Date of visit	25 February 2015
Background to visit	The Trust had not had a formal review of Foundation Training by the North East Thames Foundation School since 05/10/2011. We aligned this current visit to a Trust-wide Review together with specialty-focused reviews of emergency medicine, ACCS and obstetrics and gynaecology. Separate reports were created for each part of the visit.
Visit summary and outcomes	<p>The visit team met with members of the postgraduate team and senior management team, and a significant number of FY1 and FY2 trainees covering the broad range of speciality placements available in the Trust. The excellent attendance was commended by the visit team, especially as more senior trainees were also released for other parts of the visit.</p> <p>The visit team was pleased to note that a good educational governance structure was in place at the Trust with Local Faculty Groups meeting every two months to specifically cover Foundation training issues.</p> <p>The visit team found that the clinical and educational supervisors felt well supported by the postgraduate medical education department and that in general the faculty was very engaged in the provision of good education and training. Most undertook their educational responsibilities within the Supporting Professional Activities sessions in their job plans, but there was a lack of clarity regarding the extent to which specific Educational PA sessions were assigned and the process by which this occurred.</p> <p>Most trainees reported that they had access to excellent teaching opportunities. There were protected, mandatory teaching sessions for FY1 (2 hours a week during term times) and FY2 doctors (5 full days a year). However, not all of these were “bleep free” and the frequency of FY2 teaching days were at the lower limit of acceptability.</p> <p>All the trainees stated that they would recommend the Trust to their colleagues as a good place to train and the majority would be happy to have their family and friends being treated there.</p> <p>The visit team had concerns about the following:</p> <ol style="list-style-type: none"> 1) The Haematology FY2 post needs to be improved if it is to meet the educational requirements of Foundation Training 2) Foundation trainees starting in Community-based placements require greater clarity regarding their attendance at Induction sessions at the Homerton, Community Trusts or General Practice. Action should be taken to make them feel more supported and part of the Homerton cohort of

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<p>Foundation trainees.</p> <p>3) The medical and surgical higher and core trainees were concerned about the vulnerability of the FY1 trainee looking after all the medical and surgical patients at night; however, during the foundation review, none of the FY1 trainees mentioned that they felt overwhelmed when on call, which left the visit team with the impression that perhaps the FY1 trainees did not have the experience to recognise a deteriorating patient and request assistance from a consultant, or a higher trainee out of hours. The visit team recommends that the Trust undertakes an urgent review of the hospital at night provision, considering the workload, level of clinical experience / expertise / skills required, ease of access to supervision by middle grade doctors of FY1s and any additional manpower requirements to run a safe and effective system.</p> <p>4) The doctor's mess requires an upgrade</p> <p>Further details and additional requirements and recommendations are outlined below.</p>				
Visit team				
Lead Visitor		John Alcolado	Trust Liaison Dean	Indranil Chakravorty
Visit Officer		Clare Morley		
Findings				
GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
		<p>Educational Structure</p> <p>The visit team was pleased to see that a very clear educational structure was in place at the Trust. The Director of Medical Education (DME) reported that she held a one-to-one meeting with the Medical Director every month and could approach him at other times as and when required. The visit team heard that the education committee met monthly and was attended by the education leads. In addition to this committee, there was also a strategic educational leadership committee which informed the Trust Board. This committee had a multi-disciplinary focus. The DME stated that she was confident that via these two avenues, there was a clear link to the Board and commented that</p>		

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		<p>she could also ask to be invited to the Board meetings if she felt that educational issues needed to be raised.</p> <p>The Foundation Training Programme Directors felt well supported both by the Trust and by the Foundation School. They were responsible for appraising the Educational Supervisors of Foundation Trainees.</p> <p>Educational and Clinical Supervisors were aware of the recent changes to the Foundation Programme, including Broadening Foundation, curriculum changes and the use of the eportfolio. Most performed their educational duties in SPA session time. There was less clarity regarding the identification of specific Educational Pas in job plans.</p>		
1	FR1.1	<p>Hospital at night / Out of Hours</p> <p>The visit team specifically asked the FY1 and FY2 trainees whether they felt well supported out of hours including at night. None voiced significant concerns. They did comment that if they required help, they would call the Registrar or middle-grade doctor and that this individual could sometimes be very busy covering the intake. However, they felt they could always summon urgent assistance if required.</p> <p>The Trust-wide visit team heard that the FY1 trainee was responsible for the wards at night, whereas the core trainee managed the take and the higher trainee managed the ACU. The FY1 was effectively responsible for all the medical and surgical patients at night and was regularly bleeped by the nursing staff. The core and higher medical and surgical trainees felt that the FY1 was sometimes overwhelmed at night due to the heavy workload. The core trainees commented that they tried to assist the FY1 at night, but this was not always possible if the Acute Care Unit (ACU) and take were busy. The visit team was told that at times the FY1's workload was not too onerous but that this all depended on the take, which varied between five and 20 patients admitted overnight depending on the time of year. One higher trainee felt that irrespective of how busy it was, it was not ideal for the relatively inexperienced FY1 trainee to be expected to cover the different areas single-handedly.</p>	<p>The visit team recommends that the Trust undertakes an urgent review of the hospital at night provision, considering the workload, level of clinical experience / expertise / skills required, ease of access to supervision by middle grade doctors of FY1s and any additional manpower requirements to run a safe and effective system.</p> <p>This will be covered on the action plan relating to the Trust-wide Review.</p>	<p>Amber</p> <p>Mandatory</p>

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1	FR1.2	<p>Serious Incidents (SIs)</p> <p>All FY1 and FY2 trainees were aware of the mechanism of reporting SIs and raising concerns. More than 50% of the trainees we spoke to had highlighted an SI or concern and felt they had been supported in this process. However, only a few recalled receiving feedback regarding the outcome of their reporting apart from an initial acknowledgment.</p> <p>The use of SI reports to inform topics for Simulation Training is to be commended as an area of good practice.</p>	<p>Once the trust-wide review of the complaints and serious incident process is complete, please forward a copy of the revised policy to the Quality and Regulation Unit. This should include details of how feedback is provided to the trainees who have reported incidents.</p>	<p>Amber</p> <p>Mandatory</p>
1	FR1.3	<p>Clinical supervision</p> <p>All the trainee reps reported that their level of clinical supervision was good or excellent. Nobody was expected to carry out tasks beyond their level of competence.</p> <p>Some FY2 doctors in General Practice had been asked to “sign-off” repeat prescriptions for methotrexate.</p> <p>A single Foundation doctor reported being asked to indicate the site of surgery for a mastectomy</p>	<p>The Trust should remind Consultant surgeons and theatre staff that it is unacceptable for Foundation doctors to be solely responsible for site-marking prior to surgery.</p> <p>The Trust, in conjunction with the Foundation School should remind GPs that Foundation Doctors must not prescribe cytotoxic agents including methotrexate.</p>	<p>Amber</p> <p>Mandatory</p>
1	FR1.4	<p>Specific Placements and European Working Time Directive</p> <p>FY2 doctors working in haematology consistently reported working past their rostered hours in the evenings, often until 7pm at night. This is an unbanded post. There were other concerns about this placements including (a) the post seems to be mainly providing service cover to patient with sickle cell anaemia with limited exposure to more general haematology, (b) the typical day consisted of performing a ward round – often alone, meeting families, again, often alone, and writing many discharge summaries.</p>	<p>The Trust must review the educational content and work load of the haematology post. We would like this post to be mapped to the Foundation curriculum. Consideration must be given to balancing this post with more general haematology, including attendance at out-patient clinics. A diary card exercise should be completed and shared with the Foundation School, with consideration being</p>	<p>Amber</p> <p>Mandatory</p>

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		<p>Previous concerns regarding the post in trauma and orthopaedics seem to have been resolved following the appointment of a Consultant orthogeriatrician, although this placement still received mixed feedback from trainees regarding its educational value.</p>	<p>given to banding the post.</p> <p>The Foundation T&O posts should be reviewed to ensure they provide good educational experience.</p>	<p>Amber</p> <p>Mandatory</p>
2	FR2.1	<p>Local Faculty Groups (LFGs)</p> <p>The DME, FTPDs and trainees reported that LFGs occurred to specifically discuss Foundation training issues every 2 months.</p>		
6	FR6.1	<p>Induction</p> <p>The visit team heard that Foundation trainees starting their first 4 month placement in the Community had been unclear as to which induction they should attend. They also tended to feel rather isolated from the Homerton Hospital and other Foundation trainees.</p> <p>The visit team was informed by the Trust that FY2s starting in psychiatry were required to attend induction at ELFT however there was an FY2 induction the following day for all FY2s in addition to the HUH trust induction.</p> <p>The visit team was informed that the Trust planned to move to a paperless system (ACE) in summer 2015 and therefore in anticipation of this, training was already underway. The Medical Education Manager commented that perhaps the August induction would need to be undertaken online so that there was sufficient time for the ACE training which would last for half a day. The visit team heard that the ACE team would be training super-users on the wards, so that they could help people on the ground at a later stage.</p>	<p>The Trust should clarify to Foundation trainees the need for them to attend the Homerton corporate induction, since they were Homerton employees. Attempts should be made to ensure trainees in Community placements still felt part of the Foundation training scheme at the Homerton</p> <p>The Trust must consider and risk-assess how the introduction of ACE may impact on the work of Foundation trainees, and whether additional paid induction time will be required.</p>	<p>Amber</p> <p>Mandatory</p> <p>Amber</p> <p>Mandatory</p>

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6	FR6.2	Trainees in Difficulty The DME, FTPDs and Supervisors were aware of the Trainee in Difficulty processes including the Professional Support Unit. Trainees were aware of how to obtain support and the requirements of the Form R in the ARCP.		
6	FR6.3	Educational Supervision All the trainee reps confirmed that they had an educational supervisor. Educational Supervisors were aware of the recent changes to the Foundation Programme, including Broadening Foundation, curriculum changes and the use of the eportfolio. Most performed their educational duties in SPA session time. There was less clarity regarding the identification of specific Educational Pas in job plans.	The visit team recommends that the Trust identify specific Educational Sessions in the job plans of Consultants in accordance with the accepted tariff (0.25 PA per trainee for Educational Supervision) rather than relying solely on the more generic SPA label. Maintenance of these Educational Sessions should be dependent upon satisfactory regular appraisals by the FTPDs/DME	Green Recommendation
6	FR6.4	Teaching and Training Specific teaching sessions are provided for FY1. These are typically 2 hours long and occur weekly during "term times". They contain a mixture of statutory/mandatory generic topics and subjects mapped to the Foundation Curriculum. Attendance registers are kept and trainees that do not attend are chased up. Release for these sessions seems to be generally good. However, they are not bleep-free, and Foundation Doctors may be called back to their ward areas, especially if they are on-call or more senior trainees are absent.	Foundation trainees should hand their bleeps to other members of staff during these 2-hour teaching sessions. Ward staff should be informed not to bleep Foundation trainees during their weekly teaching sessions. The frequency of FY2 teaching should be reviewed.	Amber Mandatory

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		FY2 doctors had 5 full-days of dedicated teaching arranged each year. Trainees reported it was common not to be able to attend several of these because of rota commitments or annual leave. The visit team was later informed by the Trust that FY2 teaching was for 6.5 days.	It may be better to run 10½ days each year.	Amber
				Mandatory
6	FR6.5	Simulation Simulation training was used well in the Trust. The visit team heard that for foundation trainees, non-technical skills were taught in approximately 50% of the simulation training (with the remaining 50% being more clinical training), whereas for higher training levels, non-technical skills training was given even more importance.		
6	FR6.6	Bullying and undermining In view of reports of Bullying and undermining in previous GMC trainee surveys, the visiting team carefully probed this area when meeting with Foundation Trainees, including giving them the opportunity to report any concerns anonymously after the visit. We were reassured that no trainee felt there was a culture of bullying and/or undermining and none had witnessed behaviours of concern. Some of the Clinical Supervisors expressed concern that they felt exposed to unfounded allegations of bullying or undermining when faced with trainees who were unsafe or in difficulty.	The Trust should offer further training and support to Supervisors who feel they might be at risk of unfounded allegations by trainees. Supervisors should be clear about how to raise concerns regarding trainee performance in a safe and effective manner	Amber
				Mandatory
8	FR8.1	Doctor's Mess Trainees informed us that the Mess was in a separate building. It was difficult to access and required an upgrade.	The Trust should review the mess facilities, ensuring they provide an accessible, safe and clean environment for trainees	Amber
				Mandatory
Good Practice			Contact	Brief for Sharing
				Date

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The in-situ simulation sessions provided to many trainees were felt to be very educational and an example of good practice.							
The education governance structure was effective and engagement with local faculty group was very well established.							
Other Actions							
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	Yes
GMC Survey - trainees	No	GMC Survey - trainers	No	Previous visit reports & action plans	Yes		
PVQs - trainees	No	PVQs - trainers	No	Result of school survey	No		
Signed							
By the Lead Visitor on behalf of the Visiting Team:			John Alcolado				
Date:			23 March 2015				