

## Visit to Barnet and Chase Farm Hospitals

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

### Review at a glance

#### About the visit

<b>Visit dates</b>	25 October 2012
<b>Sites visited</b>	Barnet and Chase Farm Hospitals
<b>Programmes reviewed</b>	MBBS (UCL), Foundation, core and general surgery
<b>Areas of exploration</b>	Quality Management; Student Assistantships; Preparedness for Practice; Transfer of Information; Curriculum delivery and assessment; Fitness to Practise procedures; Equality and Diversity; Evaluation.
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?</b>	No

## Summary

- 1 London has been chosen as the region for review in 2012-13. The north central regional visit team visited the Barnet and Chase Farm Hospitals (BCFH). The GMC evidence summary identified this LEP as being of interest due to the high number of below average results in the 2011 National Training Survey, and information received from the NHS Litigation Authority. The following table summarises findings in the key areas of exploration for the visit.

Areas of exploration: summary of findings	
<b>Transfer of information</b>	<p>We heard from the undergraduate and foundation supervisors that the mechanisms for transfer of information between F1 and F2 worked well. We heard from some supervisors that they did not always receive information on foundation doctors moving between placements. Trainee doctors were aware of their responsibilities to pass on appropriate information to their supervisors.</p> <p>Standards are being met in the aspects of the transfer of information that we explored on this visit</p>
<b>Fitness to Practise &amp; Doctors in difficulty</b>	<p>We heard from the supervisors that there is a clear trust process for Doctors in Difficulty (DID), and although the trainees we spoke to were not all aware of the exact process, they knew where to find guidance should they require it. We also heard that there was good communication between the Deanery and the Trust on DID.</p> <p>Standards are being met in the aspects of Fitness to Practise and Doctors in Difficulty that we explored on this visit.</p>

<b>Clinical placements</b>	<p>We heard from supervisors that the Foundation Training Programme Director (FTPD) meets with foundation doctors three times a year to gain feedback on the quality of clinical placements. We heard that both the London Deanery and the UCL Medical School carry out scheduled as well as triggered visits to monitor the quality of placements, and that student and trainee feedback is an integral part of this. We also heard of challenges to the inclusion of time for training in consultants' job plans (see recommendation 5, paragraphs 21-24)</p>
<b>Supervision</b>	<p>Students that we spoke to felt well supervised and supported, and their supervisors were aware of their responsibilities in this area. We also found that students were aware of processes for raising any patient safety concerns they might have.</p> <p>The majority of the trainee doctors also felt supported, though we spoke to trainees in some departments who did not feel that they always had access to support: (see recommendation 1 and 2, paragraphs 7-14).</p>
<b>Assessment</b>	<p>Students that we spoke to felt that they would benefit from clearer feedback on their assessments. Supervisors confirmed that they were aware of and confident to carry out the assessments expected of them: (see good practice 1 paragraph 25).</p>
<b>Equality &amp; Diversity</b>	<p>Students and trainees that we spoke to were aware of the process for Less Than Full Time Training and reasonable adjustments, and we heard a few positive examples of these processes at work. Supervisors were aware of the process and their responsibilities. We considered that the opportunities for patient public involvement in teaching could be enhanced: (see recommendation 3 paragraphs 15-18).</p>

## Quality Management

The Trust has an established and embedded quality management process, and there was good involvement from the various stakeholders involved in medical education and training.

Standards are being met in the aspects of quality management that we explored on this visit.

- 2 BCFH has experienced a sustained period of financial and political uncertainty. The Barnet, Enfield and Haringey (BEH) clinical strategy, which has recently been approved by the Secretary of State, will require service reconfiguration by November 2013. There are also discussions over a possible merger with the Royal Free Hospital to form a Foundation Trust and, although this is a trust merger and not a merging of posts, this will be a further period of change. The Trust is also expected to make cuts of £17m this financial year, although the management team is determined that medical education and training is protected from any cuts. BCFH is also required to work with two lead providers – UCL and Imperial – which has presented administrative challenges.
- 3 Overall, we found that the LEP was committed to education and training, although education and training issues could be represented more effectively at board level.
- 4 Students and trainees felt supported and considered that the LEP offered many learning opportunities. The medical students were positive about induction they had received and how they were made to feel part of the team. Students liked being assigned to one consultant for the duration of their four week placement, and felt that there were more opportunities to learn as this is not a teaching hospital and there are fewer students to compete for the opportunities available. Foundation doctors and higher trainees also felt well supported at Barnet and Chase Farm. In particular, accident & emergency and surgery were singled out for their educational provision, support and opportunities for learning.
- 5 We found that there was good support in place for trainers and supervisors, although formal recognition of time for training in job plans could be improved.
- 6 We found that where issues had been identified in the past, such as supervision in surgery, the Trust has taken steps to address them, and is

continuing to address ongoing challenges.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>Tomorrow's Doctors (TD)/ The Trainee Doctor (TTD)</i>	Recommendations for the LEP
1	TTD 1.2	The Trust should clarify the roles, responsibilities and grades of trainees and ensure appropriate terminology for training grades is used when compiling rotas so that all staff are fully aware of the competence of the trainees they are working with.
2	TTD 1.2	The Trust should ensure that all trainees have access to appropriate support and supervision, especially in departments where one rota covers multiple sites.
3	TD 104	The Trust should ensure that all students have opportunities to interact with patients and stakeholders from a range of social, cultural and ethnic backgrounds and with a range of disabilities, illnesses or conditions. The diverse patient population should be used more effectively to achieve this.
4	TTD 7.2,7.3	The Trust should ensure the effective representation of education and training issues at board level, for example by including education and training as a standard agenda item for discussion at each board meeting.
5	TTD 6.34, 6.35	The Trust should ensure time for training is recognised in consultant job plans and monitor the implementation to ensure this is applied consistently across all specialties.

### **Recommendation 1: Clarify roles, responsibilities and grades of trainees**

- 7 We found evidence of the use of 'Senior House Officer' (SHO) rotas across both sites within the trust. 'SHO' rotas are generally staffed by core trainees but we found that F2s are also on this rota in some specialties, for example surgery. This could result in F2s being bleeped with the expectation that their competence is equivalent to an ST2, for example.
- 8 F1 doctors told us that the 'SHO' rota did not identify the grade or experience of those on the rota, but this was not an issue as they knew the individuals on the rota and their level. We also heard from F2 doctors that the step from F1 to F2 is significant, especially in cases where the trainee's first day as an F2 was as the on call 'SHO' (general surgery). F2s confirmed that in such situations support was always available on the telephone if not in person. The F1s that we spoke to confirmed that name badges specified the grade of the doctor and not 'SHO'.
- 9 General surgery supervisors that we spoke to confirmed that the 'SHO' (and registrar) rota did not clearly identify the grade of trainee on shift, so it was therefore difficult to ascertain their level of skill and experience. The supervisors told us that they check who is on the rota when they are on call to assess the levels of supervision that will be required. Neither SHO nor registrar is appropriate terminology and we found both being widely used across the hospitals.

### **Recommendation 2: Make sure trainees have access to support and supervision**

- 10 Although the foundation doctors and trainees we spoke to were very positive about the support they received, we heard isolated examples of supervision levels being stretched. We heard of F2s being asked to cover the critical care unit, and of F2s being left to provide night cover in accident & emergency due to sickness. This may be linked to the use of SHO rotas (see recommendation 1).
  - 11 The educational and clinical supervisors that we met from a range of specialties including emergency medicine, intensive therapy unit and obstetrics & gynaecology, told us that although there had been historical problems with supervision in some specialties these had now been resolved.
  - 12 Consultants in emergency medicine told us that there had been
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difficulties when the middle grade rota was withdrawn, and that the decision to recruit night only middle grade staff had now rectified this. This intervention had been in place for nine months, and an F2 on a night shift would now be supervised by a middle grade or registrar, with an on call consultant as backup. We also heard that similar issues with supervision in obstetrics & gynaecology had also been rectified.

- 13 Consultants in surgery reported similar challenges in providing adequate supervision, particularly as surgery is managed across the two sites as a single service. There had previously been concerns about foundation doctor supervision due to the numbers and competence of middle grade cover. Following intervention by the North Central Thames Foundation School, these concerns have been addressed. We were assured that there would always be a middle grade cover for an F2, and that all new starters have an initial meeting and an evaluation at the end to gather feedback.
- 14 We heard from one consultant that he was regularly contacted by foundation doctors who could not locate a senior staff member, and that it was the same department (medicine). We also heard from the supervisors that there are plans to address this issue.

### **Recommendation 3: Enhance lay and patient involvement in education and teaching**

- 15 Year 5 medical students told us that there was little or no patient involvement in their teaching. They had attended a communication skills workshop in their previous year but these involved simulated patients.
- 16 Final year medical students who had completed surgery placements received limited bedside teaching, but had access to teaching during ward rounds and in theatre. We were also told that there was no patient feedback on their performance. Students said that they would welcome more feedback from patients following their interactions with them.
- 17 F1s with experience of accident & emergency and orthopaedics felt that there were few opportunities to clerk patients, and F2s felt that acute medicine gave them limited opportunity to witness the 'patient journey'.
- 18 In meetings with supervisors and senior management teams we learnt that although there are established methods for monitoring the quality of clinical placements, such as student evaluation, self assessments etc

there seems to be no patient involvement in this area.

#### **Recommendation 4: Consider education and training at board level**

- 19 The education management team assured us that there was a clear commitment to education and training at both board and hospital management board level, and that there was a commitment to maintaining current levels of investment and posts. This could be further embedded by having education and training as a standard agenda item for board meetings rather than the current approach of exception reporting.
- 20 This commitment is particularly important when the Trust needs to make significant savings this year which may have a direct or indirect impact on the quality of education. We were assured that the board carried out a risk assessment of any proposed cuts to ensure that education and training was not indirectly affected. We were also assured that the non-executive directors on the Trust board are keen to protect training.

#### **Recommendation 5: Recognise time for training in job plans**

- 21 We found a clear commitment by the education management team to recognise education and training responsibilities in job plans. However we found that the implementation of this varied from one specialty to another.
- 22 We found that although the Trust followed the deanery guidelines of 0.25 PAs per trainee, not all supervisors had 'education' in their job plans, and not all of the supervisors who did have had sufficient time to time to deliver training.
- 23 The general surgery supervisors told us that they did not have adequate time in their old contract to deliver teaching, but the new contract was an improvement, and all felt they received excellent support from the Postgraduate Centre for their educational roles. However, supervisors said that with the increased use of ePortfolios and work place based assessments/supervised learning events that there were even more demands on their teaching time.
- 24 We also found the use of job planning software helped the Trust to monitor teaching, and that reports went to the Medical Director for sign off. We identified a difference between the recording of undergraduate (where only regular and repeated teaching can be recorded) and postgraduate teaching. We heard from the education team that the

definitions used by the software had been tightened to make the reporting more meaningful and that they have rationalised how education is listed. We also heard that the job planning handbook is reviewed annually.

## Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Areas of good practice for the LEP
1	TTD 5.10	GP supervisors' approach to the calibration of assessments where trainers graded the same trainee and then compared scores to promote consistency.
2	TTD 6	The surgical Foundation trainees at Barnet valued the opportunity to feedback on all aspects of their training to their consultants at weekly forums.

### Good practice 1: Calibrating assessments

25 We met with supervisors from a range of specialties and discussed how they ensured consistency across the site when assessing Supervised Learning Events and Workplace Based Assessments. There is a quarterly meeting of GP trainers who all mark and then discuss a video recording of the same trainee assessment. The GP trainers felt that this helped with the calibration of assessments. Feedback from supervisors in other specialties suggested that this approach could benefit them. We consider that this method could be adapted to other specialties to promote consistency.

### Good practice 2: The 'Big hug'

26 Feedback from Foundation trainees (mainly F1s) in surgery has resulted in weekly meetings with the surgical team at Barnet, called the 'Big Hug'. This was an opportunity for trainees to discuss any issues with working arrangements and educational opportunities within the department, and feedback from all the surgery trainees that we spoke to was that this was beneficial and they felt that feedback was always taken on board.

## **Acknowledgement**

We would like to thank Barnet and Chase Farm Hospital and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.