NHS
Health Education England

# Central London Community Healthcare NHS Trust

## Genitourinary Medicine

## Risk-based review (on-site visit)

## Quality Review report

**5 March 2019**

**Final**

Developing people for health and healthcare

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# Quality Review details

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| **Background to review** | In 2017, as part of the London Sexual Health Services Transformation Programme, sexual health services in south west London were decommissioned from St George's Healthcare NHS Trust and recommissioned to Central London Community Healthcare NHS Trust (CLCH). On 1 October 2017 services moved away from St George's Hospital and were temporarily located between two hubs at Balham Health Centre and Queen Mary's Hospital, Roehampton. Health Education England and the London Specialty School of Medicine were involved in reviewing and supporting this process. Core medical trainees were removed from genitourinary medicine training but foundation, general practice and higher training posts remained. The service relocated to permanent premises at the Falcon Road health centre in November 2018. Due to the small number of trainees at each training level there were no results returned from the General Medical Council National Training Survey (GMC NTS). |
| **Training programme / learner group reviewed** | Genitourinary medicine (GUM) |
| **Number of learners and educators from each training programme** | The review team met with four trainees at levels ranging from foundation year one (F1) to specialty training level four (ST4). The review team also met with clinical supervisors and the following Trust representatives:<br>• Medical Director (CLCH)<br>• Training Programme Director for GUM, south west London<br>• General Manager of Sexual Health Clinic<br>• Clinical Director (Chelsea and Westminster NHS Foundation Trust)<br>• Divisional Director of Operations and Human Resources (Chelsea and Westminster NHS Foundation Trust)<br>• Educational Lead (CLCH)<br>• F1 Training Coordinator (St George's NHS Foundation Trust)<br>• F1, F2 & ST4 Educational Supervisor. |
| **Review summary and outcomes** | The review team thanked the Trust and all staff who participated in the review. Several areas of good practice were noted, including the dedication of the clinical supervisors, the teaching programme and the multidisciplinary team support for trainees reporting safeguarding concerns.<br>One immediate mandatory requirement was issued relating to the need for a robust induction programme including shadowing and supervised practice for the next cohort of trainees due to start at the Trust in April 2019 and subsequent new starters thereafter. The review team also noted the following areas for improvement:<br>• Rotas were often issued at short notice, which impacted on work-life balance for staff and trainees and the ability to plan clinics<br>• The Trust required an on-site educational lead with sufficient time in their job plan to maintain oversight of trainee rotas, teaching and supervision and to manage the local faculty group |

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| | • The clinic appointment booking system was not fit for purpose, leading to some clinics overrunning and difficulty allocating patients to an appropriate clinician<br>• Given the clinical experience and training available, the Trust was encouraged to consider offering two foundation year two (F2) posts rather than an F1 and an F2. |

| **Quality Review Team** | | | |
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| **HEE Review Lead** | Catherine Bryant<br>Deputy Head of School of Medicine | **Deputy Postgraduate Dean** | Anand Mehta<br>Deputy Postgraduate Dean<br>Health Education England, working across south London |
| **Foundation School Representative** | Jan Welch<br>Foundation School Director (south west Thames)<br>Health Education England | **GP Representative** | Judy Roberts<br>Associate Dean, Primary Care Education and Training<br>Health Education England |
| **Training Programme Director** | Isba Javed<br>Training Programme Director for General Practice<br>St George's Healthcare NHS Trust | **Lay Member** | Robert Hawker<br>Lay Representative |
| **HEE Representative** | Louise Brooker<br>Learning Environment Quality Coordinator<br>Health Education England, London | | |

**Educational overview and progress since last visit – summary of Trust presentation**

The Trust had six training posts, five of which were filled at the time of the review. There were two foundation trainees and two general practice (GP) trainees from St George's Healthcare NHS Trust (SGH) who were placed at the Central London Community Healthcare NHS Trust (CLCH) for four-month rotations under a lead employer model. There was one higher trainee at specialty training level four (ST4) from Chelsea and Westminster NHS Foundation Trust (C&W) who had an honorary contract with CLCH. C&W held responsibility for educational governance, including accreditation of clinical and educational supervisors. In the event of a concern regarding the training programme, the escalation pathway for trainees was through the Training Programme Directors (TPDs).

When CLCH took over the contract for the integrated sexual health service, the team had moved to two temporary split sites at Balham and Queen Mary's Hospital before moving to the Falcon Road Health Centre site in November 2018. In addition, the value of the contract had reduced so the service was under greater financial constraints and services for sexual health and HIV (human immunodeficiency virus) had been separated. The review team heard that this period of disruption and reconfiguration had resulted in the loss of medical, nursing and support staff, including some of the consultants who had led on trainee supervision. The review team heard that the Falcon Road site offered a level three genitourinary medicine (GUM) service, so the Trust was able to meet the curricular requirements for foundation, GP and GUM specialty training. The service included a comprehensive and complex contraception service and provision of acute and chronic sexually transmitted infection testing and treatment, partner notification, pregnancy testing, psychosexual counselling, HIV pre and

post-exposure prophylaxis treatment, human papilloma virus and hepatitis B and C vaccinations and specialist clinics for vulval dermatology and vulvodynia, gay men and young people.

The TPD for GUM emphasised that despite the staffing issues, the consultants had maintained the training programme including weekly teaching, induction sessions and clinical supervision. At the time of the review, there was an interim Educational Lead (EL) in place. A new locum consultant was due to start work at the Trust in March 2019 and was to take over the EL role. It was acknowledged that the trainee induction was meant to include supernumerary time and directly supervised practice but that this was not always carried out due to the reduced number of consultants available to supervise trainees. The teaching programme included multidisciplinary sessions and the supervisors advised that they were working to bring in more external speakers to present to the trainees and the team.

The review lead enquired about the support and feedback mechanisms available to trainees. The TPD for GUM reported that the local faculty group (LFG) had recently been re-established, although the lines of reporting to the lead provider Trusts needed to be clarified. The review team heard that there was good peer support available if trainees had any concerns or encountered a challenging clinical case and that there was a named consultant present every day to provide support and supervision. There were structured safeguarding team meetings every two weeks and trainees were able to attend Schwartz rounds at SGH and C&W. Because the team was relatively small, the clinical supervisors advised that they were able to hold informal meetings with the trainees to discuss particular cases.

At the time of the review, the Trust did not host medical or nursing students but planned to begin doing so. Previously the Trust had been reluctant to have students on placement in the GUM service due to capacity and the disruption of moving to the temporary sites. The Trust planned to offer medical students one session per week from April 2019, increasing to two sessions from September 2019. There were ongoing discussions around potential placements for student nurses.

The Medical Director (MD) reported that CLCH had a good culture of reporting around safety and quality of care and that this data was reviewed at Trust Executive level. In 2018 the Trust had won a national award for risk reporting. The review team heard that C&W was responsible for the governance around safeguarding and other statutory and mandatory staff training.

# Findings

## 1. Learning environment and culture

**HEE Quality Standards**

**1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.**

**1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.**

**1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.**

**1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.**

**1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.**

**1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**

| Ref | Findings | Action required? |
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| | | Requirement Reference Number |
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| GU1.1 | **Patient safety**<br>The trainees felt that the service was safe and said that they would all be happy to refer a friend to the service. The review team heard that patient feedback was largely positive and that most complaints were about waiting times rather than clinical care. | |
| GU1.2 | **Serious incidents and professional duty of candour**<br>All trainees were aware of how to submit a Datix report but most had not needed to do so. When trainees had submitted Datix reports, the review team heard that they received good feedback and support to submit additional evidence if needed. In the case of safeguarding concerns, the health advisors were described as a good source of help and advice. | |
| GU1.3 | **Appropriate level of clinical supervision**<br>The trainees reported that there was always a consultant on-site that they could ask for supervision or advice, but that it was rare for their notes to be reviewed or for them to be directly supervised. It was Trust policy that trainees could not work if there was no consultant on-site. The trainees reported that this rarely occurred but that when it had happened they had been offered alternative educational opportunities during the period that no consultant was available. Because the consultant on duty was also responsible for seeing patients, trainees advised that they often had to wait for the consultant to finish an appointment before they were able to discuss a patient with them. This delayed the trainees' clinics and the trainees reported that it was sometimes difficult to get consultant reviews for patients. This had led the junior trainees to seek reviews by senior trainees when possible.<br>The supervisors agreed that it was often difficult to provide direct supervision to trainees as there was frequently only one consultant present and they were often running a complex clinic. When the consultant vacancies were filled, the supervisors planned to run dedicated teaching clinics for trainees to practice skills and complete workplace-based assessments. It was also suggested that the Trust could employ a non-training grade doctor, such as a clinical fellow, 'F3' or specialist grade doctor, to cover some clinics and allow the consultants more time to focus on supervision. The supervisors found the current 'F3' bank role helpful for this and the Trust was training nurses to take on additional tasks that were currently performed by doctors.<br>The review team heard that trainees, including F1 doctors, frequently prescribed and administered medications without having a colleague to check the drugs or the prescription, including some intramuscular injectable medications. If trainees required advice prior to prescribing, they felt able to seek advice from consultants or from specialist nurses. | Yes, please see action GU1.3a<br><br>Yes, please see action GU1.3b |
| GU1.4 | **Responsibilities for patient care appropriate for stage of education and training**<br>Due to a shortage of nursing and support staff, trainees and consultants carried out procedures such as urine tests and venepuncture during clinics. The review team was informed that more support staff were to be recruited. | |
| GU1.5 | **Rotas**<br>The review team was informed that weekly rotas starting on Monday morning could be issued as late as the previous Friday afternoon. The trainees had raised this issue with supervisors but it had not been resolved at the time of the review.<br>It was suggested that delayed rota planning also impacted negatively on clinic management, as appointments were booked automatically until all slots were filled and were not limited based on the number of clinicians available. The trainees felt that they needed to rush appointments to fit in additional patients when clinics were overbooked. | Yes, please see action GU1.5 |

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| | The Trust had started to run some clinics on a walk-in basis instead of allocating appointments. This was a recent change but the supervisors expected this to make the clinics easier to manage.<br><br>The trainees advised that they rarely left work late but that if clinics overran it could be difficult to take lunch breaks. The health centre was open from 08:00 to 20:00 and there were always multiple staff on-site so the trainees' roles did not involve lone working. | |
| GU1.6 | **Induction**<br><br>The trainees' experience of induction was variable but the trainees expressed concern that the induction did not include supervised clinics or consistent notes reviews, even for trainees who were new to GUM. It was suggested that the Trust could improve the training experience by allocating a senior doctor to provide direct supervision and support trainees during clinic, at least for an initial period at the start of each rotation. | Yes, please see action GU1.6 |
| GU1.7 | **Protected time for learning and organised educational sessions**<br><br>The Trust held weekly teaching sessions for the trainees. During recent sessions, the foundation and GP trainees had been supported to complete the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH). The higher trainee had already completed the DFSRH and was able to participate in teaching the junior trainees.<br><br>All trainees reported that they were able to attend their curricular training at SGH or C&W as appropriate. The supervisors ran multidisciplinary teaching at the Falcon Road site but the trainees estimated that these sessions ran once per month due to the difficulty in releasing nurses from clinical duties. The trainees remarked that the interim EL had been proactive in arranging teaching sessions on a variety of topics and inviting colleagues to speak at these sessions. The supervisors indicated that they planned to include clinic-wide, multidisciplinary notes reviews in future teaching sessions and that they hoped to link more closely with the training programme at C&W. | |

## 2. Educational governance and leadership

**HEE Quality Standards**

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

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| GU2.1 | **Effective, transparent and clearly understood educational governance systems and processes**<br><br>The local faculty group (LFG) had met in February 2019 for the first time since the start of the academic year. The meeting included a trainee representative, who had been tasked with arranging the following two meetings. The trainees were also able to attend safeguarding team meetings, which they described as being very useful. The trainees felt that the supervisors were receptive to their feedback. | |

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| | The supervisors hoped that when a substantive EL was in post they would develop a standard operating procedure for training within the service, as well as having oversight of trainee rotas, leave, LFG meetings and induction. It was noted that the two consultants who were due to start at the Trust in April and May 2019 were both locums and that substantive recruitment was expected to take place in summer 2019. At full establishment, the service would employ 3.25WTE (whole time equivalent) consultants which the supervisors believed would be sufficient to provide good supervision for trainees.<br><br>Some trainees found the governance arrangements around external training courses and study leave difficult to navigate due to the division of responsibilities between CLCH and the lead employer Trusts. | Yes, please see action GU2.1a<br><br>Yes, please see action GU2.1b |
| GU2.2 | **Impact of service design on learners**<br><br>When asked what would make the most significant improvement to training, the trainees stated that recruitment of more staff at all levels was the most important step the Trust could take. The review team heard that, due to financial constraints and the service restructure, there had been a reduction in the number of nurses and that there had been difficulty in recruiting nurses. The trainees were aware that consultant recruitment was underway and that new consultants were due to start work at the Trust over the next few weeks.<br><br>A further improvement suggested by the trainees was the addition of a patient flow or clinic manager to help run the clinics, for example by limiting the number of walk-in patients and allocating patients to the appropriate clinician. The trainees noted that some of the nurses were good at doing this and would triage and prioritise patients, manage the more straightforward cases and note which patients required a consultant review. Otherwise, the trainees reported that patients were largely allocated to a clinician at random unless they were attending a specialist clinic or it was clear that their case was more complex.<br><br>The trainees had experienced some difficulty in obtaining chaperones for intimate examinations. It was indicated that this was partly due to a lack of available staff and sometimes because staff were reluctant to act as chaperone. The trainees reported that they always offered patients the option to have a chaperone present and the majority declined. If a patient accepted the offer of a chaperone, the trainees advised that they had always been able to obtain one eventually, though it could take time to find one. | Yes, please see action GU2.2 |
| GU2.3 | **Appropriate system for raising concerns about education and training within the organisation**<br><br>There were meetings each morning where the multidisciplinary team met to plan the clinics and allocate work. The trainees reported that the consultants were trying to build an opportunity to give feedback into these meetings, but did not think that there would be enough time to fully discuss any concerns prior to the morning clinic.<br><br>The supervisors reported that they had open door policies for trainees and that the trainees were able to approach them to give feedback and escalate concerns. | Yes, please see GU2.3 |
| GU2.4 | **Organisation to ensure time in trainers' job plans**<br><br>The trainees felt that the supervisors were dedicated to training but that it was difficult to balance training activity with service provision. The supervisors concurred with this and indicated that the Trust was supportive of training. The supervisors aimed to spend more time on direct trainee supervision and dedicated teaching clinics when staffing levels improved. | |
| GU2.5 | **Organisation to ensure access to a named clinical supervisor** | |

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| | The former EL, who had also acted as clinical supervisor (CS) for the trainees, had left the Trust a week prior to the review and not all of the trainees were sure which consultant was to take over this role. The trainees had had supervision meetings with the former CS and had been able to complete their assessments. For the trainees on four-month rotations, the former CS had completed the end-point assessment prior to leaving. | Yes, please see action GU2.5 |
| GU2.6 | **Organisation to ensure access to a named educational supervisor**<br>The trainees reported that they had named educational supervisors. | |

## 3. Supporting and empowering learners

**HEE Quality Standards**

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

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| GU3.1 | **Access to resources to support learners' health and wellbeing, and to educational and pastoral support**<br>The review lead enquired whether trainees had access to debriefing or reflection sessions if they encountered challenging cases. The trainees reported that the most complex cases were typically referred to the health advisors. The trainees were able to debrief with the health advisors and found this useful. It was noted that the trainees' involvement with the cases was different than in the acute sector, so the trainees felt that no additional support was needed but were confident the Trust would provide it if requested. | |

## 4. Supporting and empowering educators

**HEE Quality Standards**

**4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**

**4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**

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| | **N/A** | |

## 5. Developing and implementing curricula and assessments

**HEE Quality Standards**

**5.1 Curricula assessments and programmes are developed and implemented so that learnersare enabled to achieve the learning outcomes required for course completion.**

**5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.**

**5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.**

**5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.**

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| GU5.1 | **Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum**<br>The trainees advised that they were able to complete their workplace-based assessments and supervised learning events. | |
| GU5.2 | **Opportunities for interprofessional multidisciplinary working**<br>The Trust employed some nurses with specialist expertise in areas such as complex contraception and the trainees valued working with them. The trainees felt that the nurses would be happy to supervise and teach them in a more formal way but that this was not possible due to short staffing in the nursing team. | |

## 6. Developing a sustainable workforce

**HEE Quality Standards**

**6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.**

**6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.**

**6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.**

**6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.**

**6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**

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| GU6.1 | **Learner retention**<br>The trainees were mostly willing to recommend their posts to colleagues due to the opportunities to access specialist clinics and the value of the placement for trainees interested in GUM or GP career pathways. However, the trainees added the caveat that the balance of service provision and training needed to be improved and that the post would not be suitable for a first rotation at F1 level. | Yes, please see action GU6.1 |

# Good Practice and Requirements

| Good Practice |
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| The trainees described a positive working environment and friendly, approachable team including doctors, nurses and health advisors. The educational and clinical supervisors showed dedication to training despite working through a challenging period. |
| The foundation and general practice (GP) trainees had been supported to complete the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH). The higher trainee had already completed the DFSRH and was able to participate in teaching the junior trainees. |
| There was good support available for escalation of safeguarding concerns. |

| Immediate Mandatory Requirements |
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| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|---|---|---|---|
| GU1.6 | Doctors in training reported a lack of comprehensive induction and being left to see patients without adequate supervision when starting their posts. | HEE requires the Trust to provide a robust induction schedule, a period of shadowing and period of supervised practice to ensure doctors have demonstrated safe procedural and prescribing practices. This should include a regular (weekly), ongoing notes review. | R1.8/R1.13 |

| Mandatory Requirements | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| GU1.3b | The Trust should ensure that trainees are able to routinely check medications with an appropriately qualified colleague prior to administration. F1 doctors should be supervised for prescribing and have all prescriptions checked by the supervising consultant in clinic. | Please provide evidence of trainee feedback demonstrating that trainees are routinely checking medications with an appropriately qualified colleague and that the F1 trainee is always supervised for prescribing by the end of May 2019. | R1.19 |
| GU1.5 | The Trust should ensure that rotas are issued in a timely way. | Please provide evidence that rotas are planned and communicated to staff no later than eight weeks prior to the start of the rota period. Please provide this evidence by the end of May 2019. | R1.12 |
| GU2.1a | The Trust requires a permanent Education Lead (EL) to develop a standard operating procedure for training within the service, as well as having oversight of trainee rotas, leave, LFG meetings and induction. | Please provide a copy of a job plan for the EL role by the end of May 2019 and provide updates on the progress of recruiting a substantive consultant to cover this role. | R2.1 |
| GU2.1b | The Trust should ensure that trainees are aware of the process for arranging to attend external training events and applying for study leave. | Please provide evidence that this process has been communicated to trainees by the end of May 2019. | R3.12 |
| GU2.3 | The Trust should clarify the feedback mechanisms available to trainees. | Please provide evidence of communication with the trainees outlining the feedback mechanisms available by the end of May 2019. | R2.7 |
| GU2.5 | The Trust should ensure that trainees are aware of which consultant holds responsibility for their clinical supervision. | Please provide evidence of communication with the trainees stating who is responsible for their overall clinical supervision now that the previous CS has left. The trainees who start their rotations in April should be informed who their CS is at induction. Please provide evidence that this has been done by the end of May 2019. | R2.14 |

| Recommendations |
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| Rec. Ref No. | Recommendation | Recommended Actions | GMC Req. No. |
|---|---|---|---|
| GU1.3a | Employing non-training grade doctors may remove some of the burden of service provision from consultants who are also responsible for supervising trainees. | The Trust is advised to consider employing non-training grade doctors to run some clinics and allow consultants more time for supervision activities. | R1.7 |
| GU2.2 | The Trust requires a better system for managing clinic appointments and patient flow. | The Trust is advised to consider solutions such as assigning responsibility for patient flow management to a named team member, using a matrix style patient allocation system and mapping the clinic bookings to the rota to avoid overbooking. | R2.3 |
| GU6.1 | Given the clinical experience and training available, the Trust should consider having two foundation year two (F2) posts rather than an F1 and an F2. | The Trust is advised to review the training opportunities available and consider the impact of changing the current F1 post to an F2. | R5.9 |

| Other Actions (including actions to be taken by Health Education England) | |
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| **Requirement** | **Responsibility** |
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| Signed | |
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| **By the HEE Review Lead on behalf of the Quality Review Team:** | Dr Catherine Bryant |
| **Date:** | 29 April 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.