

HEE Quality Interventions Review Report



Chelsea and Westminster NHS Foundation Trust (Chelsea and Westminster Hospital)
Gastroenterology
Learner and Educator Review

HEE London – North West London
Date of Review: 10 February 2022
Date of Final Report: 29 March 2022

Review Overview

Background to the review

This risk-based Learner and Educator review was scheduled due to concerns raised in the General Medical Council's National Training Survey (GMC NTS) 2021 results.

Eleven red outliers and four pink outliers were generated for Gastroenterology at Chelsea and Westminster NHS Foundation Trust (Chelsea and Westminster Hospital) within Gastroenterology. The red outliers were in overall satisfaction, reporting systems, workload, handover, supportive environment, curriculum coverage, educational governance, educational supervision, feedback, local teaching, and rota design. The pink outliers were in clinical supervision, teamwork, induction, and regional teaching.

A previous HEE intervention included a multiprofessional review of Medicine at Chelsea and Westminster NHS Foundation Trust (West Middlesex Hospital) on 28 November 2016 following a decline in the 2016 GMC NTS 2016 results, which returned 29 red outliers and 53 pinks outliers across all medical specialties at the site.

Subject of the review

Gastroenterology – core and higher specialty training and foundation training

Who we met with

Five Internal Medicine Training (IMT) trainees and specialty trainees
Nine clinical and educational supervisors
Director of Medical Education
Medical Education Manager
Guardian of Safe Working Hours
College Tutor
Divisional Director of Operations
Divisional Medical Director

Evidence utilised

24.11.21 Gastroenterology Local Faculty Group (LFG)
27.10.21 Gastroenterology LFG
29.09.21 Gastroenterology LFG
29.12.21 Gastroenterology LFG
Chelsea and Westminster placement feedback (email)
Endoscopy DOTS feedback – trainee comments
Exception Report Gastroenterology Chelsea and Westminster (3 months)
Gastroenterology Induction Document December 2021
Gastroenterology Educational Supervisor & Clinical Supervisor list
Gastroenterology Gastrointestinal (GI) Academic Meeting September 21 – Present
Gastroenterology Speciality Registrar (SPR) feedback Sept 2021 (Cohort 2020 -21)
Gastroenterology SPR timetables September 2021

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Gastroenterology Trainees (SPR) September 2020 - Aug 2021
HEE Chelsea GMC NTS Response Gastroenterology 31.08.2021

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Specialty Expert	Dr Clifford Lisk Training Programme Director, Internal Medicine Training for North Central London
Lay Representative	Kate Rivett Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Kiera Cannon Quality, Patient Safety and Commissioning Officer

Executive Summary

This risk-based Learner and Educator review was scheduled due to concerns raised in the General Medical Council's National Training Survey (GMC NTS) 2021 results, with a number of red and pink outliers across Gastroenterology.

The review panel were pleased to hear that trainees were generally positive about their experiences in the Gastroenterology aspect of their training. All trainees in attendance at the review commended their Gastroenterology training at Chelsea and Westminster Hospital, noting that induction was good, they received good clinical supervision from consultants, and they felt their consultants were approachable and friendly, and demonstrated a commitment to training.

However, the review panel identified the following areas for improvement.

Gastroenterology-specific:

Trainees felt that their endoscopy lists were not protected whilst working on the gastroenterology ward and that consultant ward rounds took place late in the afternoon on Wednesdays, which meant that junior trainees had to work late to complete tasks.

General Internal Medicine (GIM)-specific:

Trainees reported that handover lacked structure and lacked specialty consultant representation. The review panel also heard that the GIM rota lacked balance between the number of staff available on the weekdays and the weekends. The weekdays had an abundance of trainee support, and the weekend support and supervision, especially for the most junior doctors, was much more limited. In addition, it was reported that there was a gap in GIM ward cover in the morning on the weekends which meant that the acute take team had to accept the handover.

There were no Immediate Mandatory Requirements (IMR) issued at this quality review and details of Mandatory Requirements and Recommendations can be located on pages 5-7.

Review findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action prior to the draft Quality Review Report being created and forwarded to the clinical 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 Review Findings section. Requirements identified should be succinct and not include the full narrative from the Review Findings.

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
G3.5a	The review panel heard that handover lacked a formal structure and that junior trainees went to a different room afterwards to conduct a separate handover.	The Trust is required to establish a single formalised handover to include all required attendees. Please submit evidence towards this action on the Quality Management Portal (QMP) by 1 June 2022.
G3.5b	Trainees reported that the GIM morning handover did not have specialty consultant representation and that patients were handed over to Foundation trainees to escalate to other colleagues.	The Trust is required to ensure the GIM handover includes specialty consultant representation. Please submit evidence towards this action on QMP by 1 June 2022.
G3.5c	Trainees reported that on the GIM rota on the weekends, there was a gap in ward cover between 08:00-09:00 in the morning when the night team left and the day team arrived. This meant that the take team	The Trust is required to ensure there is always appropriate ward cover within GIM. Please submit evidence towards this action on QMP by 1 June 2022.

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	had to take responsibility for the handover.	
G3.8	The review panel heard that Wednesday ward rounds were held late in the afternoon due to consultant clinical commitments in the morning. This meant that junior trainees did not always have enough time in their job to complete the tasks assigned following ward rounds and left their shift late.	<p>The Trust is required to ensure that junior trainees have adequate time in their shift to undertake the required responsibilities that come out of the consultant ward round.</p> <p>Please submit evidence towards this action on QMP by 1 June 2022.</p>
G5.6a	Gastroenterology trainees reported that they could not access endoscopy lists if there was a consultant ward round at the same time and perceived that this would impact on obtaining their curriculum requirements. However, the Trust reported that trainees had access to more than double the endoscopy lists throughout the year which made up for their limited access when on the ward.	<p>The Trust is required to ensure trainees are aware that they were able to access endoscopy lists throughout alternative points in the year, and to encourage them to undertake opportunities available.</p> <p>Please submit evidence towards this action on QMP by 1 June 2022.</p>
G5.6b	Trainees reported that the GIM rota was imbalanced between the weekdays and the weekend in terms of cover, which meant that the trainees found the weekend shift challenging in terms of workload. Trainees perceived that the workload was too great for the number of staff on the rota on the weekends.	<p>The Trust is required to review the current rota arrangements to look at redistributing trainees across the week and weekends and provide more balanced cover for the workload.</p> <p>Please submit progress against this action on QMP by 1 June 2022.</p>
G5.6e	The review panel heard that when higher specialty trainees were covering the GIM ward and Emergency Department (ED), there was not adequate support for foundation trainees.	<p>The Trust is required to investigate and monitor Foundation trainee satisfaction with clinical supervision while covering the GIM ward and ED.</p> <p>Please submit progress against this action on QMP by 1 June 2022.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A	N/A	N/A
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A	N/A	N/A

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
G5.6c	The Trust is recommended to enable GIM and specialty trainee involvement in rota design as recommended by Royal College of Practitioner's (RCP) quality criteria.
G5.6d	The Trust is recommended to provide sufficient notice to trainees when they are asked to provide cover for rota gaps on the GIM rota.

Good Practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
N/A	N/A	N/A

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The Internal Medicine Trainees IMT and specialty trainees reported that they would recommend their Gastroenterology placement to their friends and colleagues for training, and that the department provided a positive working environment; however, they were unsure they would recommend the GIM aspect of the training rotation.</p> <p>The review panel were pleased to hear from all trainees in attendance at the review that they experienced no instances of bullying and undermining whilst on their placement.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>Trainees reported that there was one Local Faculty Group (LFG) LFG per month on a Wednesday afternoon which served as a forum for trainees to highlight any issues with their training. The higher specialty trainees acknowledged that juniors may not have felt as comfortable to raise concerns in front of the consultant body in this forum and therefore tried to raise concerns on the junior trainees' behalf where necessary.</p> <p>The review panel heard that trainees knew how to use the Datix system and utilised this where appropriate.</p> <p>The review panel heard that since August 2021, Gastroenterology generated six exception reports from Foundation trainees and that these were all due to workload and working past the end of their shift.</p>	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>Some of the learners reported that they were supported in accessing extra-curricular learning and were provided with time to undertake additional learning opportunities to their placement.</p> <p>The review panel heard that the Trust had devised two separate leadership and management programmes for all trainees that</p>	

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	included senior trainees coming up to Certificate of Completion of Training (CCT) and more junior trainees as well.	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
	Domain not covered at review	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The review panel heard from the Trust representatives that the move to virtual meetings had an impact on training due to limited social interaction. With the addition of the pandemic, bereavement and a small number of challenging personalities in terms of trainees, it was reported that this had an impact on the General Medical Council's National Training Survey (GMC NTS) 2021 results. The review panel heard that an improvement in the transfer of information about trainees may have helped the Trust to be more prepared for individual trainees requiring additional support in advance of the rotation. It was noted that the Trust highlighted channels of support for trainees including the HEE Professional Support Unit (PSU) and occupational health.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Trainees reported that they had an excellent team of consultants and that there were many opportunities to learn at Chelsea and Westminster Hospital. Trainees also reported that they were comfortable to contact their Gastroenterology consultants if they had concerns about an unwell patient.</p> <p>The review panel heard that IMT and specialty trainees received good clinical supervision from consultants and that their overall experience with supervisors was positive. Trainees also reported that consultants kept in regular contact with trainees to ensure they were making decisions they were comfortable with which was felt to be supportive and encouraging. Overall, trainees reported that their consultants were approachable and friendly, and demonstrated a commitment to training.</p> <p>The review panel heard that handover took place at 08:00 and 20:00 each day. However, it was perceived to lack structure,</p>	

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	<p>particularly at night, and was heavily dependent on which higher specialty trainee was covering it. The review panel heard that afterwards the middle grade and foundation trainees went into a separate room to do a separate handover. It was highlighted by trainees that handover should take place in one room with everyone required in attendance.</p> <p>Trainees reported that the GIM morning handover lacked structure and that it was perceived to focus on the organisation/coordination of patients (e.g., what ward they should go to) rather than being focused on the patient and their treatment. The review panel also heard that the morning handover did not have specialty consultant representation and that instead, patients were handed over to Foundation year one trainees to pass along as required to consultants and higher specialty trainees. The review panel were concerned that this was not a sufficiently robust means of handover.</p> <p>The review panel heard that on the GIM rota on the weekends, it was difficult to know who had responsibility for different patients, particularly downstream patients as the handover lacked leadership of acute medicine consultants. Trainees also reported that on the weekend, there was a gap in ward cover between 08:00 and 09:00 in the morning whereby the night team left at 08:00am and the day team arrived at 09:00am. This gap between ward cover had to be covered by the take team who took responsibility of the handover.</p> <p>The review panel heard the Clinical Supervisors (CS) and Educational Supervisors (ES) in Gastroenterology were not involved in handover for the GIM rota and so were unable to speak to the concerns raised by some of the trainees. The CS reported that on the medical take, there was a ward round twice a day on the acute assessment unit by a consultant, post-take in the mornings and evenings. It was highlighted that consultants review all patients, and that any new admission is seen by a consultant twice a day. The review panel also heard that if there was a GI patient on another ward, they would be looked after by another team but would have specialist input from the Gastroenterology consultants.</p> <p>The Trust representatives reported that they had significant issues with rota gaps in general medicine. To mitigate this, the Trust worked hard to create new IMT3 posts, however they received fewer trainees than expected and that this had a negative impact on the workforce. It was reported that the Trust were looking at alternative solutions and workforce planning to be less reliant on HEE trainees, including increasing the number of Physician's Associates (PA).</p>	<p>Yes, please see G3.5a</p> <p>Yes, please see G3.5b</p> <p>Yes, please see G3.5c</p>
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	<p>The review panel heard from the CS that the Gastroenterology department had appointed a staff grade doctor whose purpose would be to provide additional cover for the ward. They will work on the wards Monday-Friday to support the foundation trainees and were due to start in the week following this quality visit.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The review panel heard from Trust representatives that there were seven trainees within the Gastroenterology department: four specialty trainees, one IMT trainee and two foundation trainees. There were also six ES and CS, five of which were previous trainees over the last six years.</p> <p>The review panel heard from Trust representatives that the Gastroenterology department had a mixture of inpatient and outpatient work for Gastroenterology and Hepatology and had a ward-based system with a median workload of 10-20 patients. It was noted that in this aspect of training, specialty trainees obtained lots of experience taking in patient referrals. Consultant-led teaching ward rounds took place three times a week for Gastroenterology and three times a week for Hepatology. The review panel heard that the department offered a variety of specialist clinics including cystic fibrosis, food allergy, viral hepatitis and inflammatory bowel disease. The review panel also heard that trainees had access to 2-3 endoscopy training lists per week. It was highlighted that the Joint Advisory Group (JAG) visit rated the department as 'Outstanding'. Trainees' placements also involved working on the GIM rota on the acute medical take. In this aspect of the placement, there were consultant ward rounds twice a day and an on-call consultant was available throughout the day and night.</p> <p>The Trust representatives spoke of a number of actions that arose from the General Medical Council's National Training Survey (GMC NTS) 2021. The department worked to improve induction by devising an induction document and included the following in local induction: educational governance, clinical supervision, educational supervision, local teaching. Library, reporting systems (Datix) and wellbeing. The department also worked to improve the GIM rota (on-call) by redesigning it to incorporate the IMT3 trainee and reduced on-call frequency to no longer cover Monday-Thursday during the day. The review panel also heard that the intensity of the rota was reduced with an extra middle grade trainee on the rota during the nights. To improve the working environment, the department arranged for ES and CS to undertake a HEE e-learning module on 'Medical Mentoring'. The review panel also heard that form ES meetings increased to every two months and LFGs every two months. To improve workload</p>	

	<p>within the department, work had been done to alter the GIM commitment with a maximum of eight patients in outpatient clinics. Exception reporting was also encouraged and regularly reviewed. The department also worked to encourage access to study leave including aspirational courses, private study leave and regional teaching days by providing locum cover for on-calls and consultants to cover clinical duties, including holding the bleep during regional teaching. To improve teaching, the review panel heard that the department continued dedicated teaching programmes for Foundation and IMT trainees and that the GI academic meeting had resumed face-to-face (aside from January 2022). The trust reported that consultants also delivered Specialty Certificate Examination (SCE) teaching programme to trainees twelve weeks prior to SCE. A final action was highlighted around feedback to trainees, and included holding informal ward rounds, debriefing after clinics, Supervised Learning Events (SLE) and endoscopies.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>Trainees highlighted that they were concerned about the timing of the Wednesday consultant ward rounds which often meant that junior trainees left their shift late. The review panel heard that consultants generally do the ward round on Wednesdays after 15:00 due to clinical commitments in the morning, and that this left a limited amount of time for foundation and middle grade trainees to do the jobs that come out of ward round before their shift ends. The majority of trainees felt that if the consultant could not commit to doing ward round at 13:30 after lunch time, then the morning clinical commitments should be cancelled to enable ward round to be conducted at a suitable time.</p> <p>The review panel heard from the Gastroenterology CS and ES that there were three consultant ward rounds per week with extra consultant input, and that their clinical commitments in the morning impacted on holding consultant ward rounds in the morning. It was highlighted that just the Wednesday ward round took place in the afternoon, and that the CS had tried to move their morning clinic to mitigate these issues, however clinic room availability was limited. The ES outlined the benefits of the Wednesday clinic with a suite of rooms which enabled better training for trainees. The review panel heard the ES were reluctant to relinquish this despite the issue of the late afternoon ward round.</p>	Yes, please see G3.8
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p>	

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	All trainees in attendance at the review reported that their induction was good and prepared them for their placement. The review panel heard that trainees spent their day of arrival with the department in induction where they were given a presentation and had a tour and introduction to their colleagues in Gastroenterology.	
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HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The review panel heard from CS and ES that they had scheduled time in their job plans to support trainees and that they regularly attended ES updates on trainees.</p>	
4.3	<p>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</p> <p>The CS and ES reported that the Trust organised ES update courses and doctors in difficulty courses to provide training on how to appropriately support the trainees. The review panel also heard that educators had 0.25 SPA per trainee.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Trainees reported that they had protected local teaching on Wednesdays delivered by a range of consultants and that this was useful for their training in the specialty. The review panel also heard that the Trust was accommodating when trainees were required to attend regional teaching and were also supportive when they requested study leave. However, the review panel heard that whilst there were lots of opportunities to obtain procedural experience, it was noted that certain procedures such as lumbar punctures were more difficult to access.</p> <p>Gastroenterology trainees perceived that the cumulative effect of GIM rota commitments, nights and zero days combined with ward days led to missed endoscopy opportunities. The trainees' endoscopy lists were not protected whilst they were working on</p>	Yes, please see G5.6a

	<p>the ward and noted that if consultant ward rounds took place at the same time, they were unable to attend their endoscopy lists. The review panel heard that trainees were concerned this would impact on obtaining their required curriculum requirements for the programme and it was felt that this impacted greatly on their Gastroenterology training due to lost opportunities.</p> <p>The majority of CS and ES perceived that the barrier to accessing endoscopy lists for trainees was the way in which the ward cover system worked for higher specialty trainees. The review panel heard that between four trainees, they would do three months on the ward in total over the course of a year in one-month blocks. In that time, trainees will access a variety of learning opportunities including providing ward cover, support to junior trainees, ward rounds and referrals. It was noted that it can be difficult for trainees to access endoscopy lists on a Monday morning if the consultant ward round took place at the same time. The review panel heard that the CS scheduled double the mandatory training lists per week for trainees to mitigate this issue. For example, it was mandated that trainees should have 1 training list per week, and the department timetabled two-three training lists per week. It was reported that this aimed to average out opportunities across the year and meant that any opportunities lost for trainees while on ward cover can be picked up in the remaining nine months of the year.</p> <p>The review panel heard that trainees perceived that the GIM rota was overpopulated with junior trainees during weekdays and that during the weekend there were fewer junior trainees on the rota. This meant that the trainees found the weekend shift challenging as the workload was perceived to be too great for the number of staff available. Trainees reported that a higher specialty trainee in Acute Internal Medicine (AIM) covered the GIM take from Monday-Thursday with the support of five junior trainees clerking patients, meanwhile the Gastroenterology higher specialty trainee covered the GIM take from Friday-Sunday with the support of just one junior trainee. The review panel heard that this was raised at the JDF and that the trainees were not involved in putting together the GIM rota. From a Gastroenterology specialty perspective, the review panel heard that the acute medicine department draft the GIM rota and give it to the Gastroenterology trainees to cover.</p> <p>The majority of trainees reported that when there were rota gaps on the General Internal Medicine (GIM) rota, there were often late requests for cover, and this was felt to be insufficient notice. The review panel heard of an instance whereby a trainee on a day shift was asked at 11:00am to go home and come back to cover the night shift that evening.</p> <p>The majority of higher specialty trainees reported that when they covered the GIM ward, they were also covering the Emergency</p>	<p>Yes, please see G5.6b</p> <p>Yes, please see G5.6c</p> <p>Yes, please see G5.6d</p>
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	<p>Department (ED) with the support of two foundation trainees, and it was felt that this was not adequate support considering their level of experience. The review panel heard that if the higher specialty trainee was busy with patients in the ED, they were reliant on the foundation trainees to assess unwell patients on the ward. Trainees reported that it would be more beneficial if there was a middle grade trainee to provide additional support to cover the ward and ED. This additional middle grade support would also alleviate concerns about the supervision of Foundation trainees.</p> <p>The review panel heard that on the new rota, Gastroenterology trainees were required to provide weekend cover and the cumulative effect of time off and zero days limited their training opportunities within Gastroenterology-specific training. The review panel heard of an example whereby a trainee calculated they had a total of 91 days in a year for protected Gastroenterology training, and that the remaining days in the year were doing zero days, annual leave or covering the GIM rota on-call. The review panel also heard that the only time trainees could request annual leave was limited to during their time on the Gastroenterology ward. The trainees reported that to mitigate this problem, the Trust employed a clinical fellow to support the on-call rota Monday to Friday, 09:00–17:00. The trainees reported that when the department devise the rota, it would be beneficial to include all rotas on one documents in order to adequately review and understand where there were clashes and gaps.</p>	Yes, please see G5.6e
HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not covered at review.	

Report Approval

Quality Review Report completed by	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London
Date signed	11 March 2022

HEE Authorised Signature	Dr Gary Wares, Postgraduate Dean, North London
Date signed	28 March 2022

Final Report submitted to organisation	29 March 2022
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