

| | |
|-------------------------|---|
| Check | Targeted check |
| Date | 23 January 2013 |
| Location Visited | Jersey General Hospital |
| Team Leader | Professor Jacky Hayden |
| Visitors | Professor Simon Carley Dr Jennie Lambert Ms Jill Crawford |
| GMC staff | Jessica Lichtenstein, Head of Quality Assurance |
| Observers | Mark Rickenbach, Wessex Deanery* |
| Serious Concerns | None |

Purpose of the check

We have undertaken a series of checks to emergency medicine departments across England and the Channel Islands to explore risks to training in this specialty, to identify and disseminate areas of good practice and to gain further insight into local and national challenges including difficulty in the recruitment and retention of doctors specialising in emergency medicine, and a continued rise in attendances and the severity and complexity of patient conditions presenting, without provision of adequate resources for assessment and admission.**

*Health Education Wessex is referred to as Wessex Deanery due to the time of the visit

**College of Emergency Medicine Statement

These checks were prompted by an increasing number of concerns reported to the GMC about emergency medicine and particularly relating to very junior doctors in training working at night unsupervised. In April 2012 we completed an audit of emergency department rotas, which found 20 sites that did not clearly demonstrate on-site supervision from a senior doctor in the emergency department overnight. In particular our standards for the supervision of foundation Yr2 doctors were being breached.

Our recent London regional visit highlighted issues with supervision, handover due to shift patterns and support for doctors in training which varied depending on the emergency department. We took the audit information together with evidence from the national training survey, deanery and college scheduled reporting and data from external partners including the Care Quality Commission (CQC) to identify seven local education providers to check.

The check was undertaken in a half day and comprised five meetings: foundation and core doctors in training; middle grade doctors in training; hospital senior management team; emergency medicine consultants; and the head of the emergency department. Feedback was provided to the senior management on the day and by email within 48 hours.

Evidence

Through our audit of emergency department rotas the Jersey General Hospital (JGH) reported to the GMC that there was consultant or specialty doctor cover 8am until midnight Monday to Sunday, with a general practice specialty doctor in training (GPST1) and F2 covering out of hours midnight until 8am with anaesthetist and medical registrar available elsewhere in the hospital during this time. The College of Emergency Medicine recommends having a minimum grade of an ST4 on duty to supervise at night time.

The national training survey 2012 reported that Jersey had above outliers in local teaching and below outliers in study leave, undermining and workload.

Summary of site

Jersey General Hospital Emergency Department is the only emergency department on the island of Jersey. It serves a population of approximately 98,000 local people. The emergency department is open 24 hours a day, 365 days per year. There is also access to a private, off-site out of hours GP service, with pre-booking available.

Supervision at night time is indirect. There is an on call consultant off site and they live within close proximity to the hospital, and there is also on-site supervision available from other doctors in the hospital. The LEP is working to have middle grade cover in the Emergency Department 8pm until 7.30am, this was not in place at the time of the check.

Core and foundation doctors in training we spoke to said they felt unprepared for their night shifts and out of depth due to the lack of middle grades and consultants available within the department overnight. Foundation doctors we spoke to said they have experienced problems in attending teaching due to the rota and being released for teaching.

The Report

Requirements

| | |
|----|---|
| 1. | The emergency department must ensure there is an inbuilt process review for all trauma protocols to make sure these are robust and clearly communicated to all doctors in training. (Domain 1 TD1.11) |
| 2. | Foundation and core doctors in training must never be left in the emergency department without immediate access to senior support. This should be by an ST4 or middle grade equivalent. The pathways for securing this support must be clear and unambiguous and re-enforced at each handover. (Domain 1 TD1.3) |
| 3. | The emergency department must ensure that doctors in training are appropriately prepared for their first night shift. (Domain 1 TD1.3) |
| 4. | The emergency department must introduce a robust process of senior review prior to patients being discharged or directed to another ward by a core or foundation doctors in training. (Domain 1 TD 1.2, 1.6) |

Recommendation

| | |
|----|--|
| 1. | Clinical supervisors should be sufficiently experienced to provide the necessary supervision and should have spent time in an emergency department before doing so. (Domain 1 TD1.3) |
| 2. | Rotas of doctors in training and consultants should be arranged to maximise the contact between them. (Domain 5 TD5.4) |

Findings

Patient Safety

The emergency department does not have clear protocols for escalation of patient cases advising core and foundation doctors working alone at night regarding when to contact middle grades and consultants for advice.

Consultants review night time working and look over notes of patients remaining in the emergency department; however notes of patients that have been discharged or admitted to wards are not reviewed. Doctors in training are missing out on key learning opportunities and without senior review run

the risk of becoming more confident without necessarily becoming more competent.

Teaching and Learning Opportunities

F2 and GPSTs recognise at the beginning of the rotation that night time working is challenging and can be daunting however towards the end they normally become more comfortable and feel empowered to make decisions.

GPST and foundation doctors in training described a lack of contact time with consultants, potentially only 30-50% of their working week. This combined with the variable quality of middle grade cover does not provide adequate time for developmental support, the opportunity for case reviews or assessment of doctors in training' competence.

Clinical supervision

Doctors in training competence was not specifically assessed before they undertook the night shift. GPST and foundation doctors in training described anxiety about patients presenting at night time without consultants on hand to assist. Foundation Year 2 (F2) doctors expressed anxiety about working nights at the start of their rotations. F2s identified gaps in their knowledge about the management of trauma, paediatrics, medical and acute injury patients at night time.

GPST and foundation doctors in training said they find it difficult not having a 'sounding board' who they can gain general advice from if they are unsure and sometimes find themselves making decisions that they are not confident to make.

Middle grades are appointed with as little as three and a half years experience post-graduation, including the two year foundation programme, and have not been trained to provide clinical supervision or educational support for foundation and GPST.

Supervision within the hospital at night time is provided by doctors on other wards, these doctors have their own admissions to deal with and may not be available at all times.

Support

We heard from all doctors in training that nursing staff are friendly and supportive particularly at night time when consultants are not normally available on the shop floor.

The LEP received a below outlier for undermining in the national training survey in 2012. The senior management team hold regular one-to-one meetings with doctors in training to discuss supervision, bullying and

undermining. Doctors in training have the opportunity to approach senior management at all times if they have any concerns.

Meeting current challenges in emergency medicine

Senior managers are aware of the recruitment crisis within the specialty and are using initiatives to try and ease it. For example there are discussions about a new hospital within the next seven years. The LEP hopes to eventually provide a consultant-delivered service, and is now recruiting additional medical registrars to help ease the middle grade recruitment crisis within the medical directorate.

The LEP hopes to work with general practice to better integrate care, proposed initiatives include co-locating services and general practice service out of hours to supplement the private off site GP service available out of hours.

Conclusion

Our findings do not support the above outliers stated in the national training survey 2012 survey for local teaching. Consultants we spoke to at the site said that it is difficult allowing foundation and GPST doctors in training to attend local teaching due to workload. Foundation doctors tended to agree stating that they can rarely attend Wednesday morning local teaching.

The 2012 national doctors in training survey reported below outliers in study leave, undermining and workload, although doctors in training did not report any difficulties in accessing study leave during the check. The senior management team remains committed to addressing the undermining identified during the survey. Middle grades said that the workload is manageable however GPST and F2 doctors in training reported being unable to take breaks when working overnight.

Monitoring

The hospital is responsible for quality control and will need to report on what action is being taken regarding the requirements listed above in the attached action plan. The action plan must be sent to quality@gmc-uk.org copying Health Education Wessex by 30 September 2013.