

**Pan-London Quality and Regulation Unit**

**Imperial College Healthcare NHS Trust  
Dermatology  
Specialty Focused Visit**



**Quality Visit Report**

2 November 2015

Final Report



Visit Details			
<b>Trust</b>	Imperial College Healthcare NHS Trust		
<b>Date of visit</b>	2 November 2015		
<b>Background to visit</b>	The dermatology specialty had not been formally visited within the five years. The Head of School of Medicine requested to align with the quality visit to Imperial College Healthcare NHS Trust as it was a good opportunity to review the specialty. The General Medical Council National Training Survey (GMC NTS) 2015 generated red outliers in handover, overall satisfaction and pink outlier in clinical supervision, induction, adequate experience and feedback.		
<b>Visit summary and outcomes</b>	<p>The visit team met with three dermatology trainees in the Trust at different stages of training who covered all sites of the Trust. This was followed by a meeting with the educational and clinical supervisors in the specialty. Feedback was provided to the senior management team at the end of the visit.</p> <p>All trainees were aware of who the consultant was on call, and the handover of patients at weekend was reported to be well organised.</p> <p>All dermatology trainees had met with their educational supervisor regularly.</p> <p>There were ample opportunities to meet the requirements of the dermatology curriculum; the trainees had access to specialist clinics and the general dermatology exposure was well received. The trainers were committed to delivering education and training, and the visit team felt that the Trust should reflect this in job plans. The implementation of the monthly faculty group was well received, and concerns from the GMC NTS were being actively addressed. The visit team required the Trust to continue monitoring this progress.</p> <p>A gradual induction to clinic was introduced, and in principle this was good practice. However, in some instances trainees were then expected to be independent with a full list which was a little overwhelming for some. The visit team suggested that the department needed to ensure that trainees working in isolation received appropriate mentoring and support. There may be an opportunity for the Trust to explore the related junior workforce such as clinical or visiting fellows or other working patterns.</p> <p>The visit team was pleased to hear that trainees were not expected to travel across sites as much as previously, but felt that there was a need to ensure that routine referrals on the Charing Cross Hospital site were taken care of by staff on that site and did not require trainees to travel across sites. The visit team also suggested that reviewing complex dermatological in-patients might be a more suitable role and useful learning experience for more senior trainees.</p> <p>Adjustments had been made to the clinics to allow more teaching and supervision time but the consultants and visit team were concerned that this may not be sustainable. There was a shortage of consultants and the visit team suggested that a plan to employ more staff would be appreciated and reasonable due to the workload.</p>		
Visit team			
<b>Lead Visitor</b>	Dr Karen Le Ball, Head of the London Specialty School of Medicine	<b>External Representative</b>	Dr Elisabeth Higgins, Training Programme Director, King's College Hospital NHS Foundation Trust
<b>Lead Provider</b>	Dr Jennifer Jones, Consultant Dermatologist, Royal Free NHS Foundation Trust	<b>Trainee Representative</b>	Dr Eirini Merika, Trainee Representative
<b>Lay Member</b>	Diane Moss, Lay Representative	<b>Visit Officer</b>	Michelle Turner, Quality and Primary Care Manager

Findings			
Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
<b>GMC Theme 1) Learning environment and culture</b>			
DE1.1	<p><b>Patient safety</b></p> <p>There were concerns that having one trainee on the Hammersmith Hospital and Charing Cross Hospital site may be difficult particularly if having to cross the sites in one day. Also the responsibilities sounded a bit onerous for a specialty training year three (ST3) trainee, as due to work pressures referrals had to be prioritised and a new starter may not have the necessary confidence and experience to prioritise patients. The trainees stated that it was important to not work in isolation but to work in partnership with each other.</p> <p>The educational and clinical supervisors reported that they were aware of the concerns of split-site working in dermatology. Some efforts to address the split-site working had already been addressed by the department and the trainees no longer had to attend clinics on the Charing Cross Hospital site. There was also an opportunity to attend Ealing hospital for surgical experience which was highly valued and was on a set day. The visitors were informed that it was the intention that doctors in the clinics on the Charing Cross Hospital site would be responsible for reviewing the ward patients but there was an impression that this had yet to be fully implemented. This had been highlighted as concern in the General Medical Council National Training Survey (GMC NTS) and at departmental meetings, and the department had made efforts to address and correct this issue.</p>	<p>The department needs to ensure that trainees working in isolation receive appropriate mentoring and support. There may be an opportunity for the Trust to explore the junior workforce or other working patterns.</p> <p>There is a need to ensure that routine referrals on other sites are taken care of by staff on that site and do not require trainees to travel across sites. Also ensure that there is a clear way of managing and prioritising the referrals. This post would be more suitable for a more senior trainee.</p>	<p><b>Amber</b> Mandatory Requirement</p> <p><b>Amber</b> Mandatory Requirement</p>
DE1.2	<p><b>Appropriate level of clinical supervision</b></p> <p>The trainees stated that there were issues with consultant presence. Mainly the vacancies in the department left a lack of substantive consultants, and the rota gaps were filled by locum doctors.</p> <p>The trainees reported that the locums were responsible for supervising the trainees. The trainees commented that generally the standard of locum doctor cover was excellent with many having been in post for months, though there was always a residual anxiety as to whether there would be anyone available, which had occurred on one occasion leaving a trainee to review their own plus the locum's list. The incident had been appropriately escalated and dealt with. The trainees were aware that consultant posts were being advertised and recruited to.</p>	<p>The Trust is required to ensure that trainees are not left unsupervised in the clinic setting.</p>	<p><b>Amber</b> Mandatory Requirement</p>
DE1.3	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The trainees stated that when they started in post as an ST3, they were supernumerary. This had been a positive start as it allowed them to gain confidence and step up from the core medical trainee position whilst being fully supported.</p>		

	<p>The visit team heard that although the shadowing of clinics was a positive step for ST3s, instead of a gradual increase in patients in a clinic some trainees were responsible for a whole clinic much quicker than anticipated. The trainees went from shadowing for two weeks, to then having a fully booked clinic which was not a valuable learning experience. The trainees suggested that a gradual induction to clinics would be beneficial with a gradual increase in numbers of patients over a set period.</p> <p>The clinical and educational supervisors stated that they were a supportive department. The trainees shadowed clinics for up to a month, and then for a further two months they had reduced clinics.</p> <p>The clinical and educational supervisors reported that dermatology had very large clinics, with a heavy workload. It was difficult to keep numbers of patients in clinics low for the trainees.</p>	<p>The department is required to consider a gradual building up of clinic numbers for a further two months after the induction period. This could be tailored to the level of previous experience of the trainee.</p>	<p><b>Amber</b> Mandatory Requirement</p>
DE1.4	<p><b>Induction</b></p> <p>The trainees reported that they had received a written induction handover from the leaving specialty trainees, but there was no formal induction. National Induction to the specialty was also available.</p> <p>The trainees stated that the Trust induction was a thorough process. There was a generic induction at Hammersmith Hospital. The trainees were able to meet with the previous trainees to discuss the post and department.</p> <p>The trainees confirmed that they were able to attend training sessions.</p>		
DE1.5	<p><b>Rota</b></p> <p>There was a responsibility for cover of one's own unit during the day, and out of hours, the on call person covered all five sites of the Trust.</p> <p>The trainees reported that they were essentially on call all day every day for their site, and were often called to see inpatients across all specialties in the hospital.</p> <p>The trainees reported that they inevitably stayed late in clinics to ensure that all patients were reviewed. The trainees stated that over a period, they felt that they were European Working Time Directive (EWTD) compliant but they often stayed late. The trainees reported that they were often only contacted regarding referrals towards the end of the day; the timing affected their workload and ability to finish work on time.</p>		
DE1.6	<p><b>Handover</b></p> <p>The trainees indicated that they interpreted the handover question on the GMC NTS 2015 to relate to the weekend handover of the on call rota. The trainees stated that the handover was complex when the trainees covered different sites but they managed this adequately. They were now always aware of whom they should contact and it appeared to work well.</p>		

DE1.7	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The trainees reported that when they were on study leave or annual leave, all departmental calls were directed to the consultant on call. The department occasionally had a staff grade doctor to cover the clinical workload.</p> <p>The trainees at St Mary's Hospital stated that they worked together as a team to see all patients. They liaised with each other frequently, and this worked well. This was less available to any trainees working on the isolated sites resulting in a loss of educational discussion. Discussing cases and patients with peers was a good training experience, which was not possible in this placement.</p>		
DE1.8	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The trainees reported that they were able to attend the Pan-London regional training days. They found the teaching to be useful and relevant. The trainees reported that changes had been made to the ward clinical work to enable trainees to attend the regional training days. The trainees commented that the regional training was a unique and beneficial opportunity.</p>		
DE1.9	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The trainees stated that there were many locum consultants at Charing Cross Hospital and Hammersmith Hospital. The trainees were unsure if locums could complete assessments, and they found it difficult to approach the locum staff for support. Other consultants were willing to undertake assessments.</p>		
<b>GMC Theme 2) Educational governance and leadership</b>			
DE2.1	<p><b>Impact of service design on learners</b></p> <p>The trainees stated that there was an issue with the consultant capacity at St Mary's Hospital. There were a lot of locum consultants within the department, and they were down to only two full time substantive consultants. The trainees found the department to be helpful and supportive during this period.</p> <p>The clinical and educational supervisors stated that clinic lists had been cut in order to ensure that workload was not too heavy whilst there were gaps in the rota. The department often used locum doctors to cover the gaps in the rota. The visit team was informed that recruitment for posts had been advertised, but in the meantime the trainers had been informed that clinics would remain adjusted.</p> <p>The clinical and educational supervisors commented that there were concerns that the clinic adjustments were not sustainable and the Trust may urge the department to increase capacity before substantive consultants had been appointed.</p>	<p>Adjustments had been made to the clinics but the consultants and visit team were concerned that this may not be sustainable. The impact on trainees of a high workload coupled with a dependency on locum consultants must be closely monitored in regular local faculty group meetings. The Trust's plan for substantive consultant appointments must be communicated with HENWL.</p>	<p><b>Amber</b> Mandatory Requirement</p>

DE2.	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The trainees stated that there had been a monthly local faculty group meeting since August 2015. All consultants attended the meeting, and the service manager also attended. The trainees believed that the meeting was set up following the GMC NTS results for 2015. At the last meeting, it had been mentioned that the meetings would be moved to being held quarterly and would be less formal.</p> <p>The trainees all felt supported to raise concerns with their clinical or educational supervisor. They felt supported and encouraged to report clinical incidents also.</p>		<p>The Trust is required to maintain an effective local faculty group for dermatology with trainee representation and evidence of discussion and resolution of training related issues such as workload, clinical supervision and opportunities for training.</p>	<p><b>Amber</b></p> <p>Mandatory Requirement</p>
DE2.	<p><b>Organisation to ensure time in trainers' job plans</b></p> <p>The educational supervisors stated that they did not have allocated programmed activities (PAs) for being an educational supervisor of training programme director. There was no official allocation on the timetables. This appeared to vary between departments.</p>		<p>There needs to be commitment by the Trust that the educational supervisors and clinic supervisors have time to train, whether this is embedded into current Special Programmed Activities (SPA) or additional SPA. The allocation needs to be clear and in line with the Royal College of Physicians recommendations.</p>	<p><b>Amber</b></p> <p>Mandatory Requirement</p>
<b>GMC Theme 3) Supporting learners</b>				
DE3.1	<p><b>Access to study leave</b></p> <p>The trainees did not report any concerns with accessing study leave.</p>			
<b>GMC Theme 4) Supporting educators</b>				
DE4.1	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>The trainees were allocated a clinical and educational supervisor when starting in post.</p>			
<b>GMC Theme 5) Developing and implementing curricula and assessments</b>				
DE5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>The trainees stated that they were unsure of the suitability of locum consultants completing work place-based assessments for training. They were unsure if this was allowed.</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 England)</b>				

Requirement	Responsibility
N/A	
<b>Signed</b>	
<b>By the Lead Visitor on behalf of the Visiting Team:</b>	<i>Dr Karen Le Ball</i>
<b>Date:</b>	<i>8 December 2015</i>