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Quality and Regulation Team (London and the South East)

Guy's and St Thomas' NHS Foundation Trust

Infectious Diseases, Medical Microbiology and Virology

Quality Visit Report

19 January 2016

Final Report

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Visit Details	
Trust	Guy's and St Thomas' NHS Foundation Trust
Date of visit	19 January 2016
Background to visit	The last Trust-wide Review to Guy's and St Thomas' NHS Foundation Trust took place in May 2012. Medical microbiology and virology received three red outliers and six pink outliers in the 2015 General Medical Council National Training Survey. This was a surprising result given the department's previous position of excellence. The Head of School of Pathology therefore requested to review the specialty to investigate the reasons for the deteriorating results.
Visit summary and outcomes	The visit team met with the clinical lead for virology, the clinical lead for infectious diseases and medical microbiology, the training lead, as well as six trainees and eight trainers. Overall the visit team felt that the department listened and communicated well (amongst consultants and with trainees). The department took appropriate action for improvement and the visit team heard good examples of this. The department was well supported at senior management level. There were good opportunities for supervisors to improve on their skills. The visit team was aware of the complexities of the specialty and understood that there had been large curriculum changes. The department and consultants recognised the need to make changes to achieve the new curriculum. This was being implemented. The consultants had responded to periods of high pressure for example by taking over work previously undertaken by trainees, e.g. by covering the first on call when they were short-staffed. The visit team felt that immediate feedback could be improved upon, and suggested that formal feedback processes should be strengthened and discussed at the local faculty group meeting. The visit team also recommended that there should be on-going review of consultant input into weekend cover particularly in the light of increasing workload to ensure that there were no potential patient safety issues.

Visit team			
Lead Visitor	Dr Sarah Hill, Head of the London Specialty School of Pathology	**Trainee Representatives**	Dr Ruaridh Buchanan, Trainee Representative
Deputy Lead Visitor	Dr Martin Young, Deputy Head of the London Specialty School of Pathology	**Lay Representative**	Catherine Walker, Lay Member
External Consultant	Dr Albert Mifsud, Consultant Microbiologist, Barts Health NHS Trust	**Scribe**	Jane MacPherson, Deputy Quality and Visits Manager
Lead Provider	Professor Peter Wilson, Chair and Training Programme Director, University College London Hospitals NHS Trust	**Observer**	Azeem Madari, Quality and Support Officer

Findings			
Ref	**Findings**	**Action and Evidence Required.** **Full details on Action Plan**	**Requirement / Recommendation**
GMC Theme 1) Learning environment and culture			
1.1	**Serious incidents and professional duty of candour** Trainees were aware of how to complete Datix forms. Some but not all confirmed that they had raised incidents.		
1.2	**Appropriate level of clinical supervision** The visit team heard that trainers were on call from home at the weekend. The training lead felt that it was appropriate for the trainees to work autonomously at the weekend and suggested this was good for their independence and helped them to improve their decision-making skills. The visit team heard that the infectious diseases (ID) physicians covered the general medical on call and did not cover medical microbiology and virology (MMV). The training lead reported that in previous years the department had occasionally received a red outlier in workload in the General Medical Council National Training Survey (GMC NTS) and commented that this was a recurring problem. He informed the visit team that the consultants' visibility had increased exponentially as workload had intensified over the years. Often the foundation year one trainees now contacted the consultants directly, whereas previously they would have contacted the higher trainees.		
1.3	**Rotas** The visit team heard that there were six CIT (combined infection training) trainees and three higher trainees in post. The visit team heard that at the weekend the consultants undertook all the laboratory authorisations from home. There was an electronic queue of results that needed to be authorised by a microbiology doctor (either consultant or trainee). The person rostered to do the authorisation on any particular day accessed the queue. The visit team heard that the trainees on call at the weekend were busy as they had to cover Guy's Hospital, St Thomas' Hospital and the Evelina Hospital. Their main responsibilities involved dealing with positive blood cultures, preliminary significant results and virology work. The training lead reported that the department hoped to introduce infection control nursing staff from 9am to 5pm at the weekend who would be able to help the trainees with their workload. Although the clinical leads agreed that the trainees had a great deal of work to do at the weekend,		

	the training lead did not think the workload was excessive and believed that the trainees were able to leave on time. The visit team heard that the junior CIT trainees were not allocated to the weekend on call rota until they had completed certain procedures. Normally they needed to work for at least one month in core bacteriology before they started on call at the weekend. The clinical leads commented that if a trainee on call at the weekend was particularly junior, the consultants were able to alleviate their workload by removing tasks from the electronic queue or suggesting that they could be left until the following day. The visit team heard that the less than satisfactory results in the 2015 GMC NTS were likely due to staffing issues at the time. There had been one trainee in difficulty in post in addition to a less than full time trainee occupying a full time post. One consultant without a higher trainee had had to cover the first on call during this problematic workforce period. The visit team heard that in addition to covering the authorisations at the weekend the department had tried to improve the trainees' workload e.g. by removing one of the bleeps. The trainees confirmed that they felt well supported by their consultants and they appreciated that the consultants were now covering the validation work as this had made a big difference to their workload. The trainees felt that their workload was manageable. The trainees all corroborated the clinical leads' view that the poor GMC NTS results in 2015 were related to the staffing issues at the time. They felt that the department had been proactive about making changes to try and improve their training experience.	The visit team recommends that there should be on-going review of consultant input into weekend cover particularly in the light of increasing workload to ensure that there are no potential patient safety issues. The visit team also recommends that there should be systems in place to deal with periods of trainee shortages to deliver the service work. A contingency plan should be put in place.	Recommendation Recommendation
1.4	**Induction** The training lead reported that induction had improved. He added that he sent out feedback forms after each induction, and acted on any adverse comments. He informed the visit team that following a two week induction, trainees could cover nights on call, but there were additional checks and balances for the weekend on call (as mentioned above). The visit team heard that there was also a virology induction plus regular virology tutorials.		
1.5	**Handover** The visit team heard that there was a big formal handover meeting on a Monday morning which was attended by many people including the laboratory manager and the paediatric ID staff. On other mornings, the higher trainees met and handed over to each other at approximately 9am. Patients were also handed over by email. Overall the trainees were happy with the handover process.	There should be a mechanism in place to avoid the possibility of some cases not being communicated to consultants.	Mandatory Requirement
1.6	**Protected time for learning and organised educational sessions**		

	The training lead reported that there were several fixed training sessions per week, including a seminar and case-based discussions. Teaching sessions were predominantly bleep-free and where this was not possible, the consultants would respond to the bleeps if the trainees were called during the teaching session. The trainees confirmed that they were able to attend the teaching sessions. However, the trainees had been informed that they could all not be released at the same time to attend every training day. The trainees were expected to arrange amongst themselves who could attend each training day, but they all expected to attend at least four throughout the year.	Ensure that there is an equitable process for ensuring that all trainees have ample opportunity to attend the required training sessions, relevant to their stage of training.	Mandatory Requirement
GMC Theme 2) Educational governance and leadership			
2.1	**Effective, transparent and clearly understood educational governance systems and processes** The visit team heard that there was no dedicated clinical governance meeting but that clinical governance was included in the other meetings that the trainees attended. There was a general medicine clinical governance meeting, of which at least one meeting per year was infection-led.		
2.2	**Appropriate system for raising concerns about education and training within the organisation** The training lead reported that local faculty group meetings took place on a quarterly basis during which any training issues were discussed. The meetings were minuted and were attended by a trainee representative. The trainees confirmed that they were aware of the local faculty group meetings. The trainee representative confirmed that she collected feedback from the other trainees prior to the meeting and that she felt able to raise concerns.		
2.3	**Systems and processes to make sure learners have appropriate supervision** The training lead reported that trainees were informed during induction of the need to call consultants for assistance if needed. The trainers reported that trainees worked closely with their clinical supervisor throughout the week and that there was an open and approachable environment. The trainees concurred.		
2.4	**Systems and processes to identify, support and manage learners when there are concerns** The visit team heard that if educational supervisors became aware that their trainees were in difficulty, they would inform the training lead in the first instance. The training lead was aware that he needed to escalate any issues to the director of medical education and to the head of school, if necessary.		

	In addition to the local faculty group meetings, the visit team heard that there were fortnightly management meetings as well as consultant meetings. Training and education were routinely on the agenda for all these meetings.		
GMC Theme 3) Supporting learners			
3.1	**Behaviour that undermines professional confidence, performance or self-esteem** No issues were reported in this area.		
3.2	**Regular, constructive and meaningful feedback** The trainees confirmed that they received feedback from their consultants, although they agreed that at times if no consultant was physically available, they missed out on appropriate feedback. Some trainees suggested that it would be useful to sit down with a consultant at the end of an attachment to find out about their performance. They agreed that perhaps they needed to request this.	The visit team recommends that formal feedback processes should be strengthened and discussed at the local faculty group meeting.	Recommendation
GMC Theme 4) Supporting educators			
4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The trainers reported that they received weekly emails about forthcoming educational fora. One trainer commented that she was 'amazed' by the amount of opportunities to attend training sessions at the Trust. The Trust had tried to ensure good attendance at training sessions by moving sessions to lunchtime slots. All the trainers interviewed confirmed that they had received training as part of their professional development portfolio.		
4.2	**Sufficient time in educators' job plans to meet educational responsibilities** All the trainers confirmed that they received 0.25 programmed activity (PA) for each educational supervisee.		
GMC Theme 5) Developing and implementing curricula and assessments			
5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The trainees interviewed were from a variety of posts and levels such as microbiology, ID microbiology, ID general internal medicine (GIM) and combined infection training (CIT). As a	Given the recent changes in the curriculum and	Recommendation

	result they all had different experiences. They reported that they had good access to the laboratory at St Thomas' Hospital whereas at Guy's Hospital, this was less available. They commented that they had a good relationship with the laboratory staff. The trainees reported that their posts covered the microbiology part of the curriculum but they felt that they struggled to meet the ID requirements. The visit team heard that the ID trainee used to be based in the laboratory office but from August 2015 this post had changed to a more ward-based role. Trainees were also part of the acute general medicine rota. The ID trainees expressed some concern about the paucity of inpatient ID training available at the Trust, for both CIT and higher trainees. The visit team subsequently felt reassured by the news that from 14 March 2016 an inpatient ID service would be going live at the Trust. The visit team heard that there would be inpatient beds and that all the trainees would have the opportunity to work on the ID ward with on-going ID patients and supervision of an ID consultant. HIV training was also of concern to the trainees, particularly the CIT trainees who commented that a large part of their exam would be HIV-related. The training lead informed the visit team that the trainees were able to join the HIV multi-disciplinary teaching session at 8.30am, and that whenever HIV positive patients were admitted to the ITU, the higher trainees were usually involved. The trainers seemed unsure, however, whether there was sufficient work available to cover the trainees' curriculum demands.	the introduction of the CIT programme, the visit team recommends that it would be useful for all educational supervisors to review the curriculum requirements with each of their supervisees, to ensure that trainees are on target to meet the curriculum requirements (particularly with regards to HIV work). The department should ensure that all the trainees are aware of the new inpatient ID service so that they feel reassured about their access to on-going inpatient ID work.	Recommendation
5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The trainees confirmed that they were able to complete workplace-based assessments. They reported that some jobs were busier than others. The bacteremia job was reported to be excellent thanks to the dedicated one-to-one training received from the consultant at the end of the day. The trainees felt that although busy, the educational benefit of this job was huge.		
5.3	**Regular, useful meetings with clinical and educational supervisors** The trainees confirmed that they had an educational supervisor and clinical supervisor and that they were able to meet with them.		
5.4	**Appropriate balance between providing services and accessing educational and training opportunities** The trainees reported that in general their training posts were good and commented that their trainers went 'above and beyond' to ensure that they were trained properly. Particular praise was given to John Klein, Carolyn Hemsley and Aisling Brown.		

Good Practice	Contact	Brief for Sharing	Date

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

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Dr Sarah Hill*
Date:	*18 February 2016*