

SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

Visit Details	
LEP	King's College Hospital NHS Foundation Trust
Specialty	Urology
Date of visit	Tuesday 24 March 2015
Background to visit	<p>The last visit to the urology department at King's College Hospital NHS Foundation Trust was in November 2009.</p> <p>Due to the length of time since the last visit, the Head of School for Surgery wished to visit the department. In the intervening period the Trust has taken over the Princess Royal University Hospital so it is necessary to visit to see if this has had an impact on training.</p> <p>The GMC National Training Survey (NTS) results in the last three years have been positive, with four green outliers in 2013.</p>
Visit summary and outcomes	<p>The visit team met with those with responsibility for the management and the delivery of training before meeting with three higher trainees and finally the urology clinical and educational supervisors.</p> <p>The visit team was very pleased to hear that trainees unreservedly said that their posts were outstanding and the consultants were approachable and friendly. They all said that they would recommend the post to their friends and colleagues.</p> <p>Through the meetings on the day, the visit team noted the following positives from the visit:</p> <ul style="list-style-type: none"> • Posts were outstanding, and trainees would universally recommend their post. • Consultants were friendly and approachable and were always available if needed. • There was a high commitment to training and the Tuesday ward round was highly commended. <p>However the following areas required some development:</p> <ul style="list-style-type: none"> • It was reported that due to surgical patents being placed around the hospital, ward rounds were taking too long. • It was felt that the Trust should look into introducing a consultant of the week model. <p>Finally the visit team would like to commend the department as they felt that it was one of the best visits they had experienced.</p>

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Visit team				
Lead Visitor		Professor Nigel Standfield (Head of the London Specialty School of Surgery)	External Clinician	Mr Sampi Mehta (Consultant Urological Surgeon)
Lay Representative		Mr Ryan Jeffs, Lay Representative	Visit Officer	Mrs Becki Dunn (Business Support Manager)
Findings				
GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
		<p>Management summary</p> <p>The visit team met with the management team where they heard that there were four full time and three part time consultants in the department. They said that due to the part time consultants they did not run a traditional firm structure, and allocation to theatre was based around need.</p> <p>The visit team heard that the senior management team were pleased with the results of the 2014 GMC NTS. They stated that the acquisition of Princess Royal University Hospital (PRUH) had created challenges, but that they had plans in place to improve the way things work.</p>		
1	U1.1	<p>Induction</p> <p>The visit team heard that the trainees received both a local and Trust induction. Trainees stated that when they started the time table was already in place and set up which worked well. This was confirmed by the non-training grade doctors.</p>		
1	U1.2	<p>Supervision</p> <p>Higher trainees informed the visit team that they felt they were well supervised. They stated that they were given good exposure to cases. The trainees felt that it was very helpful to have the consultants work as part of the team, and if the trainees needed to discuss a patient, they could do so with any of the consultants.</p>		

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		The visit team heard that the consultants are looking into introducing a consultant a week system.		
1	U1.3	<p>Out of hours/On call</p> <p>The visit team heard from the trainees that whilst on call there was no formal junior cover during the day. When the trainees were working at night on-call the workload was manageable, however there was no formal time off the next day. Trainees stated that they had an agreement that their duties for the next day would be covered which they said did happen.</p> <p>Senior management told the visit team that there was a shift system for on-call. They said that trainees now did a one in seven shift, but stated that there had been an increase in referrals from A&E. Due to this; they were discussing the possibility of recruiting a new Trust fellow.</p>		
1	U1.4	<p>Handover</p> <p>Trainees told the visit team that the patient list was maintained electronically and that handover meetings took place in both mornings and afternoons. Trainees stated that everyone attended the meetings including the night team, but the handover was about service and not teaching.</p> <p>The visit team heard from the non-training grade doctors that handover was run as a non-team based system where all registrars handover together and the care for the patients is shared with good handover and cover.</p>		
1	U1.5	<p>Patient Safety</p> <p>The visit team were not made aware by trainees of any patient safety issues and were told that it was a safe place to work.</p>		
6	U6.1	<p>Teaching/Training</p> <p>The visit team heard from the higher trainees that the post was tailored to their requirements and that they were gaining relevant core urology competences. Trainees reported that they were exposed to a good case mix and they had no problems in attending clinics and theatres. The visit team heard that the consultants were approachable and supportive and always happy to help the trainees complete their workplace based assessments (WPBAs). Trainees said that they have their own regular clinics that were run alongside and with consultant</p>		

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		<p>support.</p> <p>The visit team heard that the trainees had been allowed study leave to attend some fantastic courses. The trainees also commented that the library facilities were excellent.</p> <p>Trainees stated that their job plan was good, and that they were able to attend approximately five theatre sessions as well as two clinics. They said they also have access to a simulation lab which they felt was very beneficial and was better than some previous simulation experiences they had experienced.</p> <p>The visit team heard that the higher trainees would prefer more of a balanced work load, although they stated that they did learn from observation and discussion with the consultants. Senior management told the visit team that they were discussing moving inpatient urology to day surgery to help with the workload from PRUH. They hoped that this would better enable trainees to meet their competencies, and give them access to a good mixture of cases.</p> <p>Trainees said that they were allocated time to attend weekly teaching sessions, where they were given the opportunity to present cases and also have a weekly journal club.</p> <p>The visit team was informed by trainees that there were weekly timetabled ward rounds that were led by the same consultant each week. They said that the consultant staff were very approachable and that ward round works well.</p> <p>The visit team noted however that the Tuesday ward round was the only formal one and that as the majority of the consultants were part-time it was difficult for them to commit to doing daily ward rounds. This was compounded by the fact that the patients were spread around the hospital.</p>	Please review whether a consultant of the week would be more appropriate.	Green Recommendation
6	U6.2	<p>Bullying and undermining</p> <p>The visit team heard that the higher trainees had a good rapport with their consultants and none reported experiencing any bullying and undermining.</p>		
8	U8.1	<p>Lister Ward</p> <p>The visit team heard from trainees that there had been an increase in patients being admitted onto the Lister Ward within the last five month period and they said that it was very busy. They said that they were often called upon to deal with patients catheters and said that the equipment available was sparse. The visit team also heard that there was not a specific ward</p>	Please conduct a review of the staffing and equipment levels on the Lister ward and detail the results along with any recommendations and the timeline for	Green Recommendation

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		for urology patients.				their implementation.				
Good Practice					Contact		Brief for Sharing	Date		
Other Actions (including actions to be taken by Health Education South 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 - FY1Ds		Yes	GMC Survey - trainers		No	Previous visit reports & action plans		Yes		
PVQs - FY1Ds		No	PVQs - trainers		No	Result of school survey		Yes		
Signed										
By the Lead Visitor on behalf of the Visiting Team:				<i>Professor Nigel Standfield</i>						
Date:				27.07.2015						