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Pan-London Quality and Regulation Unit

Imperial College Healthcare NHS Trust Foundation Specialty Focused Visit

Quality Visit Report

2/3 November 2015

Final Report

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Visit Details	
Trust	Imperial College Healthcare NHS Trust
Date of visit	2 and 3 November 2015
Background to visit	There had been serious concerns raised by Heads of Schools in London regarding the training environment at Imperial College Healthcare NHS Trust brought about by the results of the General Medical Council (GMC) National Training Survey (NTS) 2015 results and local information. The medical specialties in particular had a number of red outliers, patient safety and bullying and undermining action plans open from the GMC NTS 2015. There were 15 red outliers within foundation in the GMC NTS 2015 results. At St Mary's Hospital these were in Overall Satisfaction (Surgery F1), Work Load (Surgery F1), Supportive Environment (Surgery F1), Access to Educational Resources (Surgery F1) At Charing Cross Hospital these were in Work Load (Emergency Medicine F2), Access to Educational Resources (Medicine F1), Induction (Surgery F2), Adequate Experience (Surgery F2) At Hammersmith Hospital these were in Adequate Experience (Medicine F1, Medicine F2), Access to Educational Resources (Medicine F1), Overall Satisfaction (Medicine F2, Surgery F2), Supportive Environment (Medicine F2), Feedback (Medicine F2) The North West Thames Foundation School had not visited the Trust since the last annual review in 2012. The visit team was aware of issues within the postgraduate medical education administration team. These administrative issues resulted in the Trust not being adequately prepared for foundation annual review of competence progression (ARCP) panels in June2015. This had significant impact on the trainees as many ARCPs were conducted late and many of the evidence forms and supervision meetings were still outstanding. The trainee rotas across the Trust had many issues especially within surgery where not all the foundation posts were filled. The emergency department at St Mary's Hospital was filled by locums at night whereas there were 13 whole time equivalents (WTE) during the day. Trainees had reported issues with the rotas within urology and plastics at Charing Cross Hospital. Trainees at the Hammersmith Hospital had been unhappy regarding the change of their roles within acute medicine due to the closure of the emergency department.
Visit summary and outcomes	**St Mary's Hospital** The visit team met with 14 foundation year one medicine trainees, seven foundation year one (F1) surgery trainees, nine foundation year two medicine trainees, four foundation year two surgery trainees and 13 educational and clinical supervisors at St Mary's Hospital. The visit team noted one area of serious concern. The foundation trainees in endocrinology and diabetes, respiratory and gastroenterology reported that they were regularly working over the rota hours and were not European Working Time Directive (EWTD) compliant. They had not yet been diary carded. The visit team noted the areas that were working well: the stroke trainee was thoroughly enjoying the programme; they felt well supported and able to receive plenty of training opportunities. The medicine trainees reported that they had sufficient exposure to a wide variety of patients. The trainees reported that the training programme directors were extremely supportive and had 1:1 meeting with all trainees and the trainers reported that they regularly receive updates relating to the foundation programme.

	However, the visit team noted the following areas for improvement. Patients were lost or not reviewed for several days on the Almroth-Wright and Rodney Porter wards. The trainees within some surgery and medicine specialties handover via word documents. This is not practical as the documents can be misplaced or deleted. The medicine trainees reported there was not a formal handover of patients for patients admitted on the acute medical take and sent to specialist wards or patients who had been unwell on the wards overnight. The medicine trainees within the acute medicine, respiratory medicine and gastroenterology departments reported that they receive little departmental teaching. This was due to the high workload for all staff resulting in little opportunity for teaching. The integrated paediatric trainee had limited exposure to clinical assessment as one week in four was spent on non-clinical project work. **Charing Cross Hospital** The visit team met with nine foundation year one medicine trainees, four foundation year surgery trainees, ten foundation year two medicine trainees, two foundation year two surgery trainees and 22 educational and clinical supervisors at Charing Cross Hospital. The visit team noted three areas of serious concern. F1s in urology had prescribed chemotherapy drugs on one occasion. F1s in urology and breast surgery had both site marked under supervision on one occasion. There were many concerns with the F2s relating to role supervision and intensity of workload in medical oncology at Charing Cross. This was due to the large number of patients they had under their care on 6N and outliers up to 45 patients at one time. One of the F2s had to help on the clinical oncology ward 6S there was no direct specialty trainee supervision on the ward except in the assessment unit. The trainees found it difficult to know which consultant had clinical responsibility for patients. There was no clear pattern for consultant or specialty trainee ward rounds on 6N and thus there were no clear lines of clinical responsibility for patients; some consultants did not see all the patients on their ward rounds. There seemed to be no formal handover of patients. The trainees were not European Working Time Directive compliant and had just completed a diary carding exercise. The trainees were unable to attend teaching due to the workload and there was little opportunity for departmental teaching. One trainee was expected to do nights on their first day with no departmental induction and was not aware of the shift until they arrived at the site. The visit team noted the following areas that were working well. The trainees within the emergency department had excellent mechanisms for feedback and were allocated quality improvement projects and provided positive feedback about their posts. The F2 in neurosurgery enjoyed the post and had exposure to a vast amount of practical experience. The foundation surgery trainees were thoroughly enjoying their placement rotation; they had plenty of opportunity for practical experience and excellent clinical supervision. **Hammersmith Hospital** The visit team met with five foundation year one trainees, eight foundation year two medicine trainees, two foundation year two surgery trainees and three educational and clinical supervisors at Hammersmith Hospital. The visit team noted the following area that was working well: the community paediatric trainee at the Hammersmith Hospital enjoyed working in the children's ambulatory care unit. However, the visit team noted the following areas for improvement. The F1 and F2 trainees within acute medicine at Hammersmith Hospital had limited exposure to acute medical patients and consequently were not able to achieve the competencies required by the Foundation curriculum and their workload was light. The hepatobiliary F2 surgery trainees continued to attend non-emergency routine work in the private patient wing. The medicine trainees did not seem to have or be aware of a formalised handover system. The medicine trainees did not have a departmental induction; instead it seemed to be a handover between trainees.
Visit team	

Lead Visitor	Dr Anthea Parry, Deputy Director of North West Thames Foundation School	**Foundation School Representative**	Philippa Shallard, Foundation School Manager
Trust Liaison Dean	Dr Chandi Vellodi, Trust Liaison Dean	**External Representative**	Dr Richard Nicholl, Consultant Paediatrician, London North West Healthcare NHS Trust
Lay Member	Caroline Turnbull, Lay Representative	**Trainee Representative**	Dr Dev Joshi, Trainee Representative
Visit Officer	Victoria Farrimond, Quality and Visits Officer	**Trainee Representative**	Dr Renee Burnett, Trainee Representative

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
GMC Theme 1) Learning environment and culture			
F1.1	**Patient safety** **St Mary's Hospital** The foundation trainees reported that patients did not have a clearly identified consultant or not reviewed for several days on the Almroth-Wright and Rodney Porter wards. This was because it was not clear which specialty team was treating the patients on these wards. The foundation year one (F1) trainees within general surgery reported that patients had been lost during the transfer from the weekend and were lost in the system. The F1 trainees within trauma and orthopaedics reported that on the morning of the visit two patients had been lost; this was due to the patient having an elective surgery and then unexpectedly having to stay overnight. There was no process of handing over the patients from surgery or placing them on the online system containing patient information. The F1 medicine trainees reported that a porter had been called to take a patient's urgent bloods to the lab but they did not. As the porter went off shift they ticked the box to say they carried out the job. The results were urgent and this delayed the care of the patient. The foundation year two (F2) trainees in gastroenterology reported that a patient had been lost due to the board not being updated. The department had since introduced a board round to review patients. **Charing Cross Hospital** The F1 urology trainees had been prescribed a new chemotherapy drug to a patient which was	There needs to be clear handover processes for patients admitted on the acute medical take to specialist firms. In particular Almoth Wright and Rodney Porter Wards. Patients on the aforementioned wards need to have named consultants allocated and that information readily available to foundation trainees. The Trust is to ensure all F1 trainees are aware that they should not prescribe cytotoxic drugs or	**Amber** Mandatory Requirement **Amber** Mandatory Requirement **Amber**

	not permitted under Provisional GMC Registration. The F1 surgery trainees in urology and breast had site-marked patients with a specialty trainee present which was not permitted under Provisional GMC Registration. The F2 medical oncology trainees reported that there was no supervision on the medical oncology ward (six north) as the specialty trainee was in the acute oncology admissions ward (six south). The trainees often had to care for around 50 patients on their own; this resulted in the department being incredibly busy. The F2 medical oncology trainees informed the visit team that they had a meeting with the lead consultant for medical oncology after specialty trainees complained they were not working hard enough. This had led to a diary carding exercise that completed on 1 November 2015. An outcome of this meeting was to adjust the rota hours to ensure the trainees were not working over their rota hours; however the trainees were still working late. The F2 medical oncology trainees commented that they now worked on the day chemotherapy unit (six east) as the locum doctor was off sick. This had resulted in an increase in the trainees' workload. The inpatient F2 in psychiatry reported that there was no working electrocardiogram machine within the unit. **Hammersmith Hospital** The F1 acute medicine trainees reported that patients had been lost due to handover issues. This was when a patient arrived overnight and went straight to the ward resulting in them being lost in the process as it was not updated on the system. The visit team was concerned to hear of cases where outlier patients had been placed in medical wards without a handover or clarity over the ownership of the patients' care. This had occurred when patients were allocated beds on the medical wards from the urgent care centre or surgical wards.	site mark. The Trust is to ensure that medical oncology trainees have clear lines of supervision arrangements on ward 6N with evidence of clear timetables for consultant ward rounds and named registrar support. The Trust needs to look at reducing the workload of the medical oncology F2s and review recent diary carding exercises and submit results and outcomes to the quality team. The Trust is to ensure that the ECG machine within the in-patient psychiatry ward is working and maintained properly. The Trust needs to establish a clear handover process for medical and surgical patients who are sent to specialist wards and that this is communicated to the foundation trainees at induction and provide evidence that this is happening.	Mandatory Requirement **Amber** Mandatory Requirement **Amber** Mandatory Requirement **Amber** Mandatory Requirement **Amber** Mandatory Requirement
F1.2	**Appropriate level of clinical supervision** **St Mary's Hospital** **Medicine** The F1 medicine trainees all reported they were adequately supervised and they knew who to contact if they needed supervision. The F1 medicine trainees commented that most specialties had a WhatsApp group in which trainees could contact team members if they needed clinical advice or support due to poor phone reception at St Mary's Hospital. The F1s in endocrinology and diabetes trainees informed the visit team that they had a list of consultant mobile numbers.	The Trust is to ensure that trainees using WhatsApp do not share any patient information. The Trust needs to clarify the appropriateness of using WhatsApp with the Caldecott guardian.	**Amber** Mandatory Requirement

	The clinical supervisor of the F2 obstetrics and gynaecology trainees had been absent for the past two months, the other consultants had been supporting the trainees. **Surgery** The F1s in surgery commented that they were adequately supervised. The consultants ensured all the trainees had their contact numbers. The F2s in surgery reported that they used WhatsApp to contact team members. The F2s in trauma and orthopaedic commented that they had a list with contact numbers for the team. **Charing Cross Hospital** **Medicine** The F1s in respiratory medicine commented that they were slightly understaffed and when the specialty trainee was not contactable the trainees felt overwhelmed and without enough support. The F1s in gastroenterology stated that the rota resulted in one foundation trainee working alone and it was difficult to get in touch with specialty trainees or consultants. The F2s in medicine reported that they were well supervised and always knew who to contact. The F2s in psychiatry commented that they were often working alone but they knew who to call should they require support. The F2s in medical oncology commented that there was no specialty trainee on the ward to supervise as they were on the acute oncology admissions ward. The trainees reported it was confusing to know who was in charge of the patients. The trainees commented that Dr Clark the palliative care consultant was very visible and supportive. The F2 acute medicine trainees stated they were well supported by the specialty trainee however the consultant was often only around for the board round as there was only one acute medicine consultant. **Surgery** The F1s in surgery stated they were well supervised and the specialty trainees and consultants were very supportive. The F2s in surgery commented that there was always a consultant available to support the trainees. **Hammersmith Hospital** **Medicine** The F1s in acute medicine reported that there was always a specialty trainee or consultant available to contact and review patients with the trainees.	The Trust is to circulate guidance to all medical staff within the acute oncology admission ward clarifying which consultants are in charge of the ward and a weekly timetable for ward rounds. There need to be clear lines of consultant responsibility with regular review of outlying patients by senior medical staff.	**Amber** Mandatory Requirement

	The F1s in obstetrics and gynaecology confirmed there was always someone on the ward to supervise. The F2s in acute medicine confirmed that there was a specialty trainee available and the consultants carried out ward rounds twice a day. Out of hours the supervision was the same. **Surgery** The F2s in surgery always had a specialty trainee or consultant supervising.		
F1.3	**Responsibilities for patient care appropriate for stage of education and training** **St Mary's Hospital** **Medicine** The foundation trainees within endocrinology and diabetes had not carried out duties beyond their clinical competence however they felt certain tasks would be more appropriate for other staff members such as the organisation of outpatient appointments. All F1s reported that they undertook a lot of portering of patients as it could take hours to arrange a porter. The F1s in medicine commented that locum phlebotomists did not always inform the staff which patients they were unable to take blood from. This resulted in trainees then having to take blood. The medicine foundation trainees reported that there was no weekend phlebotomy cover at St Mary's Hospital within the old block. Due to this the third on F1had to take bloods on the weekend. The F1s in medicine all reported that they never worked beyond their competence. The F2s in obstetrics and gynaecology reported that on occasion they had to respond to gynaecology emergencies without suitable cover. The department had arranged for a specialty trainee to be available for gynaecology emergencies. The F2s in emergency medicine trainees commented that they often made beds as it was quicker than waiting for other to do it. All trainees portered patients to imaging departments and delivered samples to the labs. The F2 in genitourinary medicine (GUM) took urine dips and weighed patients on the inpatient ward. **Surgery** The F1s in surgery commented that when the phlebotomists were on leave there was no cover arranged. The F2s in surgery stated that they were never asked to work beyond their competence and the team were more than happy to undertake tasks with trainee.	The Trust is to make sure that the Foundation trainees are not regularly carrying out portering duties. The Trust should look into extending the phlebotomy weekend service to the old block medical wards St Mary's Hospital at weekends and at Charing Cross Hospital on the medical oncology wards. The Trust is to confirm that the foundation trainees have clear lines of supervision at all times and provide evidence of this in the obstetrics and gynaecology rota to ensure that trainees have adequate clinical supervision at all times.	**Amber** Mandatory Requirement **Amber** Mandatory Requirement **Amber** Mandatory Requirement

	Charing Cross Hospital The F1s in medicine reported they undertook a lot of portering activity as they could not afford to wait for a porter. The F1s in medicine also commented that the phlebotomy team were not contactable by phone. On the weekends F1s undertook phlebotomy rounds on ward seven west on top of the weekend round. The F2s in psychiatry reported that only the doctors in the department could take bloods and there was no phlebotomist. The F2s in medical oncology commented that most nurses within oncology were not allowed to take blood even though they had done so in previous jobs and they were qualified to give chemotherapy drugs to patients. This resulted in the F2s taking bloods when the phlebotomist was on leave. **Hammersmith Hospital** The F2s in medicine reported that they often portered bloods to the laboratories.	The Trust is to look at a robust system for consistent phlebotomy for the medical oncology wards.	**Amber** Mandatory Requirement
F1.4	**Taking consent** **St Mary's Hospital** The F2s in obstetrics and gynaecology had taken consent for day surgery and caesarean sections. The trainees were taught how to take consent. The F2s in surgery only took consent for operations they had undertaken and there was a resource trainees used before they took consent. **Charing Cross Hospital** The F1s in surgery had taken consent for procedures, the trainee were trained before they took consent from a patient. The F2s in surgery reported that they had taken consent for procedures that they could carry out themselves. **Hammersmith Hospital** The F2s in surgery had taken consent with the supervision of a specialty trainee. This was led into step by step after the trainees had observed the surgery.		
F1.5	**Rotas** **St Mary's Hospital** **Medicine**		

	The F1s in endocrinology and diabetes, respiratory and gastroenterology felt they were working over their rota hours. However they had not been diary carded. The F1 trainees had contacted human resources to request a diary carding exercise. The F2s in emergency medicine felt they were European Working Time Directive (EWTD) compliant but had not been diary carded. **Surgery** The F1s in surgery were diary carded at the end of September 2015 but had not seen the results of the diary carding exercise. The F1s in vascular surgery were told they were working too early and late. The trainees within general surgery were informed they were not EWTD compliant. **Charing Cross Hospital** **Medicine** The F1s in acute medicine reported that when they worked on the wards they never left on time, they always left at least one hour late. The F1s in respiratory indicated that when they stayed late for an hour to finish tasks the nurses gave the trainees work to carry out not the on call trainee. The trainees felt obliged to help and ended up leaving very late. The F2s in psychiatry commented that it would be useful to have another F2 on the Avon Mord ward as they were often stretched due to the busy workload. The F2s in emergency medicine commented that they did not work outside of the rota, there were a lot of anti-social hours but it was manageable. The F2s in acute medicine commented that they tended to finish short shifts late and long shifts early so they did not work over the rota hours. The F2s in medical oncology requested to be diary carded as they felt they were working over the rota hours and finished the diary carding exercise on 1 November 2015. **Surgery** The F1s in surgery stated that when they worked on weekend they often finished two to three hours late. The trainees reported they had been diary carded and had yet to see the results The F2s in urology commented that the foundation and core trainee rota would be improved by assigning trainees to the ward, theatre and bleep for set weeks at a time. The F2s in neurosurgery reported that most of the medical team were locum staffed and should the locums leave the rota would be impacted significantly. **Hammersmith Hospital** The F2s in renal medicine said the rota was 24 hour and trainees did not think the shift patterns	The Trust is required to ensure that all Foundation Doctors are diary carded on a regular basis to monitor the EWTD compliance of trainees' rotas. The results must be communicated to the trainees and acted upon; this can be evidenced through LFG minutes. The evidenced must include the recent exercise involving F1 surgery and medicine and F2 medical oncology at Charing Cross Hospital.	**Amber** Mandatory Requirement

	were EWTD compliant. The trainees requested to be diary-carded in September 2015 and had not heard anything from the Trust. The F2s in surgery commented that they did not work beyond their rota hours.		
F1.6	**Induction** **Trust Wide** The foundation trainees across the Trust reported that both the F1 and F2 Trust induction was poorly organised and did not cover all essential information. There were significant delays in arranging ID smart cards on the day to access buildings, which created queues out of the building. The trainees felt this did not present a good initial impression of the Trust. The F2s commenting in general practice (GP) were told to attend Hammersmith Hospital for induction even though their base was St Mary's Hospital. When the trainees arrived there was a three hour queue just for ID badges before they could even get to the induction. The F1s in surgery reported that the Hammersmith Hospital Trust induction lasted over four days. The trainees were split into two interactive groups which looked into prescribing and bleep scenarios. The foundation trainees commented that no induction agenda was provided by the Trust. The trainees reported that many current foundation trainees were happy to show the new foundation trainees round the Trust and certain departments. The visit team heard that very few trainees knew of the Drs Toolbox which was a very useful website to have at induction. **St Mary's Hospital** **Medicine** The F1 trainees reported that it was not clear which forms for procedures needed to be sent online or faxed. This would have been a useful section of the induction process. The F2s in emergency medicine reported that they had an excellent department induction and felt prepared for the rotation. The F2s in GUM reported that they underwent a thorough induction over two weeks. The F2s in paediatrics and gastroenterology commented that there was not much of a departmental induction, it was very informal and they were not informed about on call activity and how to fill out forms and reports. **Surgery** The F1s in surgery commented that the departmental inductions were run by consultants and provided the trainees with the knowledge they needed prior to starting on the wards. Some ended up shadowing in upper gastrointestinal when they were going to be working in lower	The Trust is to review the Trust-wide foundation induction process and produce an action plan on how the induction and ARCP processes can be improved for the trainees. The Trust is to work with F1 and F2 Dr Toolbox representatives to ensure the website is up to date and all trainees are aware of it. The Trust is to ensure that all trainees in each department receive a full departmental induction before starting to work within the department, and provide evidence that this is happening at local induction. No foundation trainees should start a night shift without a departmental induction.	**Amber** Mandatory Requirement **Amber** Mandatory Requirement **Amber** Mandatory Requirement

	gastrointestinal which resulted in them not knowing the ward and processes. The F2s in general surgery did not have a formal departmental induction programme. The F2s in trauma and orthopaedic were not aware of any departmental inductions and turned up on the day and met with a consultant who took them round the department. The trainees would have liked to take part in a mock trauma call at induction. The F2s in otolaryngology (ENT) had recently been sent a handbook which would have been useful at induction. **Charing Cross Hospital** **Medicine** The F1s in stroke reported that their departmental induction was very good. The trainees were shown round the education centre, met consultants and were taken on a tour of the wards. When the other trainees joined the following week there was a group induction and the trainees were talked through everything they may need to undertake. The stroke trainees were unaware of what to do on weekend cover and would have found this useful at induction. The F1s in acute medicine did not receive any formal induction. However they were shown round by the outgoing F1 trainees and this was helpful. The F1s in acute medicine started the first day in post take and were unaware of what they should be doing and felt this would have been useful to learn at induction. The F1s in respiratory and gastroenterology undertook shadowing of outgoing F1s. The F1s in psychiatry met with the consultant and team and were made familiar with the workplace before they started in post. The F1s in medicine were told at induction that you did not have to call the radiology department if a test was urgent which the trainees later found out that was incorrect. The F2s in medical oncology stated that they arrived for the first day of induction to be informed they were on call until 9pm, with no induction provided and no access to any of the systems. The F2s in emergency medicine reported that they had a good departmental induction. The F2s in acute medicine commented that they would have liked to sit down at the departmental induction and discuss the roles of the team and the processes of the ward. **Surgery** The F1s in breast surgery were given a pack by the previous F1 and sat down with the specialty trainee and consultant to discuss the role and how the department ran. The F1s in urology were sent an electronic handbook by the previous F1 and were introduced to the team. The trainees commented that the best way to order investigations and information on the process would have been useful prior to starting in the role.		

	The F2s in neurosurgery trainee reported that they had a thorough induction where a junior Trust grade doctor showed them round the department and explained the procedures and processes within the department for a week. The F2s shadowed the medical team for a week and was not place on nights or on call for the first month to allow them to embed within the department. The F2s in urology were told the Trust induction was at St Mary's Hospital and this information was incorrect which meant the trainees missed the departmental induction. The consultants then arranged to meet the trainees and talk them through what they missed. **Hammersmith Hospital** The foundation induction for trainees did not cover any of the private patient arrangements and therefore trainees were unsure when they should care for private patients.		
F1.7	**Handover** **St Mary's Hospital** **Medicine** The F1s in medicine reported that handover did not work well and sometimes patients could be lost. When patients left the acute medicine wards the specialty ward team then took over the care. However, the team that admitted the patient did not always call to let the specialty ward team know about the patient and patients had been reported lost. The F1s in geriatric medicine stated that the weekend handover was on a Word document which was saved in a file. The evening to morning handover was carried out in person within the acute medical team and with specialty ward teams on the phone. The foundation trainees within each team decided which patients needed to be reviewed on the weekend and which tasks needed to be carried out. The patients were then placed on the weekend review list which covered all medical wards. This list was not very helpful and sometimes only stated the patient's name and 'review please'. A formalised handover process would provide a higher quality of patient care. The foundation trainees at St Mary's Hospital reported issues with the post take as they did not carry a bleep; this resulted in them being un-contactable and could impact on patients. The trainees carried a personal bleep but no allocated bleep. The visit team heard that there were no clear regulations with regards to handover from post take to the specialty wards. The F1 trainees now worked on post take with teams they were not used to. The F1s in medicine did not meet as a team to handover patients from the weekend. Instead the patient was seen in the morning or afternoon by the acute medical consultant. The trainee that was on take that day was called to the patients on the bleep. The bleep was passed on each day resulting in no continuity of care.	The Trust is to review the handover procedures within all departments that have foundation trainees. The department should circulate handover guidance to all medical staff explaining the handover process and timings of handover at departmental induction and provide written evidence that this is happening. The Trust should review the use of Word documents as a tool for medical handover.	**Amber** Mandatory Requirement **Green** Recommendation

	The F1s in medicine stated that there was no Saturday morning meeting to determine who reviewed which patients and to go through the workload. This resulted in trainees being unaware of potentially unstable patients unless the nurses contacted them directly. The F2s in emergency medicine reported that handover within the department was good. There was a morning handover with all the team then the doctors went through any patients from overnight with the consultant of the day and speciality trainee who was on nights. There were four ward rounds a day within the department. The F2s in paediatrics commented that they handover in the morning, late afternoon and night, this process worked well. The F2s in obstetrics and gynaecology had a formal handover on the labour ward with the specialty trainee, consultant and anaesthetics team. The gynaecology handover was verbal between core and specialty trainees. The F2s in gastroenterology reported that the medical evening handover was good with all the team attending to review the patient list. However there was no formal morning handover, the specialty trainee or F1 would inform the team of sick patients verbally. The F2s in GUM reported that the evening handover was attended by the F1, on call day specialty trainee, night speciality trainee and on call consultant every day. The morning handover was undertaken by the specialty trainees on the phone. If there were any tasks for the F2 they would be called on the duty phone number. **Surgery** The F1s in trauma and orthopaedics reported that there was a trauma meeting every morning in which patients were discussed and who was in theatre each day. There was no formal handover ward to ward or from the night shift which could result in patients being missed. The F1s in general surgery commented that handover every Monday morning was led by a specialty trainee from the weekend who handed over to the consultant of the week. The handover on the wards took place between individual teams and was face to face. The trainees reported that on a Friday afternoon a list was made of every patient that needed reviewing over the weekend which could be 50 to 60 patients. The list was then passed onto the weekend specialty higher trainee in a paper format. The F1s in vascular surgery reported that Monday morning handover after the weekend was led by the specialty trainee who handed over to the consultant of the week. The rest of the week the morning handover was verbal with the core trainee that was on nights. However this did not work well as most times the trainees were unable to meet the core trainee before they left. The F1s in surgery suggested that the evening handover needed further work. General and vascular surgery both handover at 8pm, however this was when general surgery handed over so the vascular surgery high dependency unit handover was always late.		

	The F2s in surgery reported that they had a robust handover process that the team were familiar with. This included morning and evening handovers attended by the team. If there were any concerns the trainees knew who to contact at any time of day or night. **Charing Cross Hospital** **Medicine** The F1s in acute medicine reported that morning handover worked well as the patient was clerked overnight and there was a post-take ward round with the consultant, day and night teams. However handover from acute medicine to specialty teams was not good, patients appeared on the ward with a brief summary in their notes and the acute medicine team would not have formally handed over the patient. These trainees also had an 11am board meeting for the whole team after patients had been reviewed. This did not always take place when there were too many outliers on the ward. The F1s gastroenterology trainees commented that there was not a formal handover, the team reviewed the patient list and decided who would care for which patient. If there was an incident overnight the nursing team would notify the medical team. These trainees reported that during the weekend the teams created a list of patients that needed to be reviewed. The lists were then passed onto the weekend team or pinned to the notice board in Five West. The F2s in emergency medicine reported that they handed over on a patient to patient basis. There was an 8am and 2pm board round where the medical team met and discussed all the patients. The F2s in acute medicine commented that the evening handover was better than the morning handover. At the evening handover the day and night medical team met to talk through the patients. The trainees reported that it was easy to lose patients or to be unaware that patients had moved to other wards as there was no face to face handover. **Surgery** The F1s in breast and urology met at 5pm to handover the patients between the F1 trainees, then at 8pm there was a handover to the trainee on nights. For the morning handover the breast surgery trainees checked the acute intake list. The urology F1s handed over in the mornings by reviewing the overnight list. The F1s had started to carry out morning handovers on the seventh floor where the night trainee briefed the general surgery team ensuring the trainees could check if there were any urology issues. The F2s in urology morning handover was via a Word document in which new patients were added with tasks that needed to be carried out. Urology ward three north handover took place at the same time as general surgery ward seven north. This meant urology did not have a face to face handover with the night medical team. The trainees reported that patients had not been lost through this process. The evening handover took place on ward three north and was the responsibility of the foundation trainee; a specialty trainee and consultant were present.		

	The F2 in neurosurgery reported that there was a handover at 8am with the full medical team. In the evening the foundation and junior Trust grade doctors handed over to the on call trainee or trust grade doctor. At 4pm the specialty trainee undertook a ward round and then handover to the on call specialty trainee. **Hammersmith Hospital** **Medicine** The F1s in acute medicine were not involved in the handover process. The F2s in cardiology reported that there was two handovers a day in the doctor's office which the medical team attended. The foundation and core trainees' handover day and night which the specialty trainee attended. The F2s in respiratory medicine commented that there was a handover between the on call and day teams which all the medical team attended. The F2s in renal medicine on nights handed over at 8.15 without a consultant present to the day trainee. The F2s in intensive care medicine confirmed that the department handed over patients every morning and night. **Surgery** The F2 in transplant surgery only worked 8am till 5pm and was therefore not involved in the handover process. The transplant surgery patients did not stay overnight as there was no inpatient ward. The hepatobiliary and pancreatic (HPB) surgery F2s commented that there was a formalised handover process which was specialty trainee-led with a consultant usually present.		
F1.8	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** **Charing Cross Hospital** The F2s in medicine stated that they were able to feed back on the training programme when they met with Dr Clark. The F2s in emergency medicine commented that they had monthly feedback sessions between the foundation trainees, consultants and medical team.		
F1.9	**Protected time for learning and organised educational sessions** **St Mary's Hospital** The F1 and F2s in endocrinology and diabetes trainees did not receive enough practical		

	experience due to the busy nature of the ward this resulted in the specialty trainee being unavailable to assist the trainees.		
GMC Theme 2) Educational governance and leadership			
F2.1	**Effective, transparent and clearly understood educational governance systems and processes** **St Mary's Hospital** The F1 trainees reported that they were not aware of the Lessons Learnt programme the Trust ran for all F1 trainees which reviewed serious incidents and discussed actions. The paediatric trainees had a board in the doctor's office which contained information on serious incidents. The F2s in obstetrics and gynaecology were called to the private Lindo Wing to assist with caesarean sections. The F2s in emergency medicine commented that when they finished a shift past the end of public transport i.e. midnight the Trust would not support taxi's home for the trainees even though they had at Charing Cross. The Trust had recently agreed to fund taxi's home for those who finished at 0200hrs but not midnight The GP educational supervisors were unaware of the organisational structure within the Trust. **Hammersmith Hospital** The F2s in HBP surgery commented that at night they were called to assist with the private patients. It was not clear who provided care to the private patients overnight.	The Trust is to clarify the role of foundation trainees with private patients and circulate this information to all foundation trainees and their supervisors. The F2 in hepatobiliary surgery should not provide non-emergency cover for private patients. The Trust is to have a consistent policy across all three sites about the use of taxis after late evening shifts and then provide evidence of this.	**Amber** Mandatory Requirement **Amber** Mandatory Requirement
F2.2	**Impact of service design on learners** **Trust Wide** The educational supervisors reported that there had been administrative issues within the postgraduate team. The supervisors were feeling the effects of the restructure of the team and the loss of long-term staff with knowledge of the procedures and specialty's. The administrative issues also resulted in delays with setting up trainee ePortfolio accounts and educational and clinical supervisors being assigned to trainees. Due to the restructure the F1s and F2s commencing in August were not contacted by the postgraduate team until very late, nor do some have employment contracts even now. There was inadequate support in place for the foundation training programme directors in June/July 2015 for ARCPs which resulted in over 70% of ARCPs being carried out incorrectly. Some F1 ARCPs were carried out very late resulting in F1s nearly missing the deadline to achieve full registration before commencing F2. **St Mary's Hospital**	The Trust is to review staffing arrangements in the postgraduate centre and ensure all staff have appropriate training in order to carry out their jobs effectively so foundation trainees are not adversely impacted.	**Amber** Mandatory Requirement

	The F1 trainees indicated that they felt the hepatology trainees would benefit from more F1 and F2 support within the specialty. The visit team did not meet any of the hepatology trainees to confirm this. The F1 trainees felt the bed pressures were affecting patient care as patients could be sent to wards where they did not have access to the specialty support they required. **Hammersmith Hospital** The educational supervisors within acute medicine reported that the ward rota changed once or twice a week meaning supervisors were unable to build working relationships with the trainees and understand their level of knowledge and experience. The educational supervisors felt that if they were on the same rota as the trainees there would be more effective teaching opportunities. The educational supervisors within acute medicine commented that since the closure of the emergency department there was increased quality of care provided and that education could be delivered on a regular basis. The supervisors indicated that the curriculum may not be fully covered within the rotation of acute medicine due to the emergency department closure.	The Trust is to review the acute medicine rota to Hammersmith Hospital to enable trainees and their supervisors to be on the same shifts where possible. The Trust is to review the acute medicine trainees' role at Hammersmith Hospital and ensure the trainees are able to meet their curriculum needs.	**Green** Recommendation **Amber** Mandatory Requirement
F2.3	**Appropriate system for raising concerns about education and training within the organisation** **St Mary's Hospital** The F1s in medicine stated that they would contact their educational supervisor with any concerns. However they were unsure of whom else they could contact when they required more support. The F1s in surgery stated that if they had any concerns they would contact the matron of the ward or Mr Anakwe. The F2s in medicine reported that they had plenty of support within the departments. The educational supervisors commented that there was now a foundation local faculty group (LFG) at St Mary's Hospital alongside the specialty focused groups. The LFGs were new and communication could be improved. The supervisors felt this would be a great platform for foundation developments to be discussed. **Charing Cross Hospital** The F1s in medicine reported that the specialty trainees, matron and department manager were visible within the teams and were easily contacted if the trainees had any concerns. The educational supervisors reported that The Trust had training on running LFGs which the educational supervisors found beneficial. The LFGs had been useful and was a beneficial mechanism of feeding back on changes and developments within departments. The supervisors were unaware of a foundation LFG. The supervisors stated that they were good at passing		

	information between themselves. The educational supervisors within general practice and public health reported they had not been contacted regarding attendance at LFGs.	The Trust is to ensure educational supervisors of foundation trainees are invited to foundation LFGs.	**Green** Recommendation
F2.4	**Organisation to ensure time in trainers' job plans** **Charing Cross Hospital** The F2s within in-patient psychiatry commented that senior staff within the medical team were very enthusiastic about providing educational support. The issue was they were too stretched within the department. **Hammersmith Hospital** The F1s in obstetrics and gynaecology indicated that it could be hard to get a specialty trainee to sign off their curriculum activities. The specialty trainees changed every week so the foundation trainees felt they could not request the specialty trainees to look at their work as often as they would like.		
F2.5	**Systems to manage learners' progression** **Trust Wide** The educational supervisors commented that the Trust had embraced education and ensured that the educational supervisors' job plans had allocated time to meet trainees. The supervisors commented that the Trust was listening to trainee feedback especially within areas of patient safety and quality improvement. **St Mary's Hospital** The F1 trainees stated that emails had been sent regarding careers advice and there were monthly careers meetings at Charing Cross Hospital. Although none of the trainees interviewed had attended the careers meeting. The F2s in emergency medicine reported that the one on one meeting with Dr Frame regarding careers was incredibly useful. **Charing Cross Hospital** The F2s in emergency medicine stated that they were allocated a project that they were expected to carry out within the rotation with the support of the team. The educational supervisors within breast surgery commented that they provided the trainees with an audit or service improvement project to present to the team.		
F2.6	**Organisation to ensure access to a named educational supervisor**		

	St Mary's Hospital The F1s in psychiatry reported a delay in the assignment of their clinical supervisor. The F1s in medicine reported that there was an administrative delay in the assigning of educational supervisors, this had since been rectified. The educational supervisors confirmed that administrative errors and delays had affected the assigning of supervisors. The F1s in medicine confirmed that they had all met with their educational supervisor. The F2s in paediatrics had had a delay in the assigning of their educational supervisor and the supervisor had then changed without the trainee being notified.		
F2.7	**Systems and processes to identify, support and manage learners when there are concerns** **St Mary's Hospital** The supervisors indicated that work had been undertaken regarding serious incidents and identifying trainees that were involved. If a trainee was involved the educational supervisor would be contacted. Templates to support the writing of reports for the serious incident process had been produced by the Trust. The emergency medicine supervisors reported that they undertook cross site working and had created a clinical governance newsletter; this had been replicated within acute medicine. The educational supervisors stated that communication of information within the foundation programme could be improved. . The educational supervisors commented that the F1 trainees who started their year in psychiatry struggled when they entered into the acute trusts. The supervisors were eager to help manage and support trainees through this process.		
GMC Theme 3) Supporting learners			
F3.1	**Behaviour that undermines professional confidence, performance or self-esteem** **St Mary's Hospital** The F1s in surgery reported that when they started as F1 trainees in August there were specialty trainees that picked on the F1 trainees. This resulted in the F1 trainees having a hard first few weeks. The F1 trainees had raised this with Mr Anakwe; the trainees were unsure what happened but the specialty trainees were moved from the department. The F2s in surgery reported that the first night as an F2 was an unpleasant experience. There were locum staff within the department who did not understand what an F2 could or could not do. They asked tasks of the F2 which the trainees felt were out of their depth; this was mentioned and dismissed by the locum staff. There had been no formal follow up, however the trainees had undertaken personal reflections.		

	The F2s in surgery reported that there had been occasions when they had been told off by a nurse or a nurse had been rude to them which they had found embarrassing. **Charing Cross Hospital** The F1s in respiratory reported that some senior nurses on the ward would push the trainees to discharge patients even if the trainees felt they were not medically fit to leave. When the trainees approached the senior medical team they supported the trainees' decisions and this had enabled the trainees to become more assertive. The F1s in surgery indicated that the surgical team could be critical but they were very quick to praise and boost the confidence of trainees. **Hammersmith Hospital** The F2s in acute medicine reported that they had observed some of the specialty trainees being bullied by a consultant in front of patients. This had happened with one particular consultant and with certain specialty trainees. This had been raised formally.		
F3.2	**Academic opportunities** **St Mary's Hospital** The F2s in GP reported that they were supported in attending taster sessions.		
F3.3	**Access to annual and study leave** **St Mary's Hospital** The F1s in medicine trainees reported that they had access to annual leave as long as they could organise the rota to ensure there was enough cover. The F1s in endocrinology and diabetes indicated that they were unable to take most of their annual leave. The F1s in acute medicine commented that there could occasionally be only one person on the ward due to study/annual leave. The consultants were aware of this and tried to come down and support the trainees. However the foundation trainee tended to be alone on the ward looking after 15 to 20 patients. The F1s in paediatrics reported that they had no issues in accessing annual leave. The F2s reported that booking leave at the Trust was a complicated system to navigate. The trainees had to complete an online form and the trainees never heard anything further and were unsure who they needed to contact regarding the online leave form.	The Trust needs to ensure that the F1s in endocrinology and diabetes are able to tale their leave and provide evidence that it is happening. The Trust should introduce trainees to the online form for booking leave at induction.	**Amber** Mandatory Requirement **Green** Recommendation
GMC Theme 4) Supporting educators			

F4.1	**Access to appropriately funded professional development, training and an appraisal for educators** **Charing Cross and Hammersmith Hospital** The educational supervisors reported that Dr Brown had recently sent an email to all supervisors preparing for appraisals. The supervisors felt this was a positive step by the Trust to engage with education and training.		
F4.2	**Sufficient time in educators' job plans to meet educational responsibilities** **St Mary's Hospital** The educational supervisors commented that they had educational programmed activities (EPA) assigned as part of their job plan however due to their workload they were not always able to see trainees. The supervisors encouraged trainees to contact them whenever they needed support. **Charing Cross Hospital** The educational supervisors commented that due to administrative errors they were supervising all the foundation trainees in the department. The Trust had ensured that the supervisors had enough time within the job plan. The educational supervisors commented that there was time allocated within job plans however the reality was that a lot of the educational responsibilities were delivered in the supervisors' own time. **Hammersmith Hospital** The educational supervisors commented that they received one EPA in the job plan irrespective of the amount of trainees they had to supervise.	The Trust is to ensure that all educational supervisors have appropriate and realistic EPAs in their job plan.	**Green** Recommendation
GMC Theme 5) Developing and implementing curricula and assessments			
F5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** **St Mary's Hospital** **Medicine** The F1s in endocrinology and diabetes reported that they struggled to attend Wednesday foundation teaching due to there not being enough cover within the wards. The F1s reported that the content of the foundation teaching was improving. However the trainees found the learning style of the teaching was not engaging. The F1 trainees were currently reviewing the teaching programme. The F2s in emergency medicine reported that they were regularly unable to attend Wednesday	The Trust should ensure that all foundation trainees are released from service to attend foundation teaching. The Trust should ensure that consultant and middle grade staff are aware that foundation attendance at the weekly teaching is mandatory. The Trust is to ensure that that foundation	**Amber** Mandatory Requirement **Amber** Mandatory Requirement **Green**

	foundation teaching due to the heavy service work. The F2s in obstetrics and gynaecology commented that when they were on the labour ward trainees struggled to attend departmental teaching. The F2s in GUM commented that they were able to attend teaching and had access to a wide variety of departmental teaching. **Surgery** The F1s in surgery commented that the Wednesday foundation teaching commenced just after ward rounds had finished which could make the trainees feel they should stay on the ward and undertake the jobs required. The F1s in surgery commented that Wednesday foundation teaching was bleep-free. The F2s in surgery were all encouraged to attend teaching, the trauma and orthopaedic trainees struggle to attend due to the rota. **Charing Cross Hospital** **Medicine** The F1s in acute medicine stated that they attended foundation teaching but only if they were prepared to stay late. The visit team heard that the crash bleep could go off during teaching so trainees had to leave. The F1s in medicine commented that there could be more medical discussions and talks within the foundation teaching. The trainees thoroughly enjoyed the session by the Professor in endocrinology and diabetes. The F1 acute medicine trainees did not have any departmental teaching; there was sometimes a Friday medical meeting but many trainees could not attend. The F1s in stroke did receive departmental teaching which included an academic meeting and neurology meeting. The F1s in respiratory had heard talk of a fortnightly departmental teaching on a Monday afternoon but this had not materialised. The F2s in emergency medicine reported that they did not attend foundation teaching as they had designated teaching within emergency medicine instead. The F2s in medicine were able to attend foundation teaching. **Surgery** The F1s in surgery stated they were able to attend foundation teaching. The F2s in neurosurgery commented that they were able to attend foundation teaching and received three hours' departmental teaching each week.	doctors are made aware of the teaching opportunities within the department at their local induction.	Recommendation

	The F2s in urology were able to attend foundation teaching each week. **Hammersmith Hospital** **Medicine** The F1s reported that they were always released for foundation teaching at Charing Cross Hospital. The F1s reported that the teaching was not that that useful and felt like an induction. The trainees had mentioned this to Dr McCrane and he was open to making changes to the teaching programme. The F1s all received departmental teaching. The F2s in intensive care medicine and renal medicine were often unable to attend foundation teaching. The F2s in intensive care medicine had no set departmental teaching but could ask consultants questions at any time and they would teach the trainees. The F2s in renal reported that they had a weekly slot for foundation and core teaching which always took place and was of a high quality. The trainees commented that by attending the teaching they were then behind on their service work. The F2s in acute medicine informed the visit team that they attended medical teaching and participated in a grand round. The F2s in cardiology reported that they had started a journal club; however this did not take place when the ward was busy. Otherwise they had no departmental teaching. The F2s in haematology commented that fortnightly there was consultant-led departmental teaching. **Surgery** The F2s in transplant surgery had joint departmental teaching with the renal trainees and attended journal clubs and renal departmental teaching. The F2s in HBP surgery commented that they currently were in the process of starting departmental teaching as it was discontinued due to lack of attendance. As the consultants were working on multiple sites the only time they were available was every other Friday.		
F5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** **St Mary's Hospital** **Medicine**	The Trust need to review the acute medicine jobs at both F1 and F2 level at the Hammersmith Hospital to make sure that the trainees will be able to achieve their foundation competencies and submit plans and communicate these.	**Amber** Mandatory Requirement

	The F2s in emergency medicine commented that they did not always receive enough practical experience as the department was too busy. The trainees had more access to training at nights. The trainees had not experienced training on shoulders, casts and trauma cases. The F2s in GP felt that the expectation of what training was available in general practice needed to be factored in. The general practice trainees had good clinic time with feedback and support. The F2s in medicine stated there was no time built into the rota to undertake the assessments and after long hours or night there was limited opportunity to catch up in the trainees' own time. **Surgery** The F1s in surgery stated they had good access to practical experiences within the departments. The general surgery rota had been altered which now allowed trainees time to attend clinics and theatres. **Charing Cross Hospital** **Medicine** The F1s in acute medicine were exposed to a variety of practical experiences. The trainees reported they did not have much chance to undertake female catheters and electrocardiograms (ECGs). The F1s in psychiatry reported that they could sign off all the psychiatry competencies. The F1s in respiratory and gastroenterology stated they had good practical experience opportunities. **Surgery** The F1s in breast surgery commented that they received a lot of theatre access. The F1s in surgery stated they had access to good experience and the ability to carry out a lot of tasks early on whilst being supported through the whole process. The F2 in neurosurgery reported that they had plenty of opportunities to attend theatre lists and clinics when they were not carrying the bleep. The trainee commented that for a trainee that wanted a career into do surgery this was a great post. **Hammersmith Hospital** **Medicine** The F1s in acute medicine reported that the job role had changed and they now spent five weeks within care of the elderly. The trainees believed this was due to the acute medicine ward not being busy enough. The care of the elderly ward was closing in December 2015 so the trainees were unsure what would happen with the trainees on the next rotation. The visit team heard that the F1s had not seen a wide variety of conditions, acute presentations or		

	cardiac arrest. The trainees reported that bloods and ECGs were undertaken before the trainees assessed the patients so they could not practice these skills. The trainees indicated that the ward was usually very quiet until 2pm and there were a lot of mornings with nothing to do. The F1s in integrated paediatrics commented that the children's ambulatory unit was very useful as the trainees saw a wide range of presentations. The trainees on the integrated programme did not have as much ward experience and would like more time on the ward. The F1s in obstetrics and gynaecology reported that when they were on the post-natal ward they checked patients are well from a medical point of view. When trainees were on the gynaecology oncology ward they undertook pre-op clerking and surgical prepping. The F1 trainee did not attend theatre unless the wards were not busy. The F2s in acute medicine commented that the post was not a classic acute medicine role and there were limited opportunities to learn. The trainees commented that there were times when there was no practical work to undertake. The F2s in intensive care medicine reported that they were able to practise lines but not incubations. The F2s in renal medicine commented that they felt they were lacking in practical experience due to the way the department was structured, being consultant-led the specialty trainee undertook most of the practical procedures and the foundation trainees felt that this impacted negatively on their training experience. The F2s in respiratory stated that they had opportunities to carry out chest drains under specialty trainee supervision. The F2s in cardiology indicated that there were few practical experience opportunities and the only time to go to the catheterisation laboratory was in their own time. **Surgery** The HBP surgery trainees only received internal referrals and a lot of the practical work was checking tense tummies. The learning experience within HBP was weak due to the limited exposure to patients.	The Trust needs to review the four paediatric jobs F1 at St Mary's Hospital to enhance the clinical component of the job with less time spent on non-clinical project work.	**Amber** Mandatory Requirement
F5.3	**Opportunities to develop clinical, medical and practical skills and generic professional capabilities through technology-enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation** **St Mary's Hospital** The F1 and F2 trainees reported that they had access to clinical guidelines via the local intranet called Source. The trainees commented that the guidelines were not intuitively organised and trainees had to scroll through pages of information to access the forms they required. The F1 trainees were unaware of the doctor's toolbox website.	The Trust is to review the search protocol of the clinical guidelines in Source. The Trust should consider instigating a Junior Doctor IT forum where IT issues they face, may be raised and jointly resolved. Minutes of such a forum may be shared as evidence.	**Green** Recommendation **Green** Recommendation

	The F1 trainees commented that the antibiotics application was useful and easy to use. The foundation trainees confirmed that they had been asked to undertake Cerner training via an online training system. The trainees felt it would have been useful for a member of information technology to speak to each specialty about the new system. The trainees commented that the specialty trainees had not been trained to use the system and were prescribing and then neglected to enter the prescription into the system. **Charing Cross** The F1s in medicine reported that the computers were slow and the server did not always work. The trainees commented that the computers were unpredictable. The F1s in acute medicine reported that the computers within the department were very slow and that IT blamed it on the computer storing so many user accounts which affected the computers' storage capacity. The trainees commented it would be useful to have a generic log-in such as within the emergency department. The F2s in medicine commented that the computers did not usually work and they recently waited two months for a new computer which also did not work. **Hammersmith Hospital** The F1 trainees were unaware of Heart 123 until they were on the ward and felt this would have been useful at induction. The F1 trainees commented that the log-in information for all the systems would be useful as they all had different log ins and a generic log-in for all systems would work well.	The Trust needs to make sure that trainees are familiarised with using Cerner system and Heart123 at induction. The Trust should look at having a generic computer login in acute areas where there is a high turnover of patients such as acute medical unit.	**Green** Recommendation **Green** Recommendation
GF5.4	**Opportunities for interprofessional multidisciplinary working** **St Mary's Hospital** The F1s in medicine commented that relations with the radiology services were good. However, when working out of hours the trainees were unsure who to contact for scans and commented that it would be useful to be provided with a list of contacts. The F1s reported that recently when they had to chase a magnetic resonance imaging (MRI) report they found out the person was retiring and the position was not filled. The team then had to ring a consultant who was out of the country to arrange the MRI report. The visit team heard that relationships with the porters were variable. All the trainees had experienced a porter taking a patient to the wrong location or being late so the patient missed an appointment. The F1s confirmed that the physician associates were a good addition to wards. The F1s in surgery also commented that the adult nurse practitioners and physician associates were excellent additions to the wards however there were limitations. The visit team heard that		

	three of the nurse practitioners were unable to prescribe which resulted in F1 trainees filling out forms, drug charts and prescribing pain killers and fluids for them. **Charing Cross Hospital** The F1s in medicine stated that the relationships with the radiology department were good. The trainees had to learn early on what needed to be included on the form and how to make the information clear. The F2s in emergency medicine commented that the radiographers within the department were approachable. The F2 doing in-patient psychiatry did not have access to picture archiving and communication system (PACS) and therefore were unable to complete forms online and then view images post scans. Instead the trainees had to arrange for the results to be faxed to the department. The F2s in medical oncology reported that they often encountered delays when booking breast ultrasounds. The F1s in breast surgery stated that the breast radiology department was incredibly helpful. **Hammersmith Hospital** The foundation trainees reported that the radiology team were incredibly good and helpful.		
F5.5	**Appropriate balance between providing services and accessing educational and training opportunities** **St Mary's Hospital** The F2s in emergency medicine indicated that the department was mainly concerned with service provision and as a result, education and training could be forgotten. **Charing Cross Hospital** The F1s in acute medicine and respiratory commented that the department was also mainly concerned with service provision. The F1s in psychiatry reported that they tended to receive more educational opportunities and would like more of a service element. The F1s in gastroenterology stated that there was a lot of emphasis on service however this provided increased access to procedures. The trainees commented that if there were more staff the specialty trainees and consultants would be able to dedicate time to teaching. The F1s in stroke commented that the department maintained a good balance between service and training. The F2s in psychiatry reported that they managed to maintain a good teaching and service balance.		

	The F2s in emergency medicine felt that their emergency medicine training was lacking as they did not have exposure to trauma or paediatrics. The F1s in urology reported that the consultants were happy to sit down and go through topics with the trainees. The F1s in breast surgery commented that they could benefit from more organised teaching as at the moment they just had time with the specialty trainee when they were free. The F2 in neurosurgery commented that the balance between service provision and training was very good within the department. The trainee could attend theatre as long as there was enough staff within the department; this meant that trainee could access the theatre three to four times a week. **Hammersmith Hospital** The F2 in transplant commented that this was where they had the least clinical workload and a lot of time was spent in theatre and clinics as well as teaching. The trainees felt there was a good service and training balance. The F2s in HBP surgery trainees reported that they ran clinics on Fridays but otherwise due to an inadequate number of F1 trainees they could sometimes end up carrying out more post-operative roles.	The Trust needs to give assurance that the educational content of the F2 neurosurgical post will be maintained as other trainees are reintroduced in the department.	**Green** Recommendation

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 Anthea Parry*
Date:	*8 December 2015*