

# Royal Free London NHS Foundation Trust

## Gastroenterology

### Risk-based review (on-site visit)



## Quality Review report

7 and 21 February 2017

Final report

Developing people  
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healthcare

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## Quality Review details

<b>Background to review</b>	<p>Within the GMC NTS 2016 results for gastroenterology at Barnet Hospital there were two red outliers within 'clinical supervision' and 'handover'. There was also one pink outlier within 'feedback' and one green outlier within 'adequate experience'.</p> <p>Within the GMC NTS 2016 results for gastroenterology at Royal Free Hospital there were three red outliers within 'overall satisfaction', 'adequate experience' and 'regional teaching'. There were also two pink flags within 'induction' and 'feedback'.</p> <p>The review team was keen to review the changes since the amalgamation and the opening of the endoscopy service at Chase Farm Hospital within gastroenterology across both sites for routine and acute endoscopy and how this was affecting training.</p>
<b>Training programme / learner group reviewed</b>	<p>Gastroenterology (Royal Free Hospital and Barnet Hospital)</p>
<b>Number of learners and educators from each training programme</b>	<p><b>Barnet Hospital</b></p> <p>The review team met with three core and foundation trainees, two higher gastroenterology trainees and two educational supervisors.</p> <p><b>Royal Free Hospital</b></p> <p>The review team initially met with the service lead for hepatology, clinical director for liver, clinical director for gastroenterology and endoscopy and specialist training lead.</p> <p>The review team met with two foundation trainees and three higher trainees within gastroenterology.</p> <p>The review team lastly met with seven educational and clinical supervisors.</p>
<b>Review summary and outcomes</b>	<p><b>Barnet Hospital</b></p> <p>The review team heard the following areas that were working well.</p> <ul style="list-style-type: none"> <li>• The trainees at all levels were complimentary of the education and training within gastroenterology. The review team felt that education and training was embedded within the department.</li> <li>• The trainees at all levels reported that there was a good balance between general internal medicine on-call and the gastroenterology sub-specialty training.</li> <li>• The access to endoscopy was felt to be good due to the mixture of the inpatient lists at Barnet Hospital and the elective lists at Chase Farm Hospital.</li> <li>• The trainees at core level were able to attend gastroenterology clinics which enabled them to meet their curriculum requirements.</li> <li>• The higher trainees felt they would be able to meet their curriculum requirements within general internal medicine and gastroenterology and that the GIM workload was not so arduous that it impacted on their Gastroenterology training</li> <li>• The trainees reported that there were no issues in accessing study leave and annual leave.</li> <li>• All levels of trainees were extremely complimentary of the levels of consultant supervision on the wards and for reviewing outlier patients.</li> </ul>

	<p>Foundation and core trainees said they had no concerns in approaching any of the consultants for advice and support.</p> <ul style="list-style-type: none"> <li>The trainees at all levels would recommend this post to colleagues and would be happy for their friends and families to be treated within the department.</li> </ul> <p>The review team heard the following areas requiring improvement.</p> <ul style="list-style-type: none"> <li>The review team heard that accessing opportunities for advanced therapeutic endoscopy has been limited by the loss of x-ray screening facilities at Chase Farm Hospital, which the review team understood was an executive Trust decision. This could impact on trainees at a more advanced level rather than the current cohort of trainees.</li> <li>There did not appear to be a clear educational lead within the department. The review team was unclear about the support available to trainers when educational concerns arose and how this was accessed.</li> </ul> <p><b>Royal Free Hospital</b></p> <p>The review team heard the following areas that were working well.</p> <ul style="list-style-type: none"> <li>The higher trainees would recommend the post to a colleague.</li> <li>Dr McDonald has worked very hard to make improvements in areas which require addressing. The supervisors in the department were aware of the issues and have taken a structured approach to resolving concerns.</li> <li>The review team heard that Dr Patch, Dr Marshall, Dr McDonald and Prof Rosenberg provided the trainees with good access to teaching and training. The journal club, engagement of foundation trainees in ward rounds and evidence based medicine course were particularly commended.</li> <li>The trainees commented that the rota structure with the training week worked well.</li> <li>The training matrix to inform trainees of the additional training opportunities which were available was a useful tool to support trainees' education and training.</li> </ul> <p>The review team heard the following areas requiring improvement.</p> <ul style="list-style-type: none"> <li>The Trust was making positive steps to enable trainees to meet their endoscopy requirements although this still required further development particularly within colonoscopy.</li> <li>There was a rich potential learning environment for foundation year one trainees which was not being optimised. There was a feeling that due to the specialised environment the trainees felt undervalued in the department and the teaching was targeted at a higher level.</li> </ul>
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**Quality Review Team – Barnet Hospital (7 February 2017)**

<b>HEE Review Lead</b>	Dr Karen Le Ball, Head of London Specialty School of Medicine and Medical Specialties	<b>External Clinician</b>	Dr Sushma Saksena, Consultant Hepatologist, Barts Health NHS Trust
<b>Lead Provider Representative</b>	Dr Elspeth Alstead, TPMC Chair / Gastroenterology Training Programme Director, UCL Partners	<b>Trainee Representative</b>	Charlene McInnes, Darzi Fellow in Medical Education, Health Education England

<b>Lay Member</b>	Jane Gregory, Lay Representative	<b>Scribe</b>	Vicky Farrimond, Learning Environment Quality Coordinator
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### Quality Review Team – Royal Free Hospital (21 February 2017)

<b>HEE Review Lead</b>	Dr Karen Le Ball, Head of London Specialty School of Medicine and Medical Specialties	<b>External Clinician</b>	Dr Sushma Saksena, Consultant Hepatologist, Barts Health NHS Trust
<b>Trust Liaison Dean/County Dean</b>	Dr Andrew Deane, Trust Liaison Dean, Health Education England North Central and East London	<b>Lead Provider Representative</b>	Dr Elspeth Alstead, TPMC Chair / Gastroenterology Training Programme Director, UCL Partners
<b>Trainee Representative</b>	Dr Upkar Gill, Trainee Representative	<b>Lay Member</b>	Jane Gregory, Lay Representative
<b>Scribe</b>	Vicky Farrimond, Learning Environment Quality Coordinator		

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
G1.1	<p><b>Serious incidents and professional duty of candour</b></p> <p><b>Barnet Hospital</b></p> <p>The review team was informed that the trainees understood and knew how to use the local reporting system for Datix.</p> <p><b>Royal Free Hospital</b></p>	

	The foundation trainees commented that they knew how to report incidents via Datix.	
G1.2	<p><b>Appropriate level of clinical supervision</b></p> <p><b>Barnet Hospital</b></p> <p>The foundation trainee commented that they were rarely alone on the ward; half of the time there was a core medical trainee on the ward and there were usually higher trainees based on the ward although they spent the afternoons undertaking endoscopy lists or clinics. The review team heard that the trainees never felt they were left to deal with problems beyond their competency and could always contact the higher trainee or consultant for advice and support.</p> <p>The review team was informed that the foundation and core trainees were all attached to the gastroenterology ward and they were responsible for the gastroenterology patients. They also joined in with the ward rounds to review outlying patients on other medical wards. The review team heard that there could be between six to 15 patients on the gastroenterology ward at one time with between five and 10 outlying patients to review.</p> <p>The educational supervisors stated that they were hands-on with training and provided trainees with good clinical supervision and there were plenty of opportunities for trainees to access endoscopy. Where possible the department ensured all trainees were equal in the distribution of commitments in wards, clinics and practical procedures.</p> <p>The educational supervisors reported that the trainees were bleep free when they attended elective and training lists at Chase Farm Hospital.</p>	
G1.3	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p><b>Royal Free Hospital</b></p> <p>The foundation trainees reported that within hepatology they were able to undertake a number of practical procedures which was helpful. They also reported that as they were working within a tertiary centre they were able to see a wide range of interesting patients although they felt they had little input into their care as they were on complex medications and management plans. As a result, they felt somewhat disenfranchised. The foundation trainees commented that if they ever felt out of their depth they would feel happy to approach the consultants to ask for clarification. The foundation trainees stated that the consultants were all approachable.</p> <p>The review team heard that during on-calls the higher trainees could become swamped with work to do from looking after the patients on the ward, patients in the intensive care unit and dealing with calls regarding referrals from other centres. This resulted in the higher trainees delegating jobs to the foundation trainees.</p>	
G1.4	<p><b>Rotas</b></p> <p><b>Barnet Hospital</b></p> <p>The review team heard that there were seven substantive consultants within the department and one locum although the department was hoping to make this post substantive.</p> <p>The higher trainees commented that the overall training within gastroenterology was good and was split to ensure trainees received training on the ward, in endoscopy lists and through clinics.</p> <p>The trainees reported that the on-call general internal medicine was not too busy and not too overly frequent which resulted in the trainees not missing out on their gastroenterology training.</p> <p>The general internal medicine on-call was reported to be spread throughout the trainees' time at the Trust on the rota which could result in the trainees being on-call</p>	

	<p>whilst also scheduled to be on the ward for the week. The trainees would then cross-cover each other and had made a rota for gastroenterology between themselves to help support this.</p> <p>The trainees reported that the general internal medicine on-call did not impact on their sub-specialty training. The trainees commented that the on-call commitments were manageable.</p> <p>The review team heard that the department had a consultant of the week within gastroenterology which was good for patient continuity and the ward-based trainees worked alongside the same consultant that week.</p> <p><b>Royal Free Hospital</b></p> <p>The review team heard that there were three foundation trainees in the department. Due to the on-call trainee finishing work at 9pm, this trainee started at 11am whereas the other two trainees worked 8am to 6pm.</p> <p>The foundation trainees reported that when they had concerns regarding their hours and started working late they discussed this with a consultant and this was acted upon instantaneously.</p> <p>The foundation trainees reported that they had been encouraged to exception report and had filled out reports but their educational supervisor was unaware what to do with it. The trainees commented that they had not heard back regarding their exception reports.</p> <p>The higher trainees commented that the year was split into six months hepatology, two months of general internal medicine and four months of gastroenterology.</p> <p>The review team heard that the general internal medicine rotation was well supported and had a good spectrum of acute admissions. The gastroenterology side was reported to be clearly defined and supported. The trainees reported that they enjoyed the hepatology rota. It was a rolling rota where the trainees had two weeks in the department, one training week and one week's leave.</p> <p>The trainees commented that the hepatology rota had a fixed leave provision and if they wished to take more annual leave they would have to take it in the gastroenterology side.</p> <p>The trainees reported that there were two trainees within gastroenterology although due to trainees using this time to take leave there was usually only one trainee present which meant they were unable to go to Chase Farm Hospital to access the training opportunities on a regular basis.</p> <p>The trainees reported that the gastroenterology inpatient ward numbers were small and this made the workload manageable and the higher trainee led all ward reviews.</p> <p>The review team heard that within hepatology there were two higher trainees one in hepatology and one in transplant, one junior clinical fellow or foundation trainee in hepatology and one in transplant and post-CCT clinical fellows who covered the ward.</p> <p>The trainees commented that the hepatology workload was reasonable as they did alternate days on-call. The trainees commented that there was a slight issue leaving on time due to the handover taking place 5pm to 6pm although the consultants were rectifying this by moving the meeting earlier.</p> <p>The clinical leads had changed the rota in hepatology following feedback from previous trainees regarding the intense week on-calls.</p> <p>The review team heard that the hepatology night on-call was covered by the clinical fellows and Trust grade doctors.</p> <p>The service lead stated that trainees were supernumerary during clinics and patients were reviewed by taking them off the pile (i.e. there was no separate higher trainee level list) and there was always consultant supervision.</p>	<p>Yes, please see G1.4 below</p>
<p>G1.5</p>	<p><b>Induction</b> <b>Royal Free Hospital</b></p>	

	<p>The education leads stated that the trainees all received a joint induction at the beginning of the year.</p> <p>The foundation trainees reported that they were given a talk by the consultants when they started and provided with an information pack.</p> <p>The higher trainees reported that they received an induction for general internal medicine, gastroenterology and hepatology.</p>	
G1.6	<p><b>Handover</b></p> <p><b>Barnet Hospital</b></p> <p>The review team heard that due to the crossover times of the staff starting on the ward the handover within gastroenterology was less formal but the trainees ensured that they spoke with each other before starting and finishing on the ward to ensure all patients were handed over.</p> <p>The GIM handover was reported to work well and a representative from each specialty and ward attended the handover which took place in a set room at 8:30am. At this handover each specialty found out if there were any patients they needed to review and then these patients were reviewed by the higher trainee following the ward round.</p> <p><b>Royal Free Hospital</b></p> <p>The review team was informed that within hepatology there was a morning board round at 8am to review all the patients on the ward and the on-call clinical fellow informed the team of any outlier patients.</p>	
G1.7	<p><b>Protected time for learning and organised educational sessions</b></p> <p><b>Barnet Hospital</b></p> <p>The core trainees reported that they all attended their core medical training once a week and that the morning report and grand round supported further learning.</p>	
G1.8	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p><b>Royal Free Hospital</b></p> <p>The trainees reported that they all had assigned educational supervisors whom they had met a couple of times formally since they started.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

G2.1	<p><b>Impact of service design on learners</b></p> <p><b>Barnet Hospital</b></p> <p>The foundation and core trainees reported that Barnet Hospital provided them with a positive experience and there was a good ethos amongst the consultants to teach and train.</p> <p>The trainees commented that they had a good balance between service and education and training and this enabled the trainees to have plenty of time to undertake training and to get the most out of the rotation.</p> <p>All trainees reported that they had no concerns to raise regarding their education and training at the Trust.</p> <p>All trainees at all levels would recommend the post to a colleague.</p> <p><b>Royal Free Hospital</b></p> <p>The review team heard that the foundation trainees did not feel confident that they would know how to look after sick liver patients following this rotation. The review team heard that the educational experience for the foundation trainees could be improved as they had to ask to review patients as the department was very consultant and higher trainee led.</p> <p>The foundation trainees felt they had limited exposure to patients and due to the workload there was limited time to explain to the trainees what was going on.</p> <p>The foundation trainees commended some of the consultants for providing them with good teaching and letting the trainees have their own patients during a ward round.</p> <p>All the higher trainees commented that they would recommend their job to their colleagues.</p> <p>The review team heard that the three sites communicated further now due to the sharing the services at Chase Farm Hospital to ensure there was sufficient capacity.</p>	Yes, please see G2.1 below
G2.2	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p><b>Barnet Hospital</b></p> <p>The review team was unclear regarding the educational structure within the department as there did not seem to be a college tutor position or clearly identified educational lead.</p> <p>The review team did not hear of a forum for trainees and trainers to discuss educational issues such as a local faculty group being present within the department. However, the current trainees were very happy with the training they were receiving and any concerns would be raised with their educational supervisor.</p> <p><b>Royal Free Hospital</b></p> <p>The education lead had started a faculty group which had now met three times and had allowed for the changed to endoscopy to be delivered.</p>	Yes, please see G2.2 below

### 3. Supporting and empowering learners

#### HEE Quality Standards

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**



G3.1	<p><b>Access to study leave</b></p> <p><b>Barnet Hospital</b></p> <p>The foundation and core trainees reported that they could easily access study leave and were able to attend regional teaching. The trainees reported that there were no issues with accessing annual leave, one junior trainee must always be on the ward and the on-call rota worked as a 1 in 5 rota so there was flexibility for annual leave to be taken at the trainees' convenience.</p> <p>The review team was informed that to take study leave the trainees cross-covered each other to ensure that they were able to access it. The higher trainees commented that they were able to attend regional training unless they were on the ward. This resulted in one trainee always being unable due to them providing each other with cross-cover they would be able to meet the minimum attendance number for regional teaching. The trainees commented that they were not able to leave the consultants with a core or foundation trainee to attend regional teaching. When regional teaching fell on the GIM on-call it was up to the trainee to try and swap out of the rota, which was sometimes possible.</p> <p>The educational supervisors commented that trainees were all encouraged to attend regional teaching and to ensure they booked study leave for this and cancel clinical commitments with sufficient notice.</p> <p><b>Royal Free Hospital</b></p> <p>The trainees reported that the department supported them to attend regional training as the neuro-endocrine trainee would hold the bleep for the day with consultant support. The trainees reported it was harder to attend regional training whilst in the general internal medicine block.</p>	
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#### 4. Supporting and empowering educators

##### HEE Quality Standards

**4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**

**4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**

G4.1	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p><b>Barnet Hospital</b></p> <p>The review team was informed that there was no clear educational structure for gastroenterology across the Trust.</p> <p>The review team heard that the educational supervisors were unclear regarding the support they were able to access for a trainee in difficulty. The educational supervisors commented that it would have been useful to have a number that they could contact with queries regarding how to deal with issues that arose instead of relying on colleagues heavily.</p> <p><b>Royal Free Hospital</b></p> <p>The educational supervisors had all completed (or were in the process of completing) their GMC training. The educational supervisors ensured they made time to meet with the trainees.</p> <p>The educational supervisors commented that they were aware of their new roles with the new junior doctor contract regarding exception reporting although they had not attended any training on this yet within the Trust. The supervisors were unaware that they had to initially resolve exception reports and then if they could not resolve them escalate to the guardian of safe working.</p>	<p>Yes, please see G4.1a below</p> <p>Yes, please see G4.1b below</p> <p>Yes, please see G1.4 below</p>
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G4.2	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p><b>Barnet Hospital</b></p> <p>The review team heard that the educational supervisors were provided with 0.25 professional activity (PA) per trainee.</p> <p><b>Royal Free Hospital</b></p> <p>The review team heard that the educational supervisors were provided with 0.25PA per trainee.</p>	
<p><b>5. Developing and implementing curricula and assessments</b></p> <p><b>HEE Quality Standards</b></p> <p><b>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</b></p> <p><b>5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.</b></p> <p><b>5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.</b></p> <p><b>5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.</b></p>		
G5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p><b>Barnet Hospital</b></p> <p>The educational supervisors reported that inpatient ERCP was moved in January 2016 to the Royal Free Hospital. The review team heard that due to the loss of ERCP at the site they were unable to support a senior higher trainee who wished to undertake therapeutic endoscopy. This was further compounded by the loss of x-ray screening facilities at Chase Farm Hospital, which the review team understood was an executive Trust decision. The review team felt that this could impact on trainees at a more advanced level than the current cohort of trainees.</p> <p><b>Royal Free Hospital</b></p> <p>The foundation trainees commented that the majority of the in-house teaching was aimed at higher trainees and was interesting to attend although the foundation trainees could not always follow the teaching. The trainees commented that they would appreciate some basic foundation level teaching on liver pathology and liver conditions.</p> <p>The foundation trainees reported they were able to attend their compulsory foundation teaching every week.</p> <p>The foundation trainees were able to complete audits and quality improvement projects during their rotation. The trainees were also able to arrange to meet with their supervisors regularly, complete their e-learning and prescribing modules to utilise the time proactively.</p> <p>The higher trainees commented that they felt the journal club and the evidence-based medicine course were particularly valuable good and provided a good learning experience.</p> <p>The department delivered a journal club teaching on a Monday lunchtime, academic science seminar on a Wednesday afternoon, dedicated hepatology teaching on</p>	<p>Yes, please see G5.1a below</p> <p>Yes, please see G5.1b below</p>

	<p>Thursday morning and Friday morning audits, morbidity and mortality meeting and visiting speakers. There was also a weekly pathology meeting looking at biopsy patients, Tuesday lunchtime x-ray meeting and hospital grand round on Wednesday lunchtimes.</p> <p>The educational supervisors reported that within the simulation centre trainees who had not used a scope before could try out modules. This centre was open till 10pm.</p> <p>The educational supervisors commented that Chase Farm Hospital had just been JAG accredited and through this bowel cancer screening took place there although the trainees did not undertake bowel screening.</p> <p>The educational supervisors reported that they created a training matrix for the trainees listing a range of different opportunities for every day of the week within hepatology and gastroenterology. This was utilised to support the trainees in designing a bespoke training programme at the beginning of the year.</p>	
G5.2	<p><b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b></p> <p><b>Barnet Hospital</b></p> <p>The foundation and core trainees commented that the consultants were proactive at teaching them whilst on the ward rounds and there was always time made for teaching such as within clinics.</p> <p>The review team were informed that the ward work, gastrointestinal bleed elective theatre lists and some clinics took place at Barnet Hospital. The majority of the endoscopy theatre lists and clinics took place at Chase Farm Hospital. The trainees reported that they could all access endoscopy lists at the same time if required so that education and training was not affected as the higher trainee on the ward would join the afternoon endoscopy list and there were always two consecutive endoscopy lists taking place at Chase Farm Hospital. The surgery trainees did sometimes join these lists although the trainees did not have to compete with trainee nurse endoscopists. The review team heard that the trainees had allocated training lists which were adequately reduced to allow time for training and to discuss the case with the consultant.</p> <p>The higher trainees reported that when they were on the ward they took part in the daily consultant ward round and the afternoon gastrointestinal bleed/in-patient theatre lists. The trainees commented that they also had access to two clinics a week, which contained a few new patients and follow-up patients.</p> <p>The higher trainees reported that they had their own clinic template which had a reduced patient list. The clinics were fixed with a consultant for ease of planning although the trainees commented that they had a good range of experience as they had one inflammatory bowel disease clinic and one liver clinic.</p> <p>The trainees reported that they did not feel out of their depth within the therapeutic inpatient theatre lists as they were always supported by a consultant. The trainees commented that they had received a lot more interventional therapeutic training this year which was very useful for their training.</p> <p>The educational supervisors commented that trainees were able to focus on their endoscopy skills and all the current trainees were signed off on upper GI and were attending basic skills in colonoscopy. The educational supervisors reported that trainees were encouraged to complete abstracts for submissions to meetings and to attend.</p> <p><b>Royal Free Hospital</b></p> <p>The foundation trainees reported that the gastroenterology wards had around five inpatients daily. The trainees would accompany the higher trainee on a ward round and would later join the consultants on the ward round. The trainees commented that the workload on the gastroenterology ward was relatively quiet. The review team was informed that the higher trainees would facilitate the foundation trainees go to the ED or clerk patients. The foundation trainees enjoyed going to ED to clerk patients as they</p>	

	<p>found it a useful learning experience.</p> <p>The foundation trainees reported that sometimes whilst they were on the gastroenterology ward they would cover some of the neuro-endocrine ward patients. This involved clerking patients and taking bloods. The trainees reported that they did not mind helping.</p> <p>The trainees commented they felt they were able to achieve enough experience in luminal gastroenterology. The trainees commented that the department had worked hard since September 2016 to ensure they were able to access adequate opportunities including attending endoscopy lists. The trainees reported that they had not been to Chase Farm Hospital yet.</p> <p>When working within hepatology the trainees were able to attend endoscopy lists during their training week once every four weeks. The review team heard that there were three morning endoscopy lists they could attend and the trainees usually attended up to two of these. The trainees reported that during the training week they had to attend the Tuesday morning and Thursday morning clinics and could choose any other clinics to attend.</p> <p>The review team heard that within hepatology there was no opportunity for colonoscopy unless it was sought out by the trainees although they hoped that they would make this up during the gastroenterology side.</p> <p>The trainees currently working within gastroenterology reported that if they sought out colonoscopy lists to achieve their numbers the consultants would help make sure this happened.</p> <p>The educational lead reported that they met the trainees prior to the release of the GMC NTS 2016 results. Following this the department had worked hard to ensure trainees were able to access endoscopy. Whilst the trainees were within hepatology they had access to a weekly endoscopy list and further access within the training week. The trainees had access to a timetabled list for the trainees about which endoscopy lists they could attend which were supervised. Through this the Trust had a 40% increase on access to endoscopy in the last six months.</p> <p>The review team heard that the trainees within hepatology also had access to the upper GI course.</p> <p>The educational lead commented that the nurse endoscopist carried out the majority of colonoscopy. This year the Trust had three trainee nurse endoscopists which had impacted on the trainees' ability to attend these lists. The department had made arrangements for the trainees to attend colonoscopy lists at Chase Farm Hospital.</p> <p>The next step for the department was to improve the access to ERCP and colposcopy. The Trust had a simulation centre which they provided course for colonoscopy and endoscopy.</p>	<p>Yes, please see G5.2 below</p>
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## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Access to endoscopy lists and clinics at Barnet Hospital / Chase Farm Hospital	College Tutor	Please complete the attached proforma and return to the quality and regulation team.	30 April 2017
Good clinical supervision for all trainees so they are not working beyond their competence	College Tutor	Please complete the attached proforma and return to the quality and regulation team.	30 April 2017

<b>Mandatory Requirements</b>			
<b>Req. Ref No.</b>	<b>Requirement</b>	<b>Required Actions / Evidence</b>	<b>GMC Req. No.</b>
G1.4	The Trust is to ensure that all educational supervisors are aware of their role within exception reporting.	Please provide evidence that this action has been met.	R1.19, R1.21
G2.1	The Trust is to review the role of the foundation trainee in the department to maximise learning opportunities.	Please look at the foundation trainees work schedule and work they could undertake to meet curricula requirements.  Please provide evidence that this action has been met.	R2.4
G2.2	The Trust is to support Barnet Hospital in introducing a LFG within the gastroenterology department	Please provide evidence of terms of reference, standing agenda, attendance lists and the minutes of this meeting.	R2.7
G4.1a	The Trust is to review the educational structure for gastroenterology and ensure that there is an educational lead or college tutor at Barnet Hospital and Royal Free Hospital	Please provide evidence that this action has been met.	R4.6
G5.2	The Trust is to continue to improve trainees' access to endoscopy and colonoscopy to meet their curricula requirements.	Please provide a review looking into how trainees could access endoscopy and colonoscopy whilst at Royal Free Hospital.	R5.9

<b>Recommendations</b>			
<b>Rec. Ref No.</b>	<b>Recommendation</b>	<b>Recommended Actions / Evidence</b>	<b>GMC Req. No.</b>
G4.1b	The Trust is to ensure that all departments are clear on the support available to educational supervisors if they have a trainee in difficulty.	Please provide evidence that this action has been met.	R4.4
G5.1a	The Trust is to review trainees' access to advanced therapeutic endoscopy at Barnet Hospital.	Please provide a review looking into how trainees could access therapeutic endoscopy whilst at Barnet Hospital.	R5.9
G5.1b	The Trust is to review the local teaching programme to include some foundation level teaching.	Please provide evidence that this action has been met.	R5.9

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

Signed

<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Karen Le Ball, Head of London Specialty School of Medicine and Medical Specialties
<b>Date:</b>	23 March 2017

**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.