

SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

Visit Details	
LEP	King's College Hospital NHS Foundation Trust
Specialty	Genito-Urinary Medicine
Date of visit	24 March 2015
Background to visit	<p>The last Trust-Wide Review of King's College Hospital NHS Foundation Trust took place in 2012.</p> <p>It was decided to organise a new Trust-Wide Review at the site to inspect the quality of training and education. The lead provider requested to align with the visit to conduct a specialty-focused review of genito-urinary medicine (GUM), as the specialty had received three pink outliers and one red outlier (in clinical supervision) in the 2014 General Medical Council National Trainee Survey (GMC NTS). The trainees had reported in the survey that they were coping with clinical problems beyond their competency and were unhappy with the quality of clinical supervision they received. The lead provider felt that it was necessary to visit the department to try and determine the reason for the change in feedback in the department which had previously received predominantly excellent feedback (i.e. green outliers in the GMC NTS).</p>
Visit summary and outcomes	<p>The visit team was pleased with how seriously the department had taken the results of the GMC NTS 2014. The department had evidently put in place a comprehensive action plan following the last GMC NTS and had spent a lot of time trying to understand and address the issues. The visit team did not uncover any major issues during the visit.</p> <p>In both genito-urinary medicine (GUM) and community sexual and reproductive health (CSRH), all the trainees recommended their training and their service. The integrated sexual health training was particularly commended. All trainees interviewed were well supervised and were enjoying their training.</p> <p>All the trainees felt that they were benefiting from excellent clinical experience and highlighted the breadth of training that they experienced in both GUM and human immunodeficiency virus (HIV) and sexual reproductive health (SRH). The trainees appeared to be having exposure to the right GUM and SRH mix.</p> <p>The visit team noted the following positives:</p> <p>The trainees had regular meetings with their educational supervisor.</p> <p>The trainees attended practically all their teaching sessions.</p> <p>No problems were reported with obtaining WPBAs and there were no concerns regarding curriculum coverage.</p> <p>The trainees highlighted the excellent research opportunities they were afforded.</p>

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	<p>The feedback mechanism following serious incident reporting was reported to be good, and trainees attended risk management meetings.</p> <p>There were good intercollegiate relationships within the department. No evidence of bullying and undermining was found.</p> <p>However, the visit team noted the following areas for improvement:</p> <p>Senior cover at the integrated sexual health clinic on the Denmark Hill hospital site was found to be deficient – the trainees felt that in approximately 50% of sexual health clinics there was no consultant available on the floor who was available to directly review patients and give advice. Although the trainees knew who to call for assistance, they were reluctant to contact a consultant who was on another site or request help from a consultant who was perceived not to have the appropriate skill-set. The trainees felt that the situation had improved recently possibly because they had become more experienced and not just because the issues had been fully resolved. The visit team stated that it supported the idea of a floating consultant which would provide the trainees with easily accessible and much-needed support.</p> <p>The visit team also requested further clarification on the format of the local faculty group. The visit team recommended that the department arranged for training to be discussed at the end of the departmental consultants' meeting and that at this stage of the meeting a trainee rep should be invited.</p> <p>The visit team also stated that trainees should be released to attend all regional training days.</p>
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Visit team			
Lead Visitor	Karen Le Ball	Lead Provider Rep	Katia Prime
Trainee Representative	Miriam Samuel	Lay Representative	Diane Moss
Trust Liaison Dean	Helen Massil	Medical Education Fellow - Observer	Emily Gowland
Visit Officer	Jane MacPherson		

Findings				
GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	G1.1	<p>On call</p> <p>The trainees confirmed that they did on call overnight from home and handed over any patients before they went home in the evening. They reported no issues with this</p>		

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		<p>arrangement.</p> <p>It was reported that any human immunodeficiency virus (HIV) patients who were admitted after 5pm were the responsibility of the general medics. The genito-urinary medicine (GUM) higher trainees would often be called upon for advice. If a patient was admitted prior to 5pm, the GUM trainees would admit the patient. The visit team heard that there was a Saturday morning ward round which was led by the higher trainee and that consultants regularly came in to see patients at the weekend on request.</p> <p>The visit team was informed that there were four to six beds on the ward which belonged to the HIV team but that the team was expected to give advice to HIV positive patients elsewhere in the hospital too.</p>		
1	G1.2	<p>Clinical supervision</p> <p>Senior cover at the integrated sexual health clinic on the Denmark Hill hospital site was found to be deficient – the trainees felt that there was nobody readily available to support them for approximately 50% of the time. Although the trainees knew who to call for assistance, they were reluctant to contact a consultant who was on another site or to request help from a consultant who did not have the appropriate skill-set for the patient concerned.</p> <p>The trainees commented that in the past the problem had been exacerbated by the fact that there had been very few senior trainees in post. They indicated that it may not be clear to more junior trainees who they had to contact for senior support and how.</p> <p>The trainees felt that the situation had improved recently mainly because they had become more senior and gained in experience, but also because there had been some efforts to address the issue of support.</p> <p>The trainees felt that they missed out on some learning opportunities if there was no consultant available to advise them but specifically said that this did not represent a patient safety issue. The visit team heard that the GUM sessions based at the Caldicott clinics at King's Hospital site were more specialist clinics where supervision was less of an issue.</p> <p>The current trainees were unaware of any specific action plan that had been created following the results of the past General Medical Council National Trainee Survey (GMC NTS) to address the problem of clinical supervision, but this was felt to be because the issues had been discussed with trainees who were in post at the time. They did report a perception that things were getting better.</p> <p>The educational supervisors reported that following the GMC NTS results in 2014, an action plan had been formulated which concentrated on clinical supervision as well as other areas.</p>	<p>Senior cover in the integrated sexual health clinic still needs to be improved. Please provide an update on plans to improve this cover to the Quality and Regulation Unit.</p> <p>The visit team supports the idea of a floating consultant which would provide the trainees with much-needed support.</p>	<p>Amber</p> <p>Mandatory Requirement</p>

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		<p>The visit team heard that the director of medical education (DME) had met with the trainees who had been in post when the last survey was completed. Despite requests, feedback from these meetings had not been provided to the department.</p> <p>The visit team heard that the configuration of the HIV service was being reorganised into teams and that this would provide better supervision. Plans were in place to have consultant outpatient clinics in both the morning and afternoon – nine sessions all week – and that trainees would be expected to present patients in real time.</p> <p>In terms of GUM, the GMC NTS 2014 highlighted issues in clinical experience. At times trainees reported that they wanted to see more complex patients and at other times they reported that they were not seeing enough routine patients. The solution was that the department had arranged for the trainees to see a lot of routine cases in the first two years and then in the last two years they would gain exposure to more complex patients.</p> <p>In terms of supervision in GUM, the educational supervisors reported that when they discussed this with the trainees, there had been a mixed response. Some trainees had reported that they felt unable to approach some consultants either because they felt that the consultant would be less than helpful or unable to help if the issue related to a different sub-specialty. The educational supervisors confirmed that the name of the consultant on call was clearly marked on the rota, but stated that they perhaps needed to clarify this even further to the trainees.</p> <p>The educational supervisors agreed that at times it was difficult to help a trainee who needed assistance as they were seeing patients themselves in clinic. In this instance, the named person on the rota should be called. The educational supervisors admitted that it was rare that this person would be contacted as often the consultant on call was not on site.</p> <p>The visit team heard that work was being undertaken to establish the correct type and level of consultant cover at the GU clinics, and that there was a suggestion that a floater could be introduced to the clinic who would be able to offer the trainees advice. This had not yet been put into place because of a lack of staff numbers.</p>	<p>Ensure that a clear method of making sure all trainees know who is on call and/or responsible for advice to clinical areas is developed or made more explicit to the trainees.</p>	<p>Amber</p> <p>Mandatory requirement</p>
1	G1.3	<p>Serious incidents</p> <p>The trainees were aware of how to report serious incidents and stated that there was a monthly risk management meeting which they attended and which covered all incidents.</p>		
2	G2.1	<p>Local faculty groups</p> <p>The trainees in GUM and HIV reported that there was a trainee rep who they believed</p>	<p>The visit team recommends that the department arranges for training to be discussed at the end of the consultants'</p>	<p>Green</p>

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		<p>attended local faculty group meetings.</p> <p>They also reported that they met informally as a group of higher trainees to discuss training.</p> <p>They confirmed that if they had issues with their training they were able to air them.</p> <p>The educational supervisors informed the visit team that they had a monthly consultants' meeting in which training was discussed as a standing item. No trainee rep attended this meeting. Instead, the trainees met separately with the training programme director to discuss any training issues.</p> <p>The community sexual and reproductive health (CSRH) trainee reported that as the cohort of trainees in London was so small, it was well recognised that it was difficult to raise any issues confidentially. However the trainee commented that there were many regular pan London meetings / training days which provided an adequate forum to feed back about any deficiencies in training and come up with solutions, if necessary.</p>	<p>meeting and that at this stage of the meeting a trainee rep should be invited. Minutes should be taken at the meeting, which should be fed back to the postgraduate education team.</p>	Recommendation
6	G6.1	<p>Training</p> <p>The trainees confirmed that they had access to sufficient training opportunities to meet their curriculum requirements.</p> <p>The trainees reported that there were plenty of opportunities to get involved in research and projects, particularly the sexual and reproductive trainee who felt that it was possible to work across the specialties of obstetrics and gynaecology (O&G) and GUM and sexual health and provide integrated care.</p> <p>The trainees confirmed that they were able to complete their mandatory training requirements; they had online access to their own personal record which indicated when mandatory training was necessary.</p>		
6	G6.2	<p>Teaching</p> <p>The trainees confirmed that they were able to attend local teaching sessions and most of the regional training days. It was reported that at times it was more difficult for them to attend the full day higher trainee regional training days due to a clash with afternoon clinics, but the half-day training days were easier to attend.</p> <p>The visit team heard that there was a weekly GUM teaching session on a Wednesday morning for both the GUM and CSRH trainees. All the trainees confirmed that they were able to attend.</p>	<p>Clinics should be altered/cancelled to allow trainees the opportunity to attend regional training days.</p>	<p>Amber</p> <p>Mandatory Requirement</p>

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		On a regional basis, the CSRH trainee confirmed attendance at the O&G training days.		
6	G6.3	<p>Educational supervision</p> <p>The GUM trainees confirmed that they had an assigned educational supervisor with whom they met once or twice a month.</p> <p>The CSRH trainee stated that monthly appointments were in the diary with the educational supervisor and that additional meetings could be added in if the need arose.</p> <p>The trainees confirmed that they were able to complete workplace based assessments (WPBAs).</p> <p>The educational supervisors confirmed that they had time to meet with their trainees.</p> <p>The visit team heard that the department always ensured that the number of trainees per educational supervisor was well balanced and that GUM supervisors were supervising GUM trainees etc. It was also confirmed that supervisors had received the correct training as per the Professional Development Framework and that confirmation of this had been sent to the postgraduate education team.</p>		
6	G6.4	<p>Bullying and undermining</p> <p>No issues were reported in this area.</p> <p>The trainees stated that they would be happy to raise any issues with their consultants and commented that there was a very flat structure in the department and that everyone was approachable.</p>		
Good Practice			Contact	Brief for Sharing
Other Actions (including actions to be taken by Health Education South London)				
Requirement			Responsibility	
The director of medical education (King's College Hospital NHS Foundation Trust) held a meeting with the GUM trainees when the result of the 2014 GUM survey was released. The GUM trainers reported that they would welcome feedback from			DME to provide feedback to training leads	

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that meeting which they had never received as they felt this would aid them to address the concerns which were raised at the time.							
Information and reports provided to the team prior to the visit							
DME Annual Report	No	Regulator Reports/Data	Yes	LFG Reports	No	MEM minutes	No
GMC Survey - trainees	Yes	GMC Survey - trainers	No	Previous visit reports & action plans	No		
PVQs - trainees	Yes	PVQs - trainers	No	Result of school survey	No		
Signed							
By the Lead Visitor on behalf of the Visiting Team:			<i>Karen Le Ball</i>				
Date:			<i>27.07.2015</i>				