

# King's College London NHS Foundation Trust

## Gastroenterology

### Risk-based Review (focus group)



## Quality Review report

2 March 2017

Final Report

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## Quality Review details

<b>Background to review</b>	<p>The risk-based review (focus group) to gastroenterology at King's College Hospital NHS Foundation Trust was organised in order to explore the following areas:</p> <ul style="list-style-type: none"> <li>• Whether there had been a sustained improvement on the GMC NTS 2015 results as identified in the GMC NTS 2016 results.</li> <li>• Identify which elements of the gastroenterology service were raising these concerns (i.e. liver and/or luminal gastroenterology).</li> </ul> <p>Due to the severe lack of trainee attendance in 2015, that visit had to be abandoned because the visit team could not write a fair representation of the training environment and could not ensure trainee confidentiality. The latter issue was a salient matter, in light of the bullying and undermining concerns within the department.</p>
<b>Training programme / learner group reviewed</b>	<p>The quality review team met with fifteen trainees in gastroenterology, liver and hepatology at the following grades:</p> <ul style="list-style-type: none"> <li>• Foundation year 1 (F1),</li> <li>• Core training year 1 (CT1),</li> <li>• Core training year 2 (CT2),</li> <li>• Specialty training year six (ST6),</li> <li>• Specialty training year 7 (ST7).</li> </ul>
<b>Quality review summary</b>	<p>Health Education England would like to thank the Trust for accommodating the risk-based review.</p> <p>During the course of the review, areas that were working well with the gastroenterology training at the Trust were identified as follows:</p> <ul style="list-style-type: none"> <li>• The quality review team heard that trainees had exposure to a wide variety of complex patients in gastroenterology.</li> <li>• The core medical trainees reported that the hepatology outpatient clinics provided very good learning opportunities.</li> <li>• The viral hepatitis clinic was thought to be an exemplar model.</li> </ul> <p>However, concerns were raised regarding the gastroenterology training, including the below:</p> <ul style="list-style-type: none"> <li>• The quality review team was made aware of a lack of direct consultant supervision in endoscopy at times for trainees not yet independent in such procedures.</li> <li>• The F1 trainees on the gastroenterology rotation received a lack of exposure to unselected medicine work.</li> <li>• The quality review team was informed by the trainees in hepatology that there were instances of undermining behaviour towards juniors.</li> <li>• It was reported that there was no local induction for gastroenterology as well as no local faculty group (LFG) meetings.</li> <li>• The quality review team was informed that liver handover meetings started at 5pm each weekday (except on Wednesdays when they started at 4pm) which meant that trainees were often not able to finish their shifts on time.</li> </ul>

Quality Review Team

<b>HEE Review Lead</b>	Dr Jonathan Birns, Deputy Head of London Specialty School of Medicine	<b>External Clinician</b>	Dr Elspeth Alstead, TPMC Chair/Gastroenterology Training Programme Director UCL Partners
<b>Lay Member</b>	Ryan Jeffs, Lay Representative	<b>Scribe</b>	Kate Neilson, 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	<b>Patient safety</b> The quality review team heard from the trainees in gastroenterology that they did not have any concerns regarding patient safety.	
G1.2	<b>Serious incidents and professional duty of candour</b> The quality review team was informed by all of the trainees that they knew how to escalate issues but that they did not receive feedback following Datix submissions.	Yes. See ref G1.2 below.
G1.3	<b>Appropriate level of clinical supervision</b> The quality review team heard from the trainees in gastroenterology and hepatology at all levels that they felt well supported and that there was always a higher trainee or consultant available to provide advice, if required. It was noted that there were some outpatient clinics when, at times, trainees felt they were working beyond their level of expertise (especially regarding complex patients) but these trainees advised that there was always a senior colleague to ask for advice.  Regarding hepatology, the trainees told the quality review team that there was a consultant ward round twice a week and that all patients were discussed at the afternoon meeting.	

	The quality review team was informed by the higher trainees in gastroenterology and hepatology that whilst they had access to endoscopy lists, these were not booked as training lists. Furthermore, these trainees reported that there was a lack of direct consultant supervision in endoscopy at times for trainees not yet independent in such procedures. It was noted that there were times when trainees who were not JAG (joint advisory group on gastrointestinal endoscopy standards) accredited completed endoscopy lists without consultant supervision. Some of the trainees advised that they had a named endoscopy trainer whilst others did not.	Yes. See ref G1.3 below.
G1.4	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The foundation trainees in gastroenterology advised that whilst the post was a general medicine post, they only received one month of gastroenterology experience with no general medical on call responsibilities. Furthermore, these trainees rotated to colorectal surgery, further reducing medical training experience. It was noted that concerns around this lack of experience had been fed back but that no improvements had been made as a result.</p> <p>The core trainees advised that regarding gastroenterology clinic experience was lacking.</p>	<p>Yes. See ref G1.4a below.</p> <p>Yes. See ref G1.4b below.</p>
G1.5	<p><b>Induction</b></p> <p>The quality review team heard from the majority of trainees that they did not have a local induction, with the exception of the higher trainees who did receive a liver induction. Whilst the core trainees did receive an induction, they noted that it was hepatology-focused.</p>	Yes. See ref G1.5 below.
G1.6	<p><b>Handover</b></p> <p>The quality review team was informed by trainees that there was a liver handover meeting at 5pm every weekday (except on Wednesdays when it was held at 4pm) where all post-transplant patients were discussed, including review of blood tests results. This meeting was attended by the surgical consultant of the week as well as the intensive therapy unit (ITU) consultants and occasionally, pharmacists. As there were usually up to 50 patients being discussed, the meeting regularly did not finish until 6.30pm. This meant that trainees were not able to finish their shifts on time (i.e. at 6pm) as they had duties to complete following the meeting. It was noted that on Wednesdays, they were able to leave on time as the meeting started at 4pm.</p>	Yes. See ref G1.6 below.
G1.7	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The quality review team heard that the majority of trainees were able to attend bleep-free local and regional teaching sessions. However, some trainees reported that it was often hard to attend the local liver teaching due to workload pressures.</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>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The trainees in gastroenterology advised that there had not been a local faculty group (LFG) meeting in the previous six months but that a recent hepatology meeting had taken place.</p> <p>The quality review team was informed by the trainees in liver that there was a weekly mortality and morbidity (M&amp;M) meeting, where the majority of patients were discussed.</p> <p>The trainees in hepatology advised that there was an M&amp;M meeting but that it focused more on mortalities rather than morbidities. It was noted that this meeting was not multidisciplinary and was attended by the medical team only.</p> <p>Regarding endoscopy, the trainees told the quality review team that there was a governance meeting which they attended, if they were available.</p> <p>The trainees reported that whilst the consultants were approachable, there was a lack of structure within the department.</p>	Yes. See ref G2.1 below.
G2.2	<p><b>Impact of service design on learners</b></p> <p>The quality review team heard from the majority of trainees that they would be happy for their family to be treated at the site in most cases, with the exception of alcoholic liver disease where the patient was actively drinking. This was due to the fact that this group did not belong in the pathway and some consultants would not treat such patients.</p>	
<p><b>3. Supporting and empowering learners</b></p> <p><b>HEE Quality Standards</b></p> <p><b>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.</b></p> <p><b>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.</b></p>		
G3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The quality review team heard from the trainees in hepatology that whilst they felt supported in certain areas (such as supervision for procedures), there were regular instances of undermining behaviour towards trainees.</p>	Yes. See G3.1 below.

## Good Practice and Requirements

<b>Good Practice</b>
N/A

<b>Immediate Mandatory Requirements</b>			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
G1.3	The quality review team was made aware of a lack of direct consultant supervision in endoscopy at times for trainees not yet independent in such procedures.	Plans to be put in place within five working days to rectify the situation.	R1.12

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
G1.2	The Trust to ensure that all trainees who submit Datix reports receive feedback, including details of how the issue has been dealt with.	Trust to provide summary of feedback to trainees versus a log of Datix forms submitted by trainees.	R1.3
G1.4a	The Trust must review the foundation gastroenterology post to ascertain if foundation trainees are receiving adequate learning opportunities.	Trust to provide evidence of general medical exposure for F1 trainees in 'medical' F1 posts.	R1.12
G1.4b	The Trust is required to revise the rotas to ensure that core trainees attend regular gastroenterology clinics.	The Trust to submit copies of the revised rotas for core trainees, which clearly indicates access to gastroenterology clinic lists.	R1.12
G1.5	The Trust must ensure that a local induction is provided for any trainee starting any post at any time of year. The departmental induction must be sustainable, of high quality and must include: <ul style="list-style-type: none"> <li>orientation and introductions,</li> <li>details of rotas and working patterns,</li> <li>clinical protocols,</li> <li>working computer logins.</li> </ul>	Trust to confirm, via a survey of trainees, that each trainee has received an induction and that this was considered fit for purpose.	R1.13
G1.6	The Trust is required to review the timing of the afternoon 5pm handover in order to allow trainees to finish their shifts on time.	Trust to submit copies of the updated rotas.	R1.12
G2.1	The Trust is required to ensure that LFG meetings are held regularly (at least quarterly).  LFG meetings should include clinical supervisors, educational supervisors, college tutor and representation of trainees at all grades. These meetings should be minuted including an action plan and a register taken.	Trust to submit a schedule of LFG meetings for the next 12 months and register, minutes and action plan from the next four meetings.	R2.1
G3.1	The Trust must ensure that the inappropriate behaviour identified within hepatology ceases, as it is not conducive to a supportive learning environment and is not in keeping with the GMC's standards of good medical care and professional behaviours.	The Trust is to review any reported incidents of bullying and undermining behaviour identified within this report and provide evidence of the steps taken following this review.  The Trust is required to encourage professional behaviours within the workplace and communication that this has occurred. The Trust with HEE is to ensure that trainees are not bullied and undermined.	R3.3

## Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
	N/A		

**Other Actions (including actions to be taken by Health Education England)**

Requirement	Responsibility
N/A	

**Signed**

<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Jonathan Birns
<b>Date:</b>	27 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.