

London North West University Healthcare NHS Trust

Emergency Medicine

Risk-based review (Education leads conversation)



Quality Review report

1 February 2018

Final report

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Quality Review details

Training programme	Emergency Medicine
Background to review	<p>In July 2016, a Risk-based Review covering multiple specialties was held at London North West University Healthcare NHS Trust. The review highlighted serious concerns around competence, supervision and training opportunities for Emergency Medicine (EM) and Acute Care Common Stem (ACCS) trainees. The resulting action plan included 19 action points relating to these specialties at Ealing Hospital or across Trust sites. To date, 16 of these action points remain open.</p> <p>In the 2017 General Medical Council national training survey (GMC NTS), three outliers were identified within emergency medicine at Ealing Hospital:</p> <ul style="list-style-type: none"> • Pink outliers for clinical supervision and clinical supervision at night • Red outlier for local teaching <p>The Head of School for emergency medicine also expressed concern that the number of consultants in the department had decreased to one, further compromising clinical supervision of trainees.</p>
HEE quality review team	<p>Dr Chris Lacy, Head of School of Emergency Medicine, Health Education England (London and the South East)</p> <p>Dr Geoff Smith, Deputy Postgraduate Dean, North West London Deanery, Health Education England (London and the South East)</p> <p>Dr Wendy Matthews, Higher Training Programme Director for Emergency Medicine North West Thames</p> <p>Louise Brooker, Learning Environment Quality Coordinator, Health Education England (London and the South East)</p>
Trust attendees	<p>Dr Roger Sharpe, Associate Medical Director for Education and R&D (Academic Directorate)</p> <p>Professor Jayantha Arnold, Director of Medical Education</p> <p>Dr Jon Baker,</p>

	<p>Deputy Medical Director, Consultant Emergency Medicine</p> <p>Dr Miriam Harris, Interim Clinical Director and Consultant Emergency Medicine</p> <p>Dr Khaled Saraya, College Tutor Ealing, Consultant Emergency Medicine</p> <p>Dr Kisha Moore, Consultant Emergency Medicine</p> <p>Dr Gurjinder Sandhu, Training Programme Director for Foundation Programme</p> <p>Dr Gillian Park, College Tutor NPH, Consultant Emergency Medicine</p> <p>Dr Radhwan Dheya-Aldin, ED Sim lead, Consultant Emergency Medicine</p> <p>Dr Mary Cummins, Postgraduate tutor</p> <p>Barbara O’Doherty, Education Service Manager</p> <p>Dr Arabinda Pal, F2 Training Programme Director</p> <p>Mr Tushar Agarwal, F1 Training Programme Director (Surgery)</p> <p>Dr Lauren Fraser, Consultant Emergency and Paediatric Emergency Medicine</p> <p>Dr Charles Cayley, Medical Director</p>
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Conversation details

Reference	Summary of discussions	Action to be taken? Y/N
1	<p>Review team meeting</p> <p>The review team met to discuss the context for the review. On the day before the review, Health Education England (HEE) had given the Trust notice that the Specialty Training Year one (ST1) posts in Emergency Medicine (EM) at Ealing Hospital had been decommissioned for the 2018 entry. This was part of a general reduction in Acute Care Common Stem (ACCS) EM posts in the sector. A major reason for this was the long-standing concern around clinical and educational supervision within the department, which was reinforced following the reduction in the number of substantive consultants. In addition, there were concerns around morale following the merger with Northwick Park Hospital and possible service changes at the Ealing Hospital site. The review team sought assurance that there were robust and sustainable plans in place around recruitment, supervision and training in EM at Ealing Hospital.</p>	

<p>2</p>	<p>Cross-site working</p> <p>The Trust’s plans for cross-site working between Ealing Hospital and Northwick Park Hospital were discussed. The review team heard that the overall Trust vision was to increase the amount of cross-site working among all staff, although implementation of this had been slow following the merger of the two hospitals in 2014 and that as yet only two of the Northwick Park EM consultants were working on the Ealing site on a regular basis.</p> <p>The Clinical Director reported that some non-training grade doctors were already working across both sites and the department was considering making a proposal about cross-site working for trainees. The review team explained that a robust proposal, supported by common standard operating procedures and induction would be considered by the School if put forward. The Trust was trialling this system of working with the non-training grade doctors to ascertain the best way to plan the trainee rota. It was anticipated that trainees would start working across both sites from August 2018. The supervisors felt that this would benefit the trainees as it would broaden their clinical experience and there were more educational and clinical supervisors at the Northwick Park site. The review team heard that the two sites currently had different clinical guidelines and protocols although the IT systems were linked.</p> <p>The review team pointed out that no other Trust in London currently had EM trainees working cross-site and that this model had not been favoured by trainees at other Trusts. The Deputy Medical Director stated that trainees who had spent brief periods working at another site had given positive feedback; trainees from Ealing benefited from increased consultant presence and a larger department at Northwick Park, and the Northwick Park trainees gained useful experience in leading the department at Ealing without the workload pressures inherent to Northwick Park.</p> <p>The review team heard that there were also plans to have the consultants work between the two sites. The Deputy Medical Director and Clinical Director reported that they had started to divide their time between the sites.</p>	
<p>3</p>	<p>Trainee and staffing numbers</p> <p>The review team heard that there were 14 EM consultants working at the Trust including locums and that the Trust was working to recruit further substantive and locum consultants to work across both sites. The Trust was also recruiting to the post of Clinical Director on a permanent basis, having made an interim appointment to cover the recruitment period.</p> <p>The review team was informed that the current EM trainee numbers at the Trust were:</p> <p>Ealing site</p> <ul style="list-style-type: none"> - Six foundation year 2 (F2) - Two GP vocation training scheme (VTS) - Two ACCS (one in EM and one in Adult Medicine) - One core trainee level 3 (CT3) Adult Medicine - One specialist trainee level 2 (ST2) ACCS trainee in Anaesthetics - Two ST4 to ST6 level EM trainees (higher trainees) <p>Northwick Park site</p> <ul style="list-style-type: none"> - 15 F2 - Four GP VTS 	

	<ul style="list-style-type: none"> - Four ACCS EM trainees in Year 1 and four in Year 2 - Five higher EM trainees <p>It was reported that the Trust had an informal Certificate of Eligibility for Specialist Registration (CESR) programme at Northwick Park and had two individuals within EM at Ealing Hospital who were being supported on this programme.</p> <p>The review team heard that there was senior cover in the Emergency Department (ED) at Ealing Hospital from 08:00 to 22:00 from Monday to Friday and from 08:00 to 11:00 on Saturday and Sunday, but that only a proportion of these shifts were provided by substantive consultants. There were plans to increase weekend cover to match weekday cover from the April rota onwards.</p> <p>In addition to the trainees, it was reported that the department had five full-time trust-grade doctors, one further trust-grade post which was vacant and two supernumerary doctors who had trained abroad (but were not part of the Medical Training Initiative programme).</p> <p>The Trust also had eight Physician Associate training (PA) posts and eight Advanced Clinical Practitioner (ACP) trainees, although one PA was on maternity leave and one ACP had recently resigned. These posts were divided between the Ealing and Northwick Park sites.</p> <p>The review team noted that there were a significant number of staff requiring supervision in addition to the trainees. The Clinical Director reported that across both sites there were sufficient consultants to carry out supervision and that this was being managed well.</p>	
4	<p>Clinical and educational supervision</p> <p>The review team asked about the arrangements in place for educational and clinical supervision and was informed that educational supervision at Ealing was part of the College Tutor's role, but that this post was due to become vacant in March 2018. The College Tutor from the Northwick Park site planned to support the Ealing site during the recruitment period. It was reported that there were five full-time EM consultants at Ealing including one associate specialist and two locum consultant grades who had not yet passed the Fellowship of the Royal College of Emergency Medicine (FRCEM) examination. The Clinical Director and Deputy Medical Director advised that they planned to take on more clinical supervision work in the near future.</p> <p>The Review Lead questioned the likelihood of the department making significant changes before the commencement of the April 2018 rota. The Deputy Medical Director acknowledged that since the merger between Ealing and Northwick Park Hospitals the Ealing site had been left with insufficient consultant presence, but that this was now changing. The Review Lead pointed out that at the last visit to the Trust in July 2016 the review team had heard that the Trust intended to bring in a model of cross-site working and had enquired as to how this would be implemented.</p> <p>The potential impact of staff rotation on clinical supervision was discussed. It was acknowledged that supervision was already challenging in EM due to the type of shift work involved. The review team expressed concern that the practice of rotating consultants and trainees between sites could exacerbate this and lead to a lack of continuity of supervision. The supervisors indicated that continuity was improving as new consultants were being recruited and some supervisors were starting to work across both sites.</p> <p>The Director for Medical Education advised that all job plans for substantive consultant posts included 0.25 programmed activities (PAs) per trainee per week for educational supervision. The consultants present agreed that they had enough</p>	<p>Yes, please see EM4.1</p> <p>Yes, please see EM4.2</p> <p>Yes, please see EM4.3</p>

	time to conduct trainee assessments, ARCPs and act as Royal College of Emergency Medicine examiners.	
5	<p>Consultant rota</p> <p>The review team heard that one new consultant had been appointed and was contracted to work across both sites and that this would be the case for all consultant posts. It was suggested that this would be a gradual change and that at first a small group of consultants would work across both sites.</p> <p>The plans for the cross-site working rota were discussed. The Deputy Medical Director noted that Northwick Park Hospital had an annualised rota which made creating the cross-site rota more complex, as there was a need to ensure some fixed shifts at Ealing Hospital for continuity of educational and clinical supervision.</p> <p>It was agreed that the Trust would submit a copy of the February and March consultant rota for EM at Ealing Hospital to the review team, including clarification of which shifts were filled by substantive consultants and which were filled by locums or associate specialists.</p>	
6	<p>Teaching and assessment</p> <p>The review team queried how the new rota might affect the teaching programme. The College Tutor reported that there was monthly training for all ACCS trainees and STs, which took place alternately at Ealing and Northwick Park Hospitals.</p> <p>The Foundation Training Programme Director advised that there was separate training for foundation level trainees across the Trust, including practical skills training. The review team heard that over the course of a foundation level rotation there was an average of one hour per week of teaching, but in reality this was arranged so that newer trainees had up to three hours per week of teaching and there was less toward the end of the rotation.</p> <p>The College Tutor had sought feedback from the trainees about their experience. It was reported that they thought the hospital was a good training environment, and that working there was challenging and interesting due to the high disease burden of the patients. The trainees had fed back that they were often assigned to lead the department, which they had found difficult at the start of their rotations, and which limited their opportunity to manage individual patients' cases.</p> <p>The rota also required them to work three weekends in a row followed by five weekends off, which some trainees found difficult to reconcile with their personal commitments.</p> <p>The review team asked how the higher trainees were able to achieve their workplace assessments if they were leading the team. The Clinical Director acknowledged that the department had been slow to change the practice of allocating higher trainees to lead the team but that this was improving as the level of consultant cover increased. Previously, the higher trainees in the department were usually at ST6 level and the current higher trainees were at ST4, so had different needs.</p>	<p>Yes, please see EM6.1</p> <p>Yes, please see EM6.2</p>

Next steps

Conclusion

The review team thanked the Trust and educational supervisors for their participation in the review.

Issues of immediate concern were around educational and clinical supervision at Ealing Hospital in view of the impending College Tutor vacancy, the small number of consultants able to act as supervisors, and the number of trainees and other staff requiring supervision. Training and curriculum coverage, particularly for foundation and ACCS trainees, was another area which required further attention and investment.

The review team felt that the Trust's plans around cross-site working were ambitious but if well-executed could present a good opportunity to increase trainees' breadth of experience. However, without adequate staffing levels and planning there was concern that this could present further challenges around supervision and staff and trainee retention.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM4.1	The Trust is required to prioritise recruitment to the College Tutor (CT) post to ensure that there is a dedicated CT on both the Ealing and Northwick Park sites.	Evidence that a new CT has been appointed and that there are CTs in post at both sites.	R2.6
EM4.2	The Trust is required to produce a consultant rota for Ealing Hospital ED which demonstrates sufficient educational supervision capacity to meet the needs of the trainees and other staff. This should include cover by an accredited EM trainer for at least 50% of shifts and cover provided by a small number of individuals in order to facilitate continuity of training. If this requirement is not met, a training holiday will be imposed for the higher trainees for the remainder of the current rotation (until October 2018) or until the revised rota is in place and shown to be working, whichever is the later date.	A consultant rota which includes five to six WTE consultants, with half of shifts to be filled by an educational supervisor. The deadline for producing this rota is 1 April 2018.	R1.7
EM4.3	The Trust is to ensure there is a named consultant responsible for overseeing supervision of foundation level trainees at Ealing Hospital.	Evidence of communication to foundation trainees clarifying this.	R2.11
EM6.1	The Trust is required to ensure that EM trainees are able to access on-site specialty training and complete work-based assessments at Ealing Hospital.	Evidence of an ongoing programme of EM specialty teaching based at the Ealing Hospital site and evidence of completion of work-based assessments.	R1.16
EM6.2	The Trust is to review ACCS training and ensure there is sufficient educational supervision in place for ACCS trainees.	Evidence of dedicated ACCS teaching and supervision.	R2.11

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
The Head of School for Emergency Medicine to provide guidance on the appropriate number of supervisors and trainees at each level.	Chris Lacy

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Chris Lacy
Date:	2 March 2018

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.