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Quality and Regulation Team (London and South East)

University College London Hospitals NHS Foundation Trust Foundation

Quality Visit Report

22 March 2016

Final Report

THE NHS CONSTITUTION
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Visit Details	
Trust	University College London Hospitals NHS Foundation Trust
Date of visit	22 March 2016
Background to visit	The Trust was visited in June 2015 for a Trust-wide Review and specialty focused visits to obstetrics and gynaecology and general practice. Unfortunately at the time of the visit, the North Central Thames Foundation school were unable to attend on the same day of the visit. The Trust was visited for an annual liaison visit, linked with a meeting for 'Broadening the Foundation Programme' on 9 May 2014. The last full foundation visit was on 25 January 2012; a specialty focused visit to follow-up issues in emergency medicine and surgery took place on 7 June 2013. Many of the sub-specialties of foundation did not have more than three trainees in post, and so the GMC National Training Survey (GMC NTS) did not provide adequate results for analysis of the training programmes. However, red outliers were generated for foundation year 2 (F2) trainees in medicine and F2 trainees in surgery for 'access to educational resources', and two pink outliers were generated for foundation year 1 (F1) trainees in surgery for 'adequate experience and feedback'. There were no specific bullying and undermining comments raised in the GMC NTS in 2015 from foundation trainees. There were no foundation trainees in difficulty (TiDs) for the period of 01/09/2014-01/09/2015 within the Trust; there was one supernumerary F2 on a remedial placement at the time of the visit.
Visit summary and outcomes	The visit team would like to thank the Trust for accommodating the visit and ensuring a good level of attendance at all sessions, especially that of the educational supervisors. It was noted by the visit team that the visit was well organised due to the work of the postgraduate administrative team. The visit team met with the following groups; • The senior management team (SMT) including the Trust's chairman, chief executive, medical director for surgery and the cancer board, workforce director, director of education, director of postgraduate medical education, associate director of medical and dental education, medical education manager, associate director of clinical education and the training programmes manager with responsibility for foundation programme training; • The Foundation Training Programme Director (FTPD), Dr Catherine Bond. It was recognised that there were normally two FTPDs at UCLH, but that one (Dr Elisa Bertoja) had resigned for personal reasons. • Seven F1 trainees from medical specialties including respiratory medicine, rheumatology, infectious diseases as well as those based within the Acute Medical Unit (AMU); • Eight F1 trainees from surgical specialties including upper gastrointestinal surgery, trauma and orthopaedic surgery (T&O), breast surgery, lower gastrointestinal surgery as well as old age psychiatry and liaison psychiatry; • 13 F2 trainees from medical specialties (including geriatric medicine, and gastroenterology), General Practice (GP) and general psychiatry; • Eight F2 trainees from surgical specialties (including vascular surgery and T&O) and emergency medicine (EM); • 19 educational and clinical supervisors, of whom one was purely a clinical supervisor. The remaining 18 had both educational and clinical supervisory responsibilities. The visit team heard that, overall, foundation trainees felt well supported by senior staff, including higher trainees and consultants and that the majority of trainees would recommend their training programme, although this was strikingly less so for foundation trainees (F1s) within surgical specialties. The visit team was impressed with the careers advice sessions for F1 trainees that were provided by the Foundation Training Programme Director, Dr Catherine

	Bond. The visit team heard that the medical handover on Friday afternoons was comprehensive although other handovers were much more unstructured and ad hoc. The visit team identified an area of serious concern and issued the Trust with an immediate mandatory requirement to address this, as outlined below: • The visit team heard that the senior and middle grade Trust doctor cover of vascular inpatients was unclear and often there was no cover at this level within the hospital. One F2 trainee was responsible for vascular patients when they were on duty but it was unclear who looked after these patients when this F2 was on leave or during 'out-of-hours'. Pathways for escalation of problems with vascular patients were reported to be unclear or non-existent. (See paragraph F1.1). In addition, the visit team identified various other areas for improvement, as follows: • Regarding educational resources, the visit team was informed by the foundation trainees that there was designated space or room in the tower block where they could have access to computer facilities for postgraduate work. The visit team heard that, at the time of the visit, there may have been a room being considered for this purpose on the fourth floor of the main hospital. It was confirmed that HEE NCEL would have been very supportive of this initiative. • On the whole the foundation trainees were well supervised on the Acute Medical Unit (AMU) but the hours/rota which they worked was reported to be extremely onerous and likely excessive. The AMU rota needed to be reviewed. (See paragraph F1.6.). • The Trust was required to review the trauma & orthopaedic surgical (T&O) lines of responsibility and supervision. This should focus on the working patterns so as to increase efficiency, especially around ward rounds, and to ensure that these were not being done late in the afternoon/evening, requiring trainees to stay after the end of their rostered hours. (See paragraph F1.6.). • The visit team advised the Trust that the organisation within the upper gastrointestinal surgical service was reported to be unclear. A lead consultant within this complex team should be identified to ensure that the expansion of the service was running effectively particularly in relation to the duties and training of foundation trainees. (See paragraph F1.6.). • The visit team was told that the clerking of interventional radiology patients was undertaken by the F1 trainees within the colorectal service, which added to their already busy workload. The visit team noted that it would be more appropriate for this to be carried out by either a clinical nurse specialist or possibly, by the F1 trainees in breast surgery who appeared to have a less onerous work schedule. However this responsibility should be used as a training experience. This activity needed review by the FTPD. (See paragraph F1.6.). • The Trust was required to ensure that formal F1 and F2 teaching sessions were bleep free and that arrangements were put in place so that a member of the postgraduate administrative team was responsible for taking messages from the trainees' bleeps during teaching. (See paragraph F1.9.). • The visit team required the Trust to review further the working pattern, workload and responsibilities of foundation trainees in the medical gastrointestinal/hepato-biliary pancreatic (HPB) service to address inappropriate aspects of these placements. (See paragraph F1.6.). • The visit team advised that out-of-hours cover arrangements for general surgery needed to be improved. It was noted that the Resident Surgical Officer (RSO) was not always available. One outcome of this, reported to the team, was that patients needing to be reviewed prior to discharge were not seen, and therefore not discharged appropriately. (See paragraph F1.6.). • The visit team heard that at weekends, the phlebotomy service offered a reduced service which meant that a significant number of requests from foundation trainees for laboratory investigations were not being done. The foundation trainees also reported that the system was inefficient with a

	lack of communication between the phlebotomy service and foundation trainees, when requests were not completed. The visit team advised the Trust that the weekend phlebotomy service needed to be reviewed. (See paragraph F1.6.). • The visit team advised the Trust that F1 trainees within psychiatry should be required to complete an acute medicine element as part of the psychiatry placement. It was reported that this was 'offered' to F1 trainees in F1 psychiatric placements but the visiting team informed the Trust that this should be standard practice for all such trainees. (See paragraph F1.6.).

Visit team			
Lead Visitor	Dr James Dooley, Outgoing Director, North Central Thames Foundation School	**External Clinician**	Dr Dean Noimark, Consultant Physician in general and geriatric medicine, and Foundation Training Programme Director, Royal Free London NHS Foundation Trust
Foundation School Representative	Sabine Schutte, Foundation School Manager	**Trust Liaison Dean**	Dr Andrew Deaner, Trust Liaison Dean
Lay Representative	Caroline Aldridge, Lay Member	**Trainee Representative**	Dr Michael Foster, Foundation Year 2 trainee, Charing Cross Hospital
Scribe	Kate Neilson, Learning Environment Quality Coordinator	**Local Education and Training Board (LETB) representative**	Alan Haines, Delivery Support Administrator (Medical and Dental), Health Education England North Central and East London

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** The visit team heard from the foundation trainees that they had no major concerns around patient safety per se at the University College London Hospitals NHS Foundation Trust. However it was noted by the visit team that two out of the 16 F1 trainees surveyed had answered 'yes' to the question, 'In your experience has patient safety ever been compromised?' in the Health Education England Quality and Regulation Team's pre-visit questionnaire that was circulate to trainees prior to the visit. Additionally, two F2 trainees out of the eight surveyed answered 'yes' to the same question. The FTPD suggested that this could have been linked to workload within the medical gastrointestinal service and that an F1 trainee had since been moved into this unit to ease the workload of the F2 trainees. Additionally, at the time of the visit, this service was also building a case for a physician's assistant or specialist nurse to be employed in the unit to better distribute	The Trust should formally review the workload, work pattern (i.e. hours versus contracted hours) and responsibilities of the foundation trainees in the medical gastrointestinal unit. This review and the proposal for additional staff on this unit should be shared with HEE NCEL.	Mandatory Requirement

	the workload. The visit team heard that the senior and middle grade Trust doctor cover for vascular surgical inpatients was unclear and often there was no cover at this level on the University College Hospital site. One F2 trainee covered patients when on duty but it was unclear who looked after these patients when the F2 was on leave or out-of-hours. Furthermore, it appeared that pathways for escalation of problems with vascular patients were unclear or non-existent. Trainees from other specialties reported that it was almost impossible to get in touch with the vascular team as the higher trainee for the service did not carry a bleep and the senior team was often based at the Royal Free London Hospital site. The visit team heard from the F2 trainees in T&O that there were patient safety issues in terms of 'near misses' due to the night time (8pm to 8am) cross-cover arrangements between T&O, urology and general surgery. The trainees noted that there was no protocol in place for the urology patients. The F2 trainees noted that it was often difficult to contact higher trainees for support when on these shifts. Furthermore there was an unfilled RSO post within the service at the time of the visit so the F2 trainees usually filled these rota gaps, if locum cover was not available. As a result of these workload pressures, review of patients within the Emergency Department (ED) was often delayed, which could then have detrimentally impacted on patient safety. However, the F1 trainees in T&O advised the visit team that although there were issues around the rota and consultant and middle grade Trust doctor presence, the medical higher trainee on call was always accessible on the phone and supportive, so they had no patient safety concerns. It was noted by the F1 medical trainees that there were occasional instances of patients not being tracked/handed over, especially at weekends, but that they were as a rule seen later on the same day so there had not been adverse consequences to patient care. Concerns were raised around the F1 workload on the AMU and the impact this could have had on patient safety. These F1 trainees advised the visit team that on some days they worked from 8am until 9.30pm on a complex rota, which meant that they often worked seven days in a row.	The Trust should implement a clear pathway for the escalation of acute problems with vascular patients and to clarify who is responsible for these patients both during the day and out-of-hours. The Trust should produce their Standard Operating Procedure (SOP) for the tracking/handover of patients moving out of hours and at weekends from one clinical area to another, for review by HEE NCEL.	Immediate Mandatory Requirement Mandatory Requirement
F1.2	**Serious incidents and professional duty of candour** The visit team heard from the majority of foundation trainees that they had not had reason to report many serious incidents although they stated that they knew how to access and use Datix. The F2 trainees in medical specialties who had reported serious incidents through Datix told the visit team that they had used it, on average, once in every two months but had not received feedback about the outcome of these incidents.	The Trust should provide foundation trainees with feedback on the outcome of serious incident reports.	Mandatory Requirement
F1.3	**Appropriate level of clinical supervision** <u>F1 Medicine</u> The visit team heard from the F1 trainees within medical specialties that they all felt adequately supported and that there was always a senior member of staff available for supervision. It was		

	noted by the trainees that senior staff were approachable. F1 trainees in the AMU worked night shifts, usually three or four times a month, as well as twilight shifts but F1 trainees within other medical specialties did not cover these shifts. Furthermore, the visit team heard that F1 trainees outside of the AMU provided ward cover at weekends and felt supported as it was easy to contact a higher trainee or other senior staff member during these times. It was noted that the weekday rheumatology service was senior-led which minimised the decision-making ability of the F1 trainees. However at weekends, the F1 trainees noted that they had more freedom and responsibility and enjoyed working these shifts. The visit team heard from the F1 trainees that the hospital at night team was always available and that they provided a handover. The F1 trainees within medical specialties advised the visit team that at night if required, they would seek clinical advice from either a middle-grade Trust doctor or a clinical nurse specialist (CNS) and that there was always someone available for this reason. The F1 trainees within medical specialties noted that clinical guidelines were available and easily accessible but that there were some gaps in information. For example, there were no guidelines for Acute Coronary Syndrome (ACS) although these were in development at the time of the visit. <u>F1 Surgery</u> The visit team heard from the F1 trainees within surgical specialties that they all received adequate levels of supervision. These trainees reported that they did not cover night shifts but they did work twilight and weekend shifts. The F1 trainees within the upper gastrointestinal team reported that they had never had any issues with supervision or escalation of problems to seniors. However, the F1 trainees in colorectal surgery informed the visit team that there was not always enough support from senior staff regarding medical queries. It was also noted that the F1 trainees within the colorectal surgery service carried the bleeps and that nursing staff could not contact higher trainees directly, so this communication had to go through the F1 trainees. Regarding surgical cover at the weekends, the F1 trainees told the visit team that they would usually escalate issues to either a core or higher trainee. Furthermore, one F1 trainee would cover the acute surgical take for all surgical specialties, with the exception of T&O and obstetrics & gynaecology (O&G), with a core and higher trainee. The F1 trainees advised the visit team that they reviewed patients on the ward and prioritised those that needed to be seen by a consultant or higher trainee. This often meant that less sick patients were not seen at weekends, due to workload pressure. It was noted by the F1 trainees that at weekends, consultants would only see patients on the 'acute list' and that the trainees felt more comfortable approaching particular consultants rather than others for advice. Regarding delays to patient care, it was noted by one of the F1 trainees that in their previous rotation, when covering T&O, there was an incident where a consultant failed to review sick patients so a higher trainee had to be contacted. The visit team advised that the general surgery out-of-hours middle grade Trust doctor cover arrangements needed to be improved to ensure that patients who could be discharged after the required review by a middle grade Trust doctor or senior member of the team, were so reviewed, so that their discharge was not unnecessarily delayed.	The general surgery out-of-hours cover arrangements needs to be improved to prevent delayed discharges of patients.	Mandatory Requirement

	F2 Medicine The visit team heard from the F2 trainees across medical specialties that they all felt adequately supervised and that they were carrying out duties appropriate to their level of competence and training. F2 Surgery The F2 trainees across surgical specialties, with the exception of vascular surgery, advised the visit team that they received adequate levels of supervision. There were serious concerns raised around the supervision and cover arrangements within vascular surgery. The main issue with the service was the fact that there was no higher trainee cover between Wednesday and Friday, due to a vacancy that had not been appointed to. Additionally the clinical lead for the service was on sick leave at the time of the visit. It was noted that the vascular surgery service at the University College Hospital site was very limited with visiting consultants who were not based at the site. The majority of the vascular patients at the University College Hospital site were there for elective procedures with three inpatients at the time of the visit, including one on the stroke unit. Other vascular surgery patients were transferred to the Royal Free London Hospital site. The visit team were informed that one higher trainee and one F2 covered the service but no formal cover arrangements were in place when these trainees were on leave. In such instances, it was noted that trainees in general surgery had to review vascular surgery patients although this was not a formal arrangement. The F2 trainee in vascular surgery advised that they would escalate issues to the higher trainee in the first instance or if they were unavailable, to a consultant and were comfortable doing so. The visit team heard that when the F2 trainee in vascular surgery was on leave, the patient on-call list was not updated and that there was no formal handover arrangement in place for the weekend team covering these patients. The visit team was concerned about the potential risk to patients due to the lack of adequate cover within the vascular surgery service. The F2 trainees within T&O advised the visit team that there were not enough foundation trainees to support the number of consultants within the service. Furthermore, new consultants had recently been appointed but the numbers of foundation trainees had not been adjusted to take this into account. F2 Emergency Medicine The clinical supervisors in EM advised the visit team that the high volume of patients in the ED impinged on the quality of training. Furthermore there was a culture within the ED of over investigating and consultants made decisions around patient care which took away this training opportunity from foundation trainees. It was noted that this was a negative impact of having a consultant-led service.	See Immediate Mandatory Requirement under Paragraph F1.1.	
F1.4	**Responsibilities for patient care appropriate for stage of education and training** The visit team heard that overall, the majority of foundation trainees were carrying out duties that		

	were appropriate for their level of training and experience with the exception of F2 trainees in GP who noted that they did a lot of administration work. None of the foundation trainees reported prescribing or administering cytotoxic drugs.		
F1.5	**Taking consent** The visit team was informed by all foundation trainees that they did not take written consent or site mark for any procedures. However the F2 trainees in T&O stated that they were regularly asked by higher trainees to take consent and site mark but the F2 trainees always declined these requests stating that they were not trained to do so.	The Trust should ensure that middle grade Trust doctors, including higher specialty trainees (HSTs), are reminded of the rules relating to who can take consent and mark operation sites as part of their induction programme.	Mandatory Requirement
F1.6	**Rotas** <u>F1 Medicine/Acute Medical Unit</u> The visit team heard from the F1 trainees in respiratory medicine that their workload was manageable although it was a busy job and that over the winter months, they often finished their shifts an hour or two later than their scheduled time. The F1 trainees in infectious disease noted that they finished on time the majority of the time, although there were times when they might have finished an hour or so later than this. The F1 trainees on the AMU advised the visit team that they worked from 8am until 9.30pm on a complex rota which meant that they often worked seven days in a row, which they noted was excessive. They also reported that the workload was often difficult to manage leading to finishing late up until 10.30pm; they noted they were expected to be back on site for 8am. At weekends, the F1 trainees on the AMU had responsibility for the take as well as the ward which they noted could be difficult. These trainees advised that this situation could be resolved by the addition of an extra trainee or by having a dedicated member of staff to work on the take. The visit team heard from the F1 trainees across medical specialties that they had completed a diary card monitoring exercise in January 2016 but that they had not received feedback at the time of the visit. <u>F1 Colorectal Surgery</u> The visit team was informed by the F1 trainees in colorectal surgery that their scheduled hours were 8am to 5pm but they consistently worked over these. The trainees were completing a diary card monitoring exercise at the time of the visit. The visit team was told that the clerking of interventional radiology patients was done by the F1 trainees within the colorectal service, which added to their already busy workload. The visit team noted that it would be more appropriate for this to be done by either a clinical nurse specialist or possibly, by the F1 trainees in breast surgery who appeared to have a less onerous work schedule. However this responsibility should be used as a training experience. This activity needed review by the FTPD.	The Acute Medical Unit rota needs to be reviewed.	Mandatory Requirement

	Trauma & Orthopaedics The F1 trainees in T&O advised the visit team that they finished their shifts on time fifty per cent of the time and that at other times they would leave between one and three hours after their scheduled finish time. Within T&O, there were four or five ward rounds a day which often happened after 5pm and meant that trainees were delayed in finishing on time. This was due to the fact that the T&O trainees covered at least four consultants and their ward rounds happened on an ad hoc basis. There was also an empty trainee post on the rota which was filled by a locum for on call shifts but not for regular ward work. As a result F1 trainees in T&O finished shifts on time more regularly when on call rather than when providing regular ward cover. The visit team heard from the F2 trainees in T&O that they received no allocated theatre time on the rota and that there was not sufficient foundation trainee cover within the team. As a result F2 trainees in T&O covered too many patients and jobs on the wards to allow for theatre experience. It was noted that there was little difference between F1 and F2 roles and experience within T&O. The F2 trainees noted that new T&O consultants had been recruited but the trainee cover in the service had not been increased to reflect the additional workload. The visit team advised that these issues should be reviewed by the Trust in the T&O review, as detailed above. F1 Upper Gastrointestinal Surgery The visit team heard from the F1 trainees in upper gastrointestinal surgery that their scheduled hours were 8am to 6pm although they never finished on time. The main obstacles to leaving on time were the fact that the ward rounds were erratic and dependent upon the availability of the higher trainees. Ward rounds could happen at any time of the day and often at 5pm, which meant that the F1 trainees regularly finished at 8pm. The situation was exacerbated by the fact that the upper gastrointestinal surgery team covered more patients than other teams. At the time of the visit there had been a recent development in the role of the F1 trainees in upper gastrointestinal surgery as they covered locum consultants who were based at sites other than the University College Hospital site, including the Royal London Hospital site, the Newham University Hospital site and the Whipps Cross University Hospital site which added to the F1 trainees' workload. These trainees stated that as they covered multiple consultants over three specialties (upper gastrointestinal surgery as well as bariatric surgery and endocrine surgery) there was a lack of a link between the trainees and the consultants. It was noted that the situation may have been improved by assigning F1 trainees to each specialty with cross-cover arrangements still in place for when trainees were on leave only. These trainees informed the visit team that that the senior support within the upper gastrointestinal surgery service was very good, especially from higher trainees. Furthermore, the Trust had recently appointed a fellow within bariatric surgery who the F1 trainees advised was very good and reviewed nearly every patient every day. General Practice The F2 trainees in GP informed the visit team that those based at the James Wigg Practice in Kentish Town were pressured to cover evening clinics unpaid despite the fact that this was outside of their banding.	The Trust to review the trauma & orthopaedic surgical lines of responsibility and supervision. There needs to be a review of the working patterns to increase efficiency, especially around ward rounds and to ensure that these are not happening late in the afternoon/evening requiring trainees to stay after 5pm. The Trust is required to review the organisation within the upper gastrointestinal service as this is unclear. A lead within the team needs to be identified to ensure that the expansion of the service is running effectively.	Mandatory Requirement Mandatory Requirement

	Medical Gastroenterology/HBP The visit team heard from the F2 trainees in gastroenterology that they had responsibilities for upper gastrointestinal (GI) patients, luminal gastroenterology and the hepato-biliary and pancreatic (HBP) service. As a result they regularly worked over their contracted hours of 8am-5.30pm. The F2 trainees in gastroenterology reported that they regularly started at 7am and left at 7pm, or sometimes as late as 10pm and midnight, when there was only one F2 on shift. It was noted by the trainees that they had raised this as a safety concern. These trainees stated that they also covered the medical take rota. It was noted that at the time of the visit, an additional F1 trainee had recently been assigned to the upper gastrointestinal team to ease the workload of the F2 trainees; this seemed to have improved the situation. The F2 trainees reported that as the hepatology consultants were based at the Royal Free London Hospital site, their ward rounds often took place at 5pm which meant they did not leave on time. Furthermore, urgent hepato-biliary patients were often clerked in at 4.30pm which delayed the F2 trainees' finish time. Regarding HBP service, it was noted that there were two F2 trainees within the team who regularly finished at 9.30pm and could cover up to 50 patients with no F1 trainee support. The F2 trainees in gastroenterology advised the visit team that they had requested an additional F2 to help with the workload within the service but due to lack of funding, the Trust had suggested recruiting a physician's assistant as a compromise. During the session with educational supervisors, the gastroenterology lead confirmed that the Trust recognised the issue with the gastroenterology trainees' workload and that the unit was developing a job description for a physician's assistant to ease this burden.	The visit team supports the plan to increase support to the GI firms but requires confirmation of the implementation of these plans and evidence that working hours and conditions improve as a consequence of this.	Mandatory Requirement
	Out-of-hours cover in General Surgery The visit team advised that out-of-hours cover arrangements for general surgery needed to be improved. It was noted that the Resident Surgical Officer (RSO) was not always available. One outcome of this, reported to the team, was that patients needing to be reviewed prior to discharge were not seen, and therefore not discharged appropriately. Psychiatry The foundation trainees who had completed an F1 psychiatry placement advised the visit team that the Trust offered them up to two weeks of shadowing on the AMU to gain experience within acute medicine prior to placements there but that this was not mandatory. Care of the Elderly It was noted that the trainees based on the rehabilitation ward at St Pancras Hospital did not have the opportunity to treat any medical patients as these were admitted to the University College Hospital site. Phlebotomy	The Trust is required to ensure that F1 psychiatry placements include mandatory acute medicine experience as part of the programme.	Mandatory Requirement

	The visit team heard from the foundation trainees that the phlebotomy cover at weekends was a reduced service which often meant that requests for blood work were often not completed. It was noted by the foundation trainees that if a patient was not on the ward when the phlebotomists attended they usually did not return later on and would not inform the trainees that the test had not been carried out.	The visit team advised the Trust that they should review the weekend phlebotomy cover arrangements to ensure that this is adequate.	Mandatory Requirement
F1.7	**Induction** The visit team heard from the F1 trainees that they received a Trust induction which was good although this could have been improved by organising the formal induction sessions and shadowing days into full day rather than half day blocks. Regarding the departmental inductions, the majority of foundation trainees advised that they did receive one although it was informal in some specialties. However foundation trainees in psychiatry advised the visit team that they had not received a departmental induction.	The Trust should ensure that foundation inductions are given to trainees in placements with the linked Mental Health Trusts.	Mandatory Requirement
F1.8	**Handover** The visit team heard that handover arrangements between specialties varied and that they were of an informal nature in many departments. The exception to this was the weekend medical handover that took place at 4pm every Friday. This handover was attended by trainees across medical specialties who each gave a handover of patients to be reviewed over the weekend. There was also a tight handover system within the AMU with an additional Saturday morning handover at 8am involving nursing staff as well as consultants. It was reported that there was no formal handover system within surgery as it was an ad hoc system. The F1 trainees within colorectal surgery noted that they had an informal handover at the end of each shift. There was a handover in T&O at 4.30pm every Friday to discuss priority patients to be seen over the weekend. The F1 trainees in upper gastrointestinal surgery advised the visit team that they operated an F1 to F1 weekend handover in the form of a spread sheet that indicated whether patients required an F1, higher or consultant review. The F2 trainees in EM advised the visit team that there was a morning handover within the ED of all patients. It was noted that consultants in the ED were supportive of F2 trainees leaving as soon as possible after a night shift so the handover was succinct in nature.	The Trust should review the policies relating to patient handover across the Trust. This should include developing a minimum requirement that all departments adhere to.	Mandatory Requirement
F1.9	**Protected time for learning and organised educational sessions** The visit team heard that F1 trainees received three hours of teaching a month on a Wednesday afternoon. The same session content was held twice a month to ensure that there was as wide an attendance as possible. However, it was reported by the F1 trainees that some felt pressured to attend teaching sessions, even on their days off. Additionally, some of these sessions had been disrupted by the junior doctors' strikes and there was also repetition of subject matter. Some F1	The Trust is required to ensure that teaching is bleep free and that arrangements are put in place so that a member of the administrative team is responsible for taking messages from the trainees' bleeps during teaching.	Mandatory Requirement

	trainees had concerns over attending teaching sessions as there would be a backlog of work to go back to on the wards. It was also noted that teaching was not bleep free. Regarding F2 teaching, the visit team heard that this was held at 8am on Tuesday mornings which was not practical for trainees who were working afternoon shifts. It was also noted that the two F2 trainees in geriatric medicine could not both attend this teaching as one had to stay to cover the ward. The visit team advised the trainees that the Trust should arrange cover so that all trainees had the chance to attend teaching.	The Trust must make arrangements for cover on wards so that all foundation trainees have the opportunity to attend the teaching sessions. The Trust is required to review the timings of the F2 teaching sessions in order to optimise attendance.	Mandatory Requirement Mandatory Requirement
F1.10	**Adequate time and resources to complete assessments required by the curriculum** The visit team heard from the FTPD as well as the foundation trainees that there was a shortage of office space and access to computers for trainees to complete assessments. The SMT advised that there was space in the doctor's mess in the sub-basement of the University College Hospital site as well as a room in the medical education centre. However, the foundation trainees stated that neither of these areas were practical solutions as they were both located too far from the wards. The visit team heard that there was potentially a room in development on the fourth floor of the main hospital building for foundation trainees to use.	The Trust is required to review the availability of appropriate and accessible office space for trainees to utilise. This must include provision of space for appraisals and other confidential discussions to be held in private.	Mandatory Requirement
F1.11	**Access to simulation-based training opportunities** The F1 trainees within medical specialties advised the visit team that they had access to the simulation suite for a day's teaching. The educational supervisors advised that the Trust had plans to develop the access to simulation-based training within its new build plans.		
GMC Theme 2) Educational governance and leadership			
F2.1	**Effective, transparent and clearly understood educational governance systems and processes** The visit team heard from the clinical and educational supervisors that they attended regular Local Faculty Group meetings and that the minutes of these were circulated. There were also other educational meetings for foundation trainees that the supervisors attended.		
F2.2	**Appropriate system for raising concerns about education and training within the organisation** The foundation trainees advised the visit team that they were all aware of the whistleblowing policy and where to access information about it. Additionally all of the foundation trainees knew who to contact if they had concerns around their training and noted that they would ask the FTPD or medical education manager (MEM) in the first instance. The foundation trainees informed the visit team that they met with the FTPD regularly, including for teaching sessions, and that feedback was encouraged and welcomed. Foundation trainee representatives had been elected from the year, were known and contributed feedback to the		

	Trust team. The Trust undertakes an end of placement survey to collect feedback from foundation trainees on their experiences of each rotation. The Trust then used this to identify areas for improvement within training programmes.		
GMC Theme 3) Supporting learners			
F3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The visit team heard that, in general, foundation trainees were not exposed to undermining behaviour or bullying from senior colleagues. There was an isolated report of undermining behaviour by a consultant within a surgical specialty which, in discussion with the lead visitor, the trainee reported as having been resolved between themselves and the consultant. This event has been fed back to the FTPD by the foundation school director (FSD) after the visit, to ensure that it has been fully resolved.to the satisfaction of the trainee and the Trust.	The FTPD is required to confirm with the FSD that this event has been fully resolved to the satisfaction of the trainee and FTPD.	Mandatory Requirement
GMC Theme 4) Supporting educators			
F4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The educational supervisors informed the visit team that some of them had had a separate appraisal to cover the educational supervision aspects of their roles, which were administered by the postgraduate office.		
F4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard from the educational supervisors that although programmed activities (PAs) were recognised in some job plans, but not all, these did not reflect the time spent on these activities. They noted that their PAs were used to complete administrative work and that supervision was an extra activity on top of this.	The Trust should review the job plans of educational supervisors to ensure that those involved in training and education are remunerated appropriately.	Mandatory Requirement
GMC Theme 5) Developing and implementing curricula and assessments			
F5.1	**Regular, useful meetings with clinical and educational supervisors** The visit team heard from all of the foundation trainees that they all had educational supervisors and met with them regularly throughout the year. They all reported that there no issues with getting their ePortfolios signed off. It was noted that the educational supervision for the foundation trainees in psychiatry was particularly thorough with weekly meetings lasting an hour.		

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 James Dooley, Outgoing Director, North Central Thames Foundation School
Date:	21 April 2016