

# King's College Hospital NHS Foundation Trust

## Ophthalmology

### Risk-based Review (educational lead conversation)



## Quality Review report

15 January 2019

Final report

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## Quality Review details

<b>Training programme</b>	Ophthalmology
<b>Background to review</b>	The review was organised to discuss with the relevant leads and senior members of management the increase in red and pink outliers in the General Medical Council (GMC) National Training Survey (NTS) results over the last three years.
<b>HEE quality review team</b>	<p>Emma Jones Head of School of Ophthalmology Health Education England (London)</p> <p>Anand Mehta Deputy Postgraduate Dean, Health Education England (London)</p> <p>Cordelia Mckechnie Deputy Head of School of Ophthalmology Health Education England (London)</p> <p>Susie Morley Training Programme Director South London</p> <p>Bindiya Dhanak Learning Environment Quality Co-ordinator Quality, Patient Safety &amp; Commissioning Team (Health Education England, London)</p> <p>Kenika Akinwumi Learning Environment Quality Co-ordinator Quality, Patient Safety &amp; Commissioning Team (Health Education England, London)</p>
<b>Trust attendees</b>	<p>The review team met with a number of the senior management within the department including:</p> <ul style="list-style-type: none"> <li>- Director of Medical Education</li> <li>- Senior Medical Education Manager</li> <li>- Interim Clinical Director</li> <li>- Divisional Medical Director</li> <li>- Executive Director of Workforce</li> <li>- Educational Leads</li> <li>- Deputy Director for Operational Planned Care</li> <li>- Delivery Manager of Ophthalmology</li> </ul>

### Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
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1	<p><b>Introduction</b></p> <p>The Health Education England (HEE) review team thanked the Trust for facilitating the review.</p> <p>The review team discussed the ongoing concerns around ophthalmology training at the Kings College Hospital (KCH) site, particularly around the increase in red and pink outliers in the General Medical Council (GMC) National Training Survey (NTS) results over the last three years.</p> <p>The review team also acknowledged their concerns with the length of time it took to close actions from November 2017 which included two Immediate Mandatory Requirements (IMR). The Deputy Director for Operational Planned Care (DDOPC) apologised to the review team for the time taken to close actions and advised that going forward they would be more involved in providing evidence for action plans.</p>	
2	<p><b>Trust Presentation</b></p> <p>The Trust presented to the review team the progress made since the last visit in November 2017. The Interim Clinical Director (CD) informed the review team that the Trust had worked hard to increase the number of procedures so that ophthalmology trainees within it had greater access to surgical experience. The review team was presented with a chart which showed an increase of 129 day case procedures from January 2018 to October 2018 which was due to an increase in productivity resulting in existing lists.</p> <p>It was noted by the review team that there was a standardised sample tracking system form for microbiology samples at Queen Mary's Sidcup (QMS) that had been in place across all sites for many years. The DDOPC explained to the review team that although the system was in place, this had not been communicated to the ophthalmology trainees. The DDOPC indicated to the review team that the Trust used the APEX IT system for displaying and accessing pathology results which allowed trainees to see when samples had been booked into the laboratory and allowed them to access the results afterwards. The DDOPC indicated that account registration and training had been built into the local induction for all ophthalmology trainees.</p> <p>The CD informed the review team that Local Faculty Group (LFG) meetings for ophthalmology were held quarterly on a Friday afternoon. There had also been discussions within the department about generating a confidential internal survey through survey monkey between LFG meetings in order to gain regular trainee feedback, which would be administered by the Post Graduate Medical Education (PGME) department. The CD confirmed that the survey would shortly be circulated to the ophthalmology trainees. The Director of Medical Education (DME) informed the review team that they held meetings with ophthalmology trainees, without their supervisors and managers present, after the GMC survey to sense check the results and to discuss which areas worked well and what could be improved. When asked how often these meetings took place, the DME indicated that, in the last two years, three meetings had taken place.</p> <p>The review team was pleased to hear that new equipment had been purchased which included a new microscope.</p>	Yes, please see O2.1
3	<p><b>Team work/Handover</b></p> <p>The review team was concerned with the results received from the pre-review questionnaire with regards to handover. The CD informed the review team that the ophthalmology trainees had designed and developed the electronic handover system for ward patients needing review. All trainees and consultants on first on-call and second on call all had access to an additional mailbox called ophthalmology on-call. The DDOPC informed the review team that locum staff should have access to this</p>	

	<p>mailbox however this was not always the case. The CD indicated that on occasions when the mailbox was not available or could not be accessed, often a telephone or face to face handover took place. The review team noted that the trainees preference was for handover to be conducted electronically and the DDOPC noted that the advantage of this was a clear audit trail. The CD felt that once long term staff were appointed the system would work as the need for locums would be decreased.</p> <p>The review team noted that the handover did not include nursing staff and the wider team. The CD indicated to the review team that this was being looked into. The DDOPC noted that there needed to be a more robust process as locums were still employed.</p> <p>The EL at the QMS site informed the review team that junior ophthalmology trainees had come from firms doing medicine and ward rounds. The EL undertook a handover meeting after clinics where all staff discussed what had gone well; this was felt to be of educational value for trainees. This was noted by the visiting team to be an area of good practice which should be shared.</p> <p>The DME highlighted that the handover questions in the GMC survey not only assess continuity of care but also multi-disciplinary handover and learning opportunities. The Medical Education Manager (MEM) at Kings would go through the GMC questions with the Education Leads.</p>	<p>Yes, please see O3.1a</p> <p>Yes, please see O3.1b</p>
4	<p><b>Educational supervision</b></p> <p>The Educational Leads (ELs) for ophthalmology confirmed to the review team that there were three ESs at the KCH site, two ESs at the QMS site and two ESs at the PRUH site. The Divisional Medical Director (DMD) informed the review panel the ESs were job planned to a maximum of 0.5 PA for two or more trainees to create flexibility and the DME confirmed that most ESs only had two trainees to supervise.</p> <p>The review team were concerned with the results from the pre-review questionnaire which indicated that some trainees had only met with their ES at the end of their placement. The CD assured the review team that they would ensure meetings with the ES took place at the beginning of the trainee's placement.</p> <p>When asked by the review team if all educational supervisors were trained for their supervisory role, the DME indicated that all ESs were trained and the Trust had a full faculty development programme available for all consultants. The DME informed the review team that newly appointed consultants were up to date with clinical supervision training and would be educationally trained in ophthalmology as a priority.</p> <p>The DME informed the review team that they carried out all educational appraisals with ESs and the MEM had kept a record and sent out reminder emails when due. The DME indicated to the review team that they would work with the EL at the QMS site to ensure all educational appraisals were up to date.</p> <p>The review team was pleased to hear that all ESs felt supported in their educational supervisor role.</p>	<p>Yes, please see O4.1a</p> <p>Yes, please see O4.1b</p>
5	<p><b>Rota design</b></p> <p>The CD informed the review team that there had been rota issues at the KCH site as they were one training grade doctor short, as well as being short of other non-training juniors; however, they advised that they would have a full complement of trainees in August 2019. The CD confirmed that an emergency eye fellow would be starting in February 2019 which the Trust hoped would make a significant difference to rota gaps. The EL at QMS site informed the review team that there was a full complement of trainees and consultants there.</p>	<p>Yes, please see O5.1</p>

	<p>The CD informed the review team that at the KCH site the first on-call rota was a one in seven weeks or one in eight weeks. It was noted that Specialty Trainees at Level 3 (ST3s) or below were on the first on-call to look after emergencies that came through the emergency department. The review team heard that Specialty Trainees at Level 4 (ST4s) were on the second on-call with responsibility for the ward patients and complex cases that came through the emergency medicine department.</p> <p>It was heard by the review team that the majority of the rota was staffed by non-training grade doctors. The CD informed the review team that due to a change in funding, it had proven difficult to fill rota gaps with locum cover at the KCH site. The EL at the QMS site informed the review team that they had previously employed locum consultants for rota gaps to be filled but had since appointed permanent consultants so locums were no longer required.</p> <p>The DDOPS informed the review panel that there was a new system, Medirota, being implemented in ophthalmology by the end of March 2019 which would allow trainees to log in to the system to view daily on-call arrangements and indicated which consultant was on call. The EL from the QMS site informed the review team that the on-call arrangements were recorded on to the white board in the department and electronically managed through emails.</p> <p>The DDOPC informed the review team that sometimes clinics ran late as the booking team tried to fit in patients that had been previously been cancelled. The review noted to the Trust that potential educational opportunities were missed due to the rush of overbooked clinics. The DDOPC informed the review team that they had looked into booking clinics six weeks in advance to see patients in a clinically appropriate time frame and indicated this would take one to two months to set up.</p> <p>The DME informed the review team that a formal presentation was delivered at induction for exception reporting by the Guardian of Safe Working Hours (GoSWH).</p>	
6	<p><b>Reporting systems</b></p> <p>The review team noted that the results from the pre-review questionnaire indicated that trainees felt that exception reports were not being addressed in a timely manner despite the trainees following up via email. The CD informed the review team that this was an issue of which they were aware and looking into but confirmed that trainees were encouraged to exception report. It was noted by the CD that often the ES was not specified in the exception report but the on-call consultant.</p> <p>The CD informed the review team that regular governance meetings took place where major issues reported through Datix were discussed. It was noted by the review team that a trainee representative would be invited to future meetings so that they were aware that Datix reports were being addressed and would be able to ensure that that feedback and learning was cascaded to all ophthalmology trainees.</p> <p>The DDFPC informed the review team that cross site governance meetings took place once a month where lessons learnt from incidents were discussed. The review team suggested that trainees should be involved in lessons learnt for educational value.</p>	<p>Yes, please see O61a</p> <p>Yes, please see O6.1b</p>

7	<p><b>Induction</b></p> <p>The MEM informed the review team that trust induction took place at the KCH site once a month which trainees attended. Local induction took place within the specialist teams on the Thursday and Friday. The DDOPC indicated to the review team that the senior management team were in the process of redesigning the induction programme as a matter of course. The DDOPC informed the review team that some ophthalmology trainees had joined the working group to redesign induction for subsequent rotations.</p> <p>When asked about resuscitation training the DDOPC indicated to the review team that Immediate Life Support (ILS) and Advanced Life Support (ALS) training would be included in the local induction for those trainees who required training.</p>	Yes, please see O7.1
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### Next steps

Conclusion
<p>The review team thanked the Trust for the excellent attendance at the meeting. There had been positive steps taken to improve the training environment such as involving trainees in handover arrangements, improving surgical opportunities, new consultant appointments, support for trainees in the accident and emergency and having regular feedback mechanisms for the trainees to raise concerns.</p> <p>There were ongoing concerns around the ability of the Trust to ensure that the steps to support the trainees were being taken in terms of handover and meeting with ESs at the beginning of their placements. The Trust assured the review team that they would be meeting with the trainees to address these issues.</p>

### Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O3.1a	The Trust is to ensure that locum staff are given access permissions to the ophthalmology on-call mailbox to ensure appropriate handover.	Trust is to provide evidence of locum staff being provided with access to the on-call mailbox. Please provide an update within one month.	R1.14
O4.1a	Trust is to ensure ESs have met with trainees at the beginning of placement to discuss personal development plans.	Trust is to provide evidence that ESs have met with the trainees at the beginning of placement which can be confirmed through LFG minutes. Please provide an update within one month.	R1.18
O4.1b	Trust is to ensure that new ophthalmology consultants have been trained and accredited to take on their supervisory role and current college tutors have had their three yearly appraisals.	Trust is to provide confirmation of ES training for new ophthalmology consultants and provide evidence that current college tutors have had their 3 yearly educational appraisal. Please provide an update within three months.	R4.1

O6.1a	Trust is to ensure exception reports are being responded to in a timely manner	Trust is to ensure exception reports are being addressed in a timely manner. Please provide an update through LFGs minutes that trainees had received responses to exception reports. Please provide an update within three months.	R2.6
O7.1	Trust is to ensure local induction meets the requirements.	Trust is to provide induction timetable for all three sites, which will need to include resuscitation training if appropriate to site, IT training and exception reporting guidance. Please provide an update within one month.	R1.13
O5.1	Trust to ensure rota gaps in its on-call cover are responded to.	Trust to confirm appointed fellows have started in February 2019 and that there are no gaps in rotas. Trust to also provide evidence wider work force strategy which will address the sustainability of rotas. Please provide an update within one month.	R1.12
O3.1b	Trust to ensure there is a robust handover process which involves senior leadership.	Handover process needs to be designed to include opportunity to learn across the wider team. Please provide an update within three months.	R1.14
O2.1	Trust is to provide evidence through trainee feedback that all outstanding issues have been resolved.	Trust is to provide evidence through an internal survey has been conducted. Please provide an update within three months.	R1.15

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
O6.1b	The review team suggested to the Trust that trainees should be involved in lessons learnt for educational value.	Trust is to provide evidence to show trainees being invited to lessons learnt sessions and attending. Please provide an update within three months.	R2.6

### 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: Emma Jones

Date:

**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.