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Pan-London Quality and Regulation Unit

Imperial College Healthcare NHS Trust
General Practice
Specialty Focused Visit

Quality Visit Report

2 November 2015

Final Report

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Visit Details			
Trust	Imperial College Healthcare NHS Trust		
Date of visit	2 November 2015		
Background to visit	The general practice (GP) training programme had not been visited on a trust-wide basis within the last five years, however scheme visits had taken place. The GMC National Training Survey (GMC NTS) results for 2015, highlighted concerns across the GP programme, in particular in medicine for access to educational resources and in obstetrics and gynaecology for supportive environment.GP surgery generated a number of red outliers in overall satisfaction, access to educational resources and local teaching. The GP programme at the Trust covered three training schemes: St Mary's, Riverside, and Imperial.		
Visit summary and outcomes	The visit team met with the programme director for the St Mary's scheme. The visit team then met with seven trainees across all three GP schemes at various levels of training. This was followed by a meeting with 12 clinical supervisors in paediatrics, sexual health, obstetrics and gynaecology, geriatric medicine, stoke medicine and emergency medicine. Feedback from the Specialty Focused Visit was provided to the senior management team. Across the GP schemes there were various models of induction that were working well. In particular, the visit team heard of the paediatrics model of early contact. The attempt to define learning needs appeared to be effective and it was recommended that this be rolled out across all specialities within the programme. The genitourinary medicine induction was highlighted as having an induction, which was specific and focused to the trainees. The clinic shadowing in genitourinary medicine was particularly noted as being well received by trainees. The trainees reported that they received excellent and relevant experience in paediatrics with good senior cover and it had been an enjoyable experience working within the team. The GP trainees stated that some specialties had amended job plans or timetables following feedback received. The stroke medicine job plan was altered in response to previous trainee feedback. The care of the elderly consultant had worked closely with the programme director to improve the job split of the dermatology and care of the elderly posts which appeared to have addressed the issues raised. The consultant body as a whole appeared to value working with GP trainees and demonstrated a commitment in their role to training GPs. The visit team recommends that the Trust review the induction process for all GP trainees, to ensure that all trainees no matter what stage of training they are at, to have a full and specific induction tailored to the needs of a GP trainee. The induction should cover the range of conditions, which the trainees will see in patients. Where flexibility exists, the induction should occur before the trainees are exposed to clinical responsibility. It is expected that all trainees have a learning needs assessment close to starting in post to ensure they meet the requirements of the GP curriculum whilst in post. A robust process should be developed and actively managed for raising concerns for both patient safety and educational content of posts; this should be available to all trainees across all three schemes and all specialties. Trainees in obstetrics and gynaecology posts raised the lack of a processes a particularly concern. Finally, the visit team recommends the GP department needs to be sighted on changes within the Trust; there should be access to a named senior clinician to act as the educational liaison across the Trust.		
Visit team			
Lead Visitor	Dr Clare Etherington, Head of Primary Care Education	**Specialty Lead**	Dr Andy Tate, General Practitioner, Health Education North West

	and Training, Health Education North West London		London
Lay Member	Diane Moss, Lay Representative	**Visit Officer**	Michelle Turner, Quality and Primary Care Manager

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
GMC Theme 1) Learning environment and culture			
GP1.1	**Patient safety** The trainees in obstetrics and gynaecology posts stated that they were unhappy with their placements. The visit team heard concerns from trainees based at St Mary's Hospital and Queen Charlotte's and Chelsea Hospital. The trainees on starting in post were informed by the department staff on how to perform an instrumental delivery. The trainees stated that they felt anxious and nervous. The trainees reported that information received was useful but the delivery of the induction was not beneficial and did not provide a supportive environment. The trainees attended clinics for endocrinology and haematology issues in pregnancy, the clinics were often over booked and understaffed. The trainees rarely worked alongside a senior clinician and so this detracted from learning. The clinical and educational supervisors stated that they were aware of the concerns for trainees in obstetrics and gynaecology. The department had been responsive to the concerns raised and were looking at the exposure of trainees to ensure the placements were useful.	The Trust is required to review the trainee experience in obstetrics and gynaecology and ensure that this is mapped to the GP curriculum.	**Amber** Mandatory Requirement
GP1.2	**Serious incidents and professional duty of candour** The visit team heard that trainees in obstetrics and gynaecology posts had received limited experience in gynaecology. The visit team heard that one trainee had been in a team that was involved in a serious incident; the distressing trauma case had adversely affected their training experience. There was minimal learning from the event, and as the trainee was not directly involved, there was no formal process for feedback or support following the event. Consequently, the trainee felt unsupported.	Review the process of feedback and team briefing following a serious incident for those in the team involved in incidents.	**Amber** Mandatory Requirement
GP1.3	**Appropriate level of clinical supervision** The trainees in obstetrics and gynaecology reported that the standard of supervision was hugely variable in the department and they did not always feel well supervised. They indicated that the department had the right intentions and the right attitude but there was not enough being done to address issues. The trainees requested to meet consultants to discuss guidelines and departmental protocols; the trainees felt that the meetings that had taken place felt superficial and		

	purely a tick box exercise with no educational benefit. The clinical supervisors stated that there was a robust process for clinical supervision for GP trainees.		
GP1.4	**Responsibilities for patient care appropriate for stage of education and training** The GP trainees confirmed that they had not undertaken tasks beyond their level of competence. There were issues across the schemes, by the specialty departments, who were sometimes unsure of the curriculum requirements or appropriate level of clinical work to be undertaken by trainees, but they had not felt pressured to complete tasks that they were not confident to do.		
GP1.5	**Rotas** The trainees reported that in many specialties, the clinic exposure was good, but they had a high quantity of time on call. The trainees had raised their concerns to the programme director, but they had been informed that they had to work together to fill the gaps in the rota. The trainees in obstetrics and gynaecology (O&G) reported that they felt they were covering the service provision, at an expense of their learning needs. Some roles were useful to GP training but the heavy workload, staff shortages and support issues affected the training experience. The trainees in trauma and orthopaedic surgery (T&O), urology and general surgery stated that the on call rota was busy. There was only one junior trainee on the rota and there was limited senior input. The trainees had raised this, and said it was not safe, because of these concerns the GP trainee's time holding the on call bleep was reduced. The trainees in trauma and orthopaedic surgery stated that there had been improvements made to the rota. However, the trainees were often responsible for taking telephone queries from external GPs in which they knew little more (if anything) about orthopaedic cases than the person on the telephone. The trainees in trauma and orthopaedic surgery felt that in comparison to O&G and psychiatry, the T&O posts did not feel many of the curriculum needs for GP training.	The Trust is required to conduct a review of the rotas for GP and the curriculum mapped to the roles of the GP trainees.	**Amber** Mandatory Requirement
GP1.6	**Induction** The programme director commented that there had been concerns with the induction for trainees into departments. This was felt to be an issue as the GP programme had different rotation dates to other specialties. The trainees had often raised concerns that they had not been fully inducted into departments. The trainees stated that the main induction in August 2015 had a thorough timetable, with extensive information provided; the concerns raised were regarding the departmental inductions throughout the year, which were less organised. The trainees reported that many of the inductions were adequate, but some specialties did not provide an appropriate induction for a GP trainee into the specialty. The paediatric induction had a	The Trust is required to provide GP trainees with departmental inductions for all posts, including clinical guidance to cover the range of conditions of patients, which the trainees will experience. Where flexibility exists, induction must occur before the trainees are exposed to clinical responsibility.	**Amber** Mandatory Requirement

	lot of detail useful for the specialty and core trainees, but the GP trainees were not included in all parts of the induction, which was a missed learning opportunity, particularly in learning about paediatric infectious diseases. The visit team heard that trainees starting in haematology on the night shift felt well supported but had not received an induction. The trainees indicated that it would have been useful to receive lectures or an induction on specific cases or patients, which they had not had exposure to previously. The trainees working at Queen Charlotte's and Chelsea Hospital stated that they had not enjoyed their time in obstetrics and gynaecology. The induction was poor and the experience was less than optimal. The visit team heard that previous trainees had written a guide for GP trainees titled 'How to deal with O&G', which had helped them greatly during their placement. Many of the trainees indicated that the department appeared unaware of what GP trainees could perform clinically. The trainees in trauma and orthopaedic surgery at Charing Cross Hospital reported that they did not receive an induction prior to starting the on call weekend rota. The trainee was able to speak to the previous trainees in post to understand the working of the department and they provided advice, which helped them for their first night on call. The visit team heard from trainees who were due to rotate into urology and hepato-billary medicine, at the time of the visit they had not been contacted regarding an official induction. The clinical and educational supervisors stated that they were aware of some trainees having concerns with the departmental inductions. They were keen to develop bespoke inductions. The visit team heard that the paediatrics department had organised a social evening in July 2015, which allowed for the August cohort of trainees to meet each other and the team they would be working with. This appeared to address anxiety concerns and reassured trainee doctors that they would be supported. The clinical and educational supervisors in obstetrics and gynaecology stated that they were aware that trainees had serious concerns in the department and had often felt intimidated. They were reinforcing the idea of a support network with senior trainees and consultants working together. The visit team heard that the creation of the handbook had been a welcome improvement, and the handbook was being updated regularly to ensure trainees had an up to date guide to the department, which had received positive feedback. The clinical and educational supervisors stated that the sexual health induction had been adjusted to be more practical skills based. Trainees were able to consolidate their knowledge in practical terms with online videos and portfolios. The department had produced and updated a handbook based on trainee feedback.		
GP1.7	**Handover** There were no concerns from the GP trainees or trainers concerning the handover process.		
GP1.8	**Protected time for learning and organised educational sessions**		

	The trainees stated that the workload on wards and the clinical commitments resulted in difficulties attending the half-day release for GP teaching. The trainees stated that the Trust October induction clashed with the half-day GP teaching session, many trainees were unable to attend the GP training, as they had to cover the clinical commitments on the ward whilst the specialty trainees were being inducted into the department. The emergency medicine clinical and educational supervisors stated that there was regular departmental teaching and they invited all GP trainees to these sessions. The trainees were encouraged to attend resuscitation for specific experience and the GP trainees were considered a valuable resource on the second tier junior doctor rota. The paediatric educational supervisors commented that the balance between clinical training and educational experience was vital. They tried to ensure trainees had exposure to outpatient clinics, the emergency department and community based clinics. The department had worked with the programme directors to ensure that the broader needs of GP training were met.	The Trust is required to ensure that GP trainees are consistently able to attend their half-day release. Where clashes occur, such as with the October induction, coordinated planning, or alternative arrangements must be made.	**Amber** Mandatory Requirement
GP1.9	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The trainees stated that there were many new supervisors for GP, which meant that many individuals were still getting to grips with the curriculum requirements for GP. The trainees reported that they were aware that they should, and were able to meet regularly with the educational supervisors. Some trainees had experienced difficulties meeting regularly when their educational supervisor worked off site they would ensure they communicated regularly via email. The trainees were aware that the concerns with having external educational supervisors was a common concern in GP, and this was not an issue specific to or worse in this Trust.		
GMC Theme 2) Educational governance and leadership			
GP2.1	**Effective, transparent and clearly understood educational governance systems and processes** The programme director reported that following feedback through internal surveys and the GMC NTS 2015, the faculty was aware of a need to ensure that trainees fully understood policies including the Trust whistleblowing policy. The programme director reported that there was weekly half day teaching sessions, which all GP trainees should attend and be released from clinical work for. The teaching session had been re-organised to include group work, to discuss patients, interesting cases and was an opportunity to raise concerns with the schemes. The sessions had a strong emphasis on coaching to improve situations and address issues. The majority of trainees the visit team met with reported that they felt confident to raise concerns directly to the programme directors. However, the visit team heard concerns that some trainees on the St Mary's scheme did not feel the programme directors were approachable and so felt unable to raise concerns.		

GP2.2	**Impact of service design on learners** The GP programme director reported that there was no direct link from general practice to the senior management team. The Trust had a new structure in place, which covered directorates, but there was no obvious place for the GP programme to sit within the directorate structure. The programme director informed the visit team that the programme often only heard about changes within the Trust directly from the trainees once changes had been implemented. The visit team heard that the Trust often called meetings to discuss changes in education but the GP educators were rarely invited to these meetings. The visit team heard that the organisation of the visit had highlighted concerns, as it appeared that the Trust was uncertain who should be invited to attend the visit for GP. The programme director was informed of the visit with minimal notice. The issues with the organisation of the visit had led to the associate medical director for education indicating that a clinician would be appointed to act as the point of contact between the Trust senior management team and the programme director. The visit team heard that the Trust had allocated a representative from finance and postgraduate education, which was a welcomed approach. The visit team heard that as the programme director was not employed by the Trust there was no access to the staff intranet or policies. This limited the amount of help and support that was offered to the trainees, particularly concerning policies and internal guidelines. The programme director informed the visit team that three years ago, there was a reorganisation with the care of the elderly department, and a ward was closed. This was not communicated to the GP programme until after the ward was closed, and the trainees informed the programme director. The programme director stated that as community posts increase, it was paramount for the programme director to know where all trainees were and what was happening in training.	The Trust is required to involve and communicate with the GP department regarding changes in the Trust. The visit team recommends direct access to a named senior clinician to act as educational liaison across the Trust, to ensure all programme directors, trainees and trainers are informed of Trust-wide activities.	**Amber** Mandatory Requirement
GP2.3	**Appropriate system for raising concerns about education and training within the organisation** The programme director reported that for the GP component of training there was a regular monthly faculty group meeting. There was a twice-yearly meeting, which all consultants involved in GP training were invited to. There was an internal survey for trainees, and feedback from trainees was circulated to all consultants, the faculty invited those departments that had been associated with concerns in GP training. The majority of trainees stated that they felt supported and confident to raise concerns either for patient safety or for education to any of the educational or clinical supervisors. The visit team heard that some trainees, particularly in surgical and obstetrics and gynaecology posts felt that it was difficult to report concerns and they had often felt like a troublemaker for raising issues. The geriatric medicine educational supervisors reported that there was a ‘heads up’ daily ward round, in which all staff could raise concerns. This was a good method of raising challenges and problems at a lower threshold than reporting clinical incidents.	The Trust is required to implement a robust process for raising concerns about both patient safety and educational content of posts. This needs to be actively managed and monitored through trainee feedback.	**Amber** Mandatory Requirement

GP2.4	**Systems to manage learners' progression** The visit team heard that some trainees had an allocated clinical supervisor and had met prior to starting in post; however, other trainees had experienced delays in the allocation of a clinical supervisor and had not formally discussed their learning requirements. The trainees reported that when they started in the GP programme, they were informed how to use the e-portfolio. However, they did not have log ins for the system, they indicated that by the time they received the log in to the system, the induction was not memorable and the system was difficult to comprehend due to the time lapse. The clinical supervisors stated that they ensured all trainees had a learning needs assessment with their clinical supervisor. This was a good way to ensure that training was signposted for specific trainees.	It is expected that all trainees will have a learning needs assessment close to the start of the post with their clinical supervisor and there will be a discussion of the planned GP curriculum coverage during the post.	**Amber** Mandatory Requirement
GMC Theme 3) Supporting learners			
GP3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees did not report any concerns with behaviours that had undermined their confidence.		
GMC Theme 4) Supporting educators			
GP4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The programme directors confirmed that the consultant working in GP, were dedicated to education and had taken their roles seriously, including being fully operational on the GP portfolio. The programme director stated that the GP trainees were fortunate to be working in an organisation that prioritised education. The programme directors on the St Mary's scheme however had regularly raised concerns about their administrative support and the access to educational space. They had needs for educational space that were predictable months in advance, but still struggled to secure appropriate rooms. This resulted in educator time being spent on unnecessary administration, and damaged the educational content of the half-day release. This has been escalated to the medical director, and whilst the administrative problems had improved, problems in booking rooms were still apparent. The trainees reported that overall, they had a good experience working in the Trust; they did not feel as though they were prioritised below the specialty trainees which was a common concern for GP trainees.	The Trust is required to allocate a fixed room for the GP half-day release trainees' educational activities. The room must be sufficient size to be compatible with the trainees' educational plans and methods.	**Amber** Mandatory Requirement
GP4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The clinical supervisors stated that the Trust recognised educational roles as a priority. There was		

	recognised time in job plans, but no specific allocated time in timetables.		
GMC Theme 5) Developing and implementing curricula and assessments			
GP5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The trainees stated that the experience in paediatric posts was excellent. They received a great learning experience and were able to meet curriculum requirements with minimal difficulty. The trainees working in ambulatory care at Hammersmith Hospital reported that the experience had been good. The trainees had learnt a lot and found the placement useful and enjoyable. The clinical and educational supervisors reported that they did not regularly supervise trainees on the 'shop floor' therefore; they would make efforts to discuss trainees with their colleagues to ensure that they were fully aware of trainee performance and issues. The clinical supervisors in stroke medicine commented that following feedback, it was highlighted that the posts were stroke heavy. A hybrid rota was introduced to address these concerns and this had evolved over a five-year period. The trainee exposure to the hyper-acute stroke unit had been substantially decreased because of the changes, which trainees had been positive about. The trainees spent more time on the daily ward round and contributed significantly to discharge planning and end of life care, which was appropriate for their learning. The clinical supervisors in geriatric medicine reported that the rotation was split with dermatology and there were changes in the rota to ensure the exposure for the GP trainees was appropriate. The department tried to amend some of the roles of trainees and this led to the GP trainees' exposure to liaison and community jobs increasing, the teams were looking at adapting this to be increased further.		
GP5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The trainees working in genitourinary medicine (GUM) stated that they enjoyed the clinical experience, and appreciated that many of the specialty clinics were relevant to their future careers. The trainees commented that the clinics were relevant, appropriate and an enjoyable experience. The trainees reported that on starting in post, they shadowed the specialty clinics with either the consultant or the specialty trainees before working independently. This was a valuable learning experience, which they appreciated. The trainees working in paediatrics, acute medicine and rehabilitation medicine all stated that they enjoyed the specialty. The trainees in surgery indicated that they did not enjoy their experience as much as the other trainees and this was due to the heavy workload, and often irrelevant clinical experiences.		
GP5.3	**Appropriate balance between providing services and accessing educational and training opportunities**		

	The programme director commented that GP trainees had raised concerns that foundation year two (F2) trainees had often not turned up for work, which resulted in a higher workload for the GP trainees and missed opportunities for educational activities. The trainees reported that generally they felt their posts had a good balance for training and clinical work. However, the workload was often heavy and limited staff on rotas meant that the GP trainees covered clinical work.		

Good Practice	**Contact**	**Brief for Sharing**	**Date**
N/A			

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
N/A	

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Dr Clare Etherington*
Date:	*8 December 2015*