

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

Visit Details	
LEP	Kingston Hospital NHS Foundation Trust
Specialty	Foundation
Date of visit	30 April 2015
Background to visit	South Thames Foundation School (STFS) indicated that they wanted to visit the Trust as a Rolling Visit in order to review the training of foundation doctors. Although the Trust was visited in January 2015, it was felt that the Foundation Review should be separated as there was potential for an overlap with the Trust Wide Review element of the visit.
Visit summary and outcomes	<p>The visit team initially met with the education faculty including the Director of Medical Education (DME), the acting Medical Education Manager (MEM), the Foundation Administrator and the leads for the foundation year one (F1) and the foundation year two (F2) doctors.</p> <p>In the meeting with the educational faculty, there was a presentation by the Foundation Training Programme Director (FTPD). This detailed the work that has been done within the Trust with regard to foundation trainees. The FTPD detailed the post reconfigurations within foundation, changes to the rota, work conducted on audit and quality improvement and details of an award from South Thames Foundation School for their work with trainees in difficulty.</p> <p>The visit team then met with 29 foundation year one doctors (F1s), and then 15 foundation year two doctors (F2s) across a range of specialties. Finally the visit team met the foundation educational and clinical supervisors before feeding back to the Trust board.</p> <p>During the visit the visit team were pleased to note the following examples of good practice:</p> <ul style="list-style-type: none"> <li>Progress in the orthopaedic department following the Immediate Mandatory Requirement (IMR) issued at the Trust Wide Review in January 2015 had been positive. The issues raised had been addressed with a temporary solution and a long term plan was in place. Trainees were positive about the impact this had made.</li> <li>Foundation faculty meetings were regularly occurring and were of a high quality.</li> <li>In medicine, the firms are well organised with good levels of experience and clinical supervision. There was an effective hand over process and F1s strongly recommended the Trust across all specialties.</li> </ul> <p>There were some concerns that were identified at the visit which are detailed below:</p> <ul style="list-style-type: none"> <li>The trainees reported excessive working outside of normal hours, and therefore there was a need for diary carding exercises for all foundation trainees.</li> <li>The visit team were concerned with the reported high levels of bullying and undermining reported by foundation doctors (FDs). The visit team acknowledged that there were clear Trust processes in place, but the trainees felt that issues were not resolved once raised, and that it was futile to report incidents. Feedback to trainees of outcomes needs to be improved.</li> </ul>

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		<ul style="list-style-type: none"><li>• Transcription by F1s of cytotoxics must not occur.</li><li>• Foundation doctors identified regular educationally unproductive activities in a number of departments. These included phlebotomy and portering.</li></ul> <p>Whilst all F1 doctors reported that they would recommend their post to a colleague, F2s were less satisfied. The F2s in the emergency department, orthopaedics and paediatrics stated that they would recommend their posts but surgical F2s were clear that they would not.</p>		
Visit team				
Lead Visitor		Dr Mark Cottee Associate Director of the South Thames Foundation School	Trust Liaison Dean	Dr Anand Mehta Trust Liaison Dean
External Representative		Dr Richard Nicholl Foundation Training Programme Director	Trainee Representative	Dr Yasmin Mahmoud
Lay Member		Ms Jane Chapman	Visit Officer	Mr Rishi Athwal
Observer		Mrs Christine Bridge Manager, South Thames Foundation School		
Findings				
GMC Domain	Ref	Findings	Action and Evidence Required.  Full details on Action Plan	RAG rating of action
1	F1.1	<p><b>Handover</b></p> <p>The visit team heard from the foundation doctors (FDs) that the medical handover process was very effective. The weekend handover was very well structured. They said that there was always support on the ward from the junior and the senior trainee. However they did say that their rota stated that they finish at 9pm but their handover did not start until 9.15pm, meaning that they did not finish until 9.45pm at the earliest.</p> <p>Surgical FDs said that they did not have an evening handover, stating that there was supposed to be an informal one in the doctor's mess at 8pm but that this rarely happened. They said that they did have a formal morning handover. At the weekend FDs stated that there was no formal handover.</p>	<p>Please review the surgical handover at evenings and weekends. Please describe how you will enhance the leadership at handover. Could you provide us with a written summary of the process and how you will confirm appropriate attendance of required staff</p>	<p>Amber Mandatory Requirement</p>

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		The visit team heard that on occasions patients had gone missing in surgery when they had been moved to the Acute Assessment Unit (AAU) ward without the FDs being informed.		
1	F1.2	<p><b>Inappropriate duties</b></p> <p>The visit team heard from the FDs that the phlebotomy service at weekends was variable. They stated that they would often have to take a lot of bloods, and despite this being flagged on numerous occasions, including through incident forms, it had not been resolved.</p> <p>Surgery FDs told the visit team that there was supposed to be an agency nurse booked to escort patients to Endoscopic Retrograde Cholangio-Pancreatography (ERCP) at St George's Hospital. They said this rarely happened which meant that they had to take the patients and wait for up to six hours with them.</p> <p>FDs stated that they were made to do a lot of pre-operative assessment clinics and stated that they were not educationally worthwhile. They stated that they had to leave the ward in order to attend the clinic, but felt that they were supernumerary when they were there as it was nurse led.</p>	Please describe the measures to reduce inappropriate duties being undertaken by foundation doctors with regards to phlebotomy, ERCP escort etc. FDs should be removed from pre-operative assessment clinics as they have poor educational value. Please provide us with details of how these actions will be implemented.	Amber Mandatory Requirement
1	F1.3	<p><b>Educational and clinical supervisors</b></p> <p>All FDs were aware of who their educational supervisor was and they generally had no difficulties in arranging meetings with them.</p> <p>F1s stated that their experiences of getting their supervised learning events (SLEs) signed off by their supervisors varied depending on specialty. It was reported that in medicine and psychiatry there were no issues, whilst it was more difficult in surgery.</p> <p>F2s in surgery told the visit team that it was often very difficult to get SLEs signed off in the department due to the high workload and they stated that it could be a box ticking exercise due to time pressures. They said that they received good experience and exposure to cases but sometimes found it difficult to get SLEs signed off before they expire.</p>	Please confirm educational and clinical supervisors are aware that the completions of SLEs including providing feedback are an integral component of their role. Please provide evidence that SLEs are being signed off in a timely manner throughout the year,	Amber Mandatory Requirement
1	F1.4	<p><b>Practical experience</b></p> <p>The visit team was told by the F1 doctors that the practical experience received was generally very good. None of the F1s said they had any concerns about not meeting their required competencies for the year.</p>		

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		<p>A trainee commented that the psychiatry rotation did not facilitate the development of clinical skills. It was acknowledged that the F1 on this rotation would have one morning on the Acute Assessment Unit (AAU) a week. F1s stated that there were not enough laptops or work for them when they arrived meaning that they did not gain as much from it as they would have hoped to.</p> <p>There was a general consensus among the F2s that they did not feel that the training structures were very well organised for them. Trainees across all specialties felt this was the case. There was a feeling among the F2s that as long as they passed their competencies, the Trust felt they had done enough to support their careers.</p>	<p>Please confirm how the psychiatry F1 experience in Acute Medical Unit (AMU) will be enhanced.</p> <p>The foundation faculty should work with the F2 body to better understand their concerns and provide evidence of how the training experience will be enhanced.</p>	Amber Mandatory Requirement
1	F1.5	<p><b>Red flags</b></p> <p>FDs told the visit team that they had not been asked to consent for procedures unless they had been specifically trained to do so. There were also no instances reported of FDs sitemarking patients.</p> <p>One F1 told the visiting team that they had transcribed cytotoxics previously. No other trainee reported this.</p>	<p>Trust to remind all F1s and supervisors of the restrictions on F1s transcribing cytotoxics. This to be included in the trust induction and local inductions where cytotoxics are prescribed.</p>	Amber Mandatory Requirement
5	F5.1	<p><b>Radiology</b></p> <p>F1s reported to the visit team that out of hours the radiographers would not take requests from F1 doctors. They said that in these situations they usually asked a higher trainee to do it for them. They stated that during working hours this was not a problem.</p> <p>Supervisors stated that out of hours the radiology requests should be consultant to consultant. They also stated that they were in the process of moving towards a duty radiologist system, as it was difficult for the radiologist when they were continually being interrupted from their work with new requests.</p>	<p>Provide details of the timeline for the implementation of the duty radiologist and remind all Trust doctors that out of hours requests can only be made by consultant.</p>	Amber Mandatory Requirement
6	F6.1	<p><b>Induction</b></p> <p>The visit team heard from the FDs that there were no issues with the Trust induction. FDs said they all received the information that they needed.</p> <p>Medical FDs said that their departmental induction was very good. Surgical F1s said that the departmental induction was done very well.</p>		
6	F6.2	<p><b>Bullying and undermining</b></p>		

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		<p>The level of reporting of bullying and undermining was high in both the GMC and STFS trainee surveys.</p> <p>The visit team heard from the F1s that most of them had not experienced any bullying. They also indicated that they would be happy to speak to their educational supervisors should they encounter any bullying or undermining behaviour.</p> <p>Some F1s had experienced bullying within orthopaedics, indicating that they had at times been made to feel humiliated. FDs also described instances wherein a consultant had threatened to influence their portfolio should they raise these concerns.</p> <p>Some F2 doctors stated that they had also experienced bullying or undermining behaviour, with examples being provided of trainees being humiliated in front of peers in the orthopaedic department. There was a feeling from trainees that there was a bullying culture within this department.</p> <p>Many F2s expressed the opinion that they did not feel that these issues were satisfactorily resolved if they raised them. This reportedly led them to having an opinion of the Trust that there was a 'grin and bear it' attitude to bullying. One F2 made the point that it could be a difficult step to raise an issue of bullying, and if nothing was seen to be done then it could be disheartening.</p>	<p>The specific problem within the orthopaedic department must be addressed by the Trust executive and details of actions provided.</p> <p>Trust policies on bullying and harassment must be included in induction and the foundation faculty needs to work with the trainees to enhance confidence in the processes. Results of the next surveys will be reviewed.</p>	<p><b>Amber</b> Mandatory Requirement</p> <p><b>Amber</b> Mandatory Requirement</p>
6	F6.3	<p><b>Teaching</b></p> <p>The visit team heard from F2 doctors that some of the mandatory teaching sessions were very useful.</p> <p>F2s told the visit team that they were recently sent feedback forms for all of their teaching sessions since September 2014 and asked to complete them. The FDs stated that there was they would not be able to remember the quality of all teaching sessions from that far back.</p>	<p>A timely feedback process needs to be implemented</p>	<p><b>Amber</b> Mandatory Requirement</p>
6	F6.4	<p><b>Supervision</b></p> <p>The visit team heard from the F1s that they generally felt well supported. There were no concerns raised from the F1s about having to complete tasks beyond their level of competency.</p> <p>The F2s told the visit team that they also generally felt well supervised. The supervision was said to be particularly good in the emergency department and in medicine. However F2s in some departments did express concerns about the level of supervision provided:</p> <p><b>Orthopaedics</b></p>	<p>Please provide details of how the temporary solution to supervision within will be sustained.</p> <p>Please provide a progress report on the implementation to the longer term plan to solve the supervision in orthopaedics for F1s and on-call work load in Surgery and Orthopaedics for F2.</p>	<p><b>Amber</b> Mandatory Requirement</p>

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		<p>F1s in orthopaedics said that they had some concerns regarding the level of supervision. This lack of supervision for the F1s in orthopaedics resulted in an Immediate Mandatory Requirement (IMR) being issued following the Trust Wide Review in January 2015. FDs said that the introduction of a higher trainee ward round had meant that they now felt adequately supervised. F1s said that they now see all the patients with the higher trainee in this ward round, and that there was a handover document from the day team that detailed plans for all patients. FDs detailed that they currently have two trauma and orthopaedic ward rounds with a F1 on each paired up with either a higher trainee or a junior trainee. F1s indicated this was a great improvement but said that one of the F1s may sometimes be called down to theatre or to clerk for general surgery which left them short on the ward.</p> <p><b>Surgery</b></p> <p>F1s in surgery said that there was a higher trainee ward round every day and they stated that they were always able to ask the higher trainee for advice when needed. F1s in urology stated that they were very well supported and said that there were two ward rounds a day.</p> <p>F2s in surgery said that the nights were very busy as they were covering all of the wards, as well as admissions. They said that there was usually no senior on site as the higher trainee on call is non-resident and had to work the next day. F2s stated that they were often very busy as the workload was so high, and they stated that although there were nurse practitioners who were very helpful, they were also very stretched.</p> <p>The visit team heard from the faculty that there were plans to split the surgery and orthopaedic out of hours rota in August in order to resolve the workload issues. This was reliant on the appointment of a number of new trust grades in surgery and orthopaedics, which had been approved by the trust board. FDs felt that this would be good when implemented, especially if the surgery and orthopaedic FD were able to cross cover each other.</p> <p><b>General practice</b></p> <p>F2s in general practice said that they were generally well supported, however one FD did detail a week when all the senior supervisors were on leave and no official supervision arrangements were in place with the salaried GPs in their absence.</p>		
6	F6.5	<p><b>Rota/On call</b></p> <p>The visit team heard from the F1s on the general surgery rota that they would often come into work at 6.30am and leave at 7pm despite the fact that their rota showed their hours as 8am-5pm. Urology F1s said that they had similar concerns with their rota. The visit team heard from F2s on the emergency department rota that they sometimes work eight night shifts in a</p>	<p>Routine exit surveys of all foundation trainees in General Practice are recommended to identify any deficiencies in supervision.</p> <p>Please conduct a diary carding exercise for all foundation trainees.</p>	<p><b>Amber</b> Mandatory Requirement</p> <p><b>Amber</b> Mandatory Requirement</p>

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		<p>row, followed by a day's annual leave and then a period of twilight shifts. The F2s indicated that this was very tiring and that they did not feel it was European Working Time Directive (EWTD) compliant. The visit team was told that the F2s had been trying to get a diary card exercise completed on the rota without success.</p> <p>GP F2s informed the visit team that many of them had three hour lunch breaks in the afternoon so that they could stay later in the evenings. They stated that they would generally use this time to conduct home visits or to do their repeat prescriptions, but said that it was not included on their rota. FDs stated that they were un-banded during their GP rotation but were often working longer hours than when 'banded' in other departments.</p> <p>The visit team was told by the FDs that the critical care outreach team was very good but only available during the day Monday to Friday.</p>		
6	F6.6	<p><b>Study leave/budget</b></p> <p>F2s in medicine stated that they sometimes had their study leave requests refused, however this was refuted by the educational and clinical supervisors who stated that they had a very good rota co-ordinator that worked hard to ensure requests were met.</p> <p>F2s told the visit team that they had been told they could only spend their study budget on an Advanced Life Support (ALS) or radiology course at Northwick Park Hospital. They also stated that they had to pay for the courses themselves and then claim it back, but many FDs said they had not yet received this money.</p> <p>The visit team also heard from the F2s that as the rotas were so tight, it was very difficult for them to take taster weeks. One FD was told that they could have some non-concurrent days off but not a full week. Some F2s had used their annual leave in order to be able to take a full week.</p>	<p>Please ensure that the purpose and process for taking study leave including taster weeks is clearly articulated to all FDs at induction and regularly discussed at the foundation faculty with the trainee representatives.</p>	<p>Amber Mandatory Requirement</p>
6	F6.7	<p><b>Faculty meetings</b></p> <p>The visit team was told that there were foundation trainee representatives in place and that there were regular foundation faculty meetings. FDs did indicate that sometimes concerns had been raised at these faculty meetings which had not been acted upon, citing examples regarding study leave and the study budget.</p>	<p>There should be regular feedback at the foundation faculty on issues previously raised by trainees.</p>	<p>Amber Mandatory Requirement</p>
6	F6.8	<p><b>Audits</b></p> <p>The visit team was told by the FDs that they were told about audits early in the year which they felt was positive. In the faculty meeting the visit team was told that the audit team work</p>		

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

		very closely with the quality improvement team. They stated that the audits had resulted in national and international presentations.								
8	F8.1	<b>Education Centre</b>  The visit team was told by the faculty that the booking of rooms in the education centre had been taken out of the hands of the education team. They said that there had been an increase in the number of non-educational meetings, which had made it difficult to book rooms for foundation teaching and training and other educational events. It was reported that they were looking at conducting an audit into room usage in the near future.  Educational and clinical supervisors also raised concerns about the availability of suitable teaching facilities in the education centre, which resulted in having to fit larger numbers of trainees into smaller rooms.				Provide the results of the audit into the use of the education centre and measures to address this issue.	Amber Mandatory Requirement			
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 - trainees		Yes	GMC Survey - trainers		No	Previous visit reports & action plans		Yes		
PVQs - trainees		No	PVQs - trainers		No	Result of school survey		Yes		
Signed										
By the Lead Visitor on behalf of the Visiting Team:				Dr Mark Cottee						
Date:										

## SPECIALTY-FOCUSED VISIT REPORT

Health Education South London