

Guy's and St Thomas' NHS Foundation Trust

GMC NTS Results 2018

Risk-based Review (education lead conversation)



Quality Review report

8 October 2018

Final report

Developing people
for health and
healthcare

www.hee.nhs.uk

Quality Review details

<p>Background to review</p>	<p>The purpose of the review was to discuss the Trust's General Medical Council National Training Survey results for 2018, with particular focus on the following specialties:</p> <ul style="list-style-type: none"> • Oncology • Medicine • Paediatric Surgery • Cardio-thoracic Surgery.
<p>HEE quality review team</p>	<p>Geeta Menon, Postgraduate Dean Health Education England (South London)</p> <p>Jo Szram, Deputy Postgraduate Dean Health Education England South London</p> <p>Louise Brooker Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team Health Education England (London and Kent, Surrey and Sussex)</p> <p>Bindiya Dhanak (observer) Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team Health Education England (London and Kent, Surrey and Sussex)</p> <p>Tiffiney Kent (observer) Quality Project Officer Health Education England working across Kent, Surrey and Sussex</p>
<p>Trust attendees</p>	<p>The review team met with the following representatives from the Trust:</p> <ul style="list-style-type: none"> • Deputy Medical Director and Chief of Surgery • Head of Medical Education Programmes • Director of Medical Education • Medical Education Manager • Service Lead for General Medicine • Educational Lead for Renal Medicine • Medical Workforce Programme Manager • Associate Director for Education, Training and Development • Educational Lead for Oncology.

Conversation details

	Summary of discussions	Action to be taken? Y/N
1	<p>Oncology</p> <p>The review team heard that the Trust had changed the higher trainee medical oncology rota to include resident on-call shifts and hospital at night (HAN) cover at Guy's Hospital. These changes were reflected more in the 2017 General Medical Council National Training Survey (GMC NTS) data, but some concerns remained around induction, feedback and teaching. The department had reviewed the local and regional training provided and introduced weekly consultant-led teaching sessions. The department planned to participate in an upcoming pan-London training programme director (TPD) forum aimed at improving regional teaching. Trainees accessed some regional teaching through a distance learning programme provided by the University of Newcastle. The distance learning model was more flexible and easier to integrate with the trainees' rota.</p> <p>The educational lead (EL) for oncology had discussed feedback mechanisms with the trainees and the consultants. Trainees reported that they needed more ongoing feedback during practice to allow for continuous improvement rather than having dedicated feedback sessions towards the end of rotations. The EL was working with the consultants on identifying opportunities to give feedback. The Deputy Postgraduate Dean (DPGD) noted that consultants may have felt that they lack appropriate skills to give feedback and may require support to develop in this domain of supervision. The EL planned to meet with the educational and clinical supervisors (ESs and CSs) regularly to monitor this. The department had recently recruited two physician associates. It was hoped that this would make it easier for trainees to take time to meet with their supervisors.</p> <p>It was reported that all trainees received Trust induction at the start of their posts as well as departmental inductions relating to each rotation. Trainees were asked to complete feedback forms following the Trust induction but that there was no consistent feedback mechanism for departmental induction. This made it more difficult to ascertain the reasons for the GMC NTS results around induction. It was suggested that trainees had been dissatisfied with induction due to a delay in receiving their rotas. The postgraduate medical education (PGME) team planned to survey the trainees about departmental inductions in order to determine whether there were ongoing issues around induction or whether this result was an anomaly.</p>	Yes, please see Other Actions
2	<p>Renal Medicine</p> <p>The disparity between results at the St Thomas' and Guy's Hospital sites was noted. The PGME team believed that the main areas of concern at Guy's were medical oncology and renal medicine, including foundation training.</p> <p>The EL for renal medicine had discussed the NTS results with the trainees and had been informed that the main issues were heavy workload and the nature of the tasks trainees were assigned, particularly at core level, which we considered repetitive, menial and not supportive of training. Core medical trainees (CMTs) had advised the EL that they spent a disproportionate amount of time doing administrative tasks such as discharge paperwork. The CMTs had expressed concern that their roles would not prepare them adequately to move into higher specialty training posts. The EL reported</p>	

<p>that there had been two gaps in the CMT rota at the time of the NTS. At the time of the review there were no gaps and the review team heard that this made the trainees' workloads more manageable and allowed the department to release the CMTs for a clinic teaching week every six weeks.</p> <p>The EL for renal medicine had joined the recent departmental induction for surgical trainees. This had highlighted the need for greater clarity of roles and responsibilities between medicine and surgery trainees. The EL and the supervisors were working to address this.</p> <p>There was a discussion around plans to increase the non-medical workforce within renal medicine. There were prescribing pharmacists working in the department and the team proposed to introduce physician associate (PA) roles as well. The Trust had considered other roles such as advanced nurse practitioners (ANPs) and while there were no plans to introduce such roles at the time of the review, it was acknowledged that ANPs could become part of the transplant team in future. The department also planned to recruit clinical fellows to prevent rota gaps in the event of fluctuation in trainee numbers. The review leads advised the department to consider medical assistant or "care navigator" roles such as those implemented at Brighton and Sussex University Hospitals NHS Trust.</p> <p>In response to the NTS data, the renal medicine team had rearranged trainee rotations between the two Trust sites to allow renal trainees to participate in the acute medical take. The EL reported that it was challenging to fit this into the rota and the team was looking at additional ways for trainees to gain acute medical experience. Given the complexity of many of the renal oncology cases, the team was considering running one of the ward rounds like a post-take round as the work involved was largely the same. The clinical team was keen to emphasise to trainees that acute medical experience did not require working in the acute medical unit.</p> <p>The renal medicine department was working with the trainee representatives to gather regular feedback through internal surveys. The department had regular local faculty group (LFG) meetings but the review team heard that trainee representatives did not always attend. Trainee feedback was also a standing item on the agenda of the consultant meeting. The review leads acknowledged the difficulty in sustaining trainee engagement with these meetings and suggested ensuring the trainee representatives were trained for their roles and recommended that the LFG should be separated from the consultant meetings. It was also suggested that the Trust ensure that trainee representatives attend a minimum proportion of meetings per year and engage with the process in order to have a commendation signed off for their portfolios. The renal medicine department had attempted to incentivise the trainee representatives by enabling them to attend quality improvement and patient safety meetings, which provided the opportunity to input on quality improvement projects at an organisational level.</p> <p>The NTS data for handover in the renal medicine department showed a decline since 2017. The review team heard that handover procedures had not changed but that the length of handover had increased and that weekend handover on Friday afternoon sometimes took over two hours. It was suggested that greater consultant oversight was needed to ensure that handover was run efficiently.</p> <p>There were historic problems with regional teaching for higher renal medicine trainees as rota gaps had made it difficult to release trainees. The Trust had addressed this</p>	<p>Yes, please see Other Actions</p>
--	--------------------------------------

	and employed more non-training doctors. It was reported that some regional training days were announced at short notice, which made it difficult for trainees to attend.	
3	<p>Other Medical Specialties</p> <p>Endocrinology had returned red outlier results in the NTS for local teaching and study leave. It was suggested that this could be due to rota gaps but the PGME team advised that closer examination of the data and triangulation with other trainee feedback was needed to confirm this.</p> <p>The PGME team had worked with the ESs in paediatrics to improve supervision, particularly at CMT level. The team had also encouraged trainees to engage more with their ESs and that they continued to meet regularly throughout the year. This was to be monitored by a scorecard, which would track supervision meetings and trainees' progress with their portfolios. The review team heard that there was ongoing work to update ESs' job plans to include time for supervisory responsibilities. The PGME team was also working with finance to track tariff funding for supervision. It was noted that there was a national trend towards larger Trusts receiving worse trainee feedback around supervision and induction. It was thought that this was because of the higher numbers of trainees compared to the number of supervisors. The review leads advised that HEE was working with NHS Improvement to investigate this trend and develop solutions. The PGME team planned to work with supervisors to identify areas of good practice which could be shared and replicated.</p>	Yes, please see Other Actions
4	<p>Foundation Medicine</p> <p>The pink outlier NTS results for foundation medicine training at Guy's Hospital were discussed; the Trust was unsure of the reasons for these results. The number of trainees involved was small and it was suggested that some of the issues already discussed especially within oncology and renal medicine had impacted on this trainee group. Foundation trainees also worked in the POPS team (preparation of older patients requiring surgery) which brought together vascular surgery, urology and orthogeriatrics services.</p>	
5	<p>Paediatric Surgery</p> <p>The review team heard that at the time of the NTS the paediatric surgery trainee rota was only 50% filled; the impact on trainee workloads was believed to be the main reason for the negative change in NTS results relating to this specialty. The PGME team planned to meet with the trainees in December 2018 to discuss their experience. There had been some issues with releasing trainees for teaching but the PGME team were uncertain of the reasons for this. The Director of Medical Education (DME) noted that the clinical service was divided between Guy's Hospital and Lewisham University Hospital which was challenging in terms of planning. The work at Lewisham University Hospital was more suited to junior trainees, whereas senior trainees were assigned the more complex procedures at Guy's Hospital. It was reported that the consultants and ELs at both sites worked well together to ensure good supervision. The review leads encouraged the Trust to consider whether non-medical roles could be introduced in the department in order to mitigate against the effects of rota gaps and to help manage workloads.</p>	
6	<p>Positive results</p>	

	<p>A number of specialties had received positive trainee feedback, reflected by multiple green outlier results in the 2018 NTS; these included neurology at St Thomas' Hospital, and gastroenterology at Guy's Hospital. It was noted that trainees in these specialties did not participate in the general medical rota.</p> <p>The NTS results for cardiothoracic surgery also showed significant improvement. The DME advised that the cardiac surgery service was well led and that having only a small number of trainees allowed the training programme to be tailored to their needs. The thoracic surgery service was consultant-led and largely consultant-delivered due to the complexity and volume of cases. Thoracic surgery trainees were not on-call after 22:00 as consultants covered the overnight on-call shifts. Foundation year two (F2) trainees on academic placements did on-call shifts on the weekends with the consultants, which gave them out of hours experience without interrupting the academic programme. There was dedicated teaching in the department for these F2 trainees.</p>	
--	---	--

Next steps

Conclusion

The review team thanked the Trust for facilitating the review and noted the progress made towards addressing the concerns arising from the GMC NTS 2018. HEE planned to conduct separate reviews of the following specialties to explore the issues raised in more depth and monitor the improvements being made by the Trust:

- Renal medicine
- Medical oncology
- Core medical training
- Foundation medicine.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
	None		

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
The PGME team plan to survey the oncology trainees regarding departmental inductions.	PGME team
The DPGD will look into the arrangements and notification process for regional training for renal medicine trainees.	DPGD
The DME agreed to share the educational supervision scorecard.	DME

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Geeta Menon
Date:	15 January 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.