

# London North West University Healthcare NHS Trust, Ealing Hospital Emergency Medicine Risk-based Review (education leads conversation)



## Quality Review report

28 November 2018

Final report

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## Quality Review details

<b>Training programme</b>	Emergency Medicine
<b>Background to review</b>	<p>Health Education England (HEE) planned this education leads conversation as a follow-up to the previous review on 1 February 2018. The Trust initially responded satisfactorily to the action plan issued at the review and work was done to improve clinical and educational supervision. It was agreed at the time that a further review would be carried out to monitor progress.</p> <p>After that review, there were ongoing conversations between HEE and the specialty tutor, postgraduate medical education team and education leads. During autumn 2018, concerns arose relating to poor completion rates of educational supervision records and workplace-based assessments.</p>
<b>HEE quality review team</b>	<p>Dr Chris Lacy Head of the London Specialty School of Emergency Medicine Health Education England</p> <p>Dr Geoff Smith Deputy Postgraduate Dean, North West London Health Education England</p> <p>Louise Brooker Learning Environment Quality Co-ordinator Health Education England</p>
<b>Trust attendees</b>	<p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> <li>• Associate Medical Director for Education and R&amp;D</li> <li>• Deputy Medical Director</li> <li>• Interim Clinical Director</li> <li>• Interim Specialty Tutor</li> <li>• Consultants in Emergency Medicine</li> <li>• Trainee representative.</li> </ul>

### Conversation details

	Summary of discussions	Action to be taken? Y/N
1	<p><b>Introduction</b></p> <p>The review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process. The review lead reiterated the priorities established at the previous review in February 2018. The main requirement was for increased substantive consultant presence in the emergency department (ED) at Ealing Hospital to ensure safe and consistent educational and clinical supervision. The Trust had recruited additional consultants since the previous review and the review lead enquired how the new rota arrangements worked in practice.</p>	

2	<p><b>Consultant rotas and supervision</b></p> <p>The Trust representatives presented copies of the rotas from August to December 2018 demonstrating improved consistency of substantive consultant cover. The rota included weekday consultant cover from 08:00 to 22:00, with additional four-hour rapid assessment and treatment shifts at peak times. At weekends there was consultant cover from 08:00 until 21:00. The consultants advised that their work arrangements varied, with some dividing their time equally between Ealing Hospital and Northwick Park Hospital and some being based mainly at one site. The review lead enquired whether this rota ensured consistent supervision for foundation and core trainees who came to the department for four-month rotations. The Interim Specialty Tutor reported that all clinical supervisors (CSs) were based at Ealing Hospital and foundation trainees' educational supervisors (ESs) were usually consultants in other specialties. The trainee representative advised that there was a good level of senior cover which provided continuity of supervision and safe patient care.</p> <p>The new rota included supernumerary consultant shifts dedicated to trainee supervision and assessment, which were part-funded by the Trust and part-funded by HEE through the national clinical educator funding pilot. The Deputy Medical Director reported that these additional shifts had proved to be effective and that the Trust committed to continuing funding these sessions when the pilot ended.</p> <p>The review team was informed that all CSs and ESs had allocated time in their job plans for supervision. This included supervision of non-training grade doctors as well as trainees. The Specialty Tutor had additional time allocated for this role.</p> <p>The consultants stated that between 110 and 140 patients presented to the ED and urgent care centre each day, with a further 60 brought in by ambulance. It was reported that the staff-to-patient ratios provided an interesting case mix as well as allowing clinicians to provide good patient care. The consultants advised that ED staff worked well with their colleagues in acute services which helped to prevent bed-blocking in the ED.</p> <p>At the time of the review there was one higher trainee at the Trust. It was noted that it was not usual practice to allocate just one higher trainee to a department, but that the trainee was doing well, was able to meet the curricular requirements and had developed a support network with trainees based at Northwick Park Hospital. The review lead advised the Trust representatives to ensure that there were appropriate processes in place to manage trainees requiring additional support (TRAS) in case any trainees experienced difficulties in future.</p>	<p>Yes, please see Other Actions</p> <p>Yes, please see EM2</p>
3	<p><b>Assessment and curricular requirements</b></p> <p>The Interim Specialty Tutor advised that trainees were able to complete workplace-based assessments (WPBAs) and on average each trainee completed a WPBA every two weeks.</p> <p>The review team noted that the previous ultrasound scanning (USS) trainer had left the Trust and enquired about the current training arrangements. The Interim Specialty Tutor reported that USS training was provided during the supernumerary supervision shifts by consultants from Northwick Park Hospital. This was also the case for</p>	

	<p>paediatric emergency medicine (PEM) training. The Trust had a simulation suite which was used by trainees at both Trust sites. The Interim Specialty Tutor indicated that there was a lot of interest in simulation training among supervisors at the Trust. The trainee representative agreed that trainees were supported to complete WPBAs and achieve competencies around USS and PEM but that the ultrasound machine in the department was not up-to-date and did not save images, so trainees could not use the machine to retrospectively review scans with a consultant.</p>	Yes, please see EM3
4	<p><b>Teaching programmes</b></p> <p>The review team was informed that the department had quarterly local faculty group (LFG) meetings which were scheduled on teaching days to ensure that junior doctors were able to attend. The Interim Specialty Tutor reported that there were separate teaching programmes for core, foundation, general practice and specialty trainees. The teaching programmes included workshop sessions for assessments which trainees found it harder to complete in practice. It was reported that the department was developing online learning packages to accompany the teaching programmes, including video recordings of some teaching sessions. The consultants advised that higher trainees were offered the opportunity to shadow or work alongside the lead consultant to learn management and leadership skills. The teaching programme also included sessions on management and medico-legal issues.</p> <p>The Trust had recently recruited 33 middle-grade non-training doctors from overseas and the postgraduate medical education (PGME) team was planning the induction and ongoing teaching programmes for this cohort. The Interim Specialty Tutor advised that non-training grade doctors were given the same competency lists as trainees and offered the same teaching sessions. The review team heard that the department aimed to foster a culture of preparing non-training grade doctors for training or for certificate of eligibility for specialist registration (CESR). The PGME team facilitated non-training grade doctors to work at both Trust sites and to gain experience by rotating through other departments such as intensive care medicine and anaesthetics.</p> <p>The review lead informed the Trust representatives that the Royal College of Emergency Medicine (RCEM) planned to offer funding for regional leadership posts (for consultants and trainee fellowships) in December 2018. The Trust was advised to consider applying for the funding and to identify which doctor within the department would be suitable for this post.</p>	<p>Yes, please see EM4a</p> <p>Yes, please see EM4b</p>

## Next steps

### Conclusion

The review team commended the Trust for the improvements made since the previous review. Some areas of note were:

- substantial improvements had been made to the consultant rotas to ensure good clinical and educational supervision, including the introduction of four-hour supernumerary shifts dedicated to trainee supervision and assessment

- the local faculty group meetings were scheduled as part of the departmental teaching programmes so that junior doctors were able to attend
- there was good leadership within the department around training activities, including the development of teaching programmes for non-training grade doctors.

Areas for further improvement were outlined to the Trust representatives (please see Requirements/Recommendations section below). Overall, the review team found that many of the issues identified at the previous review had been resolved and that the department provided good quality training.

## Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM2	The Trust should ensure that there are clear procedures in place for managing TRAS.	Please provide a copy of a policy or procedure document detailing the process for managing TRAS and evidence that this has been distributed to supervisors.	<b>R2.16</b>

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
EM3	The Trust should ensure that all equipment is fit for purpose.	The Trust is advised to consider replacing the ultrasound machine used in the ED.	<b>R1.19</b>
EM4 a	The Trust should plan for the anticipated increase in supervision and teaching requirements, particularly given the recent recruitment of a large cohort of non-training grade doctors who will require induction and training.	The Trust is advised to consider providing additional support around the specialty tutor role.	<b>R4.2</b>
EM4 b	The Trust should consider applying for the RCEM regional leadership fellowship funding and look at which colleague would be suitable for post.	The Trust is advised to monitor communications from the RCEM and work with consultants and trainees to identify a suitable nominee for this post.	<b>R1.22</b>

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
The Specialty School of Emergency Medicine will review the trainee allocations for the next rotation to ensure that a lone specialty trainee is not allocated to the department.	Head of School

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Chris Lacy
Date:	23 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.