

Visit to King's College 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	Wednesday 17 October 2012
Sites visited	King's College Hospital, Denmark Hill
Programmes reviewed	Undergraduate (MBBS), Foundation Programme, General Surgery
Areas of exploration	Quality management and evaluation; student assistantships; preparedness for practice; transfer of information; curriculum delivery and assessment; Fitness to Practise procedures; equality and diversity; evaluation.
Were any patient safety concerns identified during the visit?	No
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 King's College Hospital (KCH) was visited as part of the regional review of London. The visit team investigated undergraduate and postgraduate medical education to assess the quality of undergraduate teaching for Kings College London students; and the Foundation Programme, core and general surgery for trainee doctors. KCH is one of London's largest and busiest teaching hospitals, with a strong profile of local services primarily serving the boroughs of Lambeth, Southwark and Lewisham. Specialist services are available to patients across a wide catchment area, providing nationally and internationally recognised work in liver disease and transplantation, neurosciences, haemato-oncology and foetal medicine. The following table summarises the findings in key areas we explored during the visit:

Areas of exploration: summary of findings	
Quality Management	Quality management within the Trust was generally good, with effective systems for the identification, monitoring and evaluation of risks to medical education. Education supervisors and senior managers explained that information and good practice is shared across the Trust via a number of different structures, but reported a need for more qualitative feedback from students and trainees to assess issues more completely. KCL students and graduate trainees reported a number of issues with the communication and administration of the KCL medical school programme, particularly in responding to student evaluation and sharing of information. There is scope for the Trust to engage with the School to ensure that the curriculum and assessment tools are fit for purpose. Standards are being met in the aspects of quality management that we explored on this visit.
Student Assistantships	There was limited awareness of the term 'student assistantship' (SA) but the model was viewed positively by students, trainees and education supervisors. Students in phase five highlighted that the SA provides useful exposure to F1 responsibilities. Foundation trainees reported that the student assistantship prepared them well for life as a foundation doctor. Standards are being met in the aspects of student assistantships we explored on this visit.

Preparedness for Practice	F1 trainees reported that they felt clinically prepared by their undergraduate experience, but that there were limited opportunities to become familiar with systems in different hospitals, such as paperless ICT systems and documentation. Standards are being met in the aspects of preparedness for practice that we explored on this visit.
Transfer of Information (ToI)	Education supervisors reported variability in the quality of transfer of information (ToI) from the medical school and the foundation school. There is scope for the Trust to engage with the medical school to ensure that more information is provided in advance of student placements to ensure better awareness of students' academic, clinical and personal issues. Information from the foundation school was seen as detailed and useful. There is good ToI during trainee handover between rotations. Standards are being met in the aspects of ToI that we explored on this visit.
Curriculum delivery and assessment	Education supervisors were aware of curricula requirements, objectives and outcomes. The Trust provided suitable opportunities for documented feedback. Education supervisors were extensively trained in how to provide feedback. However, KCL students and graduate trainees reported significant issues with the School's delivery of medical education, particularly curriculum and assessment. Educational supervisors reported a perceived lack of influence to inform changes to elements such as curriculum design or exam weighting. There is scope for the Trust to engage with the medical school more effectively in the development and evaluation of the curriculum and assessments (see recommendation 4, paragraphs 10-11). The Trust should also ensure that all staff with education responsibilities are fully supported and resourced to deliver high quality teaching and training (see recommendations 2-3, paragraphs 8-9).
Fitness to Practice procedures	Students and trainees reported good awareness of Fitness to Practice (FtP) principles and Trust procedures for reporting concerns. Education Supervisors highlighted that FtP is a core strand of the induction curriculum and that professionalism, and medical ethics are addressed in dedicated workshops for Foundation doctors. Standards are being met in the aspects of FtP that we explored on this visit.

Equality and Diversity	All staff with education responsibilities complete equality and diversity (E&D) awareness training. The Trust also has an E&D committee, which ensures issues are reported at Board level. The Trust's formal processes for Doctors in Difficulty include extensive mechanisms for identification and support. Students and trainees reported that they feel well supported, and reasonable adjustments are made if required. The Trust's approach to flexible working was viewed positively by trainees. Standards are being met in the aspects of E&D that we explored on this visit.
Evaluation	The Trust has extensive and well-established systems to evaluate the quality of education and training and there was good awareness amongst the senior management team of the major issues and challenges faced by the Trust. Students and trainees reported that the Trust is a collegiate and supportive learning environment, which listens to their concerns, seeks their input and responds effectively. Standards are being met in the aspects of evaluation that we explored on this visit.

- 2 KCH is actively addressing a number of challenging structural and environmental factors which have the potential to adversely impact on capacity and capability in the delivery of local medical education and training. All providers in London face the challenge of a changing healthcare landscape, and potential impact on education and training during the transition to Local Education and Training Boards (LETBs). There is also a general risk of instability the south east London sector as a result of on-going financial difficulties at South London Healthcare Trust; the downsizing of district general hospital (DGH) capacity; and the drive to rationalise posts.
- 3 Despite these challenging circumstances, we found that KCH was committed to education and training. Students and trainees were well supervised, supported and satisfied with the quality of their education and training. This was highlighted by accessible and visible teaching and administrative staff and the active involvement of trainees in teaching. We had some concerns with the organisation of trainee rotas, and the interface between training and support services.

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	TD: 159; 160; 161 TTD: 8.1; 8.2; 8.5; 8.6	The Trust should review the KCH site facilities management plan to ensure all education facilities are fit for purpose, and adequate educational capacity is in place to accommodate the practical experiences required by the curriculum.
2	TTD 8.4	The Trust should ensure that all employees involved in medical education and training have adequate time for teaching and training identified in their job plans.
3	TTD: 6.34; 6.35; 6.36	The Trust should continue to support and resource those employees with education responsibilities. We recommend that the Trust implements standardised job plans for employees with education responsibilities; implements appropriate and timely education appraisals processes; and develops robust selection criteria to ensure continued standards of teaching and training.
4	TD 40; 41; 42; 43a; 44; 51	The Trust's education leaders should continue to engage with KCL medical school to improve students' awareness of the curriculum syllabus and assessment criteria.
5	TTD 8.2; 8.5	The Trust should improve the interface between training and support services, specifically phlebotomy and porter services, to ensure that trainees are fully supported to do their jobs properly.
6	TTD 6.18	The Trust should improve the education culture within the radiology department so that all trainees feel supported in their interactions with radiology.

7	TD 5.4; 6.10	The Trust should implement improvements to the organisation of trainee rotas to ensure that all trainees have protected time for teaching and are released to attend required deanery teaching sessions.
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Recommendation 1: Make sure facilities are fit for purpose

- 4 We observed limited space and facilities available for education delivery across the site, but acknowledge that the facilities are adequate to deliver the curriculum. The Trust is currently maintaining educational standards despite challenges posed by the physical environment. The education management team, education supervisors and students separately reported that the availability of suitable spaces for teaching is limited by the footprint of the Trust site and the need to prioritise space for patients. Additionally, there are capacity challenges and differences across specialties and wards, which has led to instances of specialties declining student placement requests from KCL School of Medicine.
- 5 Despite the limited footprint of the Trust site, overall it was observed that students and trainees get a good range of teaching and experience. It was reported by students, trainers and supervisors that the high numbers of students and trainees seeking learning opportunities across the site exacerbates the issue. Students highlighted access to patients as a challenge and considered that fewer students on site would reduce this pressure. The senior leadership team recognised that KCH is an over-subscribed and busy environment, but one that provides positive learning opportunities.
- 6 Education management and education supervisors also highlighted issues with IT facilities, regarding the total number of terminals and their usage across the site. There was recognition that KCH was not as advanced as some other hospitals, but that there are adequate IT facilities for students and trainees. The Trust needs to ensure that these limited resources are allocated and used effectively. There are ongoing negotiations between KCH and KCL to fund a dedicated simulation suite.

Recommendation 2: Make sure training is recognised in job plans

- 7 We noted the Trust's recognition of time for training in consultant job plans. The Trust has also started to review options for standardising all educator job plans. Educational supervisors highlighted that KCH has a

very good attitude towards recognising teaching time in job plans and appraisals. However, there was variability in recognition of teaching time in job plans across specialties, with educational supervisors confirming that dedicated teaching time is codified and formalised in some job plans, but not in others. The education management team recognised the need for providing dedicated time in all trainers' jobs plans, and indicated that the Trust is working towards this, and is being held to account by the introduction of a newly formed education committee.

Recommendation 3: Ensure trainers and supervisors are supported with adequate resources

- 8 We observed that trainers and supervisors felt valued and well-supported by the Trust, but there was a degree of variability in training and appraisal of employees across specialties. Education supervisors reported that clinical and teaching responsibilities overlap and there is a blurring of the two. They also highlighted that formal structures and processes for trainer accreditation are less clear. All education supervisors we met said that they have access to London Deanery formal training for their education role but reported some challenges in making the training fit around service commitments. Not all employees reported that they have a separate educational appraisal. The senior management team reported that a new appraisals system for revalidation is being rolled out, which will provide a mechanism to identify good performance and areas for improvement.

Recommendation 4: Engage with KCL medical school to improve the student experience

- 9 Current KCL students and KCL graduates reported a number of issues with the communication and administration of KCL medical school programmes, particularly in responding to student evaluation and sharing of information. Students demonstrated limited awareness of the curriculum syllabus and assessment criteria as a result of this, and highlighted that evaluation to the school on this matter had not led to improvements. Students stated that many quality training opportunities arising at short notice might not be publicised.
- 10 Educational supervisors told us that some phase four KCL students' medical knowledge and skills are not particularly developed when they arrive at KCH, and that they require significant remedial training in fundamental clinical skills, which is delivered on wards and in clinics. It was reported that this issue was fed back to KCL but it was not clear how

the school has acted on the information. There was a limited understanding among the educational supervisors about the interface between KCH and KCL. Educational supervisors reported a perceived lack of influence to inform changes to elements such as curriculum design or exam weighting.

Recommendation 5: Improve the interface between training and support services to ensure all trainees are fully supported

- 11 Trainees in the paediatrics department reported issues with the porter system, particularly regarding transporting blood to laboratories. In some instances this had led to clotting and unusable samples. Trainees also reported having to leave the ward to take blood to be analysed. It was highlighted that the chute system only works in some wards.

Recommendation 6: Make sure that all trainees feel supported in their interactions with radiology

- 12 Trainees reported some challenges in their interactions with the radiology department. We heard examples of radiology staff not engaging with trainees, who did not feel well supported. It was reported by trainees that management were aware of these tensions, but trainees highlighted that improvements were not evident, and some radiologists would only respond to direct face-to-face requests.

Recommendation 7: Improve the organisation of trainee rotas to ensure protected time for teaching

- 13 Some CT2 surgery and orthopaedics trainees reported that the planning of clinic and rota commitments presents challenges for attending required deanery teaching. We heard that some trainees were randomly allocated days off during the week to ensure compliance with working time regulations. However, trainees found it difficult to take the time off because of scheduled clinics or training sessions on those days. Some trainees also reported having to attend teaching in their own time. This was particularly prevalent in the orthopaedic unit.
- 14 The Senior Leadership Team (SLT) was aware of a disconnect between rota planning and clinic planning for those trainees who are rostered to cover clinics when they are due to be off work. The SLT also reported that the Trust has started an investigation to identify where shift problems are coming from. Trainees are asked to use diary cards in identified areas.

- 15 The Trust's Foundation Forum feeds back to the education management team 3-4 times per year and there is regular monitoring to ensure rotas are compliant. Quarterly faculty meetings have trainee representation on them to feedback shift and rota issues. In response to evaluation the Trust has staggered start times which has helped maintain compliance.

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	TD: 6.1	The Trust's positive learning and working culture, as a result of comprehensive induction procedures; welcoming and accessible education supervisors and helpful education administration staff; and good ALS training for new F1, CT and ST trainees.

Good practice 1: The Trust's positive working culture for students and trainees

- 16 The education management team informed us that they hope students feel welcomed and part of the KCH team from the start of placements. A range of support mechanisms are in place to support education, such as handover sessions with incumbent trainees; Trust, departmental and online inductions; and mentoring during transitions. It was reported that KCH is responsive to evaluation and students and trainees can approach staff to address issues. The management team explained that there is genuine commitment to provide support at every step of the way.
- 17 Foundation, CT1 and CT2 trainees also identified extensive support mechanisms in place from the start of their rotations. Induction was seen as very well organised – particularly occupational health, IT training and library registration. It was suggested that KCH understands the immediate needs of trainees when they first join the Trust. Additionally,

foundation trainees were impressed by the Advanced Life Support training during induction, which was very thorough and explained the KCH approach. These trainees also felt supported by their immediate access to senior colleagues, from senior trainees and consultants. As a level one trauma centre, the trainees considered that they were well supported while gaining valuable inner-city experience. Combined, these factors have created a perception among students and trainees that KCH is well-organised, welcoming and committed to education and training.

Acknowledgement

We would like to thank King's College Hospital and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.