

HEE Quality Interventions Review Report

Imperial College Healthcare NHS Trust

Dermatology

Risk-based Review (Educator Review)



London – North West

12 November 2020

Review Overview

Background to the Review:	<p>This risk-based review was organised following concerns raised around the supportive environment of the department and access to supervision. Two trainees were relocated from St Mary's Hospital to other hospitals within the Trust from August 2019 to January 2020.</p> <p>Dermatology generated one red outlier and eight pink outliers in the 2019 General Medical Council National Training Survey.</p> <p>The purpose of the review was to discuss progress made following the concerns being raised and to identify any continuing challenges faced by the department.</p>
Training Programme/Learner Groups Reviewed:	Dermatology
Who we met with:	Director of Medical Education Head of Service Training Programme Director Six consultant Dermatologists Head of Medical Education Medical Education Manager Deputy Medical Education Manager
Evidence utilised:	Local Faculty Group Minutes September 2019 – October 2020 Trust Internal Action Plan for Dermatology Trust Internal Briefing Summary

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North West London Health Education England (London)
Specialty Expert	Dr Catherine Bryant Deputy Head of School of Medicine Health Education England (London)
External Specialty Expert	Dr Arucha Ekeowa- Anderson Training Programme Director Consultant Dermatologist
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)

Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas of good practice, including:

- The work undertaken to increase access to clinical supervision.
- The governance of, and systems in place to assist trainees in raising concerns including the monthly Local Faculty Group.
- The changes to the consultants' job plan to allow increased time for educational supervision and on-call referral review.
- The adjustment to the ways of working following to the COVID-19 response.
- The review of educational supervisor allocation.

The review team also noted one mandatory action:

- A re-audit of the proportion of ward seen by registrars that are reviewed by consultants .

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
- 1.6. The learning environment promotes interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>Trust representatives reported that there was an on-call consultant rostered both out-of-hours and during the daytime and it was advised that this rota was readily accessible to trainees. The review team heard that changes to the consultant job plan had occurred to ensure two consultants were rostered in case of leave or sickness.</p>	

	<p>To support access to supervision for clinics it was advised that each clinic had a named consultant. Trainees were given a list of all clinics, the time and day of the week they ran and the consultant responsible.</p>	
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Domain 2 – Educational governance and leadership

- 2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
- 2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
- 2.4. Education and training opportunities are based on principles of equality and diversity.
- 2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team heard that the Local Faculty Group (LFG) met monthly, with a dedicated trainee representative. The review team commented that the LFG minutes provided as supporting evidence prior to the review demonstrated good consultant presence. Trust representatives advised that an action log was kept, with open actions discussed at subsequent meetings.</p> <p>Trust representatives advised that at induction the process of escalating issues or concerns was discussed, including the importance of escalation in a timely manner. Trainees were encouraged to escalate concerns in a forum they felt comfortable with, including LFGs or the bi-weekly junior doctor forum. It was also noted that trainees could approach the Guardian of Safe Working Hours (GoSWH), Director of Medical Education or a trainee representative if preferred. The review team were informed that the lines of governance were reiterated at meetings throughout the year. Trust representatives advised that trainees had acknowledged that they were aware of historical concerns within the department and that these had been successfully addressed. Trust representatives reflected that this was a testament of the speaking up process and the current culture of transparency within the department.</p>	
2.1	<p>Impact of service design on users</p> <p>It was advised that the dermatology service is a department that worked across the three Trust hospitals. Trust representatives reflected that changes had been required to ensure the department was a supportive training environment. The department, DME and Training Programme Director were commended for the significant amount work they had undertaken to create a conducive training environment. It was discussed that the department saw themselves as a training centre and were committed to continuing this for the future.</p> <p>Trust representatives discussed the continuing challenge of adapting service</p>	

	<p>delivery during the COVID-19 pandemic. It was advised that clinic consultation and teaching had been conducted remotely instead of face to face. It was discussed that consultants and trainees had adapted well and that no concerns had been raised. Guidance on how to optimise teaching for remote clinics had been distributed and was reported to have been well received.</p> <p>Trust representatives advised referrals from other departments within the hospital were received via the on-call phone or by posting photographs onto the patient records system. It was discussed that the trainee would review the referrals with the rostered consultant of the day. Depending on the complexity of the referral the trainee would visit the patient with the consultant, or on their own with a debrief taking place afterwards.</p> <p>The review team heard that a previous trainee led audit had been undertaken which looked at the number of on-call referrals received each day and the number of patients seen on the ward round with consultant review. It was advised that this audit had been replicated across all three sites and had fed into a review of the time allocated to consultants for on-call referrals. Trust representatives advised that following the audit consultants had been allocated one hour a day to review the referrals. Trust representatives reported that following the allocation of time in the consultant job plan no concerns had been raised at subsequent LFGs. It was advised that a follow-up audit had been discussed.</p>	Yes, please see action D2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>Trust representatives reported that following initial concerns being raised by trainees ,a deep dive meeting led by the DME had occurred which had subsequently informed changes made. It was advised that another was planned for December 2020 to measure progress and to support the new cohort of trainees.</p>	

Domain 3 – Supporting and empowering learners

- 3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.3. Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4. Learners receive an appropriate and timely induction into the learning environment.
- 3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<p>Induction (organisational and placement)</p> <p>Trust representatives advised that a local induction handbook was provided to trainees. It was discussed that the Trust HR and IT departments were proactive in ensuring induction was completed in a timely manner.</p>	

Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>Trust representatives advised that historically the allocation of trainees to educational supervisors was done on an ad hoc basis based on capacity. It was discussed that changes to the process had occurred, only consultants who expressed interest and were trained were assigned educational supervisor roles. It was further advised that all educational supervisors had time allocated in their job plans.</p>	

Domain 5 – Delivering curricula and assessments		
<p>5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.</p> <p>5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.</p> <p>5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>Trust representatives advised that there were dedicated consultant led teaching sessions including daily ward referral teaching, and weekly Teledermatology and histopathology teaching. It was advised that trainees had protected time for local teaching, with other members of staff providing cover.</p> <p>The review team heard that some of the teaching had moved online following the introduction of COVID-19 social distancing measures and that this had increased accessibility for cross-site teaching. The benefits of cross-site teaching were discussed, with the increased exposure of different aspects of the curriculum cited.</p> <p>Trust representatives advised that trainees had access to dedicated speciality clinics at all three sites. It was discussed that trainees were rotated based on their educational needs, instead of a set programme. The review team heard that trainees were given a list of clinics available and at the beginning of their placement training needs and placement objectives were discussed with their educational supervisors.</p>	

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.</p> <p>6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales

Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
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No Immediate Mandatory Requirements were identified at the review.

Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
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D2.1	<p>The review team heard that a previous trainee audit had been undertaken which looked at the number of on-call referrals received each day and the number of patients seen on the ward round with consultant review. It was advised that this audit had been replicated across all three sites and had fed into a review of the time allocated to consults for on-call referrals. Trust representatives advised that following the audit consultants had been allocated one hour a day to review the referrals. Trust representatives reported that the issue had not been raised in subsequent LFGs. It was advised a follow-up audit had been discussed.</p>	<p>The department to re-audit the on-call referral process following the changes made to the consultant job plan. This could be done as a quality improvement project. Please could the department provide HEE with the results of the audit once completed.</p>
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Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Dermatology Department and Medical Education Department	The work undertaken to increase access to clinical supervision.	1.4
Dermatology Department and Medical Education Department	The governance of, and systems in place to assist trainees in raising concerns including the monthly Local Faculty Group.	2.1
Dermatology Department and Medical Education Department	The changes to the consultants' job plan to allow increased time for educational supervision and on-call referral review.	2.1

Report sign off

Outcome report completed by (name):	Emily Patterson
Review Lead signature:	Dr Bhanu Williams Deputy Postgraduate Dean, North West London Health Education England (London)
Date signed:	25 November 2020

HEE authorised signature:	Dr Gary Wares Postgraduate Dean, North London Health Education England (London)
Date signed:	04/12/2020

Date final report submitted to organisation:	04/12/2020
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups