NHS
Health Education England

Croydon University Hospital NHS Trust

Medicine

Risk-based Review (on-site visit)

Quality Review report

26 March 2019

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	Health Education England (HEE) felt that with the release of the poor 2018 General Medical Council's (GMC) National Training Survey (NTS) results and an Educational Leads Conversation (ELC) which took place in October 2018, that a conversation with the core medical trainees and higher trainees geriatric medicine was required.
Training programme / learner group reviewed	Medicine
Number of learners and educators from each training programme	The review team met with core medical trainees (CMTs) and three higher geriatric trainees. As well as meeting with trainees, the review team also met with a number of the senior management and education team within the department including: - Director of Medical Education (DME) - Medical Education Manager (MEM) - Clinical Director (CD) - Guardian of Safe Working Hours (GoSWH) - College Tutor (CT) for CMTs - Clinical Business Unit (CBU) lead - Educational leads (ELs) Educational supervisors (ESs)
Review summary and outcomes	The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well: – The review team was pleased to hear that all trainees felt supported by consultants who were approachable and understood the requirements of educational supervision. Trainees also valued the critical care outreach team and the improvements made in the phlebotomy service as a result of their feedback. – The core medical trainees felt supported by the organisation which they felt was working hard to try and improve their experience with dedicated clinic blocks, good curriculum coverage with exposure to pathology and procedures and praised the high educational value of the ITU post. However, the quality review team also noted a number of areas for improvement: – The review team was disappointed to hear of the intensity of workload for the medical on-call team at night, which improved when an additional junior tier doctor was present. The review team advised the Trust to focus on medical cover at night, particularly for the ward based doctors who seemed to be having to deliver a large volume of educationally unproductive tasks. – The review team heard both groups of trainee's report issues with nursing numbers and skill mix which impacted on patient care and the trainee's workload. – It was reported by the geriatric trainees that they were unable to access the excellent training opportunities in sub specialty geriatrics and the

	review team required a robust plan from the Trust to facilitate these learning opportunities.

Quality Review Team			
HEE Review Lead	Jo Szram, Deputy Postgraduate Dean	**Head of School**	Catherine Bryant Deputy Head of School Medicine
Training Programme Director	Mark Cottee Training Programme Director for Geriatrics	**Training Programme Director**	Emma Rowlandson, Training Programme Director for Core Medical Training
Lay Member	Robert Hawker, Lay Representative	**HEE Representative**	Bindiya Dhanak Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)
Observer	Hannah May Educational and Leadership Fellow Health Education England	**Observer**	Will Leonard, International Business Development Manager Royal Colleges of Physicians

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

The review team heard updates on the progress made since the previous HEE ELC on 5 October 2018. The CT informed the review team that the department had implemented trainee led meetings which took place once a month after Monday afternoon teaching. It was noted that feedback and issues raised were escalated to the CT to discuss and be addressed at consultant meetings. When asked by the review lead when the last local faculty group (LFG) meeting was held, the CT explained the difficulty in medicine coordinating consultants and trainees together so they usually took place on clinical governance days.

When asked about the CMT workload at night, the CBU lead informed the review team that the department was currently in the process of reviewing medical model structures and had employed a locum doctor to support the CMTs at night for the last three months. It was also noted that funding had been approved for a higher trainee level doctor to be on duty at night.

It was noted by the review team that a higher trainee had contacted a training programme director (TPD) for geriatrics and expressed their disappointment that they were unable to rotate into a community placement for six months. The CT informed the review team that due to gaps in the rota, higher trainees were not able to rotate into the post however, the department ensured they tried to involve trainees in community as much as possible. It was noted that they had recently appointed a fellow who was fixed term until October 2019 which would help higher trainees get more experience in community.

When asked about induction for medicine trainees, the DME informed the review team a combined induction with medicine and elderly care had been implemented in August 2018. The DME noted the feedback had been reasonable and that a handbook with useful information which included higher trainee needs for each speciality was shared with the new trainees upon arrival. It was noted that ESs went through and discussed the trainees e-portfolio in their initial meeting however, trainee feedback indicated that it would be beneficial to incorporate e-portfolio training into local induction which the Trust indicated would be implemented going forward.

The GoSWH informed the review team that there had been an increase of exception reports from June 2018 to August 2018. It was noted that these numbers had decreased due to the employment and support of two physician associates (PAs). It was noted that one PA had left to take up a promotion however, the business case had recently been approved for three additional PAs and two has been recruited the previous week. The GoSWH felt that this would further decrease exception reports.

When asked by the review team in regards to the issues with the emergency department (ED) prescribing with paper copies, the CT reported that ED were now prescribing electronically. It was heard by the review team that the ED had moved to electronic notes with a computer situated in each room in resuscitation and majors which enabled most ED junior doctors to clerk patients.

When asked what the trainees might feedback on, the Trust hoped that they would have felt they were supported by consultants. It was noted that they were aware of the issues in relation to workload and staffing gaps but were hopeful trainees would recognise changes that had been put in place and the on-going work by the department.

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? Requirement Reference Number
M1.1	**Patient safety** The review team was pleased that no patient safety issues were reported by both the core medical trainees (CMTs) and higher geriatric trainees within the department. The review team heard that both groups of trainees would feel comfortable having friends and family treated at the Trust even with their concerns of overstretched staff.	
M1.2	**Serious incidents and professional duty of candour** Both groups of trainees the review team met with reported that they had been taught how to submit incident reports. Trainees that had submitted reports were happy with the feedback received both electronically and verbally.	
M1.3	**Appropriate level of clinical supervision** The review team was pleased to hear that all trainees felt supported by consultants who were approachable and understood the requirements of clinical supervision.	

	It was noted by ESs that consultants and higher trainees arranged leave accordingly to ensure that there was appropriate supervision for junior trainees.	
M1.4	**Rotas** The review team heard that there were 30 CMTs and equivalent staff were working on a one in 15 rota in medicine with two CMTs being on-call at one time, one CMT clerking patients with the consultant or higher trainee and one CMT on the wards with a higher trainee and foundation trainee. The higher trainees reported that the rotas were good in terms of gaining experience within geriatrics. The CMTs reported to the review team that weekend shifts were extremely busy and intense at times. It was heard that it was problematic if there was one CMT or equivalent off sick leaving one CMT stretched if an additional junior tier doctor was not present. The CMTs commended the hospital at night (H@N) and outreach team for support during night shifts. The Educational Lead (EL) noted to the review team that annual leave was coordinated to ensure that junior trainees were always supervised by a consultant or higher trainee whilst on-call although any leave requested would always be considered. The review team heard that there were weeks for which it was easier to take annual leave as some weeks were better staffed than others. When asked about annual leave when not on-call, it was noted that the higher trainee rota was staggered as opposed to the CMT rota which was assembled in blocks. The review team heard that CMTs were often staying beyond rostered hours due to handovers not starting on time. When asked if they were exception reporting in such situations, the CMTs noted they were not reporting as much as they should be. It was heard that there were mechanisms in place to raise such concerns, which was through meetings chaired by the guardian of safe working hours (GoSWH). The review team was happy to hear that all trainees were released from rotas for teaching which took place on Monday afternoons.	
M1.5	**Induction** All trainees confirmed they were happy with the corporate and local induction received when they had started in post. The DME informed the review team a combined induction with medicine and elderly care had been implemented in August 2018. It was noted that ESs would go through the trainees e-portfolio in the initial meeting however, trainee feedback indicated that it would be beneficial to incorporate e-portfolio training into local induction which would be implemented in November 2019. The geriatric trainees noted that induction slides were lengthy and would have found an introduction to acute on-call work beneficial for the role. It was noted by the CMTs that they found it difficult to obtain log in details in order to submit exception reports with a CMT not receiving details until two months in post.	Yes, please see M1.5
M1.6	**Handover** The geriatric trainees informed the review team that morning and afternoon handover meetings were well attended and weekend handovers took place on Friday afternoons with consultants, higher trainees and CMTs attending. The H@N meetings took place on Fridays at 3pm with the critical care outreach team, site manager and bed manager and it was noted that this was a verbal meeting which did not go on to the digital system.	

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.

M2.1	**Impact of service design on learners** The review team was disappointed to hear of the intensity of workload for the medical on-call team at night. The CMTs indicated to the review team that this had improved when an additional junior tier doctor was present. It was noted by trainees that wards were well staffed during the day however, trainees felt stretched during nights, seeing 30-50 patients during a 24-hour period. Both groups of trainee's reported issues with nursing numbers which also had an impact on workload. It was reported by the geriatric trainees that they were unable to access the excellent training opportunities in sub specialty geriatrics. The higher trainees informed the review team that they were disappointed on arrival that the community placement was not available to them. It was noted that although there were still opportunities to go to community, the higher trainees felt there was limited time to do so due to staffing on the wards. The higher trainees reported that palliative and psychiatric experience was available but they had to arrange time in these services around any annual leave commitments that they had.	Yes, please see M2.1a Yes, please see M2.1b
M2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team was pleased to hear that all trainees felt supported by consultants who were approachable and understood the requirements of educational supervision. Both groups of trainees reported they felt comfortable to raise any concerns with their allocated ES. Both groups of trainees informed the review team that junior doctor faculty meetings took place once a month after Monday teaching sessions. It was noted that there was not a formal local faculty group (LFG) meeting in place where consultants and trainees were present but issues from the junior faculty meeting would be escalated to consultants. Whilst the ESs noted there was no formal LFG meetings, the ESs explained that there would be discussions held at clinical governance days where consultants and trainees would be present. The ESs confirmed that issues raised were discussed at monthly consultant meetings which were recorded however, it was noted by trainees these minutes were not shared with the trainees who were unsure of any progress made with issues they had raised.	Yes, please see M2.2a Yes, please see M2.2b

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.

M3.1	**Behaviour that undermines professional confidence, performance or self-esteem** Both groups of trainees reported to the review team that they had not experienced bullying or intimidating behaviour by anyone in the department.	

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.

M4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The review team heard that ESs were job planned to meet educational responsibilities and were allocated 0.25 programmed activity (PA) per trainee.	
M4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The ESs reported that there were supervisor courses available to all consultants which were organised by the PGMC. It was noted that e-learning provided by Health Education England (HEE) through e-learning for health was circulated amongst the consultants. The ESs informed the review team that the medical education manager (MEM) kept a record of courses and dates attended by ESs and was able to indicate who was due to complete training as well as keeping a record of educational appraisals.	

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are 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.

M5.2	**Regular, useful meetings with clinical and educational supervisors** The group of trainees indicated to the review team that the consultant body was supportive of educational training. It was heard from the ESs that an initial structured meeting took place where goals and objectives of the post were discussed with the trainees, the group of trainees all agreed they found this helpful. The group of trainees reported to the review team that their ESs were very approachable and felt they could contact them to raise issues. The ESs felt that the meetings gave them a good understanding of how the trainees were progressing.	

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.

	N/A	

Good Practice and Requirements

Good Practice
The review team was pleased to hear that the CMTs commended the ITU experience.
Trainees also valued the critical care outreach team and the improvements made in the phlebotomy service as a result of their feedback.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
M1.5	Trust is to ensure trainees receive their exception reporting login in a timely manner when starting in post.	Please provide evidence to show that trainees have received their log in details in the first week of arriving at the Trust. This can be evidence through LFG or trainee meetings. Please provide an update within two months.	R1.13
M2.1a	Trust is to review the tasks undertaken by ward doctors at night in terms of the educational value that these provide, looking at ways to reduce tasks that carry no or little educational value.	The Trust is to provide HEE with evidence of plans for recruited physician associates (PAs) in o the department and how they will support the ward doctors in the evenings and/or at night in terms of reducing tasks for the ward doctors that provide little or no education value. The Trust should also consider a permanent third CMT level	R1.12

		doctor on call to support the team. Please provide an update within two months.	
M2.1b	Trust is to ensure higher trainees are able to access the excellent training opportunities in sub specialty geriatrics.	Please provide HEE with a robust and detailed plan to facilitate learning opportunities for geriatric trainees. Please provide an update within two months.	R1.12
M2.2a	Trust is to ensure the establishment of a formal meeting where management and lead educational consultants listen to and work with the trainees to actively resolve education and training issues	Please provide HEE with two sets of minutes of LFG meetings held. Please provide this within six months.	R2.7
M2.2b	Trust is to share minutes of consultant meetings with trainees which discuss educational issues that have been raised by trainees.	Please provide HEE with evidence that minutes have been distributed to trainees. Please provide an update within two months.	R2.7

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
	N/A		

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:	Jo Szram, Deputy Postgraduate Dean
Date:	17 May 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.