QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Kingston Hospital NHS Foundation Trust

Emergency Medicine

Urgent Concern Review

Quality Review report

Date: 17 May 2016

Final Report

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Quality Review details

Background to review	The Trust was visited in January 2015 to review Acute Care Common Stem (ACCS) and Emergency Medicine. The action plan still had 27 of the 29 actions open from this visit and little improvement had been achieved through the action plans. However since the January 2015 visit there had been further correspondence from trainees expressing serious concerns within the Emergency Department, namely: • A perceived culture of bullying from management to deliver Trust targets • A lack of regular consultant supervision available to trainees • Trainees' concerns regarding the quality of supervision and their confidence in the competence of some clinical and educational supervisors • Frequent cancellations of teaching sessions due to service pressures and poor quality of teaching when it does occur • Trainees receiving negative feedback in public that has left them feeling undermined. Due to these concerns Health Education England South London arranged an Urgent Concern Review to the Trust.
Specialties / grades reviewed	Foundation trainees, Acute Core Common Stem (ACCS) trainees and Higher Emergency Medicine trainees
Number of trainees and trainers from each specialty	The visit team initially met with the chief executive officer then the college tutor and clinical director for emergency medicine. The visit team met with seven foundation year two trainees, seven acute core common stem trainees and four higher trainees. The visit team met with five educational supervisors.
Review summary and outcomes	The visit team thanked the Trust for the well-attended sessions. An immediate mandatory requirement was issued to the Trust. The visit team heard that not all trainees reported all incidents as they did not feel they would be dealt with in a satisfactory manner. There were two further serious concerns which the visit team raised with the medical director and director of medical education in confidence following feedback. The visit team heard of the following areas that were working well: • The case mix at the Trust was fantastic; there were good opportunities to develop excellence for training. • The junior nursing staff were reported to be excellent and dedicated. • The rota coordinator was highly praised by all trainees for her helpfulness in ensuring study leave and training days could be accommodated within the rota. • The visit team was told that the department had listened to trainees with respect to the two higher trainees or Trust equivalent on call at night which greatly improved managing workload and supervision. • The visit team heard that some consultants were excellent supervisors. • The core trainees were very complimentary of the supervision and support afforded by higher trainees and consultants on the shop floor. The visit team heard of the following areas for improvement: • There was a concern regarding the culture relating to an undermining culture surrounding the national four hour wait standard and this affected

	potential for training and patient safety. • The visit team was concerned that there was no local faculty group (LFG). The Trust should reactivate this involving active participation from trainees to move forward on issues collaboratively which will be highlighted within the report. • The teaching programme for higher trainees did not seem to be working and there was disparate opinions between trainees and trainers on what does or does not happen which requires further exploration and solutions through the LFG. • The Trust should note that all trainees had concerns about bringing sick relatives to the Emergency Department at the Trust. • Most trainees would not recommend the department for training to their friends and colleagues. • The cultural emphasis on service over training was impacting adversely on education and training. • The visit team noted the lack of consultant numbers and would support the department in negotiations with the Trust to increase the consultant body, which would enhance training quality within the department.

Educational overview – meeting with CEO, College Tutor and Clinical Director

The visit team was told that the emergency department (ED) had seen a lot of change in the last 18 months. The new clinical director joined the Trust in January 2016. The ED had had activity continue to grow and there were pressure points within the system. In autumn of 2015 McKinsey was commissioned to look at the pressure points within the system. This highlighted that the amount of attendances at ED were lower than expected for the population and further work to be carried out by the rest of the hospital to support the ED.

The Trust had started to address the pressure points and had invested in more medical posts and nurses although the Trust struggled to retain and recruit to Trust middle grade posts. There were plans to have two new consultants starting full time in the department in early autumn 2016. The clinical director informed the visit team that the ED had five whole time equivalent (WTE) consultants and three part-time consults, two on a 0.6WTE and one on 0.2WTE, and two WTE consultants would be joining the Trust in early autumn 2016.

The visit team was informed that the consultants currently covered 8am to midnight every day with some locum support however the on-call cover was provided by the consultants. The ED had seven trust grade doctors on the middle grade rota, three of these were specialty doctors who dealt with ‘see and treat’ and four worked the same rota as the higher trainees. The visit team heard that since December 2015 there were always two higher trainees or Trust equivalent in the ED overnight. The clinical director commented that the locums within the ED had been coming to the ED for a few months and therefore were familiar with the department.

The visit team was informed that the trainees were aware of the variability of how different shifts operated due to the mix of junior and senior staff within the department. The CEO informed the visit team that they were committed and focused to resolve issues with the ED and was one of the Trust main priorities.

The visit team heard that there was always a consultant available during the week on the shop floor for trainees to approach. The clinical director reported that they were working on leadership on the shop floor and having a consultant in charge each day who was the first port of call for trainees.

The visit team was told that the total number of new patients attending the ED had not increased but the paucity of patients had increased majors and resuscitation workload. Due to this work was being undertaken regarding clinical pathways. The visit team heard that the clinical director had recently reviewed ambulatory care and produced a framework with standardisation and leadership.

The visit team was informed that the postgraduate medical education department ensured that all consultants had completed educational supervision courses. The college tutor reported that they were trying to encourage the consultants to attend more development and training days. The college tutor and clinical director confirmed that from November 2015 all consultants received 2.5 supporting professional activities.

The visit team heard that the ED was under tremendous pressure to meet the four hour wait standard. The visit team was informed that the clinical director had spoken to the matron about not challenging the consultants or trainees about clinical decisions to avoid breaching the four hour standard. The clinical director stated that the ED met the target of 95% for April and had only managed 91% the previous week. The visit team was informed that 95% was the standard for the Trust and that there was a lot of pressure within the hospital to meet this target.

The clinical director informed the visit team that if the trainees wished to raise concerns they were asked to speak to either their educational supervisor, college tutor or clinical director. The clinical director appeared surprised that trainees had not raised concerns directly with her.

Quality Review Team			
Lead Visitor	Dr Chris Lacy, Head of London Specialty School of Emergency Medicine	**Trust Liaison Dean**	Dr Anand Mehta, Trust Liaison Dean, Health Education England South London
Lay Member	Jane Chapman, Lay Representative	**Scribe**	Vicky Farrimond, Learning Environment Quality Coordinator

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
EM 1.1	**Patient safety** The core trainees reported that they had observed that the higher trainees were under pressure to review patients and they saw up to three times more patients. Due to the pressures to see patients quickly the higher trainees would often stay for hours after the end of the shift to document the patients seen during the shift as they did not have sufficient time to document each patient as they were seen. Trainees felt there was a risk that they inaccurately recorded information or inadvertently missed important information by being unable to record patients' notes contemporaneously. The visit team was told that the management would regularly tell trainees not to document patients after they had been reviewed instead they told them to see a new patient. This resulted in patients not being correctly documented and if patients were being referred the medical team would clerk the patients even before the ED trainee could fully document the reasons for referral. The visit team heard of concerns relating to the competency of a number of senior medical staff. Trainees (at all levels) agreed that there were some consultants whose capability they had little confidence in, and this led to a difficult working environment,	Yes, see below EM1.1a

	particularly out of hours. The visit team reported this to the Medical Director and Director of Medical Education following the visit and was followed up in writing. The visit team heard that a consultant would carry out a board round, review the triage notes and then create patient management plans without reviewing the patient at any stage. The higher trainees reported that there was pressure on them to discharge patients early. The visit team was informed that one consultant clicked patients off the ED board if they were approaching the four hour standard as though they had been discharged despite them remaining within the department. The trainees reported that this was very unsafe and patients were found later or were not seen for some time. The visit team heard that a trainee had tried to stop the discharge of the patient by speaking to the consultant of another team as they felt the patient would injure themselves further, the ED consultant then overruled the trainee and the patient was discharged. Less than an hour later the patient was readmitted into ED after falling in the hospital car park. The trainee was then rebuked by the ED consultant and ES for 'not being a team player'.	Yes. See below EM1.1b
EM 1.2	**Serious incidents and professional duty of candour** The core trainees reported that if there was a concern about patient care within the emergency department (ED) they would raise an incident form. However the trainees reported they rarely received feedback on these. The core trainees reported that morbidity and mortality meetings in other departments were useful to review errors and suggested that it would be good if this happened within the ED. The educational supervisors reported that there were weekly governance meetings in which serious incidents and complaints were discussed and the trainees were invited to attend. The visit team heard that the matron had advised some trainees to not put in any more incident forms as they were putting in too many. This was followed up with an email from the clinical director regarding alternative ways to incident reporting. The trainees commented that they did not submit incident forms as they were not acknowledged and there was often no feedback from incident reporting. The visit team was informed that some trainees were not clear how to raise concerns confidentially anymore. Trainees were discouraged from reporting serious concerns relating to the competence of consultant colleagues.	Yes, see below, IMR EM1.2a Yes, see below, IMR EM1.2b
EM 1.3	**Appropriate level of clinical supervision** The visit team was told that the core trainees could be stuck in certain parts of the ED unable to move to other areas as there were no Trust middle grade doctors available due to them being in other parts of the ED. The core trainees commented that some doctors were reluctant to review patients within paediatrics. The dual trained consultants would always go into paediatrics if trainees required advice. The visit team heard that the majority of consultants were approachable on the shop floor. The visit team was informed that some consultants would leave at 10pm despite their shift not finishing until midnight. The supervision from consultants would be variable depending on who was working that day. The visit team heard that when the supportive consultants were on the rota with higher trainees they worked hard, supported the trainees and enabled them to complete workplace-based assessments (WPBAs) and were available to answer any questions or queries. The higher trainees commented that they did not have problems contacting a	Yes, see below EM1.3a Yes, see below EM1.3b Yes, see below EM1.3c

	consultant to review a patient or for a second opinion. The trainees reported that most of the senior nursing staff and administrative team were very supportive and worked hard.	
EM 1.4	**Responsibilities for patient care appropriate for stage of education and training** The visit team was informed that there was certain consultants that the core trainees would not approach for advice instead they would ask the higher trainee. The trainees commented that some consultants even told them to ask the higher trainee. The visit team was told that one consultant could not read electrocardiograms (ECG). The visit team was informed that there were some occasions when trainees had been uncomfortable with the decision-making of consultants. The visit team was told that one consultant seemed to block admitting patients. The core trainees reported that the advice changed depending on the consultant they approached and at board rounds if the consultant changed the advice could differ. Foundation trainees found this hard to work around as they would be unsure which advice should be followed. The core trainees reported that clear protocols would be useful. The visit team heard that on nights there had been occasions when core trainees had been left alone within paediatrics. The trainees reported that many of the locum non-training grades did not like working with paediatrics or had limited experience and would often be the ACCS or foundation trainees in there alone. The core trainees reported that many of the non-training grades and locums were not always helpful. The trainees commented that they would think twice before asking them for advice and would wait for someone else who was busy to assist them when they were free. The visit team heard that some consultants on the rota were not always present or contactable. When trainees had bleeped the consultant or called them on their mobile through the switchboard they would not answer and turn up a few hours later. The visit team heard that a trainee had been left alone to cover the ED and resuscitation without consultant support. The visit team heard that the core trainees and nursing staff would bypass certain consultants to approach the higher trainees for patient decision making. The visit team heard that a consultant had missed two ST elevations and approached the higher trainee regarding how to proceed.	Yes, see below EM1.4a Yes, see below EM1.4b
EM 1.5	**Rotas** The core trainees reported that following the quality visit in January 2015 the rota had changed to a 5/2 or 4/3 split rota. With one set 5/2 and two sets of 4/3. The visit team heard that the core trainees did not mind the eight to ten hour shifts; the struggle was working one in two weekends which was unsociable however this was expected due to the nature of ED. The visit team heard that the changing of shifts from days, nights, lates, mid-shifts and back impacted on the trainees. The trainees reported that the longest period they had off was four days over a six month period. The trainees would finish nights on a Monday morning which was a zero day and then they would have pre-allocated and fixed annual leave for four days and be back at work on the Saturday. The trainees were unsure of how the post-night system worked with their contracts as they should have a 48 hour recovery period and the first 24 hours would be a zero day and the next 24 hours was annual leave. The visit team heard that rota issues had been raised before however the consultants had not been constructive when hearing the trainees concerns. The trainees reported there was the option to swap out of shifts to try and get one week leave which then resulted in some trainees working two in three weekends, some trainees reported working five weekends in a row.	Yes, see below EM1.5a Yes, see below EM1.5b

	The higher trainees commented that having two higher trainees or Trust grade equivalents overnight was a good improvement. The visit team noted that the ED was reliant on locums to cover shifts on the middle grade rota. The visit team was informed that higher trainees had been asked to cover a consultant shift as a locum. The visit team heard that the rota coordinator was very accommodating and of great help to the trainees. They also ensured trainees were all granted study leave. The educational supervisors stated that the new rota ring-fenced the consultants SPAs so they were able to spend time meeting trainees.	Yes, see EM1.5c below
EM 1.6	**Induction** The visit team heard that the ED induction did not cover paediatrics.	Yes, see below EM1.6
EM 1.7	**Handover** The core trainees reported that the handover was between higher trainees and consultants, the full team did not come together to handover patients. The core trainees stated that it was hard to handover at the end of shifts if not many people were around in this case the trainees would escalate the handover to the higher trainee.	Yes, see below EM1.7
EM 1.8	**Adequate time and resources to complete assessments required by the curriculum** The foundation trainees reported that the consultants discussed patients with them and completed the majority of their work-placed based assessments (WPBA). The ACCS trainees commented that the higher trainees signed off on a lot of their WPBAs but they still had consultant input for WPBAs.	
EM 1.9	**Access to simulation-based training opportunities** The educational supervisors reported that they had run two trauma simulation days and arranged for some trainees to have time off their shift and they did not attend. The educational supervisors commented that it was hard to engage with trainees regarding teaching if they did not turn up. The expectation was that trainees would come in on their zero days off. Trainees felt this was an unreasonable expectation due to the paucity of days off and some trainees lived a considerable distance from the Trust.	Yes, see below EM1.9

GMC Theme 2) Educational governance and leadership

Standards

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

EM 2.1	**Impact of service design on learners** The trainees informed the visit team that there was usually a team atmosphere within the ED but it did depend on who was on the rota.	

	The trainees commented that there was visible consultant leadership on the shifts, although at night this was questionable but this was improving with two higher trainees or Trust grade equivalents on nights. The higher trainees reported that they had learned leadership skills whist working within the ED but they often worked in the area where they were the quickest and most competent so did not receive a broad training experience. This resulted in the higher trainees predominantly being allocated to paediatrics as others on the same rota were reluctant to be placed in paediatrics. The educational supervisors reported that they received emails from management complaining and expecting answers when the ED did not meet the four hour standard. The visit team heard that the ED attendance at the Trust per acute bed ratio was high and there was not the capacity within the Trust to admit ED patients requiring admission.	Yes, see below EM2.1
EM 2.2	**Appropriate system for raising concerns about education and training within the organisation** The visit team was informed that there we no local faculty group (LFG) for ACCS or emergency medicine within ED. The college tutor reported that the trainees had closed meetings to discuss issues and would report back to them and then solutions would be discussed however there was no longer a formal LFG. The Trust commented that the ACCS trainees had a virtual faculty group where they communicated with their Tutor and educational supervisors via email as they found it difficult to get all the trainees together as it involved three different departments.	Yes, see below EM2.2
EM 2.3	**Organisation to ensure access to a named educational supervisor** The core trainees reported that they had never felt out of their depth and there was always a consultant available to approach. The visit team was informed that the core trainees only had their mandatory educational supervisor meetings.	
GMC Theme 3) Supporting learners		
Standards **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**		
EM 3.1	**Behaviour that undermines professional confidence, performance or self-esteem** Trainees at all levels reported that the atmosphere in the department was not conducive to a supportive learning environment. Trainees gave examples of recent instances when they had felt bullied, when consultants had shouted in public areas and when doctors and nurses had been undermined and demoralised. The trainees commented that they would receive pressure during the day from the management. Different staff members would ask the trainees the exact same questions about patient management and some were not clinically trained so would not understand the rationale on why patients could not be discharged and would breach the four hour standard. The trainees reported that the management staff would approach them before the consultants. When a patient was just below the four hour wait standard the trainees reported being constantly being interrupted when they were with the patient, even while performing intimate examinations. The visit team heard of multiple occasions when trainees were pressured to make a decision they were uncomfortable with so the department avoided breaching the four hour standard. The visit team was informed that they trainees could be told off for following the advice	Yes. Please see EM3.1a below. Yes. Please see EM3.1b below.

	of one consultant that differed to another consultant's advice. Following the visit, the visit team wrote to the Trust under separate cover to provide details on specific instances of behaviour that undermined professional confidence, performance or self-esteem.	
EM 3.2	**Access to study leave** The ACCS trainees reported that they did not receive study leave to complete their advanced life support (ALS) course.	Yes. Please see EM3.2 below.
GMC Theme 4) Supporting educators		
Standards **S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.** **S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.**		
EM 4.1	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** The educational supervisors reported that they would like facilitated, protected time within the department for consultants and trainees to undertake department business. The educational supervisors commented it would be good to all be in the same room at the same time and discuss issues.	
GMC Theme 5) Developing and implementing curricula and assessments		
Standards **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.** **S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**		
EM 5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The foundation trainees reported they were all able to attend foundation teaching. The core trainees reported that the Tuesday ED teaching did not always happen. The teaching was once every two weeks between 2pm and 4pm, the teaching was organised for every week however this was usually cancelled or the rota resulted in trainees being unable to attend. The ACCS trainees commented that they mainly covered out-of-hours and rarely worked 9am to 5pm and were not able to attend teaching. If the teaching was two hours on either side of the shift start or finish trainees were expected to attend. The higher trainees' local teaching was weekly for two hours and the trainees were expected to organise the teaching however it was felt that a consultant should be present for the teaching. The trainees reported that they struggled to attend due to the rota, as they were usually on a late shift or day off. The higher trainees commented that the teaching was frequently cancelled and the trainees did not want to come in on their day off to attend teaching. The trainees felt this was an unreasonable expectation as they had relatively few days off and may have to commute for up to two hours each	Yes, see below EM5.1

	way to attend a two hour teaching session. The trainees reported that teaching sessions were often cancelled on the day as the ED was busy. The visit team was informed that the trainees were contacted regarding having teaching once a fortnight for half a day and the trainees who were on a day off getting time back in lieu. The trainees were not enthusiastic about this option. The educational supervisors stated that the higher trainees had set topics which they were to teach on and provide teaching for the other trainees as per the programme syllabus. The educational supervisors commented that the previous week they had told all the trainees to leave the ED to attend local teaching as the consultants would cover the shop floor. The visit team heard that there were attendance sheets for all the local teaching and that trainees did not want to attend teaching on their days off. The educational supervisors reported that when the consultant numbers increase further they would be able to have more involvement in the teaching and come off the shop floor to meet with trainees to sign of WPBAs. The higher trainees reported that they had been able to start their management portfolio yet still required further cases to complete this.	
EM 5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The visit team was told that paediatrics provided a good case mix as patients above six months old were accepted at the Trust. The visit team heard that the trainees would appreciate more of an empowering culture for core trainees to treat patients as opposed to carrying out mainly clerking and referral services. The core trainees commented that there was a busy minor department which was good and they would like to be able to get more experience within this. The visit team was informed that service pressures affected the skills the trainees would be able to complete as higher trainees and consultants would tend to deal with quick solve patients to get them in and out. The higher trainees reported that completing training in ultrasound scanning was an issue; the trainees had undertaken the ultrasound course and modules and were trying to start a log book although this was hard as only one consultant could sign the trainees off. The ED did not have a working ultrasound machine for the first five months of the trainees' rotation. The higher trainees commented that they had only been able to complete one educationally supervised learning event (ESLE). The visit team heard that sessions would be cancelled on the day as the ED was too busy. The trainees informed the visit team that they would send consultants 'tickets' to sign off WPBAs however these frequently lapsed and had to be resent.	Yes, see below EM5.2a Yes, see below EM5.2b Yes, see below EM5.2c Yes, see below EM5.2d

Good Practice and Requirements

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.2a	The visit team heard that not all trainees reported all incidents as they did not feel they could be dealt with in a satisfactory manner.	The Trust is to ensure that all trainees are encouraged to report all incidents and would not be penalised for doing so.	R1.1, R1.2, R1.3, R1.4, R1.5

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.1a	The Trust is required to ensure trainees are enabled to write patient notes contemporaneously and within the rostered hours of work. No trainee should be required to routinely stay to write notes after their shift.	Please submit confirmation from the medical director that the trainees are enabled to write patient notes contemporaneously, that the trainees have been instructed not to stay late after their shift. Please also ensure that their workload permits them to leave on time. Please ensure that this is an on-going item on the LFG agenda, so that there is an internal monitoring system in place and so that trainees can raise concerns in this area, should they arise again.	
EM1.1b	Consultants should ensure that trainees are involved in board rounds to maintain patient safety in decisions relating to patient management planning.	The Trust is required to provide the LFG minutes and register over a six month period which demonstrates that this issue is regularly discussed, and that trainees are happy with the clinical experience they receive during board rounds and that patient safety is not compromised.	
EM1.2b	The Trust is required to ensure that all trainees are aware of their professional duty of candour at induction and the escalation route should they need to escalate beyond the department.	Please submit evidence that this is included as part of the trainees' induction and provide details of any escalation pathways in use, and evidence that trainees are aware of when to escalate and to whom.	
EM1.3a	The Trust is required to ensure that there is suitable clinical supervision for all training grades out of hours when there is no consultant present. The Trust should ensure that all trainees know who to contact out of hours and that this information is readily accessible.	The Trust is required to review the clinical supervision to trainees and provide a plan of how this supervision will be provided this could be by working with HEE SL to bolster the competencies of middle grade staff to provide clinical supervision out of hours to all training grades. The Trust is required to provide the outcome of the review of trainees' clinical supervision, communication with HEE SL and the minutes of LFG meetings in which this is discussed and shows improvement over a period of six months.	R1.7, R1.8
EM1.3b and EM1.7	The Trust is required to ensure that there is a formal handover between the leaving consultant and night higher trainee or Trust equivalent before the consultant departs. Consultant evening shift patterns should be clarified to the trainees. The Trust is to ensure that all trainees are able to hand over patient care in an effective and efficient way at the end of their shift. Handover procedures to be outlined in induction with the details of handover forwarded to HEE SL.	Please audit the handover process and provide evidence that this is in place. Consider introducing a sign-in system which will provide evidence of consultant and trainee attendance. Also please provide evidence that evening shift patterns have been clarified to the trainees. Finally, please submit evidence that handover procedures are outlined in induction. Again, ensure that handover is an on-going item on the LFG agenda so that internal monitoring occurs.	
EM1.4a	The department is to develop standardised protocols, guidelines and pathways. Current documents should be reviewed and	The Trust is required to provide the standardised protocols, guidelines and pathways documentation.	R1.6, R1.10

	updated where they are found to be out of date.	The Trust is then required to provide the LFG minutes and register over a six month period which demonstrates that trainees are aware of the guidelines and know where to access them.	
EM1.4b	The Trust is to ensure there is suitable supervision for ACCS trainees within the department at all times to assist with paediatric cases.	There should be a minimum of one ST4 or competent equivalent, who have adequate skills in paediatrics that is present and contactable within the department at all times to assist with paediatric cases. The Trust is to provide evidence of the rota which demonstrates adequate paediatric clinical supervision for trainees.	R1.7, R1.8, R1.9
EM1.5a	The Trust is required to work with trainees to ensure that all trainees' rotas are compliant with the commissioning standard of a 4:3 split in night by November 2016. In other words, trainees should not work more than four nights in succession, and the Trust should work towards a four night / three night split instead of the current five night / two night split.	Please outline the Trust's plans to meet this commissioning standard, including timescales.	
EM1.5b	The Trust is to undertake a diary card monitoring exercise to ensure the rotas are European Working Time Directive compliant.	Please submit results of diary card exercises, including any plans to amend the rotas if the results are unsuccessful.	
EM 1.3c and 1.5c	The Trust is to ensure that trainees are not required to act beyond their competence level and can access senior support at all times.	This should be an on-going item on the LFG meeting agenda. Please submit minutes following the next meetings, including an action log.	
EM1.6	The department is required to ensure that within the departmental induction the trainees are aware of protocols and pathways surrounding paediatric cases when they present at the emergency department.	The Trust is required to provide details of induction programme for all levels of trainees which includes paediatrics. The register for each induction, feedback sheets on each induction, protocols and pathways for paediatric cases and the minutes and register of the LFG over a six month period which demonstrates that the induction process has been discussed and any improvements implemented.	R1.13
EM1.9	The Trust is to consider how simulation-based opportunities could be provided equally for all trainees to access within their contracted hours of work.	Provide Trust's plan of action to address this concern.	
EM2.1	The Trust is required to ensure that the higher trainees are rostered to all areas of the department to enable trainees to meet the higher EM curriculum requirements.	This can be evidenced through the provision of rotas indicating the frequency with which trainees are allocated to clinical areas i.e. resuss, majors, paediatrics, minors/UCC etc. The Trust is then required to provide the LFG minutes and register over a six month period which demonstrates that trainees are able to meet their higher EM curriculum requirements.	
EM2.2	The department is to implement separate	The Trust is to implement separate LFGs	R2.7

	LFGs within both ACCS and emergency medicine in which the trainees and trainers can raise concerns.	within ACCS and emergency medicine in which trainees (or trainee rep) should be encouraged to attend so that all trainees can feed back on the quality of their educational experience, and raise any issues, if necessary. The LFG meeting agendas, attendance lists and minutes over a six month period are to be submitted.	
EM3.1a	The Trust must ensure that inappropriate behaviour ceases as it is not conducive to a supportive learning environment and is not in keeping with the GMC's standards of good medical care and professional behaviours.	The Trust is to review any reported incidents of bullying and undermining behaviour and within this report and provide evidence of the steps taken following this review. The Trust is required to encourage professional behaviours within the workplace and communication that this has occurred. The Trust with HEE SL to ensure that trainees are not bullied and undermined.	R3.3
EM3.1b	The Trust is to ensure that an appropriate system of breach management is implemented to ensure that any bullying behaviour is not experienced by trainees while examining patients.	Provide details of Trust's breach management system.	
EM3.2	The Trust is to ensure that all EM/ACCS trainees receive study leave for the three mandatory life support courses (ALS, ATLS and APLS or equivalent).	Provide statement from Medical Director confirming that trainees are able to receive study leave for these courses. Provide evidence that communication has been sent to the trainees to this effect.	
EM5.1	The Trust is to provide dedicated foundation, ACCS and higher trainee local teaching. All foundation, ACCS and higher EM trainees are able to attend local teaching sessions and the teaching programmes reflect each syllabus requirements. Consultants should be present at local teaching.	The Trust is required to provide evidence of a review of the formal teaching provided in the department, discussions with trainees at LFGs regarding formal teaching, the new formal teaching programmes, trainee and consultant attendance lists.	R5.9
EM5.2a	The Trust is to review the trainees' rota to enable trainees to develop experience in other areas of the ED such as minors.	The Trust is required to provide a curricula mapping exercise which demonstrates that trainee opportunities are map to the trainees rotas and curricula requirements. The trainees should be involved in this exercise and discussions take place within the LFG to ensure they receive sufficient practical experience to achieve and maintain the clinical or medical competences. Please then provide evidence of the new trainee rotas.	R5.9
EM5.2b	The Trust is to ensure that higher trainees are able to meet their ultrasound scanning competencies and achieve the appropriate sign off.	The Trust is required to provide evidence of rotas and timetables and attendance sheets to show that trainees are meeting the necessary clinical experience to achieve competencies and discussions with the trainees.	R5.9
EM5.2c	The Trust is required to ensure that WPBAs	Submit consultant timetables which	

	are completed in a timely fashion and that consultant time is timetabled to allow the mandatory first ELSE assessments to be completed in the first three months of a trainee's placement.	should demonstrate that they have dedicated time with their trainees to complete WPBAs including the new ELSEs. Again, this should regularly be discussed at LFG meetings so that trainees can raise any concerns regarding WPBA completion in a timely fashion.	
EM5.2d	The Trust is to ensure that all trainers are trained in the new RCEM assessment tools.	This can be evidenced by providing a log of attendance at LP faculty training days.	

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.

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

Requirement	Responsibility
HEE to write to the Trust regarding the competency of senior medical staff. HEE to write to the Trust to provide details on specific instances of behaviour that that undermines professional confidence, performance or self-esteem.	

Signed

By the Lead Visitor on behalf of the Visiting Team:	*Dr Chris Lacy, Head of London Specialty School of Emergency Medicine*
Date:	*11 August 2016*