

Lewisham and Greenwich NHS Trust, King's College Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust Endocrinology and Diabetes Mellitus Programme Review (focus group)



Quality Review report

15 June 2017

Final Report

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Quality Review details

<p>Background to review</p>	<p>The programme review (focus group) was organised in order to review the quality of the training provided in endocrinology and diabetes mellitus (D&E) at Lewisham and Greenwich NHS Trust, King's College Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust.</p> <p>The General Medical Council National Training Survey (GMC NTS) 2016 results demonstrated a deterioration from the feedback provided by D&E trainees at the Trusts. The following outliers were produced for each Trust in D&E:</p> <ul style="list-style-type: none"> • Lewisham and Greenwich NHS Trust – four red outliers ('overall satisfaction', 'work load', 'access to educational resources' and 'study leave') and four pink outliers ('reporting systems', 'handover', 'adequate experience' and 'feedback'). • King's College Hospital NHS Foundation Trust – two red outliers ('work load' and 'study leave') and four pink outliers ('overall satisfaction', 'induction', 'adequate experience' and 'supportive environment'). • St George's University Hospitals NHS Foundation Trust – two red outliers ('regional teaching' and 'study leave') and three pink outliers ('overall satisfaction', 'induction' and 'supportive environment'). <p>Additionally, there were two patient safety comments raised in the GMC NTS 2016 in relation to the staffing levels, particularly out of hours, in D&E at the Queen Elizabeth Hospital site of Lewisham and Greenwich NHS Trust.</p>
<p>Training programme / learner group reviewed</p>	<p>The review team met with the following trainees:</p> <ul style="list-style-type: none"> • Lewisham and Greenwich NHS Trust: <ul style="list-style-type: none"> ○ One specialty training grade 3 (ST3) trainee – (University Hospital Lewisham) ○ One specialty training grade 4 (ST4) trainee – (University Hospital Lewisham) • King's College Hospital NHS Foundation Trust: <ul style="list-style-type: none"> ○ One specialty training grade 3 (ST3) trainee ○ One specialty training grade 5 (ST5) trainee ○ Two specialty training grade 6 (ST6) trainees ○ One specialty training grade 7 (ST7) trainee • St George's University Hospitals NHS Foundation Trust: <ul style="list-style-type: none"> ○ One specialty training grade 4 (ST4) trainee ○ One specialty training grade 6 (ST6) trainee
<p>Quality review summary</p>	<p>The review team identified the following areas that were working well:</p> <ul style="list-style-type: none"> • Trainees highly praised the current training offered at King's College Hospital (KCH), stating that ward rounds were very informative and that the multi-disciplinary teaching on offer was of very good quality. Trainees reported that the endocrinology training offered at St George's University

Hospitals NHS Foundation Trust was very good and that there was considerable consultant-led teaching in this area.

- Trainees reported that consultants at KCH and St George's University Hospitals NHS Foundation Trust were supportive, approachable and interested in meeting their educational needs.
- Trainees reported that clinics were well supervised at KCH and St George's University Hospitals NHS Foundation Trust.

However, the following areas for improvement were also identified:

- Trainees at Lewisham and Greenwich NHS Trust reported that they were undertaking unsupervised clinics and sometimes found it difficult to find a consultant to discuss complex cases.
- Trainees who had previously rotated into Lewisham and Greenwich NHS Trust had not received a local induction and trainees at King's College Hospital NHS Foundation Trust did not receive a local induction before their two-month placement at Princess Royal University Hospital (PRUH).
- Trainees at Lewisham and Greenwich NHS Trust reported that the department lacked teaching and that they felt discouraged from attending regional teaching days.
- Trainees at King's College Hospital NHS Foundation Trust, particularly the Kent, Surrey and Sussex (KSS) specialty trainees, felt that the PRUH placement detracted from their exposure to complicated cases as it was predominately general internal medicine (GIM) focused.
- Some trainees at St George's University Hospitals NHS Foundation Trust highlighted that diabetes training opportunities were minimal at the Trust, that there was a lack of consultant teaching in this area and that they were not included in the insulin pump service or podiatry round.
- It was reported that the regional training days were not well organised and that trainees were often informed of the teaching at short notice. Trainees reported that the training days lacked consultant-led teaching and some curriculum content was frequently repeated whilst other content was not covered. Additionally, trainees highlighted that approximately half of regional teaching sessions were cancelled and were not rescheduled.
- Trainees from all trusts felt that they would benefit from an induction into the specialty training programme at the beginning of their specialty training at ST3, as many trainees commented that they had little exposure to D&E before commencing the training, were not informed of what to expect from the programme and were unaware of when regional training days took place.

Quality Review Team

HEE Review Lead	Dr Karen Le Ball, Head of the London Specialty School of Medicine	Trust Liaison Dean	Dr Anand Mehta, Trust Liaison Dean for South London, Health Education England London and the South East
Deputy Postgraduate Dean	Dr Catherine O'Keeffe, Deputy Postgraduate Dean for South London,	External Clinician	Professor Karim Meeran, Professor of Endocrinology, Imperial College Faculty of Medicine

	Health Education England London and the South East		
Lay Member	Kate Rivett, Lay Representative	Scribe	Heather Lambert, Learning Environment Quality Coordinator, Health Education England London and the South East

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
DE 1.1	<p>Patient safety</p> <p><u>Lewisham and Greenwich NHS Trust</u></p> <p>The review team was informed that trainees were undertaking unsupervised clinics. It was reported that trainees often found it difficult to find a consultant to discuss complex cases with and that subsequently, this discussion could be put off until several days later.</p> <p>Trainees reported that workload was very heavy in both diabetes and endocrinology. Trainees stated that they would have a full day of clinics on a Tuesday, where they may see up to 26 patients on their own. Trainees reported that the subsequent workload pressures would sometimes affect their quality of work.</p>	<p>Yes, see DE1.1 below</p> <p>Yes, see DE1.1 below</p>
DE 1.2	<p>Appropriate level of clinical supervision</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees reported that consultants at King's College Hospital (KCH) were supportive, approachable and interested in meeting their educational needs. Trainees reported that there was good consultant supervision available at KCH and that clinics were always</p>	

	<p>supervised. However, it was reported that consultant support was lacking at Princess Royal University Hospital (PRUH). Some trainees commented that a recent change in the consultant body had somewhat improved this.</p> <p><u>St George's University Hospitals NHS Foundation Trust</u></p> <p>It was reported that endocrinology consultants were supportive and made time for trainees. Trainees highlighted that the endocrinology clinics were particularly well supervised.</p>	
DE 1.3	<p>Rotas</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees reported that, at times, the rota was short and could result in there being just one higher trainee, instead of the required three.</p> <p><u>St George's University Hospitals NHS Foundation Trust</u></p> <p>The review team was informed that the ward was frequently short-staffed. Often the ward would be covered by a core trainee and a foundation year one (F1) trainee, which required the higher trainee to stay on the ward to provide support. This resulted in higher trainees experiencing difficulties in gaining access to tertiary cases and clinic.</p>	
DE 1.4	<p>Induction</p> <p><u>Lewisham and Greenwich NHS Trust</u></p> <p>The review team was informed that trainees who had previously rotated into the Trust had not received a local induction.</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees reported that the local induction at KCH took place over a full day and consisted of meeting the consultants, educational supervisors and an overview of what to expect in the department. However, trainees reported that they did not receive a local induction when commencing their two-month placement at Princess Royal University Hospital (PRUH).</p>	<p>Yes, see DE1.4a below</p> <p>Yes, see DE1.4b below</p>
DE 1.5	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees felt that the Trust had made a substantive effort to meet their educational needs and to improve their experience in the department.</p>	
DE 1.6	<p>Protected time for learning and organised educational sessions</p> <p><u>Programme-wide</u></p> <p>All trainees recognised the hard work that the South London training programme director (TPD) had put into organising and delivering the monthly regional training days. Trainees commented that the TPD was a brilliant teacher.</p> <p>However, trainees from all Trusts reported that there were a number of issues with the regional training days. Trainees were informed of training days at the last minute and training days would sometimes clash with other training opportunities. The teaching took place at the same site and often had the same speakers, particularly in the case of the endocrinology sessions, which resulted in some of the curriculum content being</p>	<p>Yes, see Other Actions below</p>

	<p>repeated and other content not covered. Trainees commented that the teaching days were predominantly peer-led and would be enhanced by more consultant-led teaching.</p> <p>Trainees highlighted that approximately half of regional teaching sessions were cancelled and trainees felt that in these instances, they should be rescheduled for an alternative date.</p> <p>The review team was informed that the trainees also had diabetes teaching for one day every three months. Some trainees commented that this was unstructured, did not always take place and that modules were often repeated.</p> <p>General internal medicine (GIM) teaching reportedly differed between Kent, Surrey and Sussex (KSS) specialty trainees and London trainees. KSS trainees reported that they had access to two to three GIM training sessions a year, whereas London trainees had access to seven to eight sessions a year. The review team reiterated that trainees could attend training sessions in other regions, if needed. However, trainees highlighted that it would be beneficial if they could obtain information on all the GIM training that took place across London and KSS.</p> <p><u>Lewisham and Greenwich NHS Trust</u></p> <p>Current and previous trainees at the Trust reported that they felt discouraged from attending regional teaching days, despite their clinical commitments sometimes being cancelled. One trainee had only been able to attend one teaching session at the time of the review since rotation in October.</p> <p>Trainees at the Trust reported that there was no teaching offered in the department, including formal and bedside teaching. Although there was a grand round that took place trainees were required to contribute to this.</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees reported that they had no problems in accessing regional training days and that the structure of the department was training-focussed. Trainees commented that ward rounds were very informative and that the multi-disciplinary teaching on offer was of very good quality.</p> <p><u>St George's University Hospitals NHS Foundation Trust</u></p> <p>Trainees reported that the department provided additional teaching and that trainees were given the opportunity to deliver presentations on a weekly basis. Trainees felt that the consultants cared about them and were interested in their education.</p>	<p>Yes, see Other Actions below</p> <p>Yes, see Other Actions below</p> <p>Yes, see Other Actions below</p> <p>Yes, see DE1.6a below</p> <p>Yes, see DE1.6b below</p>
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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.

<p>DE 2.1</p>	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p><u>Lewisham and Greenwich NHS Trust</u></p> <p>Trainees reported that they had previously raised concerns with regard to the workload pressures on a Tuesday, but felt that the Trust was reluctant to change.</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees reported that the department had a monthly local faculty group (LFG) with trainee representation. Trainees felt that this forum allowed them to raise concerns and that their feedback had been implemented within the department.</p>	
<p>5. Developing and implementing curricula and assessments</p>		
<p>HEE Quality Standards</p> <p>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
<p>DE 5.1</p>	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p><u>Lewisham and Greenwich NHS Trust</u></p> <p>Current and previous trainees at the Trust reported that the training offered by the department was predominately GIM focused.</p> <p>Trainees reported that the department was dysfunctional as consultants did not communicate well with one another. It was reported that at the time of the review one consultant was on extended leave and therefore all of their clinics had been cancelled. This had resulted in one trainee having no exposure to diabetes clinics.</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees highly praised the training offered at King's College Hospital, reporting that it was of high quality and included vast D&E training. It was reported that the appointment of staff-grade doctors had minimised GIM commitments for the trainees. However, some trainees commented that their role in the diabetic foot rotation was unclear, that the rotation was unstructured and that they were not well supported.</p> <p>The review team was informed that during the trainees' 12-month placement at the Trust they were required to undertake a two-month placement at PRUH. Some trainees, particularly the KSS specialty trainees, felt that the PRUH placement impacted on their specialty training as it was predominately GIM focused and therefore detracted from their exposure to complicated cases.</p>	<p>Yes, see Other Actions below</p> <p>Yes, see DE5.1a below</p> <p>Yes, see Other Actions below</p>

	<p><u>St George's University Hospitals NHS Foundation Trust</u></p> <p>It was reported that on average, trainees had access to four to six clinics per week.</p> <p>The review team was informed that there were two rotas at the Trust, an acute rota and a non-acute rota, which trainees would rotate between on a monthly basis. Trainees reported that the acute rota had a heavy GIM component and that there was a lack of continuity in their exposure to clinics. However, trainees reported that the non-acute rota provided good access to varied learning opportunities.</p> <p>Trainees reported that the endocrinology training offered at the Trust was very good and that there was considerable consultant-led teaching in this area. However, some trainees highlighted that diabetes training opportunities were minimal at the Trust, that there was a lack of consultant teaching in this area and that they were not included in the insulin pump service or podiatry round. Trainees commented that there was a lack of structure in achieving some competencies during training. Despite this, no trainees reported that they had issues in completing their assessments.</p>	<p>Yes, see Other Actions below</p> <p>Yes, see DE5.1b below</p> <p>Yes, see DE5.1c below</p>
DE 5.2	<p>An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme</p> <p><u>Programme-wide</u></p> <p>Trainees from all trusts felt that they would benefit from an induction into the specialty training programme at the beginning of their specialty training at ST3, as many trainees commented that they had little exposure to D&E before commencing the training, were not informed of what to expect from the programme and were unaware of when regional training days took place.</p>	<p>Yes, see Other Actions below</p>
DE 5.3	<p>Opportunities to develop clinical, medical and practical skills and generic professional capabilities through technology-enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation</p> <p><u>Programme-wide</u></p> <p>Trainees highlighted that it would be beneficial for lectures to be made available on the internet so that they could access this information if they were unable to attend a training day. In particular, it was felt that this would be beneficial for GIM training.</p>	
DE 5.4	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p><u>King's College Hospital NHS Foundation Trust</u></p> <p>Trainees reported that there was a good balance between providing services and accessing educational and training opportunities at the Trust.</p>	

Next steps

Conclusion

Following the Programme Review (focus group) feedback was provided to trust representatives via teleconference at a later stage.

Lewisham and Greenwich NHS Trust

Feedback was provided to the director of medical education (DME) and medical education manager (MEM). The review team provided an overview of the findings and reaffirmed the action points that the Trust would be required to address.

The review team stated that it was unacceptable for trainees to be conducting unsupervised clinics. The DME agreed with this principle and stated that this would be addressed with the specialty lead.

The review team reiterated that clinical and educational supervision had been reported as inadequate and relayed issues regarding cohesion and communication among the consultant body. The DME reported that there were three consultants in the department, one had been on compassionate leave at the time of the programme review but had since returned full-time.

The review team suggested that trainees would benefit from a faculty group where these issues could be discussed in depth. The DME reported that the current LFG covered all acute medical specialties; the Trust was in discussion as to whether it would be valuable to have a D&E specific LFG.

The review team stressed that trainees felt actively discouraged from attending regional training days and that some had significantly low attendance during their tenure. The DME agreed that trainees should not be discouraged from attending regional training days. However, it was highlighted that one trainee had commenced their placement at University Hospital Lewisham in October 2016 and the other in March 2017; this may have been the reason why attendance was not high for both trainees.

King's College Hospital NHS Foundation Trust

Feedback was provided to the MEM and the associate DME / D&E consultant. The review team praised the Trust for receiving positive trainee feedback in relation to both diabetes and endocrinology at King's College Hospital. However, it was highlighted that some trainees, particularly the KSS specialty trainees, felt that the PRUH placement impacted on their exposure to specialty training. The Trust reported that it had been agreed that from October 2017 trainees at King's College Hospital would not have to rotate for two months at PRUH and that an additional 12-month post would be developed at PRUH in GIM and general endocrinology / diabetes. The Trust confirmed that KSS trainees would not be allocated to the PRUH post.

The review team highlighted concerns that trainees had expressed in relation to the diabetic foot rotation. The Trust confirmed that there was a diabetic foot fellow at the Trust but for a short period of time this post was unfilled. The Trust stated that it was likely that during this time workload had increased for the trainee and there may have been a lack of clarity in their role. The Trust confirmed that the fellow post had since been filled and that the responsibilities for the trainee rotating into that department would be clarified.

St George's University Hospitals NHS Foundation Trust

Feedback was provided to the DME, MEM and two D&E consultants. The review team praised the Trust for receiving positive trainee feedback in relation to endocrinology. However, the review team also highlighted that trainees in diabetes had raised some concerns, particularly in regard to a lack of local teaching and specialist exposure.

The review team felt that the Trust would benefit from undertaking a curriculum mapping exercise; the DME agreed with this principle and acknowledged that this would enable the Trust to focus on the strengths of the training offered, particularly in specialist diabetes services. The Trust agreed it would investigate further the potential training opportunities in the diabetic foot and insulin pump clinics to see if this could be made available to trainees.

It was reiterated to the Trust that some trainees felt that training had a heavy GIM component. The Trust agreed that they had experienced some issues in establishing an appropriate balance between specialty training and the GIM service. The DME felt that it would be beneficial for trainees to be provided with some clear guidelines regarding the proportion of GIM training within the training programme.

The review team highlighted that the regional training days could be improved through greater consultant input across the region. The consultants commented that they would be happy to collaborate with the TPD to deliver D&E training.

Good Practice and Requirements

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
Lewisham and Greenwich NHS Trust			
DE1.1	<p>All consultant clinics must be cancelled when a consultant is not able to lead the clinic or appropriate cover cannot be provided.</p> <p>The Trust must ensure that a named, dedicated consultant is available to support ST3-7 trainees who are conducting clinics and that trainees are given consultant's contact numbers.</p>	<p>Trust to confirm that the practice of trainees undertaking inappropriate unsupervised clinics has ceased by 31st July.</p> <p>Trust to submit details of trainee clinic timetables, clearly indicating who is responsible for their clinical supervision at all times, including contact numbers by 31st July.</p> <p>This issue should be monitored via the LFG. Trust to submit LFG minutes with trainee representation where this issue is discussed, to evidence trainee satisfaction by 31st October 2017.</p>	R1.8
DE1.4a	<p>The Trust is required to ensure that a departmental induction is provided for any trainee starting in the department at any time of year. The departmental induction developed must be sustainable, of high quality and must include:</p> <ul style="list-style-type: none"> • orientation and introductions • details of rotas and working patterns • clinical protocols 	<p>Trust to supply timetable, agenda, register and summary of feedback from trainees in the form of LFG minutes by 31st October 2017.</p> <p>Trust to confirm, via audit of trainees, that each trainee has received an induction and that this was considered fit for purpose by 31st October 2017.</p>	R1.13
DE1.6a	<p>The Trust is required to ensure that all trainees are released to attend regional training days.</p> <p>The rota coordinator should be made aware of the regional training timetable and ensure that trainees are released accordingly.</p>	<p>Trust to submit copies of communication sent to the rota coordinator by 31st August.</p> <p>This issue should be monitored via the LFG. Trust to submit LFG minutes with trainee representation where this issue is discussed, to evidence trainee satisfaction by 31st October 2017.</p>	R1.16
DE1.6b	<p>The Trust is required to organise local departmental teaching for trainees in endocrinology and diabetes mellitus.</p> <p>The timing of teaching sessions needs to be communicated to all clinical supervisors to ensure that attendance is mandatory and that trainees are free to attend.</p>	<p>Trust to submit confirmation of departmental teaching arrangements, including a timetable of the teaching sessions, the consultant responsible for delivering the sessions and the topics covered by 31st August 2017.</p> <p>Trust to submit copies of the communication sent to clinical supervisors by 31st August 2017.</p>	R1.16

		This issue should be monitored via the LFG. Trust to submit LFG minutes with trainee representation where this issue is discussed, to evidence trainee satisfaction by 31 st October 2017.	
King's College Hospital NHS Foundation Trust			
DE1.4b	The Trust is required to ensure that a departmental induction is provided for all trainees starting in the department at the PRUH. The departmental inductions developed must be sustainable, of high quality and must include: <ul style="list-style-type: none"> • orientation and introductions • details of rotas and working patterns • clinical protocols 	Trust to supply timetable, agenda, register and summary of feedback from trainees in the form of LFG minutes. Trust to confirm, via audit of trainees, that each trainee has received an induction and that this was considered fit for purpose.	R1.13
DE5.1a	The Trust is required to review and strengthen the diabetic foot rotation, to ensure that the rotation is well structured and that appropriate support is available for trainees.	Trust to supply a report evidencing that the rotation has been reviewed and a subsequent action plan. This issue should be monitored via the LFG. Trust to submit LFG minutes for the next three LFGs with trainee representation where this issue is discussed, to evidence trainee satisfaction.	R2.4
St George's University Hospitals NHS Foundation Trust			
DE5.1b	The Trust is required to review the content of the sessions offered as part of the departmental teaching programme. The programme needs to cover both endocrinology and diabetes mellitus competences and be integrated in a clinical programme of teaching that fully engages the trainees.	Trust to supply a copy of the departmental teaching programme and a timetable of the teaching sessions, including topics covered and formats of these for the academic year This issue should be monitored via the LFG. Trust to submit LFG minutes for the next three LFGs with trainee representation where this issue is discussed, to evidence trainee satisfaction.	R2.4
DE5.1c	The Trust should take steps to increase the trainees exposure to Podiatry and Insulin pump clinics, as this represents a good learning opportunity for trainees.	Trust to demonstrate that some exposure to these sessions has been incorporated into the training placement.	R2.4

Requirement	Responsibility
<p>Trainees who had previously rotated at Guy's and St Thomas' NHS Foundation Trust reported that the workload was very busy and that they were often required to undertake specialty clinics unsupervised, whereby trainees would review very complex patients. This had led to complaints from patients.</p> <p>Health Education England to triangulate this information to determine if unsupervised clinics are currently being undertaken by higher trainees at Guy's and St Thomas' NHS Foundation Trust.</p>	Dr Karen Le Ball
<p>The Head of School should liaise with the Training Programme Director and Trust educational leads regarding the programme-wide issues raised at the programme review (some of which are highlighted above), e.g.</p> <ul style="list-style-type: none"> • Regional Training Days: Trainees were often informed of the teaching at short notice, training days lacked consultant-led teaching / specialist engagement, training days took place at the same site and often with the same speakers, some curriculum content was frequently repeated whilst other content was not covered, approximately half of regional teaching sessions were cancelled and were not rescheduled. • Diabetes Training Days: Training was unstructured, did not always take place and modules were often repeated. • Pan-South London Induction: An induction to the programme should be developed for trainees beginning their specialty training. The induction developed must be sustainable, of high quality and must include an overview of the specialty training programme, an overview of the regional training day programme and clinical protocols. • Curriculum Mapping: The Trusts should liaise with the training programme director and Head of School to undertake a curriculum mapping exercise, in order to review which competencies can be delivered in individual areas, by suitably trained and available consultants at each site. <ul style="list-style-type: none"> ○ Educational supervisors must use this information to highlight curriculum opportunities with trainees. ○ This should be used to optimise the balance between specialty training and GIM training. • GIM Teaching: Trainees should be made aware of the GIM training sessions that are available across London and KSS. 	Dr Karen Le Ball
<p>The Head of School and Trust Liaison Dean to follow up the serious concerns raised by trainees at Lewisham and Greenwich NHS Trust, that trainees were undertaking unsupervised clinics at University Hospital Lewisham and sometimes found it difficult to find a consultant to discuss complex cases.</p>	Dr Karen Le Ball, Dr Anand Mehta

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Karen Le Ball
Date:	17 July 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.