

King's College Hospital NHS Foundation Trust

GMC NTS Results

Risk-based Review (education lead conversation)



Quality Review report

5 October 2018

Final Report

Developing people for health and healthcare

www.hee.nhs.uk



Quality Review details

Training programme	<ul style="list-style-type: none"> • Obstetrics and Gynaecology • Medicine • Haematology • Medical Microbiology • Trauma and Orthopaedic Surgery • Core Surgical Training • Anaesthetics
Background to review	The review team met with a number of specialties to discuss their individual General Medical Councils (GMC) National Training Results (NTS) scores.
HEE quality review team	<p>Prof Geeta Menon, Postgraduate Dean, South London, Health Education England</p> <p>Dr Anand Mehta, Deputy Postgraduate Dean, South London, Health Education England</p> <p>Ed Praeger, Learning Environment Quality Co-ordinator Health Education England, London and the South East</p>
Trust attendees	The review team met with a number of college tutors, educational leads, clinical leads and clinical directors from each of the specialties reviewed, as well as a members of the Trust senior executive team.

Conversation details

Summary of discussions
<p>Obstetrics and Gynaecology (O&G)</p> <p>The College Tutor (CT) for O&G indicated to the review team that they were disappointed with the results from the General Medical Councils (GMC) National Training Survey (NTS) as the department had felt that they had addressed a number of the issues that had arisen in the previous survey.</p> <p>The CT explained to the review team that staff shortages in the department had put an extra strain on the department, with at one point five doctors from eight missing from the rota. The CT informed the review team</p>

that the department had run two rounds of recruitment and that the department was almost back to a full complement of senior doctors. The CT highlighted to the review team that the department did not have access to fellows to cover the extra shifts and that this was something the department felt was worth looking into.

When asked if the department had looked into cross site working between the Denmark Hill site and the Princess Royal University Hospital (PRUH) site, the CT explained that they had looked at the Paediatrics model that had been introduced so successfully across the sites, but felt that the department did not have enough staff to be able to provide the service required. The CT did highlight that the cross site working could work if the department had help in filling the gaps currently at the Denmark Hill site.

The Divisional Medical Director (DMD) for the PRUH site indicated to the review team that, with good support from the executive team, the department was looking at reducing vacancy rates from approximately 30% down to 5%. The DMD explained that finding good candidates for the positions was a challenge, but felt that the results published in this year's GMC NTS reflected the situation on the ground five months ago and not the considerable effort the department had made since.

When asked if the department had looked at the wider workforce and the possibility of bringing in other roles, the Executive Medical Director (EMD) explained that the department was looking at alternative roles such as Physicians Assistants (PA) and Advanced Nurse Practitioners (ANP) as well making the current roles more attractive to potential candidates. The EMD highlighted that the doctors in role needed to be working at the top of their ability and not be acting down to cover roles below them.

The review lead explained to the department that there was an upcoming Advanced Care Practitioner event that was open to all to attend, with the department able in the future to apply for training funds of future ACP's.

The CT explained to the review team that the rota had been recently designed and was to start in October 2018. The CT explained that the new design would allow trainees to work alongside the same consultants whilst on call to give the trainee more time to learn from and get to know the consultants. When asked if the PRUH site could take positives and direction from the Denmark Hill site, with the Denmark Hill site receiving a green outlier for rota design, the CT explained that although the PRUH site rota was based on the Denmark Hill rota, the two sites operated different structures and that with the lack of staff available, this would be hard to achieve.

When asked about the handover within the department at the PRUH site, the CT explained that this had been discussed at the local consultant meeting and that the department was looking at running a signing in process at the handover.

Medicine

The Clinical Director Post-Acute Medicine (CDPAM) explained to the review team that the current rota had been designed with too many doctors in place and with the staff shortages seen in the department, this was not a good design. The CDPAM explained to the review team that to combat this, the department had enlisted the help of Human Resources (HR), the Clinical Director (CD) the Transformation Team (TT) and an external expert in rota design to help redesign the rota and have it in place. The CDPAM indicated that this had taken six months to achieve but highlighted that the newly designed rota was now in place. The EMD explained to the review team that the two-year project plan for the rota allowed the first year to stabilise the rota ensuring that patient care was never compromised, with the second year looking into the inclusion of ACP's and AP's to help relieve some of the workload pressures that the consultants and trainees were experiencing. The EMD indicated to the review team that the department lacked in prescribing pharmacists currently and that the department had communicated with other Trusts regarding this and were looking at also increasing these numbers as part of year two of the redesign process.

When asked about the Hospital at Night (H@N) model, the MD indicated that the department had had good engagement from within the department and that a business case for a second overnight nurse had just been approved.

When asked about the results the foundation and GP trainees reported through the GMC NTS, the Foundation Training Programme Director (FTPD) indicated that a lot of the issues were based around the lack of man power in the department. The FTPD explained to the review team that heavy workload and the length of time that it had taken to process a business case for the recruitment of further consultants had led to the junior doctors being stretched and over worked. The Director of Medical Education explained that this was being actively addressed and that short and long term actions were being discussed. The DME further explained that adverts were out for three consultant posts, with the department reasonable confident to recruit to these posts.

Haematology

The Educational Lead (EL) for haematology highlighted to the review team that all eight of the haematology trainees had passed their FRCPATH exams.

When asked about the induction the trainees received and other actions put in place by the department, the CD explained that the department had employed four ANPs and two extra clinical fellows. The CD further explained that the trainees would receive a full induction appropriate to their grade, monthly meetings with the consultants, resilience training and meeting psychologists if required. The CD also highlighted that the trainees had a full twelve-month long rota available to them at the start of their pots.

When asked about the regional teaching, the CD indicated that the department had looked into the questions that make up the GMC NTS and also had spoken to the trainees and felt that the quality of the teaching was the real issue and that this was not something that the Trust could alter.

Medical Microbiology

The EL for Medical Microbiology indicated to the review team that the department was approved for training in Medical Microbiology as part of the combined infection curriculum leading to dual accreditation in Medical Microbiology and Infectious Diseases.

When asked about the clinical supervision red outlier the department received through the GMC NTS, the EL indicated that the department had made changes to its Multidisciplinary Team meetings as well as making changes to give more clinical work to consultants to make sure that consultants were able to give more robust clinical supervision to trainees.

Regarding the red outlier received in workload, the EL felt that this was due to the department being required to have a minimum of three people in the hot room at all time and trainees unwilling to leave their colleagues. The EL indicated that the department had four Trust clinical fellows posts and that communication would go out to inform colleagues that basic phone call queries should be tackled within teams before escalating to the hot room.

With an improvement in the clinical supervision of the trainees, the EL felt that the supportive environment for the trainees would also increase. The EL felt that a small number of trainees had skewed this result on the GMC NTS. The CD also highlighted that the consultants would have a one to two-hour clinical meeting with the trainees.

With EL was surprised with the red outlier in adequate experience as the department had a co-located laboratory and felt that this was a large selling point of the department, along with the committed senior biomedical cohort within the department.

The EL explained to the review team that the department needed to create formal objectives with trainees to make sure that each trainee was aware of the educational supervision opportunities and make sure that they were aware of what the trainee wanted to gain from the supervision. Regarding the local teaching in the department, the EL indicated that this was trainee run and was of a high quality.

When asked about the rota, the EL indicated to the review team that there was a lack of resilience built in to the rota and that there might be problems if staff were to take any extended periods of leave.

Trauma and Orthopaedic Surgery

The TPD for Trauma and Orthopaedic Surgery indicated to the review team that the department had been running evening teaching sessions for a number of years manned by two consultants and senior trainees. Due to diminishing attendance rates by trainees, these teaching sessions stopped. The TPD indicated that these teaching sessions would be reinstated in the department.

The Clinical Lead (CL) for trauma and orthopaedic surgery indicated to the review team that the department had barley been managing with the number of locum doctors available. The CL indicated that at one point the department was down 30% on its full compliment. The CL highlighted that this meant a lot of acting down from staff.

When asked about the induction process in the department, the CL highlighted that changes had been made and the attendance was high.

The CL highlighted to the review team that with special measures and the Getting It Right First Time (GIRFT) programme, moral had been brought down in the department. When asked if these processes were affecting the training of trainees in the department, the DME informed the review team that the GIRFT process was actively planned with the trainees and that nothing was to move forward without trainee involvement.

The EMD explained to the review team that there would be a change to the operation service within the department with an increase in trauma exposure for trainees as well as an increase in elective work. Redesigning of the consultant's job plans would allow for a greater ward presence from consultant.

The DMD explained that when the GMC NTS was active, this was during the period of short staffing the department saw and since then measures had been put in place to make sure that trainees were able to attend theatre on a more regular basis (four theatre lists a week).

The EMD highlighted that making sure that the recruitment process was smoother and more organised, with Doctor Rostering System software fully up to date and compliant, would help with a number of issues the department had faced.

Core Surgical Training (CST)

The DMD indicated to the review team that there were currently five CST trainees in the department and that they all had both clinical and educational supervisors. The DMD indicated that the trainees were able to access four theatre lists a week including CEPOD.

The DMD highlighted to the review team that the one area that the department had recognised as failing on was the lack of local faculty group (LFG) meetings. This was originally due to poor attendance, but the DMD highlighted that these would be reinstated.

The DMD also highlighted that all trainees received an induction, with the review lead indicating that taking feedback from trainees at the induction would be a beneficial avenue of feedback to allow the department to tailor inductions to each type of trainee.

When discussing the poor result that CST received through the GMC NTS at the PRUH site, the DMD indicated that lack of staff had meant that the trainee were required to cover wards more and received a reduced amount of theatre time.

The Workforce Development Team (WDT) indicated to the review team that all but one vacancy within the department had been recruited to, and that one of the main issues in the department was the rota design. The WDT indicated that the rota sent out to the trainees had been different to rota sent out through the DNS. Because of this, trainees had been pulled from theatre lists. The WDT indicated that a new rota had been designed and was to be implemented in December 2018.

Anaesthetics

When asked about the induction that trainees received, the CT indicated that the department had looked in to the questions that made up the outlier and felt that the poor result was due to the rota not being realised to trainees on time. The Ct indicated that they had a new rota coordinator and that all trainees had received a rota that covered the whole of the year.

Regarding the educational governance red outlier the department received, the CT recognised that some of the trainees felt that their concerns may not be acted upon by the department and the CT also felt that this was due to one unhappy trainee skewing the results for the department.

The CT highlighted to the review team that trainees would receive feedback from the LFG meeting highlighting concerns and actions to be taken.

Regarding the clinical supervision red outlier the department received, the CT indicated that the question items had shown that 90% of trainees had indicated that knew how to and could access consultants when needed. The CT also highlighted that the trainees were informed at the induction on the approach to take if they ever found themselves working beyond their capabilities. The CT informed the review team that a clinical fellow had been placed on the Intensive Therapy Unit (ITU) to help the registrar if needed.

The CT indicated to the review team that the poor score in adequate experience the department received was mainly due to a small number of trainees not achieving what they wanted from the post and felt that management of the trainee's expectations would help this in the future.

Next steps

Conclusion

The review team would like to thank the Trust for the excellent attendance at the meeting.

The review team will collate evidence provided through the NTS Red Outlier Action Plan and the evidence provided on the day to determine whether further interventions are required for each specialty.

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Anand Mehta, Deputy Postgraduate Dean

Date:

6 March 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.