

King's College Hospital NHS Foundation Trust

Ophthalmology

**Risk-based Review (Education Lead
Conversation)**



Quality Review report

Date: 08 February 2017

Final Report

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Quality Review details

Training programme / Learner group	Ophthalmology
Background to review	<p>Concerns were raised about the ophthalmology training at King's College Hospital NHS Foundation Trust, as the Trust received a substantial number of pink outliers, and one red, in the 2016 General Medical Council National Training Survey (GMC NTS). It should be noted that no red or pink outliers had been generated in 2015. The pink outliers were received in; clinical supervision, reporting systems, induction, adequate experience and educational supervision. In addition, a red outlier was generated for regional teaching.</p> <p>As a result, the Head of School felt it was necessary to further explore and discuss the deterioration in the GMC NTS 2016 via an Education Lead Conversation with the Trust, in which the Trust could explain their understanding of the factors that had contributed to the deterioration in the GMC NTS results and possible solutions could be discussed.</p>
HEE quality review team	<p>HEE Review Lead: Miss Fiona O'Sullivan, Head of the London Specialty School of Ophthalmology</p> <p>Deputy Head of School: Miss Emma Jones, Deputy Head of the London Specialty School of Ophthalmology</p> <p>Training Programme Director Ophthalmology South Thames: Susie Morley, Consultant Ophthalmologist and Oculoplastic Surgeon</p> <p>Scribe: Elizabeth Dailly, Learning Environment Quality Coordinator</p>
Trust attendees	<p>Director of Medical Education- Tj Lasoye</p> <p>Medical Education Manager- Sheinaz Mahomedally</p> <p>Clinical Director Ophthalmology - Hania Laganowski</p> <p>Acting Deputy Divisional Manager for Ophthalmology - Jon Northfield</p> <p>Service Manager Ophthalmology DH - David Fontaine-Boyd</p> <p>Clinical Lead/Educational Supervisor DH - Eoin O'Sullivan</p> <p>College Tutor/Educational Supervisor DH - Avi Kulkarni</p> <p>College Tutor/Educational Supervisor QMS - Jamil Hakim</p> <p>Educational Supervisor PRUH- Luca Ilari</p>

Conversation details

Ref. No	Summary of discussions	Action to be taken? Y/N
1	<p>Clinical Supervision</p> <p>When discussing King's College Hospital, the quality review heard that there were a number of factors that were impacting upon the levels of clinical supervision provided</p>	

	<p>for trainees. However, the most predominant issue appeared to be that the clinics the trainees participated in, were often significantly overbooked. This resulted in the consultants having less time to supervise the trainees and for the trainees to present different cases, which may have been one of the factors leading to the pink flag received for 'clinical supervision' in the 2016 General Medical Council National Training Survey (GMC NTS).</p> <p>The Trust indicated that the online appointment system by which the clinics were managed did not always function optimally and that a project was underway that would put in place better processes for the online booking of appointments, as it would account for urgent patients and any annual leave taken. Furthermore, the review team heard that often problems with equipment, such as field machines, could further delay and exacerbate capacity issues within the clinics. The Trust confirmed that at the time of the Education Lead Conversation, there were ongoing discussions regarding the replacement of some of this equipment, and that this combined with the new appointment booking system would have a positive impact upon the workload and overbooking of clinics, resulting in the consultants being able to provide more clinical supervision for trainees. In addition, the review team heard that the Trust was in the process of reviewing the clinic profiles to ensure that adequate clinical supervision was provided.</p> <p>When discussing the emergency referral service provided at King's College Hospital, it was reported that the clinic was staffed by a junior and senior trainee, as well as a nurse. It was reported that there was a nominated consultant who oversaw each emergency clinic, who was situated in the adjacent outpatient clinic, so the trainees could always access a consultant with any clinical queries. However, the quality review team highlighted that this may have resulted in instances in which the nominated consultant was not only providing clinical supervision for the two trainees staffing the emergency service, but also another three trainees in the outpatient clinic. The Trust indicated that they were looking to recruit a consultant who would have sole responsibility for the emergency service.</p> <p>In regard to the emergency service at Queen Mary's Hospital, Sidcup, the Clinical Director confirmed that there was no overnight service provided. The trainee assigned to the rapid access clinic worked with a senior specialty doctor or an experienced Trust grade doctor, so adequate clinical supervision was provided. The Trust further stated that there was also a consultant on-call who was contactable via telephone and that the clinic was located adjacent to the outpatient clinic, so the trainees could always access a consultant if necessary.</p> <p>Although the trainees are not on-call at night, it was reported that they ran the rapid access clinic at the weekends alone, with access to a consultant via telephone, who would attend if necessary, and a specialty nurse. When asked if ST1s ran this clinic alone at weekends, the Trust confirmed that this was the typical practice but that they would only do so once the consultants were confident that they were competent and comfortable to and typically when the trainee had been in the post for three months. The quality review team heard that the workload in relation to the rapid access clinic at weekends could fluctuate and could sometimes be extremely busy.</p> <p>The review team was concerned about the pathways in place for any patients who presented at the Queen Mary's Hospital Sidcup and needed to be admitted due to a surgical emergency. The Trust indicated that due to the merging of the Trusts and the subsequent restructure, the pathways for such patients needed to be re-established and confirmed. The Trust commented that a such a patient would be treated at King's College Hospital and that the pathways for surgical emergencies were at the time of the Education Lead Conversation, in the process of being redesigned.</p>	<p>Yes. Please see OP1.1 below.</p> <p>Yes. Please see OP1.2 below.</p>
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	<p>The review team stressed that such pathways needed to be well published, repeated and reiterated to all trainees especially during their induction.</p> <p>When discussing the on-call system in place at King's College Hospital, the College Tutor confirmed that a three-tier on-call system was in place which worked well and provided adequate clinical supervision for trainees.</p>	
2	<p>Adequate experience</p> <p>In regard to King's College Hospital, the College Tutor stated that the site had been allocated a larger number of more junior trainees, for example at specialty training year 1 and 2 (ST1 and ST2) and less higher grade trainees at specialty training year 6 (ST6). However, it should be noted that due to the HEE ST6 posts being returned to the Kent, Surrey and Sussex (KSS) geography, this has reduced the overall number of ST6 trainees available for placements.</p> <p>Furthermore, the review team heard that there had been a shift in demographic and case mix, and that patients treated at the site had more complicated and complex cases. Although this meant that the trainees saw a broad range of conditions, it had resulted in there being far less general clinics and general cataract theatre lists (a reduction from approximately five or six to just three lists). This meant that there had been a significant loss of training opportunities for the more junior trainees, who had inadequate exposure to basic cataract procedures.</p> <p>The review team commented that ST1 and ST2 trainees based at both Queen Mary's Hospital Sidcup and Princess Royal University Hospital (PRU) all received an excellent cataract experience and training, which was confirmed by the College Tutors for both sites.</p>	
3	<p>Workload</p> <p>When discussing the emergency service provided at King's College Hospital, the Trust commented that they had undertaken a diary card exercise in order to track the number of patients seen at the weekend, but that there had been poor trainee response.</p>	
4	<p>Reporting systems</p> <p>The College Tutor at the PRU reported that trainees knew how to use and access Datix forms and that they are submitted regularly in the department. The quality review team heard that lessons learned from such reported incidents were discussed at a main consultant meeting, and then at the departmental clinical governance meetings to which the juniors were invited. The college tutor further confirmed that the trainees often attended such meetings and that they were involved in lessons learned from serious incidents.</p> <p>In relation to the trainees based at the Queen Mary's Hospital, Sidcup, it was reported that details regarding how to report serious incidents was included in their induction and that a clinical governance meeting occurred on a bi-monthly basis. Although the trainees did not at the time of the Education Lead Conversation attend the meetings, the Clinical Director indicated that the Trust would be willing to open them to trainees.</p> <p>For trainees based at King's College Hospital, the quality review team heard that regular clinical governance meetings occurred weekly after the regional teaching sessions, in which serious incidents were discussed in a case conference style. The clinical lead commented that if a trainee had been involved in such an incident that was due to be discussed, they would be approached prior to the meeting to be informed that the case would be presented. The quality review team was concerned that this may have an adverse impact upon some trainees and that the trainees may</p>	Yes. Please see OP4 below.

	<p>benefit from the meetings being multi-professional and from the lead for governance presenting any cases.</p> <p>It was reported that there was not a 'clinical governance half day' scheduled for the department, which the review team felt may be beneficial for trainees, especially if such meetings were multi-professional. This would ensure that any lessons learned would be disseminated to the whole department.</p>	
5	<p>Regional teaching</p> <p>The quality review team suggested that the red outlier received by the Trust in the 2016 GMC NTS for 'regional teaching' may be due to some confusion as to what constitutes regional teaching and what is classified as local teaching.</p> <p>The Trust confirmed that trainees were free to attend the South London Regional Teaching Days, that took place four times a year and did not have to apply for study leave in order to attend. Furthermore, trainees from all sites regularly attended the Friday afternoon teaching and all clinical commitments are cancelled. It was reported that the sessions had a broad curriculum, were consultant led and included simulation training opportunities. However, these sessions had been labelled as 'local teaching' by the Trust, but were in fact examples of regional teaching. Due to this confusion, the team felt that it was highly likely that the trainees gave 'regional teaching' a red outlier in the GMC NTS because they thought they only attended regional teaching four times a year, at the South London Teaching Days.</p> <p>The review team suggested that the Trust relabel the Friday afternoon teaching as 'regional' and that it is made explicit at the trainees' induction that this session constitutes regional, as opposed to local teaching.</p>	Yes. Please see OP5 below.
6	<p>Local Teaching</p> <p>In terms of the local teaching provided for trainees at each site, it was reported that at PRU, a Tuesday lunch time teaching session was provided and was attended by consultants, trainees and Trust grade doctors.</p> <p>At Queen Mary's Hospital Sidcup, the Trust described some extra-curricular activities that were available for trainees, such as a journal club and teaching sessions held before clinics. However, it appeared that no local teaching was being provided for trainees based at King's College Hospital.</p>	Yes. Please see OP6 below.
7	<p>Educational supervision</p> <p>When discussing the educational supervision provided to trainees, it was reported that one consultant within the department at King's College Hospital was the educational supervisor for six trainees. The review team stated that the maximum number of trainees a consultant should be educational supervisor for is four and that the allocation of trainees amongst educational supervisors should be reviewed.</p>	Yes. Please see OP7 below.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
OP1.1	The Trust to review the practice of having ST1 trainees on call with remote supervision at Queen	The Trust to provide evidence of the review/audit regarding the number and	R1.7

	Mary's Hospital, Sidcup – the Trust management to review the numbers and complexity of patients seen by ST1 trainees on evenings and weekends and whether the workload justifies additional direct supervision. The Trust to review the current profiling of clinics.	complexity of cases seen by trainees when on call at Queen Mary's Hospital, Sidcup. The Trust to provide proposed profiles for the number of patients to be seen by ST1,2,3,4 trainees.	
OP1.2	The Trust to review the current pathways in place for patients who present at Queen Mary's Hospital with a surgical emergency. Furthermore, the Trust to ensure these pathways are highlighted in the trainees' induction and that they are well published and reiterated to trainees.	The Trust to submit the pathways in place and evidence that they are discussed in the induction and disseminated amongst trainees.	R1.6
OP4	The Trust to ensure that all trainees at each site attend the relevant clinical governance meetings.	The Trust to provide evidence that such clinical governance meetings take place at each site and evidence of trainee attendance.	R2.7
OP5	The Trust to relabel the Friday teaching sessions as 'Regional Teaching session' so trainees do not classify it as local teaching.	The Trust to confirm this has taken place.	R1.16
OP6	The Trust to review the local teaching provided for trainees and state the weekly teaching opportunities (of which one hour must be available to attend in working hours) at induction.	The Trust to provide evidence of what local weekly teaching is provided at each site.	R1.16
OP7	The Trust to confirm that each educational supervisor has a maximum of four trainees and that the tariff of 0.25PA per trainee is included in all educational supervisor job plans. Additionally, there should be extra time in job plans for the tutor at each site who undertakes the work of College Tutor.	The Trust to provide evidence that each educational supervisor is responsible for no more than four trainees and has the appropriate SPA in their job plans.	R4.2

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>Fiona O'Sullivan</i>
Date:	<i>25 February 2017</i>

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.