

# North Central and East London

## Foundation Psychiatry

### Programme Review (focus groups)



## Quality Review report

17 July and 11 September 2018

Final Report

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## Quality Review details

<b>Training programme</b>	Foundation Psychiatry
<b>Background to review</b>	<p>This Programme Review was conducted to explore the quality of the learning environment and opportunities for training in psychiatry placements in Foundation across North Central and East London (NCEL).</p> <p>The review was designed to triangulate some of the historic concerns raised by trainees to the Foundation School, on suitability of clinical placements, supervision and overlap with concurrent acute on call duties. In addition, the review would also identify the potential for increasing the number of foundation trainees undertaking psychiatry placements and choosing a future career in psychiatry.</p>
<b>HEE quality review team</b>	<p>17 July 2018</p> <ul style="list-style-type: none"> <li>• Dr Keren Davies, North Thames Foundation Director</li> <li>• Dr Gary Wares, Deputy Postgraduate Dean</li> <li>• Dr Indranil Chakravorty, Deputy Postgraduate Dean</li> <li>• Dr Elizabeth Carty, Deputy Postgraduate Dean</li> <li>• Dr Vivienne Curtis, Head of the London Specialty School of Psychiatry</li> <li>• John Marshall, HEE Quality</li> <li>• Jane Chapman, Lay Representative</li> </ul> <p>11 September 2018</p> <ul style="list-style-type: none"> <li>• Dr Keren Davies, North Thames Foundation Director</li> <li>• Dr Gary Wares, Deputy Postgraduate Dean</li> <li>• Dr Indranil Chakravorty, Deputy Postgraduate Dean</li> <li>• Dr Elizabeth Carty, Deputy Postgraduate Dean</li> <li>• John Marshall, HEE Quality</li> </ul>

**Attendees**

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The invitation to attend the review was sent to all the trainees who were in the NCEL region, via their parent acute trust and the mental health trusts where they were hosted. The quality review team met with a focus group of 21 Foundation Year 1 and 2 trainees based at the mental health trusts / sites given below;

- St Pancras Hospital, Camden and Islington NHS Foundation Trust
- Highgate Mental Health Centre, Camden and Islington NHS Foundation Trust
- Chase Farm Hospital, Barnet, Enfield and Haringey Mental Health Trust
- St Ann's Hospital, Barnet, Enfield and Haringey Mental Health Trust
- Homerton Hospital, East London NHS Foundation Trust
- Newham Centre for Mental Health, East London NHS Foundation Trust
- Goodmayes Hospital, North East London NHS Foundation Trust
- The Larkswood Centre, North East London NHS Foundation Trust
- Broad Street Mental Health Centre, North East London NHS Foundation Trust
- Queens Hospital, North East London NHS Foundation Trust

The second part of the review invited trainers from all the mental health trusts and Education Leads involved with Foundation training from host acute trusts.

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- Foundation Training Programme Director, University College London Hospitals Foundation Trust
- Director of Medical Education, Camden and Islington Mental Health Trust
- Consultant Liaison Psychiatrist, Camden and Islington Mental Health Trust
- Consultant Liaison Psychiatrist, North East London Foundation Trust
- Core Psychiatry Trainee, North East London Foundation Trust
- Medical Education Manager, East London NHS Foundation Trust
- Director of Medical Education, Director of Medical Education, North East London Foundation Trust
- Medical Education Manager, Barnet, Enfield and Haringey Mental Health Trust
- Director of Medical Education, The Royal London Hospital, Barts Health Trust

	<ul style="list-style-type: none"> <li>• Medical Education Manager, The Royal London Hospital, Barts Health Trust</li> <li>• Foundation Training Programme Director, The Royal London Hospital, Barts Health Trust</li> <li>• Foundation Training Programme Director, Barking, Havering and Redbridge</li> </ul>
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**Conversation details**

GMC Theme	Summary of discussions	Action to be taken? Y/N
	<p>The discussion with trainees is summarised and grouped according to the mental health trusts/ sites they were placed in. At the focus group with the trainees on 17 July 2018 the review team heard that:</p> <p><u>Camden and Islington NHS Foundation Trust</u></p> <ul style="list-style-type: none"> <li>• Trainees reported enjoying their experience owing to a varied case mix and taster days in different areas of psychiatry.</li> <li>• Trainees reported that they felt well supported in their training and that their college tutors were accommodating to their training needs.</li> <li>• Trainees at St Pancras Hospital felt that their departmental induction was in some cases insufficient. It was reported that an outgoing trainee had drafted a 'crib sheet' of the types of task the incoming cohort could expect to undertake in their placement.</li> <li>• Trainees at St Pancras Hospital felt that the role should be for a F2 trainees only, noting that the responsibilities of the role may be too demanding for F1 trainees.</li> <li>• Trainees at Highgate Mental Health Centre praised the centre as a training environment, noting that the staffing set up at the centre allowed all of the trainees to evenly share the clinical and administrative aspects of their roles and all have access to all patients.</li> </ul> <p><u>Barnet, Enfield and Haringey Mental Health Trust</u></p> <ul style="list-style-type: none"> <li>• Trainees at St Anne's reported a good experience in outpatient settings, noting the contrast compared to inpatients. In outpatients trainees reported that there was lots of time to observe and shadow</li> </ul>	

senior colleagues at the start of their placement. However, trainees reported that due to service demands some trainees could not attend local or regional teaching

- Trainees at St Anne’s reported that their clinical supervision was good and meetings were rescheduled hastily if meetings did not take place
- Trainees at Chase Farm reported that they had raised safety concerns due to lack of adequate clinical supervision. Trainees reported that they were unsupported at night, had not had a site induction and in some cases had been required to undertake seclusion reviews on their first day. Trainees also reported poor handover. The Trainees at Chase Farm Hospital also reported that they regularly felt unsafe due to lack of staff on the wards at night. This was heightened due to the distances and time needed to navigate the site. It was felt that if assistance was needed to deal with a volatile situation it would be delayed, with the potential to compromise personal and patient safety.
- The review team heard that the Trust induction did not cover all of the sites within the Trust’s training programme, and that some aspects of psychiatry were not covered, noting that forensic psychiatry was not included. It was reported however, that trainees at Chase Farm did get a half day local induction.
- Liaison psychiatry trainees at the Royal Free reported that they had to arrange their own local induction meeting. Otherwise liaison trainees thought their post was an excellent training opportunity.
- Trainees in liaison psychiatry at the Royal Free Hospital reported that there had been no site-specific induction – they had reported attending a half day induction at St Ann’s Hospital – and subsequently had arranged their own introductory meeting.
- Trainees at the Royal Free Hospital reported that they were offered mandatory training three months into their four-month placement and had ended up arranging their own introductory meeting.
- Trainees at the Royal Free Hospital were complimentary toward the Trust’s smartphone app that allowed easy access to Trust documents and job profiles.

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- Trainees in inpatient settings at Newham Centre for Mental Health (NCMH) reported that the placement was weighted toward providing a

repetitive clerical clinical service, rather than a training opportunity... Trainees reported that they were unable to clerk patients and there was little diversity in their duties. FY1 trainees felt like clerical staff. Trainees did not feel that there was enough work to go around and as a result did not feel like better clinicians at the end of their placement.

- However, the trainees felt that their placements had the potential to be a rewarding training experience through alleviating trainees of some clerical duties and designing the roles to include a more varied exposure to psychiatry for all trainees.
- Liaison trainees at NCNH reported a more positive experience and were active participants in two daily board round.
- One trainee at NCNH reported a serious incident where there had been difficulties accessing a patient's room after an attempted suicide. Suitable equipment had not been available to address the situation. The trainee was not involved in the debrief or involved in the incident report and subsequent investigation. Good practice would be to involve all members of staff in the investigation and disseminate the learning from the incident.
- Trainees at the Homerton reported that they completed their psychiatry placement alongside surgery twilights shifts and some medical duties, noting that without the surgery or medical duties there would have been little clinical benefit during the placement. Trainees at the Homerton also reported that there was no local clinical induction and that their Trust induction had been cancelled. Trainees reported that without the CT1 trainee they would have been 'lost'.

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- Community Psychiatry trainees at Goodmayes Hospital reported that they had been required to do seclusion reviews early in their placements and felt out of their depth and unsupported by nursing staff. Trainees reported an intimidating environment. The review team heard from one trainee that they were required to treat a patient's physical injuries after they had been assaulted, before carrying out the seclusion review.
- Some trainees at Goodmayes reported a culture of 'aggressive micromanagement' from their supervisors, as well as being expected to handle demanding cases that were beyond their experience.

	<ul style="list-style-type: none"> <li>• Trainees reported that access to training sessions for some F2 trainees on Wednesdays was difficult due to clinical workload</li> <li>• Trainees at the Larkswood Centre reported that they had drafted their own induction documents for new trainees and had needed to write up their own job specifications.</li> <li>• Trainees reported that the Trust-wide induction was of little value to their role.</li> <li>• Trainees felt that the Community Psychiatry placement did not offer enough clinical exposure for two trainees to sufficiently benefit. The review team heard that the role involved lots of shadowing the consultant.</li> <li>• One trainee at Queens Hospital reported that they were required to carry out a suicide risk assessment at a patient’s home. The trainee was accompanied by a social worker but felt that they were acting beyond their experience and that when this was raised that the concerns were not appropriately addressed.</li> <li>• The trainees reported that teaching across the Trust took place on a sporadic basis and that in some cases were whole faculty sessions, including some high-level consultant-oriented sessions that were of little value to foundation trainees.</li> <li>• The trainees reported that they enjoyed and found the psychiatry-based simulation exercises a valuable training tool.</li> </ul> <p><u>Summary of emerging themes</u></p> <p>While this review was not designed to be a comprehensive or site-based assessment of training, there were some emerging themes as given below.</p> <p><u>Liaison/community versus inpatient placements</u></p> <p>From the trainees the review team heard mixed messages of trainee satisfaction across the region. Broadly, it was apparent that trainees working in liaison psychiatry or community-based roles enjoyed their psychiatry placements more than their ward-based colleagues. The review team heard that ward-based trainees across NCEL felt that they derived little clinical exposure from their roles and found that their workload was predominantly clerical.</p> <p><u>Concurrent exposure to acute care competencies</u></p> <p>Some trainees felt that they were at risk of ‘falling behind’ their colleagues in medical or surgery placements and that they would lose clinical competencies</p>	<p>Yes, please see FPsy 1</p>
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<p>at an early stage in their careers that may affect their progression. This was particularly apparent among F1 trainees.</p> <p><u>Supervision</u></p> <p>The review team heard from a number of trainees about feeling vulnerable due to a lack of adequate supervision and support in both ward and community settings. The requirement to undertake serious assessments of patients with attempted suicide or seclusion reviews were particularly challenging. In all cases these incidents were avoidable, provided that suitable clinical supervision was in place or, when in community settings, trainees had confidence in the multidisciplinary professionals attending patient home visits alongside them.</p> <p><u>Induction</u></p> <p>Trainees based at a number of sites across the area reported that their local departmental induction had been insufficient, and in some cases the trainees had taken it upon themselves to draft induction and handover materials for the incoming cohort of trainees where none previously existed.</p> <p><u>Risks to personal and patient safety</u></p> <p>The team were aware of potential risks to personal safety while on out-of-hours duties at Chase Farm Hospital. The team were made aware of the serious incident involving a patient in Newham Centre of Mental Health.</p> <p><u>Simulation</u></p> <p>The review team found that simulation training exercises was only being offered in a small number of placements. Trainees that had undertaken simulation exercises reported that these had been an extremely beneficial and enjoyable learning experience. The review team felt that all trainees should have the opportunity to undertake commonly encountered psychiatric scenarios as part of a wider multidisciplinary team.</p> <p><b><u>Education Leads Focus Group, 11 September 2018</u></b></p> <p>At the focus group with education leads, representing a number of roles from a number of Trusts from across the region, the review team fed back to the group the broad findings from the focus group with trainees in July 2018. It was made clear to the group that the purpose of this session was to discuss how HEE could work with the Trusts to address the issues that had been raised around induction, the suitability of some posts and overall trainee satisfaction to improve trainee experience and increase the number of foundation trainees going on to train in psychiatry specialties.</p> <p>The primary purpose of the education leads focus group was to share good practice and explore areas for improvement.</p>	<p>Yes, please see FPsy 2</p> <p>Yes, please see Psy 3</p> <p>Yes, please see FPsy 4</p>
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<p>The group were aware of increased satisfaction with liaison psychiatry posts which were being perceived as offering better learning opportunities when compared to ward-based placements.</p> <p>It was also noted that F2 trainees were generally more satisfied with their psychiatry placement than F1 trainees (this was implied at the trainee focus group in July) The reasons suggested included trainee confidence following a year of clinical practice and concerns around the ability of F1 trainees to develop clinical skills at the same rate as peers with placements in acute settings.</p> <p>The review team was pleased to hear of the work being done at the North East London Foundation Trust (NELFT), led by a Core Psychiatry Trainee (CPT), to redesign foundation psychiatry training at the Trust. A two-hour weekly training session had been implemented that covered a broad range of psychiatry topics (Appendix B). The sessions each had a named lead and the timetable covered the duration of the four-month placement and was presented to trainees at the start of their placement. The review team heard that the timetable was based on the foundation school curriculum guidance and developed with input from foundation trainees. In addition, the CPT was developing guidance for the consultant body on ‘taster days’, allowing trainees to experience other areas of psychiatry. At both the trainees and education leads had noted that some consultants were reluctant to release trainees from clinical duties because the concept or purpose of taster days was not widely known. The August 2018 placement was the first cohort to receive this training model. The challenge now faced by the Trust was to ensure that the model was sustainable and that oversight continued once the CPT completed their placement and moves on.</p> <p>The review team was encouraged to hear that all of the Trusts gave the trainees named clinical and/or educational supervisors and that trainees had regular access to support from their supervisors. The Foundation Training Programme Directors at Barts Health NHS Trust felt disconnected from psychiatry education in general. It was felt that this was symptomatic of the divide between the medical, surgical and mental health professions and highlighted the need to foster a more collegiate approach to multidisciplinary team (MDT) working. To address this, the review team heard that at Barts Health NHS Trust Local Faculty Group (LFG) meetings were being opened up to include different specialties.</p> <p>The review team heard that some trainees had reported feeling isolated in their psychiatry placements when working in community settings. It was agreed that encouraging trainees to attend all scheduled teaching sessions for the interaction with their peers was an important benefit in addition to the teaching itself. To address this, and to alleviate trainee anxieties about losing or not gaining medical or surgical competencies during psychiatry placements,</p>	<p>Yes, please see FPsy 1</p> <p>Yes please, see FPsy 5</p>
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<p>the group discussed the possibility of allowing trainees to work in other specialties for example evening shifts in the acute sector. This was already happening in some cases, particularly with twilight surgery shifts, and was a good development and it was agreed that a review of such practice with other specialties could be undertaken. It was stressed that in such cases it was important to get the correct balance when working across two specialties – with one of the group noting that a proposal they had seen allowed for only three days of psychiatry training. It was felt that this would not be appropriate and would undermine foundation psychiatry placements.</p> <p>With regard to induction, the discussion supported the trainees’ views that Trust level inductions were not wholly applicable to psychiatry placements and settings. It was also recognised that local inductions specific to each setting needed to be improved and would benefit from best practice guidance developed by HEE.</p> <p>The discussion finished on the topic of how to make foundation psychiatry placements more appealing to trainees to encourage more trainees to pursue psychiatry as a career path. Ideas suggested included broadening the curriculum to reflect new developments in psychiatry such as neuropsychiatry. The review team heard that at ELFT and NELFT foundation trainees were “buddied up” with senior trainees who could be encouraged to promote the profession. It was also suggested that allowing trainees more taster days and project work or report writing would promote the image of a career with a manageable and interesting workload.</p>	
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## Next steps

### Requirements / Recommendations

The following requirements and recommendations are to the responsibility of the Trusts providing Foundation Psychiatry posts.

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
FPsy 1	Trust Foundation Training Programme Director (FTPD) to explore for each psychiatry placement, notable / innovative practice and areas for improvement in relation to education and training. This should be mapped to RCPsy guidance ( <b>Appendix A</b> ).  Please also see <b>Appendices B and C</b> .	FTPDs to provide a confirmation of mapped curriculum provision specific to psychiatric placements, a list of good practice and areas for improvement to Foundation School and HEE within two months from the date of issue of this report.	R5.9
FPsy 2	Trainees should attend both Trust (placement provider) and departmental inductions relevant and appropriate to Foundation trainees.  Suggested induction guidance attached - <b>Appendix C</b>	Please submit evidence of induction plans for Foundation Psychiatry trainees within two months from the date of issue of this report.	R1.13
FPsy 3	Trainees must be encouraged and reminded of their duty to report any patient safety related incidents via usual processes. Placement providers should invite and encourage trainees to attend clinical governance sessions and receive feedback from incidents reported.	Placement providers to ensure that incident reporting process and responsibilities are covered in the departmental induction. Trainees must be encouraged to present in and attend all departmental clinical governance meetings and receive feedback from the learning points from investigations. Please provide HEE with copies of the minutes from clinical governance meetings demonstrating trainee involvement within two months from the date of issue of this report.	R1.3
FPsy 4	Simulation sessions based on commonly encountered psychiatric should be offered to all foundation trainees.	All placement providers to provide evidence of trainee opportunities to attend simulation scenarios within two	R1.20

		months from the date of issue of this report.	
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Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
FPsy 5	Psychiatry leads should be invited to and attend Foundation LFGs regularly.	Please provide the next two dates of LFG meetings with the initial response on 7 March 2019. Placement providers will then be required to submit the LFG minutes as they become available.	R2.1 1

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
<ul style="list-style-type: none"> <li>CPT at NELFT to map teaching timetable to Royal College guidance (Appendix C)</li> <li>HEE to draft Foundation psych local induction checklist (Appendix D)</li> </ul>	Dr Elizabeth Carty and Dr Keren Davies

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Elizabeth Carty, Deputy Postgraduate Dean
Date:	15 February 2019

### 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.