

St George's University Hospitals NHS Foundation Trust

Risk-based Review (education lead
conversation)



Quality Review report

8 May 2018

Final Report

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Quality Review details

Training programme	Rheumatology
Background to review	A Risk-based Review (education lead conversation) was conducted in October 2016 to discuss issues in relation to supervision, rota design, workload, and the interface between general internal medicine (GIM) and rheumatology posts. A meeting in April 2017 was held after two trainees required leave for ill health related to stress. The issues highlighted at the time had resulted in the removal of two trainees and so there had only been a single specialty trainee in the rheumatology department since April 2017. Health Education England (HEE) recognised that St George's University Hospitals NHS Foundation Trust had the potential to provide excellent training opportunities, and so wanted to see what changes and improvements the Trust had undertaken to address these issues. HEE also wanted to ascertain whether the department was now able to meet the required standards to support training for additional trainees. Therefore, a follow-up Risk-based review (education lead conversation) was arranged.
HEE quality review team	<p>Dr Catherine Bryant, Deputy Head of London School of Medicine and Medical Specialties, North West London, Health Education England</p> <p>Dr Anand Mehta, Deputy Postgraduate Dean, South London, Health Education England</p> <p>Dr Sophia Steer, Training Programme Director for South London Consultant Rheumatologist Health Education England</p> <p>Adora Depasupil, Learning Environment Quality Coordinator for South West London Health Education England (London and Kent, Surrey and Sussex)</p>
Trust attendees	<p>Dr Arvind Kaul, Current Care Group Lead, Clinical and Educational Supervisor</p> <p>Dr Patrick Kiely, Previous Care Group Lead</p> <p>Dr Matt Laundry, Clinical Director</p>

	<p>Dr Helena Robinson, Clinical and Educational Supervisor</p> <p>Dr Jonathan Round, Director of Medical Education</p> <p>Annabel Little, Education Business Manager</p>
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Conversation details

Reference number	Summary of discussions	Action to be taken? Y/N
R1	<p>Supervision</p> <p>The Trust reported that the department had successfully recruited two new substantive rheumatology consultants which afforded flexibility within the department in terms of re-structuring its working model. The quality review team heard that the department had assessed the working environment and made it more suitable to what the service demanded, and had ensured that robust supervision was provided to the trainee. The Director of Medical Education (DME) reported that the clinic set-up had been changed to reduce the heavy workload that was previously placed on senior specialty trainees. However, the DME reassured the quality review team that there were still plenty of training opportunities available. The DME further reported that the consultant practices had now changed to ensure that clinics were consistently supervised by the consultants, and that the supervision and management of the rheumatology referrals bleep had also been improved since the last review.</p> <p>The current Care Group Lead (CGL) acknowledged that St George's University Hospitals NHS Foundation Trust (SGH) was a teaching hospital, and stated that SGH had been able to provide specialist care as well as great training opportunities. The quality review team heard that the consultant practices had changed dramatically, which meant that the trainee was able to easily access supervision at all times. For instance, the quality review team heard that consultants now carried the rheumatology bleep on a one week in eight rota, where the consultants led clinics in the morning but were free in the afternoon to support the trainee with various clinical duties such as managing incoming referrals.</p>	
R2	<p>Interface between GIM and rheumatology</p> <p>The current CGL reported that the one trainee in the department was on the general internal medicine (GIM) rota, and also attended the rheumatology clinics due to the linked duties between the two sub-specialties, and as required by the curriculum. It was noted that the trainee had been predominantly allocated to GIM duties every week. The quality review team heard that when the trainee was not rostered to attend GIM commitments, the trainee usually attended other consultant-led clinics such as the connective tissue clinic on Monday, and then another rheumatology clinic towards the end of the week. It was reported that the trainee also attended the rheumatology referrals and in-patients on the wards which had provided continuity with patient care as well as training exposure. The Trust acknowledged that further improvements were still needed in order for the</p>	Yes, please see R2 below

	<p>department to provide a pure rheumatology training post since the two trainees were removed the previous year. The Training Programme Director (TPD) reported positive feedback from the trainee, and it was noted that the trainee was enjoying the breadth of clinical experience made available to the trainee. However, it was noted that training experience would further benefit from additional rheumatology clinic exposure.</p>	
R3	<p>Training opportunities</p> <p>The quality review team heard that the department had 10 clinics a week in the previous year which were delivered by the senior specialty trainees. It was reported that since the appointment of the two new consultants, these clinics had been allocated to the consultants in the same outpatient clinic rooms. Therefore, the Trust indicated that there was no space to accommodate specialty trainees in specialty rheumatology clinics when they return at SGH. The Trust stated that due to the newly restructured job plan and lack of space, the department was in a position to accept one trainee, but not two. The quality review team heard that the Trust had off-site general rheumatology clinics based at St John's Therapy Centre (SJTC) based in Battersea and at the Nelson Hospital, which the trainees would be able to attend. The Trust reported that one of the new consultants was keen to provide essential teaching and supervision at SJTC once a week to a specialty trainee.</p> <p>The quality review team heard the vision of the Trust for rheumatology training at SGH. The Trust reported that SGH regularly received very complex and fascinating internal referrals and there were opportunities to provide pure rheumatology training. The Trust further indicated plans of implementing one hot and one cold clinic as part of the new acute rheumatology job plans, which the Trust described would provide excellent training experience for the trainees. It was reported that the department had started implementing the hot clinics in January 2018, and the quality review team heard that there had been three hot cases a week, where two or three cases had taken two hours and thirty minutes of clinic time due to their complexities. The quality review team heard that the trainee would have the opportunity to attend these hot clinics depending on their capability. The Trust further reported that the trainee would have the opportunity to be included in presenting of the cases and would also be able to contribute to audit work.</p>	<p>Yes, please see R3 below</p>
R4	<p>Plan to support the return of the trainees</p> <p>The Trust stated that they would welcome face to face meeting with the TPD on a regular basis to closely monitor the trainee in the new job plan once the trainee had started in post later in the year. The Trust indicated that although the department had local faculty group (LFG) meetings, it was felt by the consultants that the trainees did not always openly communicate with the consultants that they worked with. The Trust indicated that a face to face meeting with the TPD would allow a more open and honest communication with the trainees.</p> <p>The current CGL indicated that trainees had access to educational supervisors (ES) and clinical supervisors (CS), and also indicated that there had been plans for one of the new consultants to take the role of a mentor to the trainees. The current CGL stated that this kind of mentorship was essential to be in place for the new trainees later in the year in order to identify any potential problems before they turned into real issues.</p> <p>The quality review team wanted to ascertain how the department envisaged the support to be provided if there were any identified trainee in difficulty. The Clinical Director (CD) indicated that the department planned to ensure that trainees and</p>	<p>Yes, please see R4a below</p>

	<p>trainers knew what the expectations of their roles were from the beginning, and regular, scheduled meetings with ES were essential to ensure that support to the trainee was provided at the first instance. The CD acknowledged that there were issues in relation to the culture and behaviour within the department, but that this had been addressed and resolved. The previous CGL indicated that the DME had undertaken local investigations and found no reports of bullying and undermining within the department. The quality review team was informed that the department had ensured that the trainees would be able to access consultant support easily at all times – that the consultants were able to provide time and the department was able to facilitate private meetings to support the trainee in difficulty.</p> <p>The current CGL commended the CD, DME and previous CGL for their efforts in significantly changing the culture within the department and for proposing a new job plan to meet the service demands. The Trust indicated that with the new job plan, the department would be in a position to provide teaching to only one trainee, until the new structure had been stabilised at which point the Trust was willing to re-assess the learning environment.</p> <p>The quality review team was informed that the department was clear on the appropriate allocation of supporting professional activities (SPAs) in consultant job plans. The Trust reported plans of allocating the role of educational lead for the department to one of the newly appointed consultants to ensure that support to trainees as well as to educational and clinical supervisors was maintained.</p> <p>The Trust stated that although there was willingness to provide teaching to all trainees at all levels, due to the complexity of rheumatology cases the department regularly received - trainees at a more senior level such as at ST5/6 and above - would have a more meaningful training experience at SGH. The department stated that they would not take trainees at ST3 level in to the now vacant post and would prefer to leave the post unfilled if that were the case. The current CGL stated that a trainee who had had other working model experiences would be in a better position to provide meaningful feedback to the Trust, as well as contribute to further improving the learning and working environment within the department.</p>	<p>Yes, please see R4b below</p>
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Next steps

Conclusion

The quality review team commended the Trust for delivering its plans to recruit into new consultants posts, and recognised the significant changes that had been made in the department. The quality review team ascertained that overall, the department was now in a better position to manage its workload as well as to support another trainee. It was reported that the rheumatology department at SGH had changed its approaches to its working model which had implemented a consultant-delivered service, and clinics were no longer reliant on the trainees but as a result was unable to provide more than one specialty clinic (a hot clinic, as mentioned above) at St George's site but could offer general rheumatology at off-site clinics. It was agreed that once the department had sent the information requested as outlined in the below mandatory requirements, that HEE would be in a position to allocate an additional trainee in the department. A further ELC was going to be conducted three months after the commencement of the training post later in the year to re-assess the quality of the rheumatology department learning environment together with the Trust.

Requirements / Recommendations

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
R2	The Trust is required to provide a copy of the current rheumatology trainee timetable which should include three sessions of specialist rheumatology (two outpatient clinics and one session of covering inpatient rheumatology under consultant supervision)	Please share a copy of the timetable with HEE.	R2.6
R3	The Trust is required to share a copy of the timetable for the proposed pure rheumatology trainee post.	Please share a copy of the proposed timetable with HEE.	R2.6
R4a	The Trust is required to hold regular local faculty group (LFGs) meetings in order to gain feedback from the trainees.	Please share your proposed schedules of the LFGs, and share with HEE copies of LFG minutes when available.	R2.16
R4b	The Trust is required to have a named educational lead for the rheumatology department.	Please confirm the name of the consultant and their start date in the role.	R4.1

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
N/A	None	None	N/A

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

Requirement	Responsibility
None	N/A

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Catherine Bryant
Date:	21 May 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.