

Lewisham and Greenwich NHS Trust

Risk-based Review (Education Lead Conversation)



Quality Review report

27 September 2017

Final Report

**Developing people
for health and
healthcare**

www.hee.nhs.uk



Quality Review details

Training programme	Geriatric Medicine
Background to review	<p>The Risk-based Review (education lead conversation) was proposed in response to poor results received by the Trust in the 2017 General Medical Council National Training Survey (GMC 2017) within geriatric medicine.</p> <p>Within geriatric medicine, the Trust received 11 red outliers in relation to; overall satisfaction, reporting systems, workload, teamwork, handover, supportive environment, induction, adequate experience, curriculum coverage, educational supervision and local teaching.</p> <p>The Trust also received five pink outliers in; clinical supervision out of hours, educational governance, regional teaching and study leave.</p> <p>Health Education England (HEE) therefore felt it was necessary to meet with the Medical Director, Director of Medical Education, Divisional Director, Medical Workforce Lead and the educational and clinical leads in order to discuss and assess the actions the Trust were implementing to address the issues raised by trainees.</p>
HEE quality review team	<p>Dr Catherine Bryant, Deputy Head of School of Medicine and Medical Specialties</p> <p>Dr Catherine O'Keeffe, Deputy Postgraduate Dean, Health Education England South London</p> <p>Elizabeth Dailly, Deputy Quality and Reviews Manager, Health Education England London and the South East</p> <p>Adora Depasupil, Learning Environment Quality Coordinator, Health Education England London and the South East</p> <p>Ed Praeger Quality Support Officer, Health Education England London and the South East</p>
Trust attendees	<p>Director of Medical Education (Geriatrician) Divisional Director, Acute and Emergency Medicine (AEM) (Geriatrician) Medical Director (Geriatrician) Assistant Director of Medical Education and medical Staffing Consultant Geriatrician Divisional Educational lead for AEM and Consultant Rheumatologist</p>

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1	<p>Geriatric Medicine</p> <p>The review team heard that although the Trust was surprised to receive such a high number of red flags through the 2017 GMC NTS, early indicators were raised through the Annual Review of Competence Progression (ARCP) and had given them an impression that trainees were unhappy regarding a number of aspects of the role. The Director of Medical Education (DME) indicated that the Trust had started to make inroads into addressing these issues before the results of the NTS had been published.</p> <p>The review team heard that a lack of geriatricians at the Trust was an overriding issue, with the geriatric workforce being slowly depleted over the last two years. The Divisional Director (DD) indicated that the Trust had operated with just two substantive consultant geriatricians from January 2017 to August 2017. The DME informed the review team that three new consultant geriatricians were due to start at the Trust, one imminently and the remaining two in January 2018.</p> <p>The DD informed the review team that the Trust now had ten geriatricians at Queen Elizabeth Hospital, although a vast majority of these were locum posts. The Trust indicated that they felt that this lack of substantive geriatrician consultants had had a significant impact on the trainees' experience and their ability to access training opportunities.</p> <p>The Medical Director indicated that they were planning an Advisory Appointments Committee (AAC) during December and that the Trust was committed to having the correct locum cover to deliver the correct service and educational supervision for trainees at the Trust.</p>	
2	<p>Supportive Environment</p> <p>The DME informed the review team that trainees had fed back that they felt that they could not attend the regional training days based on the perception that the wards would be unsupervised if they left. The DD informed the review team that permission for trainees to attend the regional teaching sessions was never withheld.</p> <p>The DME informed the review team that the weekly teaching sessions had previously only been provided on a sporadic basis, but following the trainee feedback had become a regular event. The MD informed the review team that this weekly meeting had been running since August 2017 and that it was very well attended.</p>	
3	<p>Handover</p> <p>The DME informed the review team that three of the higher trainees had been actively involved in the formulating the Hospitals at Night policy, which allowed for a better handover system at night.</p>	
4	<p>Induction</p> <p>The review team was informed that the Trust felt that the Trust wide induction provided to trainees was robust. The Trust reported that the next departmental induction was more structured, with the timetables and various training opportunities available explained to all trainees, allowing for feedback from trainees on what they were hoping to gain and achieve regarding training and experience.</p>	

5	<p>Adequate Experience and Curriculum Coverage</p> <p>The DME informed the review team that the Trust was ensuring that the trainees' new rotas would have designated clinic sessions incorporated, and that during the departmental induction, experience opportunities would be highlighted to trainees to allow them to better understand what experience opportunities were available.</p> <p>The Review Lead highlighted that the perception of trainees not being able to leave wards due to lack of cover would have to be resolved before trainees would start to attend clinics off site.</p>	Yes, please see ELC5 below
6	<p>Clinical Supervision</p> <p>The review team heard from the DME that since January 2017, the department had been significantly lacking in relation to the consultant body they felt was required to provide the desired level of clinical supervision to trainees. The DME felt that with the imminent increase in consultant geriatricians at the Trust, this would ease the burden placed on existing consultants and also improve the trainee experience as more clinical supervision would be provided.</p> <p>The DME informed the review team that the Medical Diagnostic Centre (MDC) would be moving to the Community Assessment Hub in Elton, reducing clinical supervision pressures on consultants and boosting the community experience of the higher trainees.</p> <p>The review team heard that the ambulatory frailty service had also been moved to the Community Assessment Hub in Elton with a covering consultant and that the Trust was looking to get all new higher trainees to the site for experience on a weekly basis. The review team was informed by the DME that trainees felt a lack of cross cover existed on the wards to cover periods of annual leave and allow the trainees to access teaching opportunities. The Trust informed the review team that from May 2017, it had introduced a pairing system allowing for two consultants to be on ward at any moment to ensure trainees were working with the correct clinical supervision.</p> <p>The DME informed the review team that at the ARCPs in May, the trainees were formally asked if the clinical supervision issues seen within geriatric medicine were seen when covering on calls within medicine. The trainees indicated that this was indeed localised and that clinical supervision within acute medicine had improved over the last 18 months.</p> <p>The DD informed the review team that the ED (emergency department) now had a consultant geriatrician from 9am to 8pm to cover the new acute geriatric service allowing for a split take.</p>	
7	<p>Educational Supervision</p> <p>The review team was informed by both the DME and DD that with four substantive consultants, each consultant would be the educational supervisor for one higher trainee each. The Trust felt that they had the faculty development and support to be able to provide the supervision to trainees. The DD informed the reviews team that the substantive locums were able to supervise and had this time set out in their job plans.</p>	
8	<p>Reporting Systems</p> <p>The DME informed the review team that reporting systems had been discussed extensively at the Trust Faculty Groups (TFG) and Local Faculty Group (LFG) meetings and that the feedback from trainees was that they did not fully understand the question regarding reporting systems in the General Medical Council National Training Survey (GMC NTS). The Trust felt that more work was needed in explaining reporting systems to the trainees and that further work on the induction was required.</p>	

9	<p>Workload</p> <p>The DME informed the reviews team that they felt that the high workload issues raised in the GMC NTS were predominantly due to the lack of consultant cover that the Trust had at its disposal.</p>	
10	<p>Local Faculty Group (LFG)</p> <p>The review team was informed that the Trust held a LFG meeting every three months, with the last meeting taking place in September 2017. The MD informed the review team that they always had a core medical training representative and a specialist training representative sitting on the board, and that the MD felt that feedback gathered from the representatives was a good indication of all the medicine specialties, but conceded that it may be beneficial to also have geriatric medicine trainee representative on the board, to ensure all relevant feedback was received.</p> <p>The MD informed the review team that the agenda of the meetings would always have a standing item to discuss problems in particular wards or areas, allowing for solicited feedback from trainees.</p> <p>The DME informed the review team that once every month and on both sites, the MD would hold an informal 'pizza party' with all trainees across the Trust to talk about service issues and allow the trainees to raise any issues. This informal meeting allowed the MD to gather feedback from a number of trainees from across the Trust and build a better picture of problem areas and issues. A number of issues regarding ward set ups, inductions and workload had been discussed, and feedback was subsequently shared with the DME and the Lead for Medical Workforce (LMW). A summary of the feedback was then compiled by the MD and sent back to trainees, with it being discussed in the next meeting. The review team was informed that these 'pizza party' meetings were in addition to the Junior Doctor forums, chaired by the Guardian of Safe Working.</p>	Yes, please see ELC10 below
11	<p>Actions</p> <p>The DME informed the review team that the Trust will focus on trainee feedback from a number of different trainee forums including the LFG meeting and 'pizza parties'. The Trust also noted that it was beneficial to be proactive on asking trainees for feedback on issues, as they felt that trainees were sometimes too afraid to upset consultants to give accurate and substantial feedback. The DME noted that better feedback was given during the ARCP's by trainees than in a lot of forums within the Trust.</p> <p>The DME informed the review team that an informal feedback session would be beneficial with an independent chair to allow for impartial feedback from the trainees, and that this should be organized every 4 months to capture all trainees.</p>	Yes, please see ELC11 below

Next steps

Conclusion

The review team noted that the Trust was making a lot of positive and proactive decisions in order to improve the learning and training environment within geriatric medicine at Queen Elizabeth Hospital. The review team noted that a stretched workforce has contributed to a number of the issues highlighted in the GMC NTS, and suggested that reviewing LFG minutes and trainee feedback in January 2018 would go towards providing a

good view of changes made after the inclusion of substantive geriatric consultants. The Review Lead also requested that the Trust provide copies of its registrar timetables to ensure that registrars are of a clear understanding of when their clinic and teaching sessions are scheduled. Furthermore, it was suggested that the Trust organised a separate feedback session for trainees in geriatric medicine led by consultants outside the department to actively explore the issues raised by the GMC survey and to obtain feedback on progress made by the department, that should take place in January-February 2018. The Trust should submit written feedback on this exercise to HEE.

Requirements / Recommendations

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
ELC 5	The Trust to ensure the new geriatric medicine trainees rotas are suitable and contain designated clinic sessions.	The Trust to submit the geriatric medicine trainee rotas by 28 February 2018.	R1.12
ELC 10	Local faculty groups (LFGs) should be undertaken to provide trainee feedback	The Trust to provide LFG minutes by 28 February 2018	R2.1
ELC 11	The Trust should arrange a separate feedback session for trainees in geriatric medicine, led by consultants outside the department to actively explore the issues raised by the General Medical Council National Training Survey. Feedback from facilitated meeting with all trainees in geriatric medicine department (independent consultant) by 28 February 2018	The Trust to provide the geriatric medicine trainee feedback from the independent review should be submitted by 28 February 2018	R2.1

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:	Catherine O'Keefe
Date:	03 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.