

Our Ref: KB/ST/GMC

Date: 17th November 2016

Miss Jessica Ormshaw
Education Quality Analyst
General Medical Council
Regent's Place
350 Euston Road
London NW1 3JN

Dear Jessica

RE: GHNHSFT GMC Final Response – Regional Visit 13th & 14th April 2016

Thank you for giving us the opportunity to respond to the GMC report following your visit on 13th and 14th April 2016. We found the report to be accurate and very helpful as we plan to improve the education of trainees in our Trust.

We were very pleased that you found the culture to be caring and compassionate with a positive learning environment; robust structures to be in place for those with pastoral issues and the trainers and supervisors, to be well trained, dedicated, committed to their educational roles and encouraged to continue their professional development. I have outlined below the action we are taking in response to your requirements:

1. The Trust must not allow foundation doctors to take consent for procedures that are not appropriate for their level of competence:

Following discussion with our foundation doctors, we have identified two areas of concern: consent for endoscopy for inpatients and consent for radiological procedures. From this time F1 doctors will not be allowed to take consent. During the F1 year, as part of their foundation course, they will receive training on the process of consent and the benefits and risks of endoscopic procedures and simple radiological procedures.

The slide set for these talks, which will include the benefits and risks, will be available on the postgraduate medical education website for all doctors to refer to. During the training it will be stressed that they should not take consent for any procedure for which they do not think they are properly trained.

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Miss Jessica Ormshaw Cont'd.....

2. The current system of handover between the emergency department and the rest of the hospital poses a clear risk to patient safety. The Trust must ensure a robust handover system between the emergency departments and the medicine departments in both hospitals to avoid any impact on patient care:

A project team, led by the Associate Medical Director and including Acute Medical consultants, ED consultants, medical SPRs and Chief registrars, have been working to improve the handover with clear rules about contacting the medical SPR on transfer of patients. There is now a formal handover between the ED consultant and the medical SPR before the ED becomes a minor injuries unit in the evening at Cheltenham General Hospital.

This is an ongoing project with medical SPRs being asked to complete questionnaires to identify what has improved and what remains to be done at intervals during the process. We recognise that the intensity of work in the ED department contributes to the problem. Two new consultants have been appointed to ED. We have organised a meeting between the site managers, who work to achieve the 4 hour targets and the medical SPRs so the safety problems can be shared with them.

3. The trust must ensure that workload does not affect the time for educational activities and supervision of doctors in training:

The Trust has appointed six "F3" doctors, an increased number of medical education fellows, two chief registrars and a physician associate to support the medical division, whilst continuing to advertise for, and appoint "F3" doctors when there are suitable applicants.

In 2017, the Trust will train physician associates trainees based in the University of the West of England in addition to the physician associate trainees from Worcester University whom we train at present; it is intended to increase the number of physician associates employed by the Trust. A workforce transformation group is exploring supporting doctors by seeking to extend the roles of other professionals including nurses, pharmacists and clinical scientists.

In the medium term the sustainability and transformation plan," One Gloucestershire, Transforming Care Transforming Communities", aims to develop new 'Urgent Care Centres' across localities in a way which allows the majority of patients to access them within a maximum of 30 minutes driving time. These centres will have access to a range of diagnostic services and clinical expertise reducing the need for hospital care. It aims to ensure that those people with more serious or life-threatening emergencies are treated in centres with the very best expertise and facilities with a new countywide bed model making best use of sites and resources. This will support the more efficient use of the medical staff available.

Yours sincerely,

Kim Benstead
Director of Medical Education