

# Barts Health NHS Trust

## Risk-based Review (Education Lead Conversation)



## Quality Review report

26 September 2017

Final Report

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for health and  
healthcare

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## Quality Review details

<b>Training programme</b>	Clinical oncology and core medical training
<b>Background to review</b>	<p>The Risk-based Review (education lead conversation) was proposed in response to the results received by the Trust in the 2017 General Medical Council National Training Survey (GMC NTS), especially in relation to clinical oncology and core medical training.</p> <p>For clinical oncology at St. Bartholomew's Hospital the Trust received a number of red outliers in relation to: overall satisfaction, workload, adequate experience, educational governance and local teaching. Pink outliers were also received regarding clinical supervision out of hours, reporting systems, handover, induction, educational supervision and feedback.</p> <p>For core medical training at St. Bartholomew's Hospital red outliers were received in regard to: clinical supervision out of hours, reporting systems, handover, induction, educational supervision and feedback.</p> <p>Health Education England (HEE) felt it would be beneficial to meet with the Trust following the GMC NTS results, in order to discuss the results and relevant issues in clinical oncology and core medical training.</p> <p>Furthermore, HEE felt it would be beneficial to discuss the various issues relevant to the Trust across all sites and specialities that were highlighted in the GMC NTS 2017 and come to an agreement regarding how HEE and the Trust could resolve them together and coordinate proposed interventions and activities over 2017-2018.</p>
<b>HEE quality review team</b>	<p>Dr Sanjiv Ahluwalia, Postgraduate Dean, Health Education England North Central and East London</p> <p>Dr Indranil Chakravorty, Deputy PG Dean, Health Education England North East &amp; Central London</p> <p>Dr Suzannah Mawdsley, Head of London Specialty School for Clinical Oncology</p> <p>Dr Catherine Bryant, Deputy Head of School for Medicine and Medical Specialties</p> <p>Elizabeth Dailly, Deputy Quality and Reviews Manager, Health Education England London and the South East</p> <p>Adora Depasupil, Learning Environment Quality Co-ordinator, Quality and Regulation Team (London and the South East)</p>
<b>Trust attendees</b>	<p>Alastair Chesser, Chief Medical Officer,</p> <p>Mark Westwood, Director of Medical Education (St. Bartholomew's Hospital)</p> <p>Lois Whittaker, Managing Director of the Education Academy</p> <p>Helen Cugnoni, Director of Medical Education</p> <p>Corinne Trim, Deputy Director of the Education Academy</p>

### Conversation details

Ref No	Summary of discussions	Action to be taken? Y/N
1	<p><b>Overview</b></p> <p>The Trust reported that the 2017 General Medical Council National Training Survey (GMC NTS) had seen the highest number of completion rates by trainees and that the Trust had received a 2% reduction in red outliers and a 2% reduction in pink outliers. The review team was informed that work had already been undertaken by the Trust to</p>	

	<p>address the issues highlighted. In order to ensure there was Trust wide engagement in relation to education and training, the results were discussed at each site's Trust Hospital Board, which the Directors of Medical Education attended. And also the Trust Executive Committee, which the CMO attends.</p> <p>The Trust reported that a new educational governance system was established and as part of strengthening the training 17 educational fellows had been appointed. Additional training updates had been implemented for educational supervisors and workshops had been undertaken regarding how to provide effective trainee feedback at Whipps Cross University Hospital. Additionally, the review team was informed of a pilot programme that had been introduced in relation to managing trainees in difficulty. Furthermore, the review team was informed that leads had now been appointed for clinical fellows and specialty and associate specialist (SAS) doctors working in the Trust. The Trust stated that they were planning to run internal surveys similar to the GMC NTS for both SAS Doctors and Clinical Fellows in order to gain their feedback of the Trust. The Postgraduate Dean indicated that there may be opportunities for additional resource to be provided by HEE for SAS doctors to create a transformative and sustainable education plan and that they would review any proposals submitted by the Trust.</p>	
2	<p><b>Medicine</b></p> <p>When discussing neurology at the Royal London Hospital (which received four red and four pink outliers in the GMC NTS 2017), Health Education England (HEE) indicated that they did not have a full understanding of the issues within the department and therefore felt it would be beneficial for the Trust to undertake an internal review or an internal focus group. The Trust confirmed that they had already submitted a robust action plan in relation to neurology for the GMC NTS, and asked for clarification on whether an internal focus group with the trainees was necessary.</p> <p>In relation to medical oncology and medicine foundation year 2 training (F2) at St Bartholomew's Hospital, the Trust reported that although no formal GMC action plan had been requested by HEE, the Trust had undertaken an internal action plan to address the issues highlighted. The Trust and HEE agreed that these areas would be dealt with by the Trust internally, but asked for the internal action plans to be shared with HEE.</p>	<p>Yes, please see ELC2.1 below</p> <p>Yes, please see ELC2.2 below</p>
3	<p><b>Core medical training</b></p> <p>The Trust indicated that due to the significant number of red outliers that had been received for core medical training (CMT) at St. Bartholomew's Hospital, internal discussions and work had already begun at the time of the review. The Director of Medical Education (DME) for St. Bartholomew's Hospital reported that they and the training programme director had met with the trainees and had come up with a 15-point action plan to resolve the issues and drastically change the training programme, which they confirmed would be implemented quickly. The DME recognised that some of the posts that were in place at the time of the review had limited educational value (for example, those based upon the cardiac day ward) and reported that trainees would be moved out of these jobs, in order to access more outpatient and acute medicine opportunities and exposure. The CMT lead on the Barts site has been very supportive of the CMT training programme. The review team was informed that a curriculum mapping process was being undertaken and that this would likely involve the trainees undertaking sessions off-site in order to address any curriculum deficiencies.</p> <p>The Trust was informed by HEE that the changes in curriculum that were being introduced by the Internal Medical Training (IMT) in August 2019 would have a</p>	

	<p>significant impact upon the viability of some of the CMT posts at St. Bartholomew's Hospital as the new curriculum would have a much more general medicine focus and agenda. The new curriculum meant each Trust would have to ensure that trainees could access geriatric medicine and acute medical assessment unit (AMU) exposure and general medicine out of hours' experience which may prove challenging for St. Bartholomew's Hospital as it did not have an acute unselected medical take. Following its implementation, HEE reported IMT would lead to the redistribution of CMT posts across London and advised that the Trust review their CMT posts across all sites in advance of the reconfiguration. HEE recommended that this review may result in some of the CMT posts needing to be reconfigured or moved from St. Bartholomew's Hospital to Whipps Cross University Hospital and Newham University Hospital as they offered more exposure to acute medical training opportunities.</p> <p>HEE stated that by undertaking the review early, this would likely result in Barts Health NHS Trust potentially not losing any CMT posts overall when the redistribution of the posts across London took place, as the posts would already reflect the IMT curriculum. The Trust agreed to work with the London Specialty School of Medicine to review the quality of the CMT posts across all four sites, consider the curriculum requirements and reconfigure the posts by August 2018, prior to the implementation of IMT. HEE appreciated that this was a year earlier than the official deadline, but indicated that due to the severity of the problems that had been highlighted by the trainees in the GMC NTS 2017, robust action needed to be taken. This work would be undertaken by the Trust DME, Dy PGD and the Deputy Head of School for Medicine. The agreed timeline for completion of the earlier implementation was January 2018.</p>	Yes, please see ELC3 below
4	<p><b>Anaesthetics</b></p> <p>When discussing core anaesthetics at Newham University Hospital, it was noted that although not enough trainees had completed the GMC NTS in 2017 to register a response, in 2016 the Trust had received five red and two pink outliers. Therefore, it was agreed that the Trust would conduct an internal review and potentially undertake an internal focus group with the trainees in order to ascertain whether the trainees had any feedback or issues that needed to be addressed.</p>	Yes, please see ELC4 below
5	<p><b>Pathology</b></p> <p>In relation to histopathology the Postgraduate Dean indicated that similar problems had been experienced by other Trusts due to the recent reconfiguration of the curriculum. HEE reported that in order to address the issues, the Head of School of Pathology for London and Southeast was organising a programme review with all of the training program directors from across North Central and East London in February 2018 which will result in creation of a 'best practice guide; and curriculum matching.</p>	Yes, please see ELC5 below
6	<p><b>Surgery</b></p> <p>Due to the significant number of red and pink outliers that were received for oral and maxillo-facial surgery and urology at the Royal London Hospital, it was agreed that HEE would undertake a formal Risk-based Review (on-site visit) to both specialties in order for HEE to understand the issues and ensure both departments are engaged with education.</p> <p>Although a high number of pink outliers was also received for core surgical training and general surgery at the Royal London Hospital, it was felt that given the focus HEE was already putting upon other surgical departments at the site, that the best way for the issues to be explored and managed was through the Trust undertaking an internal review.</p>	<p>Yes, please see ELC6.1 below</p> <p>Yes, please see ELC6.2 below</p>

	<p>In relation to foundation surgery at the Royal London Hospital, HEE informed the Trust of a project that was being undertaken by the Deputy Postgraduate Dean, North Central and East Thames Foundation School and London School of Surgery in order to improve foundation surgery posts across North Central and East London. The Deputy Postgraduate Dean stated that a pilot was being undertaken, that they wished Barts Health NHS Trust and the Royal London Hospital to be involved in and contribute to. HEE recognised the work that the Trust had already undertaken in relation to foundation surgery at the site and indicated that some of the initiatives they had implemented aligned with the pilot programme.</p> <p>When discussing cardio-thoracic surgery at St. Bartholomew's Hospital, it was acknowledged that the GMC NTS results had notably improved, in that no red flags had been received in 2017. However, the Trust indicated that although the consultant body was much more engaged, which had been noted by the CQC in their recent inspection, further work still needed to be undertaken.</p> <p>HEE noted that for general surgery at Whipps Cross University Hospital, there had been a marked deterioration in the NTS and as a result HEE would be undertaking a Risk-based Review (on-site visit) in order to gain traction on the issues. HEE stated that the on-site visit would also include the foundation surgery doctors and the trauma and orthopaedic department to further explore the GMC NTS results.</p> <p>It was agreed that this review would be planned and coordinated in conjuncture with the Trust's internal review of general surgery at the Royal London Hospital. Furthermore, the Trust reported that surgery at Whipps Cross University Hospital was one of the few areas rated 'inadequate' by the CQC and that a three-month action plan to address the cultural issues was already in place at the time of the education lead conversation. It was therefore felt that the HEE on-site visit would be incorporated into the work being undertaken within the department and provide a further focus upon the education and training environment.</p>	<p>Yes, please see ELC6.3 below</p> <p>Yes, please see ELC6.4 below</p>
7	<p><b>Obstetrics and gynaecology</b></p> <p>It was agreed that due to the poor GMC NTS 2017 results, HEE would undertake a Risk-based Review (on-site visit) of obstetrics and gynaecology (O&amp;G) (including GP Programme – O&amp;G) Newham University Hospital.</p>	<p>Yes, please see ELC7 below</p>
8	<p><b>Paediatrics</b></p> <p>HEE indicated that they had no concerns about paediatrics across the four sites and that the previous issues that had been raised at Newham University Hospital were being managed by the Postgraduate Dean and the Chief Medical Officer.</p>	
9	<p><b>Clinical Oncology</b></p> <p>When discussing the GMC NTS results for clinical oncology at St. Bartholomew's Hospital the Trust indicated they were not expecting such negative feedback from the trainees. It was reported that the issues may have stemmed from long term absences at the consultant level in the department which were further exacerbated by rota gaps in relation to the higher trainees. The review team was informed that the absences had had a significant impact upon the trainees' workload and clinical supervision. The DME at St. Bartholomew's Hospital indicated that this had been confirmed by the trainees when they met with them following the NTS results.</p> <p>The Trust indicated that the gaps had been addressed which would have a positive impact upon the training and learning environment. However, the Head of School of Clinical Oncology indicated that there may be continued levels of none-fill rates at the higher trainee level in the future and that more sustainable plans therefore need to be</p>	

	<p>embedded. In response to this, the Trust reported that they had seven advanced nurse practitioners across that site and were undertaking work in relation to multi-professional workforce planning, which they anticipated would have a positive impact upon the training environment and trainees' workload.</p> <p>The review team was also informed that the Trust had some excellent trainers who had already produced a detailed and robust action plan addressing the issues highlighted by the trainees. The Trust reported that the local teaching programme had been redesigned and was consultant delivered and that plans had been created to address the workload issues and ensure trainees received their designated planning sessions. Although HEE felt that a Risk-based Review (on-site visit) of clinical oncology was necessary, as a robust action plan was already in place it was agreed that this would be undertaken in 2018. This will allow time for the action plan to be implemented, enabling HEE to ascertain the progress that has been made and whether the issues have been adequately addressed.</p> <p>Furthermore, it was discussed whether the School of Clinical Oncology could undertake a review of the clinical oncology posts across North and South London in order to ensure that each Trust had the appropriate number of trainees.</p>	<p>Yes, please see ELC9 below</p>
10	<p><b>Emergency medicine</b></p> <p>The Postgraduate Dean thanked the Trust for all of their efforts in relation to the emergency medicine trainees at Whipps Cross University Hospital. They complimented the team-based approach the Trust used and the internal focus group process the Trust had implemented.</p>	

## Next steps

### Conclusion

- ELC2.1 - The Trust to inform HEE whether they will be undertaking an internal focus group with trainees, following an internal review of the evidence.
- ELC 2.2 - The Trust to submit the internal action plans for medical oncology and medicine foundation year 2 training at St Bartholomew's Hospital
- ELC3 - The Trust to work with the London Specialty School of Medicine to review the quality of core medical training posts across all sites and review whether CMT posts needed to be redistributed from St. Bartholomew's Hospital to Whipps Cross University Hospital and Newham University Hospital
- ELC 4 – The Trust to undertake an internal review and focus group of core anaesthetic trainees at Newham University Hospital, and inform HEE of the outcome and the feedback that was provided by the trainees
- ELC5 – HEE to contact the Trust regarding the workshop for histopathology training programme directors
- ELC6.1 - HEE to contact the Trust regarding the Risk-based Review (on-site visit) for oral and maxillo-facial surgery and urology at the Royal London Hospital
- ELC6.2 – The Trust to undertake an internal review of core surgical training and general surgery at the Royal London Hospital and inform HEE of the outcome and the feedback that was provided by trainees
- ELC6.3 – HEE to contact the Trust regarding the foundation surgery pilot programme
- ELC6.4 – HEE to contact the Trust regarding the Risk-based Review (on-site visit) for general surgery, foundation surgery and trauma and orthopaedic surgery at Whipps Cross University Hospital
- ELC7 – HEE to contact the Trust regarding the Risk-based Review (on-site visit) for obstetrics and gynaecology (including GP trainees) at Newham University Hospital
- ELC9 – HEE to contact the Trust regarding the Risk-based Review (on-site visit) for clinical oncology at St. Bartholomew's Hospital

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:	Dr Sanjiv Ahluwalia
Date:	09 October 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.