NHS
Health Education England

Developing people for health and healthcare

Pan-London Quality and Regulation Unit

Imperial College Healthcare NHS Trust
Genito-urinary Medicine
Specialty Focused Visit

Quality Visit Report

2 November 2015

Final Report

THE NHS CONSTITUTION
the NHS belongs to us all

Visit Details	
Trust	**Imperial College Healthcare NHS Trust**
Date of visit	**2 November 2015**
Background to visit	Genitourinary medicine had not been formally visited within the last five years. The Head of School of Medicine requested to align with the quality visit to Imperial College Healthcare NHS Trust as it felt to be a good opportunity to review the specialty. The GMC National Training Survey 2015 generated red outliers in supportive environment and clinical supervision, and a pink outlier in out of hour's clinical supervision.
Visit summary and outcomes	The visit team met with four trainees including an academic trainee in various stages of training in genitourinary medicine. 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. The visit team found that the separation of the training programme director and service director had been a positive step within the department which the trainees acknowledged and were grateful for. The consultants confirmed that they had educational programmed activities (PAs) in their job plans, which were recognised for training. The visit team heard that the department was clearly an active research unit, and there were many opportunities for trainees to undertake research projects. The variety of clinics and exposure for trainees was excellent and the trainees recognised this was a positive experience. The visit team understood that extensive curriculum mapping had been undertaken to ensure there was appropriate coverage of the training curriculum and programme. The visit team heard of many initiatives and projects that had been implemented over the months prior to the visit. The visit team hoped that the department would maintain this level of enthusiasm for training. The visit team recommended that the implementation of the local faculty group and the engagement of the Trust and faculty should be continued. The visit team also suggested that the vision of the department for the future should be shared to ensure that the focus was maintained.

Visit team			
Lead Visitor	Dr Karen Le Ball, Head of the London Specialty School of Medicine	**External Representative**	Dr Deborah Williams, Training Programme Director, Brighton and Sussex, St Georges Hospital
Trust Liaison Dean	Dr Chandi Vellodi, Trust Liaison Dean	**Trainee Representative**	Dr Emily Gowland, Medical Education Fellow
Lead Provider Representative	Dr Roberta Brum, STC Training Programme Director, Chelsea and Westminster Hospital NHS Trust	**Visit Officer**	Michelle Turner, Quality and Primary Care Manager
Lay Member	Diane Moss, Lay Representative		

Findings			
Ref	**Findings**	**Action and Evidence Required.**	**RAG rating of**

		Full details on Action Plan	action
GMC Theme 1) Learning environment and culture			
GU1.1	**Appropriate level of clinical supervision** The trainees reported that they received ample and appropriate levels of clinical supervision. The trainees informed the visit team about the historical clinic set-up. Traditionally at St Mary's Hospital the clinic patients were the responsibility of one doctor, whether trainee or consultant. The trainee would review the patient and was able to telephone the consultant if required to discuss the case. The visit team heard that there had been concerns previously with access to supervision in clinics but the trainees who had been working in the Trust for a longer period had noticed a vast improvement in levels of clinical supervision. The trainees informed the visit team, that if there was no consultant present in the room of the clinic they were always available throughout the clinic duration next door or in the vicinity. The trainees stated that the clinic sessions were now taking longer, as there was a greater emphasis on active discussions. The trainees stated that clinic capacity was varied and inconsistent. The visit team heard that further changes with the structure of clinics were due to be in place from the end of November 2015. The management team had informed trainees that all clinics would be rebranded and renamed, with the aim of improving the workload consistency across clinics. All patients now had a named consultant and specialty trainee so that the trainee had a linked consultant to discuss the patient with. This had decreased the time pressures on trainees and had improved the efficiency of reviewing patients. The trainees now regularly met with the consultant throughout the clinic which was a better working practice.		
GU1.2	**Responsibilities for patient care appropriate for stage of education and training** The trainees stated that the department had a good handbook which the trainees often referred to. The handbook was very detailed which left minimal room for ambiguity. The specialty training year three trainees (ST3) confirmed that they had felt supported for their level of training. When they started in post in August 2015, there was a perception of feeling overwhelmed, but they had not felt this, and felt extremely supported for their first time working in the specialty. The jump from core medical training to specialty trainee had been a supported and enjoyable transition.		
GU1.3	**Rotas** The trainees stated that their rotas were European Working Time Directive compliant. The trainees detailed the out of hours service for the specialty. The rota was an 'old fashioned'		

	model, with a twilight shift Monday to Friday 5-9pm. The trainees stated that they finished working on the wards at 4.45pm, and then handover to the twilight shift doctor. By 5.30pm the handover was generally finished, and the twilight doctor was responsible for all patients and the workload. The twilight shift doctor tended to go home if there were no patients to be reviewed. However, if there was a heavy workload, the twilight on call stayed until all patients were reviewed, but they rarely had to stay later than 10pm. The genitourinary trainees (GUM) were on call for the specialty for human immunodeficiency virus (HIV) medicine. They stated that the workload was extremely variable. There was a daily handover from the day staff to the twilight staff. The trainees reported that if there were patients to be reviewed or work to be done they would stay to complete it. The handover covered all inpatients, and the on call person was fully informed of all patients. The trainees stated that they generally completed the on call from home. They answered calls from home, but on the whole they tended to not be called back into the Trust. The workload was variable. After 9pm, the medical on call team was responsible for any admitted patients. The usual reason trainees would be called at night was to give advice on post-exposure prophylaxis cases. Otherwise, the medical on call team informed the GUM team of any patients admitted overnight at the morning handover. The clinical and educational supervisors stated that there were no immediate plans for the GUM trainees to join the acute medicine rota. There was awareness within the training programmes that this may be amended in the future, with a possible extension of training. The real challenge for the specialty was to ensure that trainees received the correct amount of outpatient experience.		
GU1.4	**Induction** The trainees did not report any concerns with the induction that they received on starting in post.		
GU1.5	**Handover** The trainees explained a robust process for handover of patients to and from the on call teams. No concerns were highlighted for handover within the specialty department.		
GU1.6	**Adequate time and resources to complete assessments required by the curriculum** The trainees stated that with the improvements and changes made to the clinic structure, there was ample opportunities to complete work place based assessments. The trainees confirmed that they were pleased with the changes as their ability to meet the curriculum requirements and have regular discussions with consultants had greatly improved, which in turn increased their training opportunities. The trainees indicated that the change in clinics had led to some consultants being more proactive in suggesting that trainees should complete an assessment, which had been unheard of previously. The trainees reported that although the clinic concerns had been addressed, there continued to		

	be inconsistencies across the department. The trainees found that in the general GUM clinic it was more difficult to complete workplace-based assessments due to the heavy workload. The HIV clinic had a manageable workload with good consultant presence which led to many opportunities for the completion of assessments. Elements of this inconsistency were anticipated to be addressed by the new clinic format starting in November. The trainees reported that they had often used their administration sessions for completing workplace-based assessment (WPBAs), which was no longer required. In the HIV clinics, the trainees booked slots with consultants to complete WPBAs.		
GU1.7	**Access to simulation-based training opportunities** The clinical and educational supervisors reported that they were looking at the possibility of having simulation-based training opportunities for trainees acting resident from home on the on call rota. It was indicated that this may improve trainees' ability to manage boundaries when on call at home. The department was keen to look at simulation across the department; the supervisors commented that the department had always worked independently and was self-sufficient, but this may be a good opportunity to work with colleagues from other departments to produce a teaching session. Trainees had raised concerns with the resident on call rota, and it was felt that such training opportunities could address the difficulties trainees faced.		
GU1.8	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The trainees stated that they had all met with their educational supervisor regularly whilst in post.		
GMC Theme 2) Educational governance and leadership			
GU2.1	**Effective, transparent and clearly understood educational governance systems and processes** The trainees reported that they were aware of there being a positive change in response to the GMC NTS results in 2015. They were unsure what had influenced the unfavourable results the department had received, as they had not felt that anything had suddenly become worse in the department. The trainees reported that they were impressed with how seriously the department had taken the results, and how many efforts had been put in place to address the concerns raised. The trainees reported that there had been numerous local faculty groups held since the GMC NTS survey results were released. The trainees stated that they had been able to discuss concerns and attend the Trust 'Deep Dive' exercises. The trainees were informed that the information discussed was fed back to the medical director. The trainees reported that the separation of the training programme director and clinical lead was a welcome move. The trainees felt that this enhanced the programme and departmental activities. The trainees felt able to openly raise concerns, without worrying that it could impact on their		

	annual review of competency programme (ARCPs). The visit team heard that the department had organised meetings following the Trust involvement with John Launer, Associate Dean of the Multi-Professional Faculty Development Service. The trainees appreciated the meetings, and found them to be a positive experience.		
GU2.2	**Impact of service design on learners** The clinical and educational supervisors reported that the department felt well supported by the Trust. The director of medical education for the medical directorate had attended regular departmental meetings, and the department had shared information with the associate medical director for education. The department had good links with the postgraduate education team. A new unit training lead was appointed in August 2015. The clinical and educational supervisors indicated that trainees had stated that they felt listened to and had seemed appreciative of the work being undertaken by the department. The clinical and educational supervisors stated that there had been changes to the clinics for trainees. There were amazing opportunities within the Trust, and the department were keen to ensure that trainees were able to attend and had access to these opportunities. The clinical and educational supervisors reported that trainees used to rotate to periphery sites, but this had since been put on hold. The trainees were not split by site, and this improved working relationships. The trainees were able to access community clinics. The clinics at St Mary's Hospital were often deemed by trainees to be too specialist, but the department were looking at the curriculum to ensure they met all requirements and had a wide exposure to the specialty.		
GU2.3	**Systems and processes to make sure learners have appropriate supervision** The trainees reported that they adequate access to the appropriate supervision within the department. The consultants had an open door policy, and this made the trainees feel supported. The higher specialty trainees stated that they found it easy to find the support required. The ST3 trainees reported that they at times felt that supervision was not as easy to find as in a district general hospital, where the workload was more general and the workload of patients to see was often of unusual cases that they had not seen before. Occasionally they felt that they were wasting consultants' time by asking simple questions. The ST3 trainees stated that systems in the department had changed which was an improvement; it would be helpful to have robust systems in place for the new trainees as they could feel intimidated as a new specialty trainee with complicated patients. The clinical and educational supervisors reported that the Trust had clinics for complex herpes, syphilis and complexities from HIV. They were aware of the need to provide junior trainees with more extensive supervision.		
GU2.4	**Systems to manage learners' progression** The clinical and educational supervisors stated that that following the red outliers received in the		

	2015 GMC NTS, the department and Trust had reviewed the support and structure of the specialty. The postgraduate education team had facilitated meetings to review the training which the trainers had found supportive and useful. The clinical and educational supervisors stated that the department had run training the trainer courses; the sessions clarified the training to ensure that all trainers had a clearer understanding of what they were trained to do. The clinical and educational supervisors reported that they still had work to do in this area. The leadership in the department had made a big difference. There was now a clearer structure and a developmental focus which improved many aspects of the department.		
GU2.5	**Systems and processes to identify, support and manage learners when there are concerns** The trainees reported that they were aware of the processes to report incidents. They had been shown how to use the Datix system, and were actively encouraged to report incidents. Of the trainees who had reported incidents, the visit team heard that they had received appropriate feedback.		
GMC Theme 3) Supporting learners			
GU3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The educational and clinical supervisors reported that they had rolled out mindfulness sessions across the department. With the continued emphasis in the working environment to be on mindfulness, the department felt this was a good direction to focus on. The trainers offered sessions to the trainees and their colleagues. The visit team heard that some individuals had taken this further and taken up training sessions to learn more.		
GU3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees did not report any concerns with behaviours. They indicated that they felt supported by their colleagues and consultants.		
GU3.3	**Academic opportunities** The visit team heard that the department provided a good academic pathway for trainees. The trainees on academic programmes had slightly different experiences to the non-academic trainees but had enjoyed their experience and had received good learning opportunities. The trainees stated that there were ample opportunities to produce posters or presentations in the department, the visit team heard that there was need for the department to be more proactive in promoting the good quality work being undertaken. The educational and clinical supervisors stated that they were aware of the differences in the academic and non-academic curriculums and training needs. They indicated that the academic trainees completed their training and met the curriculum requirements with minimal difficulties and		

	the department was able to successfully deliver training. The educational supervisors commented that they had been made aware of the potential stresses faced by trainees going from clinical work in a Trust to an academic period. They had actively reviewed the pathway to see if they could improve the experiences for academic trainees.		
GU3.4	**Access to study leave** The trainees confirmed that they had all been able to access study leave; they felt that the Trust was supportive in providing study leave. The visit team heard that to request study leave trainees had to complete two forms, one electronic and one on paper, the process appeared to trainees to be complex and inefficient. The trainees were able to attend the regional training days, and indicated the sessions were of a good standard.		
GMC Theme 4) Supporting educators			
GU4.1	**Sufficient time in educators' job plans to meet educational responsibilities** The educational and clinical supervisors stated that they had a small amount of time for programmed activities (PAs). The department was unique, in that there was an established difference between educational programme activities and general PAs. They each received a relatively small amount, but they made it work and had time in job plans. The training programme director on being appointed to the role had dropped a clinic in order to make time for the increased educational activities which the Trust recognised and was supportive of. The educational and clinical supervisors stated that the job planning guidance was clear, the Trust were clear about time being recognised and this was reviewed regularly. There was a trust-wide desire to differentiate between PAs and educational PAs across the organisation which GUM had been able to implement.		
GMC Theme 5) Developing and implementing curricula and assessments			
GU5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The trainees stated that there had been many changes to the running of clinics. The trainees found it easy to access supervision whilst in clinics which was beneficial for educational purposes. The trainees attended an increased amount of HIV clinics, and also had access to the Trust specialist genitourinary clinics such as herpes simples virus and syphilis. The trainees reported that they had all attended weekly clinics, and were able to liaise with consultants which had benefited their training.		
GU5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum**		

	The trainees stated that contraception training in the community was a beneficial experience. The department ran a sexual health service in one of local general practice surgeries. The service was nurse led, but the trainees had the opportunity to attend which gave them experience in sexual health services in the community. With the ongoing transition of sexual health services, and the increase in community based hubs the trainees appreciated the chance to attend such clinics for training development. The educational and clinical supervisors stated that they were reviewing contraceptive training in the department, and were looking to train a nurse to be fully faculty registered with a diploma to train. The department was aiming to become a training centre for contraceptive services. The educational and clinical supervisors commented that the department was unique; there was a strong academic focus of trainees. All trainees were offered a fix block out of the clinical rota to complete research projects. This was a positive step for the department and trainees; there was a strong focus on career development.		

Good Practice	Contact	Brief for Sharing	Date
Availability of mindfulness sessions within the department	Consultant within the department	Please complete the Quality and Regulation Team (London and the South East) good practice case study.	08/12/2015

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 Karen Le Ball*
Date:	*8 December 2015*