QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

East London NHS Foundation Trust

Risk-based Review (Education Lead Conversation)

Quality Review report

Date: 08 November 2016

Version: Final

QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

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Education Lead Conversation

Trust	East London NHS Foundation Trust
Method of review	Risk-based Review
Date of review	08 November 2016
Training programme / Learner group	General psychiatry, Forensic psychiatry.
Background to review	Following an Education Lead Conversation (ELC) which took place on the 4 October 2016 with the Postgraduate Dean (PGD), Trust Liaison Dean (TLD), Head of the London Specialty School of Psychiatry, Chief Executive, Medical Director and Director of Medical Education (DME) a second ELC was arranged with the TLD and DME, during which a set of specific actions to address some of the issues raised at the previous ELC were to be decided. The main issues raised were the persistent issues with trainees' workload in general psychiatry in the General Medical Council National Training Survey (GMC NTS) results that East London NHS Foundation Trust had received, in forensic psychiatry.
HEE attendees	Dr Indranil Chakravorty, Trust Liaison Dean, HEE working across North East London Elizabeth Dailly, Learning Environment Quality Coordinator
Placement provider attendees	Dr Nick Bass, Director of Medical Education Caroline McBride, Medical Education Manager

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1	**General Adult Psychiatry** At the previous Education Lead Conversation (ELC) the workload in general psychiatry was discussed, as 2016 was the fifth consecutive year in which the Trust had scored a red outlier in the General Medical Council National Training Survey (GMC NTS) for 'workload' in this programme. At the ELC the Medical Director acknowledged this was a well-known issue. The Trust has since undertaken a diary card exercise which demonstrated that trainees'	

	workload across all grades was breaching the European Working Time Directive. It was reported that the reasons for this were twofold. Firstly, the number of cases presenting to the Emergency Department had increased by 15-20%, which had had a significant impact upon trainees' workload. Secondly, the Trust received and treated patients from a number of other mental health Trusts across London, when other Trusts were at full capacity and unable to treat them. ELFT has an 'Outstanding' CQC rating based on the services provided and the clinical outcomes. This is despite dealing with a high volume of patients, the highest levels of morbidity in the UK and the fastest growing population in the UK. ELFT trainees and consultants all participate fully in this. Despite the workloads ELFT training remains of a high standard. This understandably meant that trainees' workload was excessively high compared to those at other Trusts because of the sheer volume of patients treated. The issue had been further exacerbated due to rota gaps and losing some crucial members of staff. However, it was further noted that despite workload being an issue, on the whole trainees received a good training experience at the Trust. At the follow-up meeting at Stewart House, the DME and MEM felt that, as they received a large number of patients from other Trusts, trainees should be proportionately distributed across the Trusts in London and trainees at such Trusts from which East London NHS Foundation Trust received patients might instead be re-allocated to East London NHS Foundation Trust. Trust response offered during the discussion is given below and will be discussed with the Head of School and Post Graduate Dean; *However, this has been a feature of the London health economy only for the last 3 years or so. There is a more fundamental imbalance of externally (HEE) funded training across London. Figures revealed around the time of MMC showed East London received approximately 50% of training post funding from the (then) Deanery; SLAM received around 96% by contrast. Therefore any perceived failure of East London to invest in measures to protect or support trainees needs to take into account the significant discrepancies across London (ELFT received the lowest proportion of funding of any of the 11 mental health Trusts at the time).* *This training funding issue was raised in response to the HEE suggestion that trainees may need to be re-allocated to 'less busy' services elsewhere. This suggestion overlooked the fact that every other mental health trust across London is 'less busy' because they have been unable to manage with their existing bed numbers and service configurations and have all sought to transfer their surplus patients to ELFT. We have had contracts with CANDI, NELFT and BEH and spot purchases from all other Trusts. ELFT trainees have been managing not only ELFT patients but some of the most disturbed and chaotic patients from all the other 'less busy' Trusts. ELFT trainees have therefore had the privilege of training within and contributing to the highest functioning service in London (indeed the UK as judged by the CQC assessment) and therefore learning how to manage clinical care to a higher standard than they would anywhere else in the UK. It would be ironic to*	Yes, please see 1.1 below.

	transfer these trainees to lower quality services to somehow 'improve' their training experience. *The suggestion of transferring trainees from elsewhere to ELFT was deemed not to be feasible by HEE as this would risk 'destabilising' those services. It could be argued that those services are already experiencing a lack of stability. Yet HEE had also suggested the option of moving trainees (who get a good training experience) from ELFT because of the workloads (in large part caused by the other Trusts) with no acknowledgement that this might also be destabilizing. This would be not only to ELFT but also to the entire London mental health system as the other Trusts have been dependent on ELFT to mitigate their own lack of stability.* The Director of Medical Education (DME) confirmed a number of possible solutions had been presented to the Medical Director. These are not without their own potential adverse consequences. They include: - Incorporate extra rest days into the trainees' rota (however, it was noted that by increasing the rest days allocated to trainees, this would result in more cross-covering to compensate, which was an issue trainees had previously raised). - Review the banding trainees were on at the time of the review (it was acknowledged that although this would not directly tackle the workload issues it would change trainees' perceptions and make them feel more valued in their role). (It should also be noted that the new contract will take effect in February for Psychiatry and this may have a positive impact on pay) - Higher Trainees already come in at week-ends to help the junior trainees. This is a further part of the problem. While it helps the juniors it impacts on the Higher Trainees. - Bringing in consultants to help the Higher Trainees to help the juniors may help with the workloads but would mean a significant change to working practice for consultants and would be a significant cost to the Trust. It may also impact on the availability of training during normal work hours to compensate those consultants. Again, the consequences and knock-on effects to both service and training need to be considered when trying to change the working practice of existing staff rather than adding to the staff pool. - If anything, there is consideration of stopping the week-end work by Higher Trainees. Again, this may impact back on the junior trainees, bed availability and the service quality generally. - Consider the appointment of non-medical staff, such as physician associates throughout the Trust. These have been considered across the UK. It should be noted that they are more expensive than trainees and, being briefly and non-medically trained and less qualified than doctors, are significantly less capable and versatile in replacing the doctors. They may, conceivably, supplement rather than replace the doctors but then the option of employing more non-training grade doctors might be rather better if a decision is made to invest in extra staff rather than replacements.	Yes, please see 1.2 and 1.3 below.

	- Explore utilising the Medical Training Initiative scheme. HEE advised that this is set to cease in 2 years' time. It may, nevertheless, still provide a useful medium-term solution (depending on costs and quality) and provide some valuable training to IMGs which they may be able to take back to their home countries. It was decided that once the Medical Director had chosen which options to pursue in regard to improving the trainees' workload, HEE would review the progress made in May 2017. It was also reported that a meeting was due to take place with the clinical directors and the Training Programme Directors (and College Tutors), in which such issues were going to be discussed. The DME stated an LNC meeting had taken place with the trainee reps, the Medical Director and the Chief Executive in which the diary monitoring exercise results and issues regarding trainee workload were discussed. The quality review team also recommended that the DME ran another internal focus group with the trainees and trainee reps to discuss the issue and explore any possible solutions the trainees had. This meeting is already planned for January 2017. The quality review team also recommended that the Trust's Guardian of Safe Working was informed of the workload issues within general adult psychiatry. (the GoSW Dr Cathie O'Driscoll has now started and has been informed – an inaugural forum is expected to be arranged for January 2017)	Yes, please see 1.4 below. Yes, please see 1.5 below.
2	**Pastoral Support** In order to gain feedback from the trainees, it was reported that a survey was sent to them every month through which trainees could raise any issues they had. However, in order to ensure trainees received adequate pastoral support it was again recommended that the DME and MEM had a designated are or office space for postgraduate medical education, where trainees could approach the DME and discuss any issues they may have. However, the DME and MEM feel that while it would be helpful to have discrete space for the education team and to meet with trainees, an even higher priority would be to have access to space to deliver training. This has been reduced significantly and what remains is under further threat. Furthermore, it was suggested that an Education Fellow/Chief Registrar could be appointed in order to devise a pastoral support system to support the DME. HEE offered to consider resources towards this.	Yes, please see 2.1 below. Yes, please see 2.2 below.
3	**Forensic Psychiatry** At the previous ELC, the Trust reported 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. 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 had was not reflected in the 2016 NTS results. It was reported that the DME had met with all the trainees and the Training Programme Director and that different educational supervisors had been appointed. However, in the meeting with the trainees they stated that although they were all now happy with their posts and felt they received good clinical supervision they did not feel the forensic local academic programme delivered to them was of a high quality. It was reported that at the time of the review, work was being undertaken to redesign the forensic local academic programme. The quality review team heard that the DME was going to monitor the situation. It was also decided that if adequate improvements had not been made to the forensic local academic programme provided, the Trust must enable the trainees to attend training days at South London and Maudsley NHS Foundation Trust.	

Next steps

Conclusion
It was agreed that the following steps be taken and evidence of satisfactory progress reviewed at a focus group and ELC in May 2017: 1.1 Health Education England (HEE) to investigate whether number of trust funded trainees compared to HEE funded at East London NHS Foundation Trust was the same as in other London trusts. 1.2 The Trust to inform HEE of which solutions were being pursued in relation to improving the workload for the general psychiatry trainees. 1.3 HEE to lead a focus group to ascertain whether the workload issues for the general psychiatry trainees had improved.

1.4 The Trust to send minutes and outcomes of the meeting with the Medical Director, Clinical Directors, Training Programme Directors and College Tutors to discuss workload solutions and new ways of working.

1.5 The Trust to liaise with the Guardian of Safe Working regarding the general psychiatry trainees' workload.

2.1 The Trust to send the last three months of the Trust's internal survey results to HEE for review.

2.2 The Trust Liaison Dean to investigate whether an Educational Fellow/Chief Registrar post could be funded by HEE.

Requirements / Recommendations

Requirement	Required actions / evidence
N/A	

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.