

# Lewisham & Greenwich NHS Trust

Foundation (F1 & F2) Medicine, Core Medical  
Training, Intensive Care Medicine, Emergency  
Medicine and General Surgery  
Risk-based Review (education lead  
conversation)



## Quality Review report

25 October 2019

Final Report

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## Quality Review details

<p><b>Training programme</b></p>	<p>Foundation (F1 &amp; F2) Medicine, Core Medical Training, Intensive Care Medicine, Emergency Medicine and General Surgery</p>
<p><b>Background to review</b></p>	<p>Health Education England (HEE) conducted a Risk-based Review (education lead conversation) of Foundation (F1 &amp; F2) Medicine, Core Medical Training, Intensive Care Medicine, Emergency Medicine and General Surgery following the results of the General Medical Council (GMC) National Training Survey (NTS) for 2019.</p> <p><b>Foundation (F1) Medicine</b> The GMC NTS 2019 results for the University Hospital Lewisham (UHL) site showed red outliers for clinical supervision, clinical supervision out of hours, reporting systems, induction, educational governance and educational supervision, and one pink outlier for curriculum coverage. Six actions were generated on the 2019 red outlier action plans. In contrast, the Queen Elizabeth Hospital (QEH) site received all white outliers.</p> <p><b>Foundation (F2) Medicine</b> The GMC NTS 2019 results for the UHL site showed red outliers for reporting systems, teamwork and curriculum coverage and six pink outliers. This generated no actions on the 2019 red outlier action plans. In contrast, the QEH site received one pink outlier.</p> <p><b>Core Medical Training (CMT) (now known as Internal Medicine Training (IMT))</b> The GMC NTS 2019 results for the UHL site showed red outliers for reporting systems, teamwork, handover, supportive environment, feedback and rota design. This generated six actions on the 2019 red outlier action plans. In contrast, the QEH site received one pink outlier.</p> <p><b>Intensive Care Medicine</b> The GMC NTS 2019 results for the UHL site showed no lower quartile outliers, receiving three dark green and one grass green outlier. The NTS reported no trainees at QEH in either 2017 or 2019, and an insufficient number of trainees completed the survey in 2018 so no results were generated. This specialty was included in the Risk-based Review (education lead conversation) as a previous review of the specialty had been cancelled in May 2019 and HEE wanted to discuss the positive GMC NTS results for UHL since then.</p> <p><b>Emergency Medicine</b> The GMC NTS 2019 results for the UHL site showed red outliers for reporting systems, teamwork, educational governance, feedback and regional teaching, and five pink outliers were also received. These results generated five actions on the</p>

	<p>2019 red outlier action plans. One red outlier was reported against workload for the QEH site, which did not generate an action on the 2019 red outlier action plans.</p> <p><b>General Surgery</b> The GMC NTS 2019 results for the QEH site showed red outliers for workload, teamwork, handover, educational governance, study leave and rota design. Six pink outliers were also shown. These results generated six actions on the 2019 red outlier action plans. In contrast, UHL received two pink outliers.</p>
<b>HEE quality review team</b>	<p>HEE Review Lead: Jo Szram, Deputy Postgraduate Dean, HEE, South London</p> <p>HEE Representative: Gemma Berry, Learning Environment Quality Coordinator, HEE, London</p> <p>HEE Representative: John Marshall, Learning Environment Quality Coordinator, HEE, London</p>
<b>Trust attendees</b>	<p>The review team would like to thank the Trust for the excellent attendance at the meeting. The review team met with:</p> <ul style="list-style-type: none"> <li>- Director of Medical Education</li> <li>- Associate Director of Medical Education &amp; Staffing</li> <li>- Head of Medical Education &amp; Medical Staffing</li> <li>- Medical Education Manager</li> <li>- Foundation Training Director &amp; Deputy Director of Medical Education, UHL</li> <li>- Training Programme Director – Internal Medicine Training</li> <li>- Faculty of Intensive Care Medicine Tutor</li> <li>- Emergency Department Consultant</li> <li>- Clinical Director – Intensive Therapy Unit</li> <li>- Foundation Programme Director &amp; Deputy Director of Medical Education, QEH</li> <li>- Clinical Director - General Surgery</li> <li>- Clinical Education &amp; Leadership Fellow</li> </ul>

### Conversation details

	<b>Summary of discussions</b>	<b>Action to be taken? Y/N</b>
ELC1	<p><b>Foundation (F1) Medicine</b></p> <p>When asked about the red outliers generated for Foundation year one (F1) Medicine through the General Medical Council (GMC) National Training Survey (NTS) for 2019, relating to the University Hospital Lewisham (UHL) site, the Foundation Training Director (FTD) began by informing the review team that between 2018 and 2019, staffing changes had been made to address previous rota gaps for medicine. More junior clinical fellows had been recruited, two of whom had been filling the rota gaps from August 2019 and physician associates had also been added to the rota, including on the Acute Medical Unit and Frailty Unit. Previously there had been a number of consultant rota gaps for medicine, but these were now almost fully staffed, with one gap filled by a locum consultant.</p>	

### **Educational supervision**

The FTD highlighted to the review team that an increased number of fora had recently been established to enable junior doctors to meet with members of the Medical Education Team, Human Resources and the Guardian of Safe Working Hours, to express their concerns. Sessions were also scheduled for junior doctors to meet with the Medical Director (MD) and Medical Education Manager (MEM) to discuss any issues in an informal setting without minutes being taken, although an action list was shared with the FTD after each meeting.

Furthermore, the FTD advised the review team that Local Faculty Group (LFG) meetings were in place, open to supervisors, of whom there were currently 40, for 59 Foundation trainees (F1 and Foundation year two (F2)). The majority of consultants at UHL were educational supervisors and upon joining the Trust, they would undergo the necessary supervisor training. Coaching sessions had also started last year to develop supervisors' confidence, with a good attendance rate. The idea for these supervisor training and coaching sessions was borne out of the Trust receiving a number of related red outliers through the GMC NTS a number of years ago in Paediatrics; steps were taken to address both trainee and supervisor concerns as a result.

The Associate Director of Medical Education and Staffing (ADMES) advised the review team that work had been undertaken recently to scrutinise whether the appropriate staff were acting as supervisors, as some did not have enough time to deliver this role effectively. Trainee feedback was also taken into account in this process. The FTD expressed confidence that all supervisors currently in place were interested and engaged in supervision.

### **Clinical supervision**

The HEE review team confirmed that although the GMC NTS 2019 results for clinical supervision had not markedly deteriorated since 2018, they appeared to show that F1 medical trainees were receiving less effective clinical supervision than other F1 medical trainees in England.

The FTD said that although the workload in the medical units had increased recently, measures were in place to ensure appropriate supervision, which included having a consultant on site for 12 hours every day. Information about consultant availability was being reinforced to trainees, to ensure they were aware of the supervision available to them and was discussed at their induction.

The review team heard from the FTD that regular internal surveys were conducted with Foundation trainees and the next one was in November 2019. The aim of these surveys was to analyse trainee feedback in relation to the changes that had been implemented in the department and take action where necessary. In a previous survey, Foundation trainees had requested a buddy system for support, so this was implemented by the department. At the time of the review there were 38 volunteers signed up, including higher trainees, core trainees and consultants. Some Foundation trainees were also involved in the "Chums" programme, which the Director of Medical Education (DME) suggested was good for their portfolios.

The HEE review lead said that it was important to continue obtaining real-time feedback from trainees to inform actions prior to the next GMC survey.

	<p><b>Induction</b></p> <p>The FTD told the review team that this year, Foundation trainees received an induction booklet prior to starting their placement. The Medical Education Team was also investigating whether any other induction resources could be provided to Foundation trainees before they started at the Trust, such as videos of recent trainees sharing information and advice about working in the medical units.</p> <p>The ADMES indicated that the Medical Education Team was planning to visit Kingston Hospital NHS Foundation Trust to understand how they were conducting their induction process, in order to develop new ideas.</p> <p>The Faculty of Intensive Care Medicine Tutor (FICMT) and Clinical Director (CD) of the Intensive Therapy Unit (ITU) explained to the review team that two weeks ago in the Critical Care Department, they had adopted a digital application that allowed supervisors to see whether trainees were reading guidelines, and that this could be adapted and utilised for induction purposes.</p> <p>The HEE review team advised that the effectiveness of applications of this nature hinged upon good curation, such as ensuring information was kept up-to-date and relevant to the department the trainees were working in.</p> <p>The Clinical Education and Leadership Fellow (CELf) told the review team that there had recently been IT problems affecting the Foundation trainees' induction, which meant that an extra six hours had to be added to their induction schedule. These problems had since been resolved.</p> <p><b>Educational governance</b></p> <p>The FTD told the review team that the department were surprised to receive a red outlier for educational governance in the GMC NTS 2019, as trainees were given information about the arrangements at induction and at one-to-one meetings with the FTD in both August and September 2018. The DME suggested the department needed to better understand the wording of the educational governance questions in the GMC NTS, in order to outline to trainees what the ramifications of their responses to these questions would be.</p> <p>The HEE review team suggested that, a month before the GMC NTS opened, the trainees should be reminded of the purpose of the survey. The HEE review team also recommended that trainees were told about the changes the Trust had implemented previously in response to the GMC NTS results (the "You Said, We Did" method).</p>	
ELC2	<p><b>Foundation (F2) Medicine</b></p> <p>The HEE review team decided not to conduct a separate discussion regarding F2 Medicine, as the key issues had already been discussed in relation to F1 Medicine.</p>	
ELC3	<p><b>Core Medical Training (CMT) (now known as Internal Medicine Training (IMT))</b></p> <p>The HEE review team was informed that the Training Programme Director (TPD) for IMT was new in post and responsible for rolling out the new IMT curriculum, which replaced the CMT curriculum in August 2019.</p>	

	<p><b>Handover</b></p> <p>The TPD for IMT informed the review team that the acute medical on call rota had evening handover systems in place seven days a week. In an effort to reduce workload, handover arrangements had been reviewed by the Trust. The CELF advised that a formal morning handover was posed, but trainees did not want this, so informal morning handovers were being held and a morning ward round was also being conducted on most medical wards.</p> <p>The HEE review team advised that as long as the Trust was satisfied that the current handover processes were functioning, the arrangements should be clearly outlined to the trainees. The survey questions were very specific and the lead advised the education team to review these. The CELF told the review team that Hospital at Night had just been accepted by the Trust Board, which she expected would improve handover.</p> <p><b>Supportive environment</b></p> <p>The HEE review team clarified that GMC NTS results for the supportive environment indicator had been in the lower quartiles for three consecutive years for the UHL site. It was suggested to the TPD for IMT that it might be worth speaking with trainees about the specific NTS questions for this indicator, to understand whether areas that IMT leads had targeted for improvement were actually pertinent to trainees' concerns.</p> <p>The TPD for IMT advised that local and regional IMT inductions had been carried out with trainees, at which point they were encouraged to speak with clinical and educational supervisors if they had any issues. The review team also heard that those with educational supervision duties whom trainees had provided negative feedback for in terms of their accessibility and perceived commitment to their roles as supervisors no longer had supervision duties. The review team heard that all those that currently did have educational supervision duties had displayed enthusiasm and commitment to the delivery of education and training. The TPD for IMT said that wellness and wellbeing had been incorporated into the IMT training programme, including time for reflecting on lessons learned and mindfulness.</p> <p>The TPD for IMT explained that work was being undertaken to ensure trainees had more regular meetings with their supervisors and supervisors were encouraging them to attend clinics whenever possible. This was also being facilitated via better engagement with consultants and higher trainees, so that junior trainees knew when higher trainees were not attending clinic and they could attend instead. The CELF said that all trainees were now attending at least eight clinics per rotation.</p> <p>The HEE review team suggested the Trust created and maintained a tracker of how many clinics the trainees were attending. Furthermore, it was suggested that trainees were reminded of the improvement in the GMC NTS results for CMT/IMT at UHL since last year.</p> <p><b>Rota design</b></p> <p>The review team heard from the CELF that large scale changes were made to the medical rotas, initially making them worse than before. These were subsequently amended so that core medical trainees were eventually put on the correct rotas and managed through e-rostering. There were some administrative problems with e-rostering to begin with, including some confusion around granting leave, but the review team heard that these were being addressed and the current internal medicine trainees were content with their shift patterns.</p>	<p>Yes, please see ELC3.1</p> <p>Yes, please see ELC3.2</p>
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	<p>The ADMES asked the medical e-rostering team to establish a rota coordinator for their team, to share good practice and ideas. The ADMES also said that communication with junior trainees had improved, to ensure they were fully involved in putting the rotas together.</p> <p>The review team was told that the ITU was in the initial phase of introducing self-rostering. It was agreed between the HEE review lead and the DME that this would be discussed at the next Confederation of South London (COSL) meeting.</p>	Yes, please see ELC3.3
ELC4	<p><b>Intensive Care Medicine</b></p> <p>The HEE review team confirmed that the GMC NTS results for 2019 were positive for Intensive Care Medicine (ICM) at UHL (no results were generated for the Queen Elizabeth Hospital (QEH) site), with green outliers for workload, supportive environment and educational governance. The review team asked the CD of the ITU what they thought the levers were for these results.</p> <p><b>Rota design</b></p> <p>The CD of the ITU advised that there was a minimum of 12 hours when a consultant was present on the ITU, 365 days per year. The minimum number of trainees on rota was two, but usually five or six for safety reasons, to ensure there was a supervisor for procedures. The review team heard that trainees had shared positive feedback regarding their rotas, which were managed through self-rostering.</p> <p><b>Supportive environment and clinical supervision</b></p> <p>The FICMT and CD of the ITU explained that the department had a flat hierarchy, meaning staff were not made to feel ashamed about making mistakes and felt able to raise patient safety concerns. The CD of the ITU said that when trainees made mistakes, supervisors would take time to discuss these with them and help them to write incident statements. This culture alleviated any fears trainees may have had about dealing with a clinical incident and the focus was on avoiding making the same mistakes twice.</p> <p>The HEE review lead agreed that real-time debriefing was an interesting and more positive way of addressing incidents with trainees, but it was also important to share good practice, as some supervisors may not have had much experience of dealing with incidents.</p> <p><b>Regional and local teaching</b></p> <p>Finally, the CD of the ITU advised of improvements that had been made to the teaching sessions for trainees, whereby they would be released from duties to attend a newly-formatted nine-hour training day once a month at a training facility away from the ITU, leaving the consultants to run the unit. As there was a bank of trainees to cover the trainees in teaching, agency staff were not required. This avoided any issues around releasing trainees for teaching when the unit was very busy. There were also quarterly meetings held with trainees to discuss what they wanted from their training.</p>	
ELC5	<p><b>Emergency Medicine</b></p> <p>The Emergency Department Consultant (EDC) was asked to talk through the GMC NTS 2019 red outliers for Emergency Medicine at UHL. The EDC initially advised that</p>	

on average, trainees in the department treated one patient per hour. However, they often treated more patients at the QEH site than the UHL site.

### **Regional teaching**

The EDC told the review team that there was a monthly regional training day held for higher trainees in Emergency Medicine, and the higher trainees at UHL were always released to attend. These training days were held on Thursdays, so the trainees were asked to swap their shifts if they were due to work nights that week. There were enough higher trainees in the department to make this possible. The review team heard that even if the trainees did not make the effort to swap their shifts themselves, the EDC would personally ensure their training was accommodated.

### **Educational governance and induction**

The EDC told the review team that on reviewing the GMC NTS 2019 results, the leads in the department were not sure what higher trainees' understanding of educational governance was; each trainee was assigned an educational or clinical supervisor on commencing their post and informed of a supervisor list which was posted in the common room. Furthermore, in an internal survey of higher trainees conducted by the department recently, all key indicators except induction were rated positively by trainees (a copy of the survey results was provided to the review team at the meeting).

The review team heard from the EDC that every August, 32 doctors rotated through the department on the same day, which was a challenge for delivering an effective induction to the higher trainees. A welcome pack was circulated to new trainees on induction and they were challenged over whether they had read the documents, although generally they had not. Trainee representatives were also invited to attend governance meetings each month. The ADMES suggested meeting with the EDC to discuss new ways of coordinating the higher trainees' induction.

### **Clinical supervision, handover, educational governance and local teaching**

The EDC advised the review team that there were 12 consultant posts in the Emergency Department at UHL, but there were currently four vacancies. The review team was reassured to hear that formal handovers took place throughout the day; in the morning, at 15:00, and again at 22:00. However, due to consultants' shift patterns and the vacant consultant posts, it was not clear to the review team that handovers were always consultant-led.

LFG meetings were held for all trainees each month to discuss any issues with the department leads, and there was dedicated teaching time for higher trainees separate to more junior trainees. Simulation training was held monthly for higher trainees and twice a year for more junior trainees and these sessions had been largely positive.

Based on the insufficient number of consultants in the department, the HEE review lead suggested there should be an extended workforce in Emergency Medicine for more senior roles. The EDC advised that the Trust was one of the first in London to start Emergency Care Practitioner (ECP) training and there were a number of trainees who had completed their training but were awaiting full accreditation. However, even the experienced ECPs were only at core trainee level, when they were supposed to be at specialist trainee year three level. To address this issue, the ADMES advised that the Trust were trying to recruit long-term senior medical staff from India and Dubai.



ELC6	<p><b>General Surgery</b></p> <p>The GMC NTS results for 2019 showed six red outliers for General Surgery (GS) at the QEH site, compared with two pink outliers at the UHL site. When asked about these results, the CD for GS firstly informed the review team that the specialty had experienced some upheaval at the QEH site recently, including a reconfiguration of the division and a change to the managerial structure.</p> <p><b>Rota design</b></p> <p>The review team heard from the CD for GS that the GMC NTS results for 2019 were likely impacted by the separation of the QEH elective and emergency surgery rota. This change was initially implemented in 2017/18, when higher trainees were asked to help develop a new rota that meant they could not be on call for emergency cases whilst also doing elective surgery. This rota design was based on guidance from The Royal College of Surgeons. The higher trainees who adopted this new separated rota in 2018/19 after the first year of implementation were apparently not satisfied with their training as a result and so another rota iteration was introduced, the impact of which would be seen through the 2020 GMC NTS results.</p> <p>The CD for GS told the review team that one of the previous issues for GS trainees was rota gaps, which were no longer a problem, helped by part-time trainees. The CD expressed hope that this would have an impact upon trainee satisfaction. However, rota design and rota support remained an issue. Regular Friday rota meetings were introduced recently, taking learning from acute medical rotas at the Trust.</p> <p><b>Handover</b></p> <p>The CD for GS explained that handover was also discussed as part of the Friday rota meetings. These meetings were led by emergency surgeons and included discussions around whether handovers were working as well as they should. This was said to be a work in progress.</p> <p><b>Educational governance</b></p> <p>The review team heard that an LFG was now in place as a forum for trainees to raise concerns about their education and training. In addition, it was reported that the medical education team was working with the department to establish escalation pathways for trainees to raise any clinical concerns.</p> <p>However, the CD for GS said that the GMC NTS had never been raised in LFG meetings, or otherwise, and the departmental leads may have ‘missed a trick’ as a result. The review team advised that the NTS was helpful for addressing questions that had never been asked before, i.e. as a diagnostic tool, and that red outliers could be a useful lever to drive change. The CD for GS said that the department had taken actions from the 2019 NTS results.</p> <p><b>Workload</b></p> <p>The CD for GS told the review team that an increase in workforce numbers had improved the learning environment for GS trainees at QEH from two years ago. There were some additional fellows in post to supplement weekend work and provide extra support to trainees.</p> <p>The review team also heard that the ADMES was in the process of exploring the role of a less-than-full-time trainee and whether their duties could be similar to that of the CELF.</p>	
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	<p><b>Induction</b></p> <p>The Deputy DME for the QEH site told the review team that the issue of local induction was raised at the LFG last week, including whether there should be an educational lead responsible for local induction and feedback. The HEE review lead said that this was a good model but it would take time to implement.</p> <p><b>Feedback</b></p> <p>The CELF advised the review team that due to the number of faculties at the Trust that received a red outlier result for feedback in the GMC NTS for 2019, there was a meeting scheduled for 31 October 2019 to discuss this in more detail. The HEE review lead advised the CELF to remind supervisors of what the feedback indicator was defined as in the NTS.</p> <p>As the CD for GS was also functioning as educational lead, the HEE review lead suggested that the faculty should be broadened. The CD said that the consultant workforce had been a fundamental issue for GS at QEH.</p>	
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### Next steps

<b>Conclusion</b>
<p>As the review was based upon the GMC NTS 2019 results, the Trust were to provide further updates on activity and progress through the GMC NTS 2019 red outlier action plans (next evidence submission due 1 March 2020).</p>

## Good Practice and Requirements

<b>Good Practice</b>
N/A

<b>Mandatory Requirements</b>			
The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
N/A			

<b>Minor Concerns</b>			
Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.			

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
N/A			

Recommendations		
These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.		
Rec. Ref No.	Recommendation	GMC Req. No.
ELC3.1	The HEE review team suggested the Trust could speak with core/internal medicine trainees about the specific NTS questions for the 'supportive environment' indicator, to understand whether areas that IMT leads had targeted for improvement were actually pertinent to trainees' concerns.	R1.5
ELC3.2	The Health Education England (HEE) review team suggested the Trust created and maintained a tracker of how many clinics the core/internal medicine trainees were attending. Furthermore, it was suggested that trainees were reminded of the improvement in the General Medical Council (GMC) National Training Survey (NTS) results for Core Medical Training (CMT) (now known as Internal Medicine Training (IMT)) at University Hospital Lewisham since last year.	R5.9
ELC3.3	The HEE review team recommended to the Trust that they presented on their Intensive Treatment Unit's implementation of self-rostering at a future Confederation of South London meeting.	R2.8

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
HEE agreed to invite the Trust to present on their Intensive Treatment Unit's implementation of self-rostering at a future Confederation of South London meeting.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Jo Szram, Deputy Postgraduate Dean, South London
Date:	14 January 2020

**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.