

**Pan-London Quality and Regulation Unit**

# **University College Hospitals NHS Foundation Trust General Practice (GP)**

**Quality Visit Report**  
**Date of visit: 2 June 2015**

**Final**

**SPECIALTY-FOCUSED VISIT REPORT**

Visit Details	
<b>LEP</b>	University College Hospitals NHS Foundation Trust
<b>Specialty</b>	General Practice (GP)
<b>Date of visit</b>	2 June 2015
<b>Background to visit</b>	<p>General Practice (GP) had not been visited at University College Hospitals NHS Foundation Trust for a number of years. It was felt that this, along with red outliers in the 2014 General Medical Council National Training Survey (GMC NTS), meant that there was a need to return to the Trust to re-examine GP training and education.</p> <p>The 2014 GMC NTS displayed red outliers for GP medicine in local teaching and overall satisfaction. The results seemed to suggest that the issues in local teaching could be a result of workload issues, as trainees suggested they often had to leave teaching sessions to answer clinical calls. In the red outlier for overall satisfaction, two thirds of trainees said that they would describe the post to a colleague as 'poor'.</p> <p>It was necessary to visit the Trust to assess the quality of training that GP trainees across all GP specialties were receiving due to these concerns.</p>
<b>Visit summary and outcomes</b>	<p>The visit team initially met with 10 GP trainees across a variety of specialties. There were representatives present from obstetrics and gynaecology (O&amp;G), paediatrics, medicine (which was oncology based) and otolaryngology (ENT). Following the trainee meeting the visit team met with GP educational and clinical supervisors before meeting with the GP programme directors. Finally feedback from the meetings was provided to the senior management and 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>• GP trainees in paediatrics had a very positive experience in their placements. They received good teaching and had good opportunity for feedback, which they felt was acted upon.</li> <li>• Trainees across all GP specialties were happy with their educational and clinical supervision. All said they knew who their supervisors were and had learning agreements in place.</li> <li>• Both oncology and O&amp;G had put in a lot of work to improve the GP trainee experience within the specialties. There was still some work to be done, particularly in oncology but the improvement was positive. In O&amp;G, trainees had increased access to clinics which they felt was very beneficial.</li> </ul> <p>There were also some areas for improvement that were identified at the visit which are detailed below:</p> <ul style="list-style-type: none"> <li>• The ENT trainee who was on call had to cover the calls for three sites; University College London Hospital, the Whittington Hospital and Royal Free Hospital. It was reported that they could work for up to 22 of the 24 hours on call and that there were times when the trainees felt they needed additional support. The visit team felt that the on call system needed to be reviewed, as currently if a GP called the hospital for advice, they would get through to the on call GP trainee.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Access to information technology (IT) systems was reported to be variable, with trainees often having to come in out of hours to access computers. Trainees seemed to be unaware of the locations of many of the available personal computers (PCs) and were told that they could not use the ones in the IT training room, even when they were not in use.</li> <li>• It would be educationally beneficial for trainees in GP oncology to be able to attend clinics, and this should be included in their rota. There was also a need to improve trainee access to teaching as they reported being able to attend less than 50% of sessions and ensure departmental induction was taking place.</li> </ul> <p>The visit team was pleased to be able to report that the trainees seen on the day stated that they would be happy to have their family and friends treated at the hospital, and they generally found that they had a positive experience in their placements. In addition to this the consultants were very positive about the GP trainees and reported that they were an asset to the department. In trauma and orthopaedic surgery (T&amp;O) they said it was good to have people that were more concentrated on the patient, rather than contrasting with the trainees that were more concentrated on 'going off to theatre'.</p>
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**Visit team**

<b>Lead Visitor</b>	Dr Surendra Deo, GP Associate Director	<b>External Representative</b>	Dr Michal Grenville, Patch Associate Dean
<b>Trainee Representative</b>	Dr Trudi Rogers, Trainee Representative	<b>Lay Representative</b>	Mr Robert Hawker, Lay Representative
<b>Visit Officer</b>	Mr Rishi Athwal, Quality and Visits Officer	<b>Observer</b>	Miss Clair Thompson, Quality Support Officer

**Findings**

<b>GMC Domain</b>	<b>Ref</b>	<b>Findings</b>	<b>Action and Evidence Required. Full details on Action Plan</b>	<b>RAG rating of action</b>
1	GP1.1	<p><b>Serious Incident Reporting</b></p> <p>The visit team heard from the GP trainees that they had all received information on how to complete a serious incident (SI) as part of their induction. All trainees said that they were confident in being able to report an incident and said that they had done so during their placement. Trainees indicated that they had received feedback when they had reported a SI.</p> <p>General practice (GP) trainees in otolaryngology (ENT) told the visit team that they had a</p>		

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		protected two monthly meeting in which they received feedback from the SIs that had been reported.		
1	GP1.2	<p><b>European Working Time Directive/Rotas</b></p> <p>GP trainees in obstetrics and gynaecology (O&amp;G) said that they felt that their rotas may not be European Working Time Directive (EWTD) compliant. They said that a diary card exercise had been completed in January 2015, but that they had received no feedback from this. Trainees told the visit team that they were working longer hours than their rota stated. They said that there was a ward round at 7.30am which meant they would have to be in work by 7.00am, however on their rota it stated that they started at 9.00am. They said that they would sometimes leave early to compensate for this, but that it was not always possible to do so.</p> <p>Trainees across GP placements said that there were currently rota gaps which had led to an increased workload. They said that there were interviews taking place for some of these positions. Trainees indicated that they were not being pressurised to fill gaps in the rota, but said that they were left unfilled instead which had led to the increase in workload.</p> <p>The GP educational and clinical supervisors informed the visit team that they did not have control over the rota monitoring exercises as this was completed by the workforce team. They stated that if the response rate was less than 75%, they would not report on it.</p> <p>The Trust provided information from the medical workforce manager later in the day. This showed that there was only a 57% response rate on the diary card exercise which was less than the minimum 75%. It also stated that no compliance issues were flagged up from the responses that were received.</p>	<p>Please conduct a further diary card exercise in O&amp;G detailing to trainees that they need a 75% response rate in order to generate a report. Ensure the final response rate and any findings are fed back to the trainees.</p>	<p><b>Amber</b></p> <p>Mandatory Requirement</p>
1	GP1.3	<p><b>Whistleblowing</b></p> <p>The GP trainees told the visit team that they were unaware of whether the whistleblowing policy was mentioned in their induction. However, trainees reported that there were people that they could speak to should they have any concerns.</p> <p>The GP educational and clinical supervisors stated that they felt that this was covered in the Trust induction. They said in addition to this, the chief executive had sent the policy to all doctors in the hospital, and it was also detailed on the intranet.</p>		

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1	GP1.4	<p><b>Hospital at Night</b></p> <p>The visit team was informed by the GP trainees that there was a hospital at night system in place within the Trust. They stated that the handover to the Hospital at Night (H@N) team was very well defined and said that it worked well. All trainees present said that they felt confident about the system that was in place. Trainees said that there was bleep filtering in place for certain specialties at night. They said the nurse practitioners would screen the bleeps for surgery and O&amp;G so that the trainees were not called to the more basic problems.</p>		
1	GP1.5	<p><b>Teaching</b></p> <p><b>Oncology</b> Trainees in oncology told the visit team that they had only been able to attend a maximum of 50% of their teaching sessions due to rota commitments. However, they stated that the teaching was often relevant to their needs as GP trainees when they were able to attend. Clinical and education supervisors told the visit team that they were aware that there were issues with trainees in oncology placements being able to attend the teaching sessions. They said that it was a difficult problem to resolve as there was regional teaching on the same day meaning that they could not cross cover.</p> <p><b>O&amp;G</b> GP trainees in O&amp;G placements said that they had regular teaching. They said that they had a cardiotochography (CTG) meeting every Tuesday, and they said that they were able to attend their GP teaching unless they were on call. Trainees indicated that they were able to attend approximately 75% of the teaching sessions. Clinical and educational supervisors told the visit team that they felt there had been strong improvements made in the teaching offered to GP O&amp;G trainees. They said that they met the GP trainees on a Friday afternoon to discuss GP relevant issues. They also said that they had a skills and drills inter-professional teaching day that they all attended.</p> <p><b>Paediatrics</b> The visit team was informed by the paediatric GP trainees that there was a lot of teaching available to them and that it was of a good quality. Trainees said they had GP teaching on a Wednesday and they were usually able to attend this. They said that they were given feedback forms at the end of every teaching session, and that they were able to set the agenda on what they wanted to learn. Trainees in all other GP placements present said that they were not given an opportunity to provide feedback regarding teaching sessions.</p>	<p>Put measures in place to enable oncology GP trainees to be able to attend a higher number of teaching sessions.</p> <p>Please ensure that feedback forms are provided for trainees to complete at the end of GP teaching sessions in order for the Trust to be able to ensure the content is relevant.</p>	<p><b>Amber</b></p> <p>Mandatory Requirement</p> <p><b>Green</b></p> <p>Recommendation</p>

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		<p>Clinical and educational supervisors in ENT said that they felt the teaching provided to the trainees was good, and they said that it was protected, and mandatory that all trainees attended. In the emergency department they said that there was no specific teaching for the GP trainees, but they said that trainees could attend the foundation year two (F2) training. In addition to this they said that they were hoping to put on a specific F2 GP teaching session.</p>		
5	GP5.1	<p><b>Clinical Governance</b></p> <p>The visit team heard from the ENT trainees that they had a two monthly Trust wide meeting, which they said was good. Clinical and educational supervisors said that there were also grand ward rounds which the trainees attended.</p> <p>O&amp;G trainees said that they had a half day meeting every two months in which there are audit presentations and they received feedback on any major incidents. They also had morbidity and mortality meetings.</p> <p>Oncology trainees said that there were no clinical governance meetings that they were aware of. Paediatric trainees said that they had an audit meeting which they could attend.</p> <p>Clinical supervisors said that in addition to the meetings detailed, there were also bi monthly local faculty group meetings which the trainees attended.</p>	<p>Ensure that oncology trainees are able to attend some form of clinical governance meetings.</p>	<p><b>Amber</b></p> <p>Mandatory Requirement</p>
6	GP6.1	<p><b>Educational and clinical supervisors</b></p> <p>All GP trainees present informed the visit team that they had educational and clinical supervisors, and they all said that they have a learning agreement in place. All trainees said that they felt confident that they knew who to talk to if they had any issues or concerns regarding their training.</p> <p>The programme directors said that they had been told by trainees that their workplace based assessments (WBAs) would usually have to be completed out of hours due to the trainees' and the consultants' workload. They also said that their GP contact within the various specialties would often rotate which made it difficult to develop a relationship with them.</p>		
6	GP6.2	<p><b>Bullying and undermining behaviour</b></p> <p>The visit team heard from all GP trainees that they had not been subject to or witnessed any</p>		

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		bullying or undermining behaviour during their placements at the Trust.		
6	GP6.3	<p><b>Induction</b></p> <p><b>Trust induction</b> The GP trainees told the visit team that their Trust induction encompassed a combination of online and face to face elements. Some trainees said that it was one of the more useful Trust inductions that they had attended.</p> <p><b>Oncology</b> GP trainees in oncology said that they did not attend a departmental induction, stating that they covered the wards whilst the core medical trainees received their induction. They said they were told to attend a mini induction but were given the slides to a PowerPoint presentation instead. Trainees said that when they were on the ward there was a lot of support available so they did not feel out of their depth.</p> <p>Educational and clinical supervisors said that they would investigate why the GP trainees were not provided with a departmental induction. They said that trainees should have received a full day induction.</p> <p><b>ENT</b> GP trainees in ENT said that they also did not receive a departmental induction. They said that when on the ward there was a need to be able to perform a lot of practical procedures for which there was no preparation. Trainees stated that they had to find a higher trainee for support.</p> <p>Clinical and educational supervisors for ENT said that the trainees should have been given a half day induction, and they should have been supernumerary for the first week. In addition to this, they said that any trainees that did not have ENT skills should have been sent to a course at Barts Health NHS Trust to complete an ENT skills course.</p> <p><b>Paediatrics</b> The GP trainees in paediatrics stated that the rota had been amended so that they could attend the departmental induction. They said that elements of the induction were less useful, but said that this had been fed back and it was being amended.</p>	<p>Please ensure that GP oncology and ENT trainees are provided with a full departmental induction and provide attendance lists to evidence that they have all attended.</p>	<p><b>Amber</b></p> <p>Mandatory Requirement</p>



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6	GP6.4	<p><b>Study Leave</b></p> <p>The visit team was told by the GP trainees that they had not had any difficulty in taking study leave. However, some trainees mentioned that they felt guilty taking leave as no cover was arranged in their absence. They said that they felt they were burdening other trainees with higher workloads by taking it.</p> <p>Educational and clinical supervisors stated that they did not provide cover for trainees taking study days as the rotas were organised such that there should be adequate cover if a trainee was absent. They said that it was rare at the Trust for a locum to be appointed. They were aware, however, of the difficulties faced when there were permanent gaps in the rota. ENT consultants stated that there were difficulties in recruiting locums to cover these gaps.</p>		
6	GP6.5	<p><b>Access to educational resources</b></p> <p>The visit team heard from the GP trainees that there was a lack of computers available for them to use for educational purposes. Trainees indicated that they would often come in either early or stay late so that they could access a free computer. They said that they were unaware where other computers for their use may be, and one trainee said that they had been told that they could not use the PCs in the IT training room, even if they were not in use.</p> <p>The visit team was told by the clinical and educational supervisors that there was funding in place for a new learning hub which would contain computers for trainee use, however, it was said that this would only be available to trainees out of hours. They also said that there were three hot desks available to the trainees in the education centre.</p> <p>The associate director of medical and dental education confirmed that the new IT hub would be available out of hours. He said that there was no reason why the IT training room could not be used out of hours and said that he would look into the possibility of putting a rota on the door to free it up to trainees when it was not in use during the day.</p>	<p>Please ensure that the location of computers available to trainees for educational work is clearly disseminated to trainees and included in induction.</p> <p>Review whether the new learning hub and the IT training room can be made available to trainees in working hours when not in use.</p>	<p><b>Amber</b> Mandatory Requirement</p> <p><b>Amber</b> Mandatory Requirement</p>
6	GP6.6	<p><b>ENT on call</b></p> <p>The visit team heard from the ENT trainees that the current on call shift could be difficult. Trainees said that the on call was 24 hours, of which during busy periods, it was possible to be working as much as 22 hours. They said that they were taking calls from three different sites, University College London Hospital, the Whittington Hospital and Royal Free Hospital. The</p>	<p>Conduct a review of the ENT on call arrangement and provide a report detailing any recommendations along with the timeline for their implementation.</p>	<p><b>Amber</b> Mandatory Requirement</p>



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		<p>trainees indicated that there were two off-site higher trainees that they could call for support, but said that it was rare for them to come in. The trainees also told the visit team that if a GP called the hospital for ENT advice, they would come through to the GP trainee on call. Trainees stated that the situation on call had been raised to supervisors previously but said that no resolution had been found.</p> <p>Educational and clinical supervisors informed the visit team that the ENT GP trainee on call acted as a 'gatekeeper' for the three sites, and they said that they had access to two off-site registrars for support if needed. However, they acknowledged that the support offered to the GP on call may need to be reviewed.</p>		
6	GP6.7	<p><b>GP Rotation Lengths/specialties</b></p> <p>GP trainees told the visit team that they felt that six months was sometimes too long to spend in a GP rotation, as they were looking to increase the breadth more than the depth of their knowledge base. Trainees stated that they felt three or four months would provide them with a better experience.</p> <p>During the meeting with the programme directors and the associate director of medical and dental education, the visit team heard that there were some posts that were less beneficial for GP trainees. There needed to be a discussion about the appropriateness of having GPs in many of these posts, and it was felt there could be the potential to move them into more relevant specialties within the Trust. Programme Directors also felt that as the GP trainees only had 18 months' experience in clinical settings it was important that this was spent in relevant disciplines and for an appropriate amount of time. They said that as secondary care was becoming more specialised, some of the ward work was less relevant to GP trainees. They said that for this reason it may be beneficial for the trainees to rotate more frequently.</p> <p>Programme directors told the visit team that they felt there needed to be a regular governance meeting between them and the specialty leads. They felt this would enable a more systematic approach to tackling the issues that GP trainees face.</p>	<p>Please review whether it would be beneficial/possible for GP trainees to rotate within specialties at University College London Hospitals more often in order to increase the breadth of their experience.</p> <p>Please set up a quarterly meeting between the programme directors and the relevant GP education lead in each GP specialty.</p>	<p><b>Green</b> Recommendation</p> <p><b>Amber</b> Mandatory Requirement</p>
6	GP6.8	<p><b>GP Oncology</b></p> <p>GP trainees in oncology said that the workload was very high and they felt very stretched at times due to a gap in the rota. They said that sometimes they were two trainees down on the ward as one trainee was asked to cover the night shift of the absent trainee. Trainees said that</p>	<p>Please review the ward cover arrangements in oncology and determine whether further support can be provided to trainees until August recruitment has been completed.</p>	<p><b>Amber</b> Mandatory Requirement</p>

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	<p>they had been told that there were no plans to recruit to this post until August 2015. They said that they had raised this with supervisors, suggesting a 'reshuffle of the cover arrangements' on more than one occasion but no changes had been implemented.</p> <p>Programme directors agreed that there had been enormous attempts in oncology to improve the GP posts. However, they said that it was very much ward based and it remained difficult for trainees to attend clinics.</p>						
<b>Good Practice</b>				<b>Contact</b>	<b>Brief for Sharing</b>	<b>Date</b>	
N/A							
<b>Other Actions (including actions to be taken by Health Education North Central and East London)</b>							
<b>Requirement</b>					<b>Responsibility</b>		
N/A							
<b>Information and reports provided to the team prior to the visit</b>							
DME Annual Report	No	Regulator Reports/Data	No	LFG Reports	No	MEM minutes	No
GMC Survey	Yes	GMC Survey - trainers	No	Previous visit reports & action plans	Yes		
PVQs	No	PVQs - trainers	No	Result of school survey	Yes		
<b>Signed</b>							
<b>By the Lead Visitor on behalf of the Visiting Team:</b>			Dr Surendra Deo				
<b>Date:</b>			4 August 2015				