

## Education Lead Conversation

<b>Trust</b>	East London NHS Foundation Trust
<b>Method of review</b>	Risk-based Review
<b>Date of review</b>	4 October 2016
<b>Training programme / Learner group</b>	Psychiatry and sub-specialty training at ELFT
<b>Background to review</b>	<p>The Postgraduate Dean (PGD), Trust Liaison Dean (TLD) and Head of School for psychiatry were concerned about a declining trend in the General Medical Council National Training Survey (GMC NTS) results that East London NHS Foundation Trust had received, in both forensic psychiatry and child and adolescent psychiatry.</p> <p>Furthermore, the PGD was keen to discuss the persistent issues with trainees' workload in general psychiatry. This was again highlighted by the GMC NTS 2016 as at the time of the review, the Trust had received a red outlier in this area for five consecutive years.</p>
<b>HEE attendees</b>	<p>Dr Sanjiv Ahluwalia, Postgraduate Dean, HEE working across North Central and East London</p> <p>Dr Indranil Chakravorty, Trust Liaison Dean, HEE working across North East London</p> <p>Dr Michael Maier, Head of the London Specialty School of Psychiatry</p> <p>Elizabeth Dailly, Learning Environment Quality Coordinator</p>
<b>Placement provider attendees</b>	<p>Dr Navina Evans, Chief Executive</p> <p>Dr Kevin Cleary, Medical Director</p> <p>Dr Nick Bass, Director of Medical Education</p>

## Conversation details

Summary of discussions	Action to be taken? Y/N
<p><b>General Psychiatry</b></p> <p>The GMC NTS in 2016 generated two red outliers within general psychiatry, for 'workload' and 'clinical supervision out of hours' and one pink outlier in 'induction'. This was the fifth consecutive year that the Trust had scored a red outlier for 'workload' in this programme.</p> <p>The Medical Director reported that the trainees' workload within general psychiatry was a well-known issue and had been further highlighted by a diary card exercise the Trust had undertaken, which showed that the higher trainees' workload was breaching the European Working Time Directive. This was due to a number of issues.</p> <p>Firstly, there had been a significant increase in the number of cases presenting to the accident and emergency (A&amp;E) department (15-20%).</p>	

<p>Secondly, a new process had been introduced with regard to patients who fall within the remit of section 136 of the Mental Health Act 1983. Previously, an assessment of such patients was undertaken by core trainees, which had resulted in a series of Serious Incidents. Following this, such patients became the responsibility of the higher trainees, which significantly increased their workload.</p> <p>At the time of the review the Trust was exploring two possible solutions to this issue. The first was to implement a 'full shift system', however trainees had already expressed their unhappiness with this option. The second solution being considered was to implement a rota where trainees were off on the day they were on call, and the following day.</p> <p>It was decided that the Trust would be given an eight month deadline in which to implement one of these proposed changes. Health Education England (HEE) would then review the progress made on trainee experience and workload. During this period the Trust would conduct the diary card exercise again to determine whether the desired impact had occurred.</p>	<p>Yes. See 1 and 2 below.</p>
<p><b>Psychiatry of Learning Disabilities</b></p> <p>It was noted that the GMC NTS results for Psychiatry of learning and disability were extremely positive and four green outliers were received for 'reporting systems', 'handover', 'induction' and 'access to educational resources'. It was suggested that this could provide a useful opportunity to undertake a compare and contrast exercise, and then disseminate best practice approaches across the Trust.</p>	<p>Yes. See 3 below.</p>
<p><b>Pastoral Support</b></p> <p>It was asked if there was any way in which HEE could the help the Trust to provide pastoral support over the next six months to trainees, especially those within general psychiatry. The Trust said they would think about possible actions HEE could assist them with and report back within the next few weeks.</p> <p>There was a further concern that there was no designated area or office space for postgraduate medical education, where the trainees could approach the Director of Medical Education and discuss any issues they may have. This lack of geographical presence may have led to trainees not knowing where to go for pastoral support.</p> <p>However, it was reported by the Director of Medical Education that the trainees had may avenues to access this support; via their college tutors, the Training Programme Directors, their educational supervisors, the Medical Education Manager and the Head of School.</p>	<p>Yes. See 4 below.</p> <p>Yes. See 5 Below.</p>
<p><b>Forensic Psychiatry</b></p> <p>The number of red and pink outliers received had significantly increased in the GMC NTS since 2014, with red outliers being received in; 'access to educational resources', 'reporting systems' and 'supportive environment' and pink outliers received in 'adequate experience', 'clinical supervision', 'clinical supervision out of hours', 'induction' and 'workload'.</p>	

<p>It was stated that the issues in forensic psychiatry were based on a number of reasons. Firstly, the negative relationship between the Training Programme Director (TPD) and the trainees had had a significant impact on trainees' moral. This issue was further exacerbated as the TPD was also the educational supervisor for the trainees until shortly before the ELC took place.</p> <p>This was no longer an issue as a new educational supervisor had been appointed.</p> <p>The trainees had previously expressed their unhappiness with the job plans they had been allocated whilst in the post. However, UCLP guidance had been implemented to ensure there was a fair and transparent system in place for job allocation, which took account of trainees' personal circumstances as well as their educational needs. It should be noted that the new educational supervisor and guidelines were implemented once the GMC NTS had already taken place, so any positive effect these changes had was not reflected in the 2016 NTS results.</p> <p>Furthermore, the Trust confirmed they had undertaken work with leaders at different levels throughout the Trust, to ensure the correct values and culture were embedded throughout the organisation. This piece of work had not yet occurred with the TPDs at the time of the ELC and the Chief Executive assured the quality review team this would occur in the near future.</p> <p>HEE offered assistance with this and the Trust indicated that they would contact HEE in the near future if this was necessary.</p> <p>In regard to the red outlier in 'access to educational resources', the Director of Medical Education stated that despite a weekly programme being in place for trainees, the trainees felt there was not enough academic programmes for them to participate in. It was agreed that the Trust would arrange for the forensic psychiatry trainees to attend the educational sessions provided at South London and Maudsley NHS Foundation Trust.</p>	<p>Yes. See 6 below.</p> <p>Yes. See 7 below.</p>
<p><b>Child and Adolescent Psychiatry</b></p> <p>The number of red and pink outliers scored in the GMC NTS had significantly increased since 2012, with red and pink outliers received in; 'clinical supervision', 'clinical supervision out of hours', 'reporting systems', 'handover', 'induction' and 'feedback'.</p> <p>The Trust was confident that as all the issues highlighted by the GMC NTS were related to internal procedures and practices, that they could be rectified in a timely manner. The Medical Director was going to look into the issues surrounding 'reporting systems', as the same reporting system was embedded across the Trust and was commended in the most recent Care Quality Commissioning report.</p>	

## Next steps

### Conclusion

It was agreed the following steps would be taken:

1. A meeting to be organised with the Director of Medical Education, the Trust Liaison Dean and the

- Head of School in which a detailed action plan, with fixed deadlines would be constructed.
2. HEE to monitor trainee workload via a survey which would be discussed along with all other progress early in 2017 at the follow up meeting.
  3. It was recommended that the Trust undertake a compare and contrast exercise, looking into the Psychiatry of Learning and Disability programme and then share best practice processes across other training programmes in the Trust.
  4. The Trust was required to report back to HEE with any plans/actions that HEE could support them with, in regards to ensuring there was suitable pastoral support available for trainees (especially those in general psychiatry).
  5. It was recommended to the Trust that they implement a designated office space or area for postgraduate medical education, where the trainees could approach the Director of Medical Education with any concerns they had.
  6. The Trust stated they would contact HEE if there were any additional interventions HEE could support with, when considering the training and management of TPDs.
  7. It was agreed the Trust would arrange for the forensic psychiatry trainees to attend the educational sessions provided at South London and Maudsley NHS Foundation Trust.
  8. It was recommended to the Trust that they implement a single trainee forum, for all specialties where trainees could come together to discuss issues and then feed these back to the Director of Medical Education.

### **What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.