

Visit to Charing Cross Hospital LEP

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

Visit dates	1 November 2012
Site visited	Charing Cross Hospital
Programmes reviewed	General surgery, anaesthetics, Imperial College MBBS 6 year and 4 year graduate entry programme
Areas of exploration	Transfer of information, Fitness to Practise & Doctors in difficulty, Clinical placements, Assessment, Supervision, Equality & Diversity, involvement with LETB, Quality Management, Lead provider status
Were any patient safety concerns identified during the visit?	<p>We heard that an operating theatre was occasionally used to ventilate patients where there was no critical care bed available; and that appropriate nursing support was not provided on these occasions. As well as affecting the quality of care of these individual critical care patients, this practice can also result in delays to emergency surgery. The trust is monitoring this issue through its own quality management processes.</p> <p>We also heard examples of trainees being asked to transfer complex patients to distant sites within the hospital, such as the radiology department, without adequate handovers from intensive care staff.</p>

	Please see requirement 1 for more information.
Were any significant educational concerns identified?	No
Has further regulatory action been requested via the <u>responses to concerns element of the QIF?</u>	No

Summary

- 1 London has been chosen as the region for review in 2012-13. The north west London regional visit team visited Charing Cross Hospital (Charing Cross) as it is a Local Education Provider (LEP) which is linked closely with Imperial College London, one of the five London medical schools under review. Charing Cross is part of Imperial College Healthcare (the trust), a large NHS trust with five hospitals in north west London. Clinical services across the trust are organised in seven clinical programme groups (CPGs), each covering a range of specialties. The Trust has a strong research focus and is the home of an academic health science centre, which is managed in partnership with Imperial College London. The following table summarises findings on the key areas of exploration for the visit

Areas of exploration: summary of findings

Transfer of information	<p>Education and clinical supervisors that we met reported that they received relevant information on the specific needs of individual students and trainees when starting in their department. Trainees we met considered that transfer of information had not been problematic.</p> <p>Standards are being met in the aspects of transfer of information that we explored on this visit</p>
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<p>Fitness to Practise & Doctors in difficulty</p>	<p>Trainees we met considered there were appropriate routes to allow them to access support mechanisms should they be required. Supervisors we met were aware of the routes for fitness to practice and doctors in difficulty. They also cited examples of using these to deal with both students and trainees, and had found the process to be straightforward.</p> <p>Standards are being met in the aspects of the fitness to practice and doctors in difficulty that we explored on this visit</p>
<p>Clinical placements</p>	<p>Standards for this aspect of delivery are generally being met, but we note some variability in the quality of placements between departments. Students considered that a more structured approach and more information was needed for some surgery placements.</p> <p>see recommendation 2</p>
<p>Assessment</p>	<p>A small number of supervisors requested more guidance, as they did not feel completely confident in their knowledge of some assessment methods. However, students and trainees confirmed that they were able to complete hospital-based assessments. Supervisors confirmed they had received training to deliver assessments.</p> <p>Standards are being met in the aspects of the assessment that we explored on this visit</p>
<p>Supervision</p>	<p>Trainees we met reported they were well supervised and students did not report issues with supervision.</p> <p>Standards are being met in the aspects of supervision that we explored on this visit</p>
<p>Equality & Diversity</p>	<p>Training in equality and diversity is part of the induction process. Trainees we met reported that they were well supported in their training programme with regard to equality and diversity issues.</p> <p>Standards are being met in the aspects of equality and diversity that we explored on this visit</p>

involvement with LETB	<p>The senior management team were engaged with the process of transition to LETBs and had a clear understanding of their role in relation to the new North West London LETB. Information gathered informed the visit to the London Deanery in December 2012, where a judgement on the standards was made.</p>
Quality Management	<p>Systems and processes for quality management are in place and respond to evaluation. Clinical teachers also receive feedback from undergraduate quality management systems. However, the involvement of the local faculty could be improved, as the representation of education in some Clinical Programme Groups is inconsistent.</p> <p>See recommendation 1</p>
Lead provider status	<p>The department of surgery was highly engaged with its responsibilities as lead provider for core surgery. We found that it had used its position as lead provider to make improvements to core surgery training, for example, developing a high quality training the trainers programme for north west London.</p> <p>Standards are being met in the aspects of lead provider status that we explored on this visit</p> <p>See good practice 2.</p>

- 2** Education at Charing Cross is being delivered in a context of uncertainty and financial pressure. Clinical services in north west London are being reconfigured and a public consultation on the future configuration of services in the area is under way. Some surgical services have moved from Charing Cross to St Mary's Hospital in the last 2 years, and the Trust was uncertain about the future of some other services at Charing Cross. The Trust expects to lose money in the course of the reallocation of SIFT funding across London and is also in the process of reducing a large budget deficit.
- 3** Despite these pressures, we found that Charing Cross is delivering a good educational experience. Students and trainees we met were well supervised, were positive about their training and could cite examples of

their feedback being used to improve training. Undergraduate medical students and their supervisors in particular were well supported by the undergraduate office. We also found examples of good practice in the department of anaesthetics where a supportive training environment for students and trainees was evident, and in surgery which has responded positively to the challenges of being the lead provider for core surgery training. We also found mechanisms by which good practice could be shared; for example, monthly meetings of the trust's three Directors of Medical Education had resulted in the sharing a model of weekly education meetings from urology to plastic surgery.

- 4 We had concerns about the use of operating theatres as overflow intensive care units, and the handover provided for anaesthetics trainees, who were frequently requested to transfer patients with complex conditions to the radiology department. We also found some inconsistency in the engagement with education issues in the various CPGs and identified where improvements could be made to undergraduate clinical placements.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Requirements for the LEP
1	TTD Domain 1 TTD 1.6, 1.2	Provide an update to the GMC by 13 December 2012 showing how it is addressing: <ul style="list-style-type: none"> the use of operating theatres as overflow intensive care units and the resulting delays to emergency surgery, and; the practice of anaesthetics trainees transferring complex patients from critical care to the radiology department without adequate handovers.

Requirement 1: Address issues with the use of operating theatres as intensive care units and handover of complex patients.

- Trainees in anaesthetics and their supervisors reported that a shortage of staffed intensive care beds has resulted in the occasional but continuing use of operating theatres as overflow intensive care beds for ventilating patients overnight. The theatre is not supported by intensive care nursing staff. The use of the theatre may in turn result in delays to emergency surgery because theatres and staff needed to carry out surgery may already be in use. We also heard that the theatres provide a poor and potentially distressing environment for friends and family visiting patients. The trust management is aware of the issue and had reported improvements following close monitoring. However, supervisors in anaesthetics we met reported that the use of theatre for ventilating patients had recently begun to increase again.
- Anaesthetics trainees and their supervisors reported that anaesthetics trainees were required to transfer complex patients from critical care to distant areas of the hospital for scanning procedures. Both trainees and supervisors confirmed that the handover received by the trainees was often inadequate. In addition anaesthetic trainees were not present on

daily intensive therapy unit ward rounds and this made it difficult for anaesthetics trainees to care for complex patients during the transfer.

- 7 Trainees and supervisors indicated both these issues reflected operational difficulties between anaesthetics and intensive care departments. The trust education management team confirmed it was aware of this situation and must provide an update to the GMC on how these issues are being addressed.

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/ The Trainee Doctor</i>	Recommendations for the LEP
1	TTD 7.3	Ensure education is represented at all CPGs within the trust, that all CPGs allocate adequate time in job plans for education, and that clinicians are aware of and engaged with educational issues
2	TD 106	Make sure all students on surgical placements have named supervisors, trust contacts and clear placement timetables to ensure opportunities are available to meet the required placement learning outcomes.

Recommendation 1: Make sure education is represented at all CPGs and time for training is recognised in consultant job plans.

- 8 We found that the governance and representation of education was not consistent across the different CPGs within the Trust. We heard that education is included in the allocation of supporting professional activities (SPAs) for all consultants, but found variation in the time allocated to education in individual consultants' job plans. The Trust considered that this variation was a result of the high level of independence across the different CPGs. The Trust also noted that not all CPGs were compliant with trust policy of allocating appropriate time for education in consultant job plans (trust policy is to allocate 0.25 of a PA to consultants for each trainee doctor for whom they are educational supervisor, up to a

maximum of 1PA). The Trust should ensure all CPGs allocate adequate time in job plans for education for consultants and that this is a reflection of the actual teaching delivered.

- 9 We also found that the representation of education at CPG level is inconsistent. There are strong structures for representing education at board level and the Trust has recently established special interest groups for education. Each CPG also has a head of education (HOE) to represent educational issues within the CPG. While we found examples of CPGs where education was well represented, the Trust indicated that this was not the case in all CPGs. This was confirmed by some undergraduate supervisors who reported that education was not represented effectively in their CPGs. This had led to educational issues not being raised or resolved and a perception amongst some of the clinicians we met that education was not a priority within the trust. The Trust advised that representation of educational issues within a CPG was dependent on the HOE, and that some underperforming HOEs within CPGs had been replaced.

Recommendation 2: Make sure all students on surgical placements have named supervisors and trust contacts and have clear placement timetables.

- 10 We found that clinical placements across the Trust were generally well structured and provided good learning experiences. However, this was not universal across all placements, particularly in some surgical specialties. Students we met reported that they had sometimes not received timetables and were not aware of all the learning opportunities of their surgical placement; for example, the times and locations of theatre lists. These difficulties are compounded by the fact that many surgical consultants work on two sites. We also heard examples of where students had arrived at a placement without having a named contact and where no-one was aware that they would be arriving. This had meant long delays before starting the placement, difficulties accessing educational supervision, and an unstructured educational experience.
- 11 Surgical supervisors accepted that the information and structure of some placements could be improved, and that it was possible for students not to engage fully with some placements. Surgical supervisors we met stated that students receive timetables for breast surgery placements but this was not the case in other surgical specialties. Year 3 students we met also stated that changes had been made to the organisation of breast surgery placements in response to their evaluation. We accept

that working practices in surgery mean that consultants may be less accessible than other specialties, particularly as surgeons themselves may be uncertain about where their theatre lists or clinics will take place from week to week. We also accept that students could make better use of other contacts, such as surgical secretaries. However, we consider that improvements are possible; for example, giving students the contact details of surgical secretaries when starting placements, and for other specialties to follow the model of breast surgery in providing a structured timetables to students.

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 6.32, 2.3 TD 106, 50	The quality of education provided in anaesthetics; training takes place in a supportive environment that is responsive to feedback and provides a structured learning experience for students and trainees.
2	TTD Domain 2	The way the surgical department has responded to the challenges associated with being lead provider for core surgery. Specifically, how the trust has proactively identified a number of innovations to improve the trainee experience.

Good practice 1: The quality of education provided in anaesthetics

12 Core and specialty trainees in anaesthetics spoke highly of their training. They considered that they were well supported and that supervisors valued education. Core trainees reported that they received good induction and supervision in the department. Both core and specialty trainees commented that the teaching was of high quality and was protected, despite significant pressure on services.

13 We observed a strong local culture of quality improvement and a department that is responsive to the needs and feedback of trainees. For

example, the department sought core trainees' views on whether attendance at acute pain ward rounds would be useful and as a result now offers trainees the opportunity to attend these ward rounds. The department has been also proactive in monitoring the experience of trainees in response to the National Training Survey.

- 14** The department also provides good educational opportunities for students. We heard that the department has developed a logbook for medical students with a number of advanced learning outcomes to supplement the generic outcomes provided by the Imperial College and to engage students further in their placements.

Good practice 2: The way the surgical department has responded to the challenges of being lead provider for core surgery

- 15** The Trust has been appointed as the lead provider for core surgical training in north west London by the Deanery and manages the provision of this training in the sector. The Trust has worked proactively to identify a number of innovations to improve the trainee experience, particularly with regard to training for trainers. For example, as part of the bid for lead provider status, the Trust was required to put in place educational training for tutors. The Trust responded by identifying improvements to the current training, particularly with regard to responding to trainees in difficulty. Surgery supervisors told us that their training had improved as a result, and the programme had received the London Deanery's 'Elisabeth Paice Award for Educational Excellence in Postgraduate Medical and Dental Education'.
- 16** The Trust has also used its lead provider status to identify improvements in the allocation of educational supervisors for core surgery. The Trust is taking over responsibility for educational supervision in core surgery, and has plans to reallocate supervisor roles on the basis of attendance at training and appraisal of their educational roles. We also heard about plans for the surgical tutor to meet core surgical trainees so that they can be matched to a supervisor who will help them further their careers. We encourage the Trust to continue to use its status as lead provider to identify and make improvements to training.

Areas of improvement

We note improvements where our evidence base highlighted an issue as a concern, and have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Areas of improvement for the LEP
1	TD 165	Continue efforts to identify education funding and map this to the delivery of education within the Trust.

Area of improvement 1: Map education funding to the delivery of education

17 The Trust has made progress in identifying and its allocation of service increment for teaching (SIFT) funding to its educational activities. We found that the majority of the SIFT received specifically for teaching has been identified and mapped and that there are examples of this money being used to support dedicated educational activities, such as consultant PAs and clinics for education. We note there is still a much larger amount of SIFT money received specifically to support facilities which is less transparent. We encourage the trust to continue with its efforts to identify and map SIFT funding, so that there is clarity about the allocation of resources to support undergraduate education.

Acknowledgement

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