


Quality and Regulation Team (London and South East)

North Middlesex University Hospital NHS Trust General Practice



Quality Visit Report

16 March 2016

Final Report



Visit Details	
Trust	North Middlesex University Hospital NHS Trust
Date of visit	16 March 2016
Background to visit	<p>The purpose of this Specialty Focused Visit to the North Middlesex University Hospital NHS Trust was triggered by the results of the General Medical Council National Training Survey (GMC NTS) in 2015. The associate director for North Central London was compiling feedback from trainee surveys, but had informed the visit lead that there were concerns with the training environment across the different specialty posts where General Practice (GP) trainees were placed. To obtain an overview of the trainees experience at the Trust the visit team felt it needed to:</p> <ul style="list-style-type: none"> • Review workload levels • Review study leave allocation and arrangements • Explore senior support available to ensure there is sufficient support • Review rota coordination to ensure adequate staff cover, including ensuring that trainees receive lunch breaks • Review induction to ensure it is sufficient for the breadth of the workload <p>The Trust, North Middlesex University Hospital NHS Trust, had been affected by significant reconfigurations of service within the area.</p> <p>The Barnet, Enfield and Haringey (BEH) clinical strategy was implemented in November 2013. The strategy outlined the health reconfiguration of services, including the transfer of services from Chase Farm Hospital (Enfield) and Barnet Hospital (Barnet) to North Middlesex University Hospital (Haringey). The closure of the emergency department (ED) at nearby Chase Farm Hospital had created a significant impact on the services at the Trust.</p> <p>The Care Quality Commission found that whilst the Trust had achieved much in absorbing increased numbers of patients, its infrastructure of staffing levels, training provision, complaints handling and governance had been stretched, and there had been an underestimate of the resources needed to maintain services at the current level. The Trust had failed to respond adequately to these issues. The Trust was required to take action to improve its training – both mandatory and non-mandatory, and ensure that the lines of responsibility between the emergency department and children’s services over the responsibility for the paediatric emergency department were clear to staff during a period of change.</p>
Visit summary and outcomes	<p>The visit team met with the director of medical education (DME), programme directors (PDs) and trainees ranging from specialty training year one to three grades (ST1 to ST3) within general practice.</p> <p>Generally, the visit team found that general practice training was managed well with good educational supervisor engagement and was a supportive environment. The trainees had the opportunity to feed back on their training and felt they had good exposure to various learning and training opportunities within general practice.</p> <p>The visit team was encouraged that the Trust acknowledged the problems that were within the emergency department (ED) and was trying to tackle the issues collectively. Due to the closure of the emergency department at Chase Farm Hospital the emergency department at the Trust had suffered and it had increased workload for the trainees.</p> <p>It was noted by the visit team that there was engagement from the trainers for the continuous personal development of trainees and there were good signs from the programme directors in improving the teaching environment.</p> <p>The visit team heard excellent feedback regarding ophthalmology and rheumatology posts. Care of the elderly was also reported to be good, in terms of</p>

training, as was paediatrics. The trainees commented that in paediatrics they would prefer to spend a month in neonatology instead of three months. It was reported that the community GP posts had a very good induction and good educational supervision and time for tutorial and joint surgery. The visit team heard that most ST1 and ST3 trainees were released for their teaching sessions.

However the visit team noted the following areas for improvement:

- There were some reports that some trainees had not been given particularly insensitive feedback when involved in serious incidents. The visit team also heard that Trust middle grade doctors often refused to assist the GP trainees who were working in the emergency department (ED) resuscitation area. The visit team felt serious incidents needed better support mechanisms and timely feedback from within the department.
- The visit team advised the GP School to conduct a Doodle poll of GP trainees about whether trainees would preferred just one single GP practice in their two placements or two separate ones. This was raised by some learners in relation to patient demographics and exposure to the GP curriculum in different geographical areas of the patch.
- The GP visit team supported the findings of the ED visit team regarding lack of support from Trust middle grade doctors and some consultants mainly out of hours. Serious patient safety concerns were raised regarding the lack of (advanced life support) ALS-trained Trust middle grade doctors.
- In obstetrics and gynaecology (O&G) the visit team heard that GP trainees were left unsupported and unsupervised on the acute gynaecological ward as there was a focus on the labour ward by middle grade staff.

The trainees interviewed felt unable to recommend the hospital to friends and family with the exception of the female care of the elderly ward and the paediatric department. Most of the trainees reported that they would not recommend their post to others, as they felt the Trust was more focused on service provision than education and training, especially in the ED.

Visit team

Lead Visitor	Dr Rachel Roberts, General Practice Associate Director, GP School	Trainee Representative	Esther Amarasingham, GP Trainee Representative
External Clinician	Dr Ann Telesz, Training Programme Director, Whipps Cross Scheme	Observer	Lizzie Cannon, Learning Environment Quality Coordinator
Lay Member	Robert Hawker, Lay Representative	Observer	Samina Ashraf, Deputy Quality and Visits Manager
Visit Officer	Azeem Madari, Quality Support Officer		

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
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GMC Theme 1) Learning environment and culture

<p>GP1.1</p>	<p>Patient safety</p> <p>The visit team found that a lack of appropriate supervision was given to GP trainees in the emergency department (ED) especially during night shifts. The GP visit team supported the findings of the ED visit team regarding the lack of support offered by Trust middle grade doctors and some consultants, mainly out of hours. The visit team heard serious patient safety concerns regarding the lack of advance life support (ALS) trained Trust middle grade doctors. This resulted in frequent refusals from the Trust middle grade doctors to assist the GP trainees within the resuscitation area.</p> <p>Both trainees and trainers agreed that the ED was a brutal environment which was overwhelmed with many patients. Trainees reported that they received a lack of support from consultants which they felt compromised patient safety especially with high risk patients. It was reported by the trainees and trainers there was a lack of staff available in ED; there was often only one senior higher trainee running the entire department.</p> <p>The visit team heard from the GP trainees that the obstetrics and gynaecology (O&G) ward was a high risk place to work. Trainees reported they were left alone and did not have access to consultant support if they required it. They also stated that they were covering several wards singlehandedly and felt quite overwhelmed by their workload. The trainees reported that the lack of appropriate staffing resources had a detrimental effect on patient care. The specialty training year one and three (ST1 and ST3) GP trainees reported that the O&G higher trainees preferred to work in the labour ward during nights instead of in the acute gynaecology ward and when the GP trainees asked for their assistance their requests were refused. The trainees reported that they did not feel confident about accessing the higher trainees when they were busy on the labour ward.</p> <p>The trainees stated that even on a normal day-shift they found it difficult to request assistance from the higher trainees. The visit team heard that at times the higher trainees had questioned why they had been bleeped by the GP trainees.</p>	<p>The Trust must ensure that GP trainees are appropriately supervised while working in the ED.</p> <p>The Trust should have more senior staff in place during night shifts in particular in O&G.</p>	<p>Mandatory Requirement</p> <p>Mandatory Requirement</p>
<p>GP1.2</p>	<p>Serious incidents and professional duty of candour</p> <p>It was reported by the programme directors (PDs) they felt the trainees were in a vulnerable position as they had not been given full information on reporting incidents. The PDs reported that there was a culture of trainees feeling guilty about reporting problems as they did not want to escalate a situation. However the PDs reported that they were tackling this problem by having more sessions with the trainees and they felt that this would create more engagement with the trainees by promoting an open culture.</p> <p>The trainees expressed concern that incidents had occurred in the past that should have been reported on Datix. Furthermore, some trainees reported that when a serious patient safety incident had occurred, they had not been provided with sufficient support from senior</p>	<p>The visit team heard that trainees who had faced clinical incidents were not fully supported by the consultants and it appeared there were no guidelines in place to aid the trainees. The Trust should review and strengthen the serious incident reporting system and ensure that appropriate guidelines are in place, so that trainees are supported when they are involved in serious incidents. See Ref TWR 1.2 on action plan.</p>	<p>Mandatory Requirement</p>

	<p>management and as a result felt traumatised. They did comment that their clinical supervisors had offered some support following the incident and the trainees had been given an informal debriefing which was greatly appreciated.</p> <p>It was reported to the visit team that the trainers followed a flow chart structure to report any incidents which meant the trainees would approach their supervisors in the first instance. The PDs reported that it would be the responsibility of the trainees to chase up incidents and report any findings. The visit team heard that incidents were highlighted on the trainee e-portfolio system and the trainers used the teaching sessions as a feedback session for any patient incidents.</p> <p>The PDs reported they would encourage incident logging on the e-portfolio system and any incidents would be inputted on the learning log so that lessons could be learned later. Trainees commented that at times they reported incidents on the Datix system, but this did not happen on a consistent basis. Overall, the impression given by the Trust was that there was not a cohesive feedback system in place for serious incidents.</p> <p>Trainers reported that six months earlier there had been no procedures in place for clinical incidents, but the PDs stated there had been a positive change in the Trust to tackle this problem.</p>		
GP1.3	<p>Appropriate level of clinical supervision</p> <p>The trainees reported to the visit team that they were left unsupported and unsupervised on the acute gynaecology (A&G) ward. Trainees felt that there was more of a focus on the labour ward and this had meant clinical supervision was minimal.</p> <p>The ST1 trainees reported that clinical supervision for ophthalmology was excellent and they had great support from their clinical supervisors.</p> <p>The PDs reported that they felt that in most General Practice Vocational Training Scheme (GPVTS) posts the trainees were well supported but faced challenging situations due to heavy service responsibilities. The PDs reported that the GP trainees were usually given GP trainers of their choice.</p>		
GP1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The trainees reported to the visit team that learning opportunities at the Trust were really good due to the Trust being a busy environment. Despite the staffing issues the trainees stated the support given by their tutors and clinical supervisors was good. The trainees felt they had good clinical exposure as the patients had complex issues. The PDs confirmed that the trainees were able to develop their communication skills in the care of the elderly and ST1s were expected to learn about patient capacity.</p> <p>The trainees stated that the paediatrics and neonatal departments offered good learning opportunities. The trainees stated that they spent three months in general paediatrics and three months in neonatology. However, the trainees stated that they would appreciate one month in neonatology and the two additional months in general paediatrics. This was because general</p>		

	<p>paediatrics was more relevant to GP work than neonatology. The visit team informed the trainees that changing the structure of the training programme in that manner would be not be very possible, especially as the training trainees did receive in neonatology was good.</p> <p>The trainees felt it would be desirable to cover the GP curriculum by being placed in two separate practices during GP training due to different patient demographics in different boroughs within the VTS catchment area. The GP trainees suggested there should be a Doodle poll conducted to identify whether they preferred just one single GP practice in their two placements or two separate ones. The PDs confirmed that this would be a beneficial exercise.</p> <p>The trainees reported there was a good mix of jobs within the Trust and good learning opportunities within O&G but due to service pressures they commented that they would like to work in a different hospital and would not recommend the post to other GP trainees.</p>		
GP1.5	<p>Rotas</p> <p>The DME reported to the visit team that they had been allocated three London-based GP trainees who had either not started or left their post and this had affected staffing issues due to the positions being left vacant. The DME and trainers expressed their concerns and felt it should have been addressed by having a recruitment reserve list in place. It was reported that as a result of having unfilled vacancies there were gaps in the rotas.</p> <p>The PDs explained to the visit team that the rotas were created by the Trust and doctors were allocated by the Trust. The DME reported that the rotas were intense for the GP trainees and could be very challenging but the rota had helped the GP trainees to adapt to busy environments. The PDs reported that due to Chase Farm Hospital ED department shutting down the Trust had not replaced staff and they had not taken into account the extra capacity of patient turnover. It was reported by the PDs that O&G was a highly used department and cover had not been allocated by the Trust. The PDs believed that the rotas could be improved in particular in the O&G department.</p>		
GP1.6	<p>Induction</p> <p>The trainees reported that the community GP post had a very good induction and excellent clinical supervision. The trainees reported that they had time for tutorials and were able to attend joint surgeries. The GP trainees stated the GP practice induction was really good and was a two week induction session.</p>		
GP1.7	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The GP trainees reported excellent feedback regarding ophthalmology and rheumatology. The GP trainees stated that ophthalmology and the rheumatology were a less pressurised environment which made their teaching more enjoyable. The trainees stated they received good feedback from their clinical supervisors.</p> <p>The trainees stated that care of the elderly was a good environment in particular the female ward</p>		

	<p>with good learning opportunities and good clinical exposure.</p> <p>The visit team heard from the trainers that they allocated two hour time slots with the GP trainees during the week. The visit team was informed by the GP trainees that during the sessions they discussed their personal development and were offered assistance with any exam preparations. The trainees stated their clinical supervisors were amazing and were very helpful. The GP trainees informed the visit team that their clinical supervisors would actively encourage clinical audits.</p> <p>The GP trainees informed the visit team that the feedback could be a problem in the ED as everyone was really busy.</p>		
GP1.8	<p>Protected time for learning and organised educational sessions</p> <p>The PDs informed the visit team that most ST1s and ST3s were released for their teaching sessions. However the trainees stated that this was challenging whilst working in the ED due to the department being understaffed and extremely busy. The PDs agreed that it was difficult for trainees to attend teaching sessions when they were working in the ED.</p> <p>The GP trainees stated that formal teaching was good and they had good trainers who were knowledgeable and who were good at giving tutorials. The trainees reported that they had sufficient amount of education time which fulfilled their education needs.</p> <p>The GP trainers reported that they conducted a meeting with the practice manager and had clinical meetings once a week. The PDs stated they tried to research the best speakers to give the GP trainees the best possible teaching. The GP trainers stated they also conducted a weekly 30 minute multi-disciplinary meeting with the GP trainees. The trainers reported the trainees were exposed to referral and faculty meetings and also the business side of running the practice which they said would help them to further their careers. The PDs stated the GP trainees' exposure was extremely good at practices due to service pressure and a wide range of community exposure. The PDs reported that if there were any training gaps for the trainees they would rotate the trainees to ensure they could access the correct training. The PDs reported that the trainees received study leave and arrangements were made according to service needs. It was reported by the PDs that arrangements for study leave were based on a first come first served basis and if the department were short-staffed their request would be refused.</p>	GP trainees must be released to attend their teaching sessions.	Mandatory Requirement
GMC Theme 2) Educational governance and leadership			
GP2.1	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The PDs reported to the visit team that workshops were conducted for the trainers which were very valuable and were used as an aiding tool to improve GP trainees' experience. The PDs reported that the workshops would help the trainers to address any issues and if there were any unhappy trainees they would accommodate any changes. The PDs informed the visit team that</p>		

	<p>tutorial times were two hours and they would discuss the trainees' workload which in turn was fed back to the trainers' workshop. The PDs stated that they would like each trainee to have protected three hours tutorial time per week.</p> <p>The PDs reported to the visit team that tutorial sessions usually took place once a week. The GP trainees stated they knew who to approach for their clinical supervision. The PDs informed the visit team that they were happy with the educational facilities and there had been expansions within the Trust in relation to education.</p> <p>The PDs reported that when trainees had complained that they did not have enough clinical exposure, the clinical supervisors supported the trainees. The PDs stated there was encouragement from their end to support the GP trainees and that one to one sessions were available if the trainees had any issues.</p> <p>The PDs reported to the visit team that if the trainees were not happy about any aspect of their training, they could approach their educational supervisors who were all approachable.</p>		
GMC Theme 3) Supporting learners			
GP3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The visit team heard that there had been incidents of undermining in particular in the ED. The visit team also heard that Trust middle grade doctors often refused to assist the GP trainees who were working in the resuscitation area. It was reported that the GP trainees felt non-existent and not valued as doctors. It was reported by the GP trainees that within O&G some trainees had not been given particularly sensitive feedback when involved in serious incidents.</p>	The Trust should address any undermining behaviour towards the trainees. See Ref TWR 3.2a on action plan.	Mandatory Requirement
GP3.2	<p>Timely and accurate information about curriculum, assessment and clinical placements</p> <p>The PDs reported to the visit team that if trainees were having problems meeting their clinical curriculum requirements, they would receive the best possible support. The PDs reported they would give more one to one time with the GP trainees and give them extra time to complete their assessments.</p>		
GMC Theme 4) Supporting educators			
GP4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The PDs stated that the trainers completed mandatory information governance and attended courses on how to manage staff.</p> <p>The PDs informed the visit team they received annual appraisals and any issues would be looked at by the patch associate director.</p>		
GMC Theme 5) Developing and implementing curricula and assessments			

GP5.1	Some trainees reported that they had had positive meetings with their educational supervisors.		
Good Practice		Contact	Brief for Sharing
Other Actions (including actions to be taken by Health Education England)			
Requirement		Responsibility	
The GP School should conduct a Doodle poll for the trainees to confirm if they wish the scheme change to two separate GP practice placements during training or not.		London School of General Practice	
Signed			
By the Lead Visitor on behalf of the Visiting Team:		Dr Rachel Roberts	
Date:		13 April 2016	