Health Education England

Croydon Health Services NHS Trust

Risk-based Review (Education Lead Conversation) – GMC NTS Survey Results

Quality Review report

5 October 2018

Final Report

Developing people for health and healthcare

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Quality Review details

Training programme	Trauma and Orthopaedic Surgery Geriatric Medicine GP Prog – Emergency Medicine
Background to review	This review was organised due to the results the Trust received through the General Medical Councils (GMC) National Training Survey (NTS). A number of specialties were highlighted and the review was organised to initiate conversations within these specialties to discuss the issues and actions that the Trust were taking to address them.
HEE quality review team	Prof Geeta Menon, Postgraduate Dean for South London, Health Education England Holly Casewyatt, Library and Knowledge Services Development Lead, Library and Knowledge Services, Health Education England Dr Jo Szram, Deputy Postgraduate Dean for South London, Health Education England Ed Praeger, Learning Environment Quality Co-ordinator Health Education England, London and the South East
Trust attendees	The review team met with the Director of Medical Education, the Medical Education Manager, the Guardian of Safe Working, the Associate Medical Director and Educational Leads from each of the specialties.

Conversation details

Summary of discussions	Action to be taken? Y/N
Geriatric Medicine When asked about the issues the department faced, the Educational Lead (EL) for Geriatric Medicine explained to the review team that they felt the main issues were	

centred around the Specialty Training (ST) trainees not receiving an adequate departmental induction when starting on post. The EL highlighted that the current departmental induction covered more general orientation and that the trainees, particularly those at more junior stages of training, felt that this was not enough. The EL also highlighted that the Educational Supervisors (ES) had picked up on some material that was missing but the EL felt that they were still missing important information. The EL explained that with induction covering trainees within a number of departments including Care for the Elderly (COTE), an explanation of the differences in the curriculum opportunities and requirements may have been missed. Along with this, the EL also felt that more robust signposting of learning opportunities and teaching opportunities would be beneficial, as the EL felt that a number of trainees did not fully understand when they were covering their curriculum. The EL explained that the department would need to generate a programme of work to help the trainees to empower themselves to help, both to tackle the step up to registrar level and also to support the increased workload in the department. The EL highlighted that the workload was close to unmanageable currently, but that with a new system in place to help sort through the patient flow and workload, that this would improve. The Associate Medical Director (AMD) explained that work was underway looking into the restructuring of the Hospital at Night (H@N) structure, with the referral process being looked at, allowing trainees to see more patients and spend less time on phone calls. When asked if the results the department received through the General Medical Councils (GMC) National Training Survey (NTS) were a surprise, the EL indicated that with one Trainee in Difficulty (TID) and another two trainees feeling like they were functioning at SHO levels, the department had suspected that the results might not be good. The EL also highlighted five rota gaps that the department had during the year and a number of variable quality Locum doctors adding to the poor results the department received. When asked if the gaps in the rota had the largest impact on the results, the EL explained that with the largest ST3 cohort in the hospital and with the trainees answering calls for both for Geriatrics as well as for General Internal Medicine (GIM), the trainees felt that there was not enough practical experience within their roles. The Guardian of Safe Working (GOSW) indicated to the review team that COTE had the largest number of vacancy gaps, with a number of exception reports being filled. The GOSW felt that the system required more “slack” so that trainees wouldn’t become burnt out. The Director of Medical Education (DME) indicated that the Trust were looking at Physician Assistants (PA) to help lift some of the burden on trainees. When asked if the department had a way to contact trainees so that they were able to attend procedures, the EL explained that the department had a WhatsApp group dedicated to getting trainees to procedures for teaching and learning opportunities. The review team highlighted that with the large numbers of ST3 trainees, the department should look to treat them with greater levels of support. The EL highlighted that they did not want to parent them too much, but wanted to support and enable them more. When the EL asked the trainees about the results of the GMC NTS, the trainees indicated that they did not fully understand the questions that made up the survey. The EL indicated that the department would look into ways to help the trainees understand the survey better.	

The Review lead asked the Trust if all ESs had the required time in their job plans to deliver the educational supervision that was required. The EL indicated that they did and the DME informed the review team that all consultants receive 1.5 core SPA with an extra 1 PA maximum having to be justified. The DME informed the review team that job planning was an issue in the department, with the last College Tutor (CT) in medicine not getting paid for the extra work that they had been preforming and that consultant's educational PAs were not being recognised quickly enough. The DME indicated that this would need more engagement from the Trusts senior management to be resolved. The EL indicated to the review team that the department had four rota gaps across COTE, the Acute Medical Unit (AMU) and respiratory medicine. The EL indicated that keeping the rota as a 15-line rota would be beneficial in terms of funding. When talking about the ACCS rota, the EL highlighted that the training grid appeared to have lost the funding for one of the posts. The Review lead indicated that they would look into this with the help of the Health Education Team in Health Education England (HET).	
GP Prog – Emergency Medicine When asked about the results scored in through the GMC NTS for GP trainees in Emergency Medicine (EM), the Assistant Medical Director (AMD) indicated that there was the possibility that the GP trainees were expecting a more tailored GP experience whilst in the EM rotation than the service was able to provide The DME further explained that there had been one GP trainee that did not want to undertake the EM rotation and thus had given poor feedback on the NTS. The DME highlighted that all other feedback regarding the EM specialty was excellent. The AMD informed the review team that the department had a small group of GP trainees and that they all wanted to be performing regular work in the EM. The AMD further explained that this was down to managing the trainees' expectations when they started in post, with EL indicating that this should fall to the London Specialty School of General Practice to better prepare the trainees.	
Trauma and Orthopaedic Surgery The EL for Orthopaedic Surgery indicated to the review team that staffing shortages in the department had been a major cause of the results seen through the GMC NTS. The EL indicated to the review team that the department was now up to a full complement, but the department had been down one training number and a number of Trust grades and this had produced a negative environment within the department. The EL informed the review team that the consultants within the department had not had job planning for the last three years and that the importance of this meeting was to help the consultants obtain time for supervision and training with a risk that trainees would be taken away. When asked about the departmental induction, the EL indicated that they had a General Practice trainee on a LEO contract from St Georges University Hospitals NHS Foundation Trust and this had caused a problem with their pay and OH clearance. The Trust raised an issue with the LEO related to these types of problems which the PGD agreed to feed back to the primary care team at HEE SL. When asked about rota design, the EL indicated that the department needed to better recognise when people were going to be off work, with separate people organising	

both the on call rota and the leave rota independently. The EL highlighted that the higher trainees (ST7/8) would be actively involved in the next rota design. When the EL asked the HEE Library and Knowledge Services lead if it was possible for trainees to get remote access to the Trust library, the Library lead indicated that it was possible, but that requests would have to be made to the Trust's library service. When asked about clinical supervision in the department, the EL indicated that they had sat down with a number of trainees and the feedback was that the trainees didn't have a problem with the supervision provided. The DME indicated that the problem may lie with the trainees having to act down to fill rota gaps. The EL confirmed that a number of trainees had spoken to them in private and had expressed concerns around acting down in terms of impact on training. The EL further explained that the department wasn't forward planning enough when it came to people leave and potential rota gaps that were known about months before. The EL indicated that there should be oversight of the rota and leave rota to make sure that last minute gaps did not present themselves. The EL indicated to the review team that trainees had covered consultant clinics when the consultant was on leave and that the department was pushing through patient numbers. When asked if the department was giving training to trainee representatives, the DME indicated that the Trust currently were not, and that finding a trainee representative in surgery was proving difficult.	
Library Services The Library and Knowledge Services Lead from HEE indicated to the Trust that their concerns lay with the administrative support the library service was receiving. The Medical Education Manager (MEM) informed the Library Lead that the structure had changed in the Trust and that the roles were now shared between L+D (learning and development) and the library services. The MEM highlighted that the Trust did need an administrative role to help support the L+D team and management.	

Next steps

Conclusion
A risk-based review was due to be scheduled to the Trust to look at medicine and T+O.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
N/A			

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
N/A			

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:	Jo Szram on behalf of Prof Geeta Menon, PGD HEE SL
Date:	26 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.