Medical Education Department
THE AUDREY EMERTON BUILDING

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RESPONSE TO GMC VISIT HELD 27TH MAY 2015 AT THE ROYAL SUSSEX COUNTY HOSPITAL

We would like to thank the GMC for their visit to the Royal Sussex County Hospital on Wednesday 27th May and the feedback provided in the report. We outline below our thoughts on each of the requirements and recommendation, as well as actions both already taken and planned to facilitate change and improvements.

Requirements:

1. **The handover process must be standardised in process and quality across different departments.**

   - We agree that good handover is vitally important and we are working towards this end. We have tried and continue to use an electronic handover system in medicine. This has worked reasonably well, however there are areas where the functionality has not been entirely satisfactorily and need to be addressed. We continue to work with trainees on ways the system can be improved. For example, we recently trialled the use of tablet devices to support handover.

   - We do not entirely agree that processes should be standardised across all departments; we would rather take the approach that we ensure high quality handover processes are in place that work most effectively in each area.

   - We are working with both trainees and tutors in departments such as General Surgery to come up with the correct solution that best meets the needs of their department. In the meantime we are supporting trainees as required; for example we have put in place additional junior staff at weekends on General Surgery to improve the handover and keep track of patients.

2. **The trust must ensure that doctors in training are not exposed to unprofessional behaviour**

   - This has been addressed and the Clinical Directors are all on board to ensure that this does not happen. All tutors and supervisors are aware of the importance of providing trainees with a supportive learning environment.

   - At each induction, the DME highlights to the trainees that they should not tolerate any undermining or bullying and advises them to seek assistance immediately through their supervisors, Clinical Tutors or directly through him.

   - Any reported undermining or bullying is taken very seriously. A consultant in the Trust was recently given a written warning through Trust HR processes based on an investigation instigated by trainees' complaints about his behaviour.

   - This requirement is supported by the Trust's Values and Behaviour initiative, which promotes positive ways of working together.

3. **All educational and clinical supervisors must complete the relevant training for their education roles**

- This is complete as far as we have data. Many of our doctors undertook the QESP programme provided by HEKSS and more recently some of our doctors have been trained through the RCP programme. We keep a database of all trained supervisors.

- We are currently working with HEKSS on the implementation of their new process for recognition of Clinical and Educational Supervisors, which are in line with new GMC guidance.

- BSMS and BSUH have made a proposal for a local training programme for supervisors. This is currently with HEKSS for approval so that it can be rolled out across the region.

- We keep a waiting list of those who want to become supervisors so they may be notified of training opportunities as soon as they arise. We are planning to host an RCP Educational Supervisors workshop within the next few months.

4. **Current terminology must be used when referring to the grades of doctors in training and designing rotas**

- We acknowledge that this is an issue. It is constantly attended to and all LFG leads highlight this at every opportunity with both supervisors and trainees. Interestingly, it seems to be trainee doctors themselves who seem to be reminded of this more often that the consultants.

- We will also highlight with rota leads as misuse of old terminology is most commonly associated with rotas, e.g. "SHO rota".

Recommendations:

1. **Doctors in training should receive feedback on the incidents they report on the trust's incident reporting system**

- This has been highlighted to the Safety and Quality team. While there is good feedback on SUIs, it is acknowledged by the Trust that feedback from DATIX is not always as robust as it should be. This does not apply to trainees alone, but across all groups of staff. The Trust agrees that this should improve and have assured us that they are working on it. The Trust is also making efforts to improve the information provided to each Directorate.

2. **The revised structure of the management of medical education should be reviewed in the near future**

- The interim structure of the Integrated Education Directorate is currently under review. As part of this, the Medical Education structure will be reviewed. It is understood that the structure should strengthen support to all areas of education in the Trust and this will include Medical Education. There will be a period of consultation as per HR processes before any structural change can be implemented. This is expected to happen over the next few months.

- Processes for the Local Academic Board (LAB) have been reviewed and a more clearly define reporting and governance structure has been implemented. All LFGs are required to provide a brief, structured report for each LAB meeting highlighting

areas of good practice, problems, and where LAB support is required. This process will also be rolled out to the LAB trainee representatives.

- We have recently established a local Training Support Group which aims both to provide support to LFG leads with trainees in difficulty / requiring additional support and to fulfil a governance function for the LAB as supported by the HEKSS GEAR.

3. The trust should review simulations to ensure they are used efficiently in educating doctors in training

- Simulation activity has been strengthened over the last two years. After the GMC visit a survey was conducted across the Trust which identifying a diverse range of simulation activity already taking place. This is a rapidly evolving area and we are confident that more and more activity will come in place over the next year.

- The education centre at PRH has a dedicated simulation centre which is frequently used by a wide variety of staff groups and specialties. Regular activity also takes place in the regional paediatric simulation suite at the Royal Alexandra Children's Hospital (which is on the RSCH site in Brighton).

- Many specialities also have access to simulation equipment within their department. For example, within Digestive Diseases courses are run for colonoscopy / flexi sig and upper GI endoscopy using a simulator purchased by the education department. They are currently running for all of the new trainees in GI in the HEKSS region an upper GI endoscopy "sprint" course to get them independently undertaking upper GI endoscopy much quicker than has been the case historically.

- As of August 2015, 4 new simulation clinical fellows are in post at PRH. Each will work on simulation projects and help further promote the use of simulation training within the Trust.

- We are exploring way to integrate simulation into our training programmes. For example, one of the simulation fellows has already run a PACEs simulation for CMTs and a CMT simulation training programme is in development.

- We encourage the discussion of simulation at LFG meetings. The Simulation Technician is able to provide each faculty with details of relevant upcoming courses and is happy to work with faculties to develop their own ideas for simulation.

- As mentioned in Appendix 2, we are running a series of Human Factors courses which aim to improve standards within the Trust. These have been very well received so far.

4. Doctors in training in general internal medicine should have access to feedback from their supervisors following post-take ward rounds.

- Feedback overall has been highlighted to all consultants and is particular focus for improvement. The issue of feedback after post-take ward rounds has specifically been attended to as well. Guidance on good practice when giving feedback has been circulated to all supervisors.

- A number of strategies for ensuring the importance of frequent, informal feedback is reinforced have been discussed, including regular reminders and discussion by LFGs and at departmental meeting (e.g. clinical governance meetings). We also plan to

involve trainees by asking them their thoughts on feedback and how current practices can be improved upon.

- We also acknowledge that feedback is a two way process. We highlight to trainees the importance of requesting feedback, but also give them the opportunity to feed back to us on the quality of the training they received and any concerns they may have. This take place via trainee representative feedback to the LFG and we also hold drop-in feedback sessions with the Chief Executive, Medical Director, DME, Clinical Tutors and/or MEM that all trainees can attend.