

<b>Check</b>	Targeted Check
<b>Date</b>	11 January 2013
<b>Location Visited</b>	Kings Mill Hospital
<b>Team Leader</b>	Professor Jacky Hayden
<b>Visitors</b>	Processor Simon Carley Dr Jennie Lambert Ms Jill Crawford
<b>GMC staff</b>	Jennifer Barron, Quality Assurance Programme Manager Rachel Daniels, Education Quality Analyst
<b>Observers</b>	Simon Mallinson, East Midlands Workforce Deanery* Dr Bridget Langham, East Midlands Workforce Deanery* Dr Richard Wright, East Midlands Workforce Deanery* Meryl Bailey, Care Quality Commission Representative
<b>Serious Concerns</b>	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, the continued rise in attendances and

the severity and complexity of patient conditions presenting, without provision of adequate resources for assessment and admission, has contributed to severe difficulty in the recruitment and retention of doctors specialising in emergency medicine.\*\*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; higher specialty doctors in training; hospital senior management team; emergency medicine consultants; and the head of the emergency department.

## **Evidence**

King's Mill Hospital reported to the GMC during the audit of emergency department rotas, that there was appropriate supervision for doctors in training with middle grade cover 24 hours a day. When visiting the site we identified that middle grade cover at night time is sufficient however King's Mill Hospital rely heavily on experienced locums to fill the middle grade gap in the rota which may not be sustainable. The College of Emergency Medicine recommends having a minimum grade of an ST4 trainee on duty to supervise at night time.

The national training survey 2012 found that Sherwood Forest Hospitals NHS Foundation Trust had below outliers in access to educational resources, adequate experience, clinical supervision, feedback, handover, workload and overall satisfaction. The site had above outliers in induction and local teaching.

Sherwood Forest Hospitals NHS Foundation Trust had 3,125 incidents reported to the Patient Safety Agency's National Reporting and Learning System (NRLS) between October 2011 and March 2012. However 79.9% of the incidents reported to the NRLS had no degree of harm to patients and 0.1% of incidents reported resulted in death.

\*Health Education East Midlands is referred to as East Midlands Workforce Deanery due to the time of the visit

\*\*College of Emergency Medicine Statement

## Summary

King's Mill Hospital has 550 inpatient beds, and deals with 330,000 inpatients, 106,000 emergency cases and 77,000 day cases each year. The emergency department has undergone a major refurbishment and has trebled in size. It now has separate children's and young adults departments, a seven bed state of the art resuscitation room, a 19 bay trolley area, and a 10 room minors area. There is also a 24 hour a day general practice on the same site. The emergency department team comprises six consultants, eight middle grades, nine core and foundation doctors in training and four advanced nurse practitioners, as well as support and reception staff.

Clinical supervision at night time relies on experienced locums to fill the middle grade gap. The Local Education Provider (LEP) has set standards that locums must meet before working a night shift. Locums are also integrated into the teaching programme in order for them to supervise and complete work place based assessments (WPBAs) fully and accurately. Doctors in training are happy with the training they receive and there is protected teaching time.

## The Report

### Good practice

<b>1.</b>	The emergency department has a strong induction programme. (Domain 1 TD 1.6)
<b>2.</b>	An Assistant Medical Director has been appointed with a remit for patient safety, supervising and initiating trainee projects. This role includes chairing monthly mortality and morbidity meetings and divisional doctors in trainings' forums where patient safety is a standing agenda item. (Domain 1)
<b>3.</b>	The LEP has introduced a consultant shift which is dedicated time held once a week to teach on the shop floor. (Domain 5 TD 5.4)
<b>4.</b>	The LEP uses thematic allocation of educational supervisors, focussing supervision against training level and specialty, reducing the number of curricula educational supervisors must engage with. (Domain 6 TD 6.3)
<b>5.</b>	There is a good culture of embedding continuous improvement for education within the emergency department, and a good knowledge of what the future challenges may be; the shortage of middle grades, the added pressure on the service due to an increase in patient numbers and minimal trainee retention within the specialty and a plan in place to meet these challenges. (Domain 6 TD 6.11)

<b>6.</b>	Locums must meet a minimum set of requirements including documented resuscitation skills and must have one year experience as a middle grade within an emergency department before being recruited. The locums must also undertake an induction, and be integrated into the teaching and development programme to enable them to clinically supervise and complete WPBAs with doctors in training. (Domain 1 TD 1.3)
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## Requirements

<b>1.</b>	The emergency department must have a well organised handover arrangement in place for morning and evening, ensuring continuity of care. (Domain 1 TD1.6)
<b>2.</b>	The emergency department must review its staffing in order to look for ways to make it more sustainable and prevent exhaustion. (Domain 8 TD 8.1)
<b>3.</b>	Rotas must clearly specify the level a trainee ensure that everyone within the department is aware of the supervision requirements and their competency. (Domain 1 TD1.2)

## Findings

### Patient Safety

There is a clear commitment to patient safety and the emergency department has incorporated patient safety initiatives into induction and other learning opportunities. We heard from doctors in training that they complete Incident Response forms (IR1s) and receive individual feedback about the outcomes of incidents they have reported.

Locums must go through an induction and begin working on a day shift in order to get familiar with the emergency department before they will cover night shifts.

Out dated terminology such as Senior House Officer (SHO) and General Practice VTS (GP VTS) is still in use within the department. This terminology does not adequately distinguish between foundation year 2 doctors (F2) and speciality doctors in training (ST).

### Induction

The induction programme is spread over three consecutive afternoons and consists of a meet and greet with all consultants, a tour of the emergency department, an overview of departmental policies and protocols, and patient safety advice.

Consultants and doctors in training said that induction is prioritised over annual leave, meaning there is a big consultant presence within the emergency

department. Doctors in training are not placed on the night shift rota for the first three days until they have been fully inducted.

The programme is structured and tailored to the level of training. Some induction is integrated with acute medicine. Doctors in training thought that it was a good refresher and covered cases and presentations that they may not have experienced recently while fully introducing them to the workings of the emergency department. There is also an intranet site with all the guidance and protocols which can be referred to when doctors in training are unsure. The LEP moved a rotation forward two weeks to allow time for doctors in training to be fully inducted before the extended bank holidays of the Jubilee weekend in 2012.

#### Handover

At present there is no formal process for handover. Doctors in training advised that they try not to hand over patients and instead discharge or admit them before their shift ends. When patients are handed over, it is on a one to one basis, the patient management system is updated with the name of the doctor now responsible for the patient's care. A new rota is being reviewed with built in time for handover.

#### Feedback

Higher specialty doctors in training receive regular feedback regarding their supervision skills from core and foundation doctors in training. Consultants go through patient cases with individual doctors in training and provide feedback on the job. Feedback is rarely formal however it is available if doctors in training ask for it.

#### Teaching and Learning Opportunities

This is run on a one to one basis and is consultant led; the time is shared between consultants and distributed fairly between doctors in training. Doctors in training said they find this extremely helpful, the quality of teaching is of a high standard and it generally covers areas that are not seen every day on the job.

Doctors in training are normally released for teaching. Foundation doctors in training are released for teaching when at work, but find it difficult to attend teaching as they undertake a high proportion of 'out of hours' shifts. The LEP makes allowances for this and when possible arranges cover.

The head of emergency medicine holds a monthly meeting with consultants to review patient case notes. This allows educational supervisors to identify the case mix doctors in training have seen and if there are any gaps in their experience. They then assign patients with certain conditions so that the trainee can meet this gap in knowledge and experience.

Consultants said that some doctors in training tend to avoid conditions that they are not confident to deal with and once they know what this is they will support the

trainee through the treatment, either when they have time on the shop floor, or in their dedicated one to one time.

### Supervision

At times CT3 doctors in training are the highest grade working in the department. The College of Emergency Medicine recommends having a minimum grade of an ST4 trainee on duty to supervise at night time. The LEP has regular middle grade locums and doctors in training are comfortable calling consultants in at night time. Clinical supervision was a below outlier in the NTS 2012 however the doctors in training we spoke to were happy with the level of supervision and support they received.

Doctors in training told us that that they are not asked to work beyond their competence and that they feel comfortable fulfilling their role. At night time the layout of the emergency department changes, with the paediatric section of emergency department being closed. All doctors in training move into the 'majors' area so that they are not spread out across the emergency department which allows for ease of supervision.

### Support

Consultants are very engaged in education and they said that they are motivated by seeing doctors in training develop into good doctors. They enjoy the team they work in.

There is an educator forum currently held three to four times per year which is used as an opportunity to discuss with the director of medical education any educational issues. This is held for an hour at the end of the day and currently has approximately 12 attendees out of a potential 70. The medical director hoped that as the forum becomes more successful more people will want to attend.

Core and Foundation doctors in training we spoke to said that the emergency department is busy however there are periods of quiet and they said they never feel pressured to make decisions in order to clear patients.

### Trust Management

The emergency department has taken a proactive approach to dealing with the national middle grade recruitment shortage by developing a cohort of regular locums. All locums are recruited through an agency; the emergency department provides regular feedback to the agency about their performance. The hospital senior management team told us that the quality of locums they use is variable and they are not always happy with their clinical or educational work, if this is the case then the locum is not used again. Doctors in training agreed, however said that they provide feedback to the consultant who comes on shift at 8am if there are any problems.

## **Meeting current challenges in emergency medicine**

The achievements of the emergency department are reliant upon the efforts of the consultant body. Consultants currently work one in three weekends and complete regular rounds of the floor in case any doctors in training need support. However, they are often required in the resuscitation room which can mean they don't get to see their doctors in training often. Consultants reported that their working hours may be difficult to sustain.

The current middle grade locum cohort is regarded as not sustainable and additional pressures on the service with increasing patient numbers could lead to a reduction in quality of training and clinical care.

The LEP is under local pressure to open an emergency department at Newark Hospital, however at present are not able to fully staff the current department at King's Mill therefore should consider whether they can provide the same services over two sites.

The emergency department is developing advanced nurse practitioners (ANPs) and emergency nurse practitioners. They currently have three ANPs and are hoping to increase to six, providing cover from 8pm until midnight, which is currently the LEP's busiest time.

We heard that the vision for the emergency department is to increase the current consultant body from 6 to 12. At present the emergency department is relying on strategic health authority (SHA) funding, which was awarded on the basis of improving supervision and training of emergency medicine doctors. This however may not continue as SHAs are phased out this year.

## **Conclusion**

Our findings support the above outliers stated in the national training survey 2012 survey in induction, and local teaching. There were below outliers in access to educational resources, adequate experience, clinical supervision, feedback, handover, workload and overall satisfaction. We found that clinical supervision was appropriate, although there was still some outdated terminology being used within the department which doesn't clearly reflect the doctors in trainings competence. Doctors in training that we met were happy with their experience. Requirements have been set in regards to handover and workload, core and foundation doctors in training we spoke to said that the department is busy but manageable and better than other LEPs within the area. The LEP has made improvements to feedback with higher specialty doctors in training saying they receive regular feedback. Although the LEP had more below outliers than above it has undertaken a considerable programme of improvements and we did identify many areas of best practice.

## Monitoring

The Trust 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](mailto:quality@gmc-uk.org) copying Health Education East Midlands in by 30 September 2013.