

Barking, Havering and Redbridge University Hospitals NHS Trust

Education Lead Conversation



Quality Review report

Date: 11 October 2016

Version: 1

Quality Review details

Training programme / Learner group	Clinical oncology, core medical training (CMT), GP Programme – surgery, obstetrics and gynaecology (O&G), geriatric medicine and foundation surgery, gastroenterology.
Background to review	<p>The Education Lead Conversation (ELC) was arranged following on from the previous ELC which took place on the 26 September 2016, to discuss the plans the Trust were putting in place to deal with the issues highlighted by the General Medical Council National Training Survey (GMC NTS) results.</p> <p>The GMC NTS generated 51 red outliers and 77 pink outliers for the Trust. Whilst it was acknowledged that the number of red outliers in 2016 had decreased compared to 2015 (when there were 76 red outliers) and in the same time period, the number of green outliers had increased from 11 to 22, the survey indicated that issues still persisted.</p> <p>The main areas of concern as highlighted in the 2016 GMC NTS were as follows; clinical oncology, CMT, general practice - surgery, O&G and geriatric medicine. A further breakdown of the GMC NTS results within each of these programmes can be found below.</p>
HEE quality review team	<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>Elizabeth Dailly, Learning Environment Quality Coordinator</p>
Trust attendees	<p>Nadeem Moghal, Medical Director (MD)</p> <p>Professor Jayanta Barua, Director of Medical Education (DME)</p> <p>Caroline Curtin, Medical Education and Training Manager</p> <p>Jean-Marc Lam-Hing, Medical Education and Training Facilitator</p>

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
	<p>Clinical Oncology</p> <p>The GMC NTS in 2016 generated four red outliers within clinical oncology (for ‘overall satisfaction’, ‘handover’, ‘workload’ and ‘local induction’) and six pink outliers compared to one red (for ‘access to educational resources’) and two pink outliers in 2015. Furthermore, the</p>	

	<p>2014 GMC NTS found two red and three pink outliers whilst the 2013 survey generated zero red and four pink outliers in the specialty.</p> <p>The reasons behind the deterioration in the GMC NTS outliers were discussed in greater detail at the previous ELC; however one of the main reasons was due to some members of the consultant body leaving the Trust (including the Divisional Director). This had left a gap within the department and put the service under strain, which in turn affected trainee experience. The Trust confirmed that they were proactively recruiting individuals to fill these gaps and looking at a team based approach to service, which would have a positive impact upon the learning and training environment. Furthermore, it was reported there was an issue with the nurse leadership on the Mandarin B Ward which was also being dealt with.</p> <p>It was asked whether the trainees were receiving enough support through this difficult period. The Trust reported that there were regular junior doctor forums in which trainees could raise issues and that they were given access to the Trust's occupational health programme. Additionally all of the trainees were made aware of the pastoral support available from the Medical Education and Training Manager at their induction. Furthermore, the DME and Medical Education and Training Manager intended to do unannounced 'walk abouts' on the ward and confirmed they would be attending the next Local Faculty Group to see if any further issues were raised.</p>	Yes. See CO1.1 below
	<p>CMT</p> <p>The 2016 GMC NTS generated six red outliers in CMT for 'clinical supervision', 'feedback', 'induction', 'reporting systems', 'study leave' and 'supportive environment' compared to two in 2015 for 'induction' and 'supportive environment'. In 2014 and 2013 the specialty received three red outliers and one in 2012, so the 2016 results demonstrated deterioration in trainee experience. There had been zero green outliers generated within CMT between 2012 and 2016.</p> <p>At the previous ELC, the MD confirmed that he was working on standardising the local induction across the Trust and has requested departments produce a workbook for induction purposes, to address that particular red outlier.</p> <p>Furthermore, at the previous ELC the PGD had suggested that the main issue was with particular individuals which the MD was to discuss with the DME.</p> <p>The MD and DME confirmed that this discussion had taken place and that feedback from the team had indicated that the issues related to a particular individual who had a negative effect upon the trainees and the learning environment. The Trust reported that the individual in question had been removed (pending an investigation) from educational responsibility and that an interim candidate was being recruited, who would be in position until something more substantive was arranged and the post had been advertised.</p>	Yes. See CMT1.1 below
	<p>GP Programme – Surgery</p> <p>The GP Surgery programme at the Trust received eight red outliers in the 2016 GMC NTS for 'overall satisfaction', 'clinical supervision out of hours', 'handover', 'induction', 'supportive environment', 'educational supervision', 'access to educational resources' and 'local teaching' as well as four pink outliers. These results were compared to five red outliers in 2015, three in 2014 and one in 2013. There had been zero green outliers generated in the programme between 2012 and 2016.</p> <p>The PGD noted that rota gaps and workload were the main issues with the GP – surgery post and that work had previously been done around resolving these, which included instating Training Programme Directors (TPDs), but that problems persisted.</p>	

	<p>The Trust reported that one of the main issues in the programme was due to medical staffing problems, which had resulted in trainees being allocated to for service provision and not necessarily to further their training and education.</p> <p>The Trust confirmed they had met with two GP VTS trainees who reported the reason they were dissatisfied with the post, was because they had been spending too much time on the ward which they did not feel was educationally beneficial. They wanted access to clinics, minor procedures and to attend limited sessions such as one stop clinics for pathology.</p> <p>The Trust reported they had used this feedback and created a new job plan for the trainees with their input, which they felt would have a positive impact upon their learning experience. Furthermore, a new educational lead had been appointed, which the trainees had given positive feedback about.</p>	Yes. See GP1.1 below
	<p>Obstetrics and Gynaecology</p> <p>The 2016 GMC NTS generated six red outliers in O&G for ‘clinical supervision’, ‘reporting systems’, ‘handover’, ‘supportive environment’, ‘work load’ and ‘access to educational resources’ and four pink outliers. These results showed deterioration in the specialty as it had zero red outliers in 2015, one in 2014 and three in 2013. Additionally, O&G received two comments relating to bullying and undermining in the 2016 GMC NTS.</p> <p>The Trust reported that the most prevalent issue within the department was the historic culture and bullying and undermining behaviours exhibited by a small body of staff. Furthermore a recent survey had been undertaken with the college tutor, which highlighted that a culture of blame was present in the department. The Trust confirmed they were dealing with these problems in different ways.</p> <p>In relation to the bullying and undermining behaviour, any consultant involved in such an incident highlighted by a trainee had to complete and submit a RCOG learning form on working behaviour, which was recorded on their appraisal.</p> <p>Secondly, the MD was undertaking a piece of work that aimed to tackle and bring about cultural changes throughout the department which would ultimately benefit the trainees’ experience, despite not being targeted solely at them. However another project which focused solely on the trainees and their learning environment and experience was also under way.</p> <p>Furthermore, it was asked whether there was enough support in place for the trainees and whether the college tutor had enough support to undertake her pastoral duties. HEE offered to provide additional assistance with this if necessary and stated that the Specialty School of O&G could organise either education events to be based at Queen’s Hospital or simulation team events (which in particular can help with issues in labour wards).</p>	<p>Yes. See O&G1.1 below</p> <p>Yes. See O&G1.2 and O&G1.3 below</p>
	<p>Geriatric Medicine</p> <p>The 2016 GMC NTS generated three red outliers (for ‘overall satisfaction’, ‘clinical supervision out of hours’ and ‘regional teaching’) and eight pink outliers in geriatric medicine. This was an improvement in terms of red outliers from 2015 when the specialty received eight (and four pink outliers) although there were remained some concern around this programme.</p> <p>At the previous ELC, the MD confirmed that the Trust had a shortage of five consultants in geriatric medicine and that a consultant within the department had been working on improving trainee experience. It was noted by the MD that the department had been reviewed by a peer Trust who commented that the patient flow was good which then led to positive patient care and experience.</p>	

	<p>Regarding the five vacant consultant posts, the MD confirmed that the Trust was trying to fill these gaps through academic appointments and was working with Queen Mary University of London (QMUL) on this.</p> <p>Furthermore, a new educational lead had been appointed who was engaging with and motivating the trainees. It was questioned whether she was receiving enough support and mentoring in her role, in order for her to have developmental opportunities and access to educational resources.</p> <p>The PGD suggested that the Trust continued to try to resolve these issues internally at present.</p>	Yes. See GM1.1 below
	<p>Foundation Surgery</p> <p>The Trust confirmed that they had been aware of the problems regarding the trainees in foundation surgery for a while and had tried to address this by redesigning their rotas, but this had not had the desired effect.</p> <p>The Foundation School Director and Head of School for Surgery had been informed of the issues with the Foundation trainees at BHR and a meeting had been arranged with the TLD to discuss whether the learning environment was a suitable one for trainees to work in and whether the trainees would need to be removed from the site and redistributed.</p>	Yes. See FS1.1 below
	<p>Gastroenterology</p> <p>The GMC NTS generated eight pink outliers (for clinical supervision, clinical supervision out of hours, feedback, induction, overall satisfaction, reporting systems, supportive environment, workload).</p> <p>The Trust reported that the specialty was in internal supportive measures which involved a project on organising the rotas and monitoring the trainees closely. The DME confirmed that he would be attending the next Local Faculty Group with trainees in order to see whether any issues were raised.</p> <p>It was asked whether the trainees had adequate support during this difficult period and it was decided the TLD would meet with the DME and Medical Education and Training Manager to discuss how this support could be provided.</p>	Yes. See Gast1.1 below

Next steps

Conclusion

It was agreed that the following steps be taken:

- CMT1.1 – It was decided that HEE would lead a focus group with the trainees in January 2017, to discover whether there had been an improvement in the department.
- GP1.1 – The Head of GP School, Rachel Roberts was to be informed of the issue, who would ensure the TPDs meet with the trainees and obtain feedback from them in six months' time, to see if there had been any improvement. This would then be fed back to HEE and the decision will be made as to whether to keep trainees in the post.
- O&G1.3 – It was decided that HEE would lead a focus group with the trainees in January 2017, to discover whether there had been an improvement in the department.
- FS1.1 - The Trust to be informed of the outcome of the meeting which was to take place on the 26 October 2016. Senior management in the Health Education England department to be made aware of the situation.
- Gast1.1 – The TLD, DME and Medical Education and Training Manager to meet to discuss what internal measures could be put in place to ensure the trainees had adequate support.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CO1.1	In regard to the clinical oncology trainees, the Trust is to undertake a survey of the trainees in December to ascertain whether the Trust's efforts have had a positive impact upon the learning and training environment. The DME, MD, Medical Education and Training Manager, PGD and TLD to review progress with the plans for this department in 4 months time.	The Trust is to provide the survey responses at the meeting with the PGD and TLD in February 2017.	
O&G1.2	The Trust to review whether the college tutor has enough time in her job plan to undertake her duties. Furthermore, the Trust to decide whether the School of O&G can provide any support.	The Trust to provide evidence that the college tutor has enough time in her job plan and to inform HEE of any additional support they may need in terms of mentoring.	

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O&G1.1	Regarding the piece of work that was being undertaken to tackle and bring about cultural changes throughout the department, the Professional Support Unit was recommended to assist the Trust with these changes.	The Trust to provide evidence of communication with the Unit or a similar service.	
GM1.1	The Trust to ensure the individual in question has enough support, for example it was recommended that UCLP have educational leadership programmes she should be enrolled in etc. HEE offered to set her up with someone to mentor her, if she wants to pursue an educational career.	The Trust to provide evidence that enough support has been provided.	

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	<i>Dr Sanjiv Ahluwalia</i>
Date:	01/11/2016

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.