

# Royal Brompton & Harefield NHS Foundation Trust (Royal Brompton Hospital)

## Respiratory Medicine

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



## Quality Review report

30 April 2019

Final report

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## Quality Review details

<b>Training programme</b>	Respiratory Medicine
<b>Background to review</b>	<p>The 2018 General Medical Council National Training Survey (GMC NTS) returned four red outlier results for induction, educational supervision, local teaching and regional teaching, as well as three pink outlier results for supportive environment, educational governance and feedback. The 2017 GMC NTS returned just two pink outlier results, for feedback and regional teaching.</p> <p>Health Education England (HEE) conducted a review of core medical training (CMT) in December 2018 which highlighted additional concerns, particularly relating to junior trainees in some respiratory medicine teams being required to prescribe biologic drugs to patients they had not treated.</p>
<b>HEE quality review team</b>	<p>Andrew Deaner Head of London School of Medicine and Medical Specialties Health Education England</p> <p>Geoff Smith Deputy Postgraduate Dean, North West London Health Education England</p> <p>Angshu Bhowmik Consultant in Respiratory and General Medicine, Homerton University Hospital NHS Foundation Trust Training Programme Director for Respiratory Medicine, North Central and East London</p> <p>Louise Brooker Learning Environment Quality Coordinator Quality, Patient Safety &amp; Commissioning Team, London Health Education England</p> <p>Louise Lawson Apprentice Quality, Patient Safety &amp; Commissioning Team, London 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>• Director of Medical Education</li> <li>• Deputy Director of Medical Education</li> <li>• Clinical Director</li> <li>• Medical Education Manager</li> <li>• Educational Leads</li> <li>• General Manager, Lung</li> <li>• Deputy General Manager, Lung</li> <li>• Clinical and Educational supervisors.</li> </ul>

## Conversation details

	Summary of discussions	Action to be taken? Y/N
1	<p><b>Immediate mandatory requirement issued on 13 December 2018</b></p> <p>An immediate mandatory requirement had been issued at the review of core medical training (CMT) in December 2018 that CMTs should not have to prescribe medications for respiratory medicine patients whose care they were not involved with. The Trust had ceased this practice and the Deputy Director of Medical Education (DDME) noted that the department had worked to prevent this from impacting negatively on the higher trainees' workloads.</p>	
2	<p><b>Trainee access to clinics</b></p> <p>The review team heard that core medical trainees (CMTs) had been allocated to outpatient clinics but had previously found it difficult to attend them. To address this, the Trust had changed the way clinics were allocated, assigning named trainees to the clinics on the rota. The Trust had also identified and refurbished an additional clinic room to facilitate access to out-patient experience and included more information about clinic attendance in the CMT induction. The DDME reported that the Trust was looking at workforce solutions to relieve the CMTs' workloads on the wards to allow them to attend their allocated clinics.</p>	
3	<p><b>Local and regional teaching</b></p> <p>In response to trainee feedback, the local teaching programme had been altered to include two one-hour training sessions per week as well as grand rounds, which were all held around lunchtime to better fit around clinic and ward round times. The DDME advised that attendance registers had been re-introduced for teaching sessions and that the department collected trainee feedback about teaching informally through the RMO. The review team heard that the trainees had responded positively to the new timing and increase in consultant-led teaching. The DDME noted that the higher trainees had previously complained that the programme had been tailored to the CMTs who rotated every four months, meaning that sessions were repeated throughout the year. The department had worked to make the programme more useful to the higher trainees.</p> <p>Regional teaching had returned a red flag result in the 2018 General Medical Council National Training Survey (GMC NTS) and the supervisors suggested that this was due to several teaching days being cancelled at late notice. This made it difficult to plan alternative learning opportunities in their place as clinic rotas and lists were already set. The review team was informed that rotas were planned around regional teaching days and that the department held responsibility for cancelling clinics that coincided with training days, rather than the individual trainee. The supervisors indicated that further regional teaching days had been cancelled since the last NTS and that this indicator might return a red flag result again. It was agreed that the review lead and Head of School would look into the reason for these cancellations.</p>	Yes, please see Other Actions
4	<p><b>Workforce</b></p> <p>The Trust workforce working group had identified the infection team as a priority area to incorporate physician associate roles as the CMT workloads there were high. The</p>	

	Trust was in the process of recruiting a senior clinical fellow to work with the day unit and outpatient clinic teams to help relieve workloads for higher trainees. The review lead noted that HEE had recently announced that funding was to be made available for non-medical workforce development. The DDME advised that the Trust continued to train advanced nurse practitioners and other allied health professionals.	
5	<p><b>Educational governance</b></p> <p>The DDME advised that, since the previous review, exception reporting had been a standing item on the local faculty group (LFG) agenda and that the rate of reporting had increased. The exception reporting data was used to inform the Trust workforce development strategy.</p> <p>In the 2018 GMC NTS trainees had reported that they were not aware of how to confidentially raise concerns about training or clinical practice. The Director of Medical Education (DME) reported that the Freedom to Speak up Guardian was now invited to speak at trainee inductions and that the various routes for escalation of concerns within and outside the department were made more explicit to trainees.</p>	
6	<p><b>Educational supervision</b></p> <p>The review team was informed that trainees had reported some issues with accessing supervision meetings and setting learning agreements. The DDME reported that the Trust had updated the guidance for supervisors and the trainee induction to stipulate that learning agreements should be written at initial supervision meetings. The DDME advised that the postgraduate medical education team monitored supervisor attendance at training to ensure that all supervisors received up to date information.</p>	
7	<p><b>Change management</b></p> <p>The review team was informed that the department was preparing for the introduction of the internal medicine training (IMT) programme, including holding information sessions for supervisors.</p> <p>The DMT, DDME and a Darzi fellow were working on an ongoing project around improving wellbeing among junior doctors. The DME indicated that several consultants in the department were involved and that they were working to obtain feedback from the junior doctors on relevant topics such as change management and the impact of Trust systems and processes.</p>	

## Next steps

### Conclusion

The review team thanked the Trust for the time given to the review and their significant efforts to improve the quality of training. There were several improvements noted in response to the GMC NTS results and to subsequent trainee feedback. No significant concerns were identified during the review.

**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
To discuss the arrangements for regional teaching days at the next Specialty Training Committee meeting on 14 June 2019 and identify reasons for cancellations.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Geoff Smith
Date:	30 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.