Introduction

This report draws together the overall themes of medical education and training across Kent, Surrey and Sussex in 2014–15. The findings come from our visits to four local education providers (LEPs), one medical school and one local education and training board (LETB) in the region.

Why did we choose Kent, Surrey and Sussex?

In 2014, we published a schedule of regional visits, with the aim of visiting each region and country within the UK over a seven-year period. We visited Kent, Surrey and Sussex in the early part of this schedule because of the length of time since we had last visited organisations in the region.

What do we know about the region?

Brighton and Sussex Medical School (BSMS) is the only medical school in Kent, Surrey and Sussex. It had a total of 700 students during the 2014–15 academic year.

The LETB, Health Education Kent, Surrey and Sussex (HEKSS), is the body responsible for managing postgraduate education and training across the region, and is accountable to Health Education England (HEE). HEE has recently introduced four national directors and four directors of education and quality, each responsible for several different LETBs. HEKSS is part of the London and South East geographical region, along with Health Education North Central and East London, Health Education North West London and Health Education South London.

---

* You can read the schedule at www.gmc-uk.org/2014_2018_Regional_Visit_Schedule_60966805.pdf. Wales, the West Midlands and London are not listed as they were visited in 2012–13 and 2013–14.

† We last visited Brighton and Sussex Medical School, and HEKSS (formerly Kent, Surrey and Sussex Deanery) in 2008–09.
What did we do?

To better understand the experience of medical students and doctors in training in Kent, Surrey and Sussex, and to ensure that their experience meets our standards, we visited four LEPs as well as BSMS and HEKSS between May and June 2015.

The maps on pages 4–5 show the location of these organisations.

We chose the four LEPs based on our own evidence and on information from our network of regional liaison and employer liaison advisers.*

We have well-developed evidence about postgraduate training, and our annual survey of doctors in training has a very high response rate. This survey gives us a great deal of information on the quality of postgraduate training across the UK. In addition, the LETBs and deaneries routinely update us on their progress in addressing concerns they have identified through their local quality management processes. We also receive an annual report from each medical school which helps us plan our visits, and we undertake a survey of students before each such visit.

Our regional reviews consider several specialties and stages of postgraduate training in more detail. We choose the areas for focus, based on our evidence as outlined below. For this review, we focused on the following training programmes:

- foundation
- emergency medicine
- general surgery
- trauma and orthopaedic surgery
- general internal medicine (GIM).

During the visits, we spoke to medical students, doctors in training, their teachers and supervisors, and the management teams of the organisations. We also asked each organisation we visited to give us further information, before our visit, to help inform our review.

* Regional liaison advisers work with doctors, patients, medical students and others across England to make sure we understand their needs, and to explain and discuss the work we do. Employer liaison advisers work with employers across the UK to create closer working relationships with the General Medical Council (GMC).
Evidence used to establish the focus of visits

We survey all doctors in training across the UK once a year. We looked at the results for Kent, Surrey and Sussex and how they compare nationally, to help us identify areas to explore during the visits.

Other sources of evidence we used to identify which LEPs to visit and which specialties to investigate during the visits included:

- scheduled reports from HEKSS and BSMS
- evidence collected through enhanced monitoring*
- self-assessment by BSMS and HEKSS
- data held by other regulators, including the Care Quality Commission.

In this report, we’ve summarised the regional themes and listed areas that are working well and those where improvements are needed. We’ve also produced separate reports for each organisation we visited. You can read these detailed reports at www.gmc-uk.org/education/26808.asp.

* Enhanced monitoring is the process by which we support medical schools, deaneries and LETBs to resolve safety and quality issues in medical education and training. Issues that require enhanced monitoring are those that we believe could adversely affect patient safety, doctors’ progress in training, or the quality of the training environment.
* Please note that Health Education Kent, Surrey and Sussex is based in London, outside of the Kent, Surrey and Sussex geographical region.
Regional themes

This report has a greater focus on postgraduate education as there is only one medical school in Kent, Surrey and Sussex.

Students spoke highly of the curriculum delivery and mentioned early exposure to clinical practice and patients as positive aspects. The medical school is responsive to feedback and continues to revise its curriculum based on the feedback from its medical students. The support that students receive at the school is also reflected in their responses to the National Student Survey, where the school has consistently scored above 95% for student satisfaction.

Overall, HEKSS has robust quality management systems and maintains a good overview of the state of postgraduate medical education in the region. However, we found that there was a need to re-evaluate the impact of requirements and recommendations in visit reports.

At our visit to the Royal Sussex County Hospital, doctors in training in GIM reported difficulties with receiving feedback from consultants on their contributions to the management of patients whom they admit overnight. This related to a recommendation made by HEKSS on a triggered visit in May 2014, which stated that the trust should ‘review post-take arrangements to maximise educational opportunities’. This was still a problem a year later at the time of our visit, suggesting that work needs to be done to make sure that requirements and recommendations are followed up appropriately by HEKSS.

Many of the themes we identified in postgraduate training across Kent, Surrey and Sussex were the result of a heavy workload, with service pressures having an impact on education and training.
Safety of patients and doctors in training

Within Kent, Surrey and Sussex, three areas are currently subject to our enhanced monitoring process. An additional item was recently closed, where changes made have resolved the issues. These changes have been shown to be sustainable.

Of the three open items, one relates to the safety and effectiveness of the clinical service and the educational experience of doctors in general surgery training at William Harvey Hospital, part of East Kent Hospitals University NHS Foundation Trust. Although the purpose of the visit to William Harvey Hospital as part of the regional review was not focused entirely on these issues, we did hear that there had been an improvement in the level of clinical supervision for doctors in training in general surgery rotations. The item will remain under enhanced monitoring, to make sure that the changes made are sustainable.

During our regional review, we identified one new concern at William Harvey Hospital, relating to clinical supervision of Foundation Year 1 (F1) doctors in GIM over the weekend, and limited access to education and training, also in GIM. We heard that at the weekend in GIM there was a team consisting of a senior nurse, a more senior doctor in training and an F1 doctor. Sometimes the more senior doctors in training weren’t available to supervise the F1 doctors, owing to a heavy and unpredictable workload, with limited backup at busy times.

There was also a gap in shifts when the more senior doctor on duty during the day finished at 5 pm and the more senior doctor on the night shift began at 9 pm, which meant there was no support for the F1 doctor between these hours. We did hear that this was an improvement on how out of hours had previously been managed at the weekend. But we found that lack of supervision is still an issue. Although the F1 doctors we met knew there was a consultant on call, they were reluctant to contact them directly.

Owing to the heavy workload and service pressures, there is also a lack of on-the-job training in GIM for F1 doctors and more senior tiers of doctors in training. Clinical and educational supervisors do recognise the impact that workload has on training, and we heard that additional doctors were being recruited (in non-training posts) to help relieve the workload pressures.

East Kent Hospitals University NHS Foundation Trust wrote to us, stating that the rota has been changed to ensure adequate cover between 9 am and 9 pm at weekends. Nine additional non-training grade doctors have also been recruited to help with capacity. We heard from both the trust and HEKSS that there are long-term plans to train and recruit more physician associates to support doctors across the region.

The trust intends to survey doctors in training periodically, to make sure that their workload is reasonable and supervision arrangements are robust. At this stage, we have not referred the matter to our enhanced monitoring process. However, with the help of HEKSS, we will continue to monitor progress.

* Publishable enhanced monitoring cases can be found on the following page of our website – www.gmc-uk.org/education/27111.asp
Terminology used in postgraduate education

During our visits to the four LEPs, we found that, at all sites, most doctors in training, educational and clinical supervisors, and members of the education management team frequently used terms such as ‘senior house officer’ (SHO) or ‘registrar’. These terms do not specify the level of doctor training, which makes it very difficult to differentiate between F1 doctors, Core Medical Years 1 and 2 or general practice specialty doctors in training. The use of this terminology could lead to confusion, as consultants, nurses and other team members may not be able to identify the level of the doctor in training.

We have identified continued use of the term SHO through a number of our regional reviews and it continues to be an issue across the UK. We are working with organisations, such as the Conference of Postgraduate Medical Deans, to make sure that locally used terminology does not have a detrimental effect on education and training or patient safety.

Variations in handover processes

We learnt that handover was variable at three of the four LEPs we visited during the review. From our meetings with doctors in training and consultants, it seems that arrangements for handover are more formalised in some specialties than others. We heard that often there was no dedicated resource room for handover.

The senior management teams at LEPs gave us some reassurance that improvements to handover across specialties were ongoing, as the trusts are working with HEKSS on an initiative called Quality and Innovation in Education (EDQUIN) in this area. The aim of this initiative is to improve the national training survey results. As handover was a below outlier in several programmes, this is a key area of focus for improvement. HEKSS expects progress will be apparent in the results of the 2016 national training survey.

Although East Surrey Hospital was one of the sites where handover was recognised as being variable, the initiative appears to be having a positive effect already, as this LEP had below outliers for handover in medicine in the 2014 national training survey but none in 2015.
Limited access to supervision

We heard of challenges in providing appropriate supervision, especially for foundation doctors. This was largely due to rota gaps and service pressures. A number of doctors in training we met told us that access to supervision was limited at times, and that they often had to search for supervisors who were busy attending to patients. Some doctors in training thought that the lack of supervision encouraged them to use their initiative; however, working beyond competence has the potential to compromise patient safety.

Handover at Royal Sussex County Hospital

The doctors in training we met told us that there is variation in handover across different departments. Foundation Year 2 (F2) doctors were positive about handover and informed us that although handover processes need more formalisation, especially in the afternoon, and improvements are needed in tertiary specialties, they do generally work. F1 doctors and higher grades of doctors in training reported that handover processes seem to be a concern in general surgery posts. The current handover system is not robust enough to ensure that patients are always reviewed in a timely fashion.

We heard that the majority of issues regarding handover related to the inefficient electronic system used by the trust. Doctors in training have to input information electronically onto the system, but then use printouts and hard copies for transfer of patients. This type of procedure poses a risk to patient care, as patients may not be seen in a timely manner. For the same reasons, the handover between different units and sites is also not effective and can make patient tracking difficult.
**Regional themes**

Senior support for doctors in training in surgical posts at East Surrey Hospital

Foundation doctors in surgical posts did not feel fully supported during on-call night shifts. We heard that, at nights, an F2 doctor was usually the most senior doctor covering four or five surgical wards as well as new admissions. A consultant was available for support on site, and a higher grade doctor in training was available on the phone, but not always present on site. The foundation doctors we met told us that the workload is usually manageable, but there are times when it gets very busy with new admissions and they need further support. Senior doctors in training were reported to be sometimes reluctant to come into the ward at night.

The surgical doctors in training we met told us that, although there was always someone available to supervise, it was not always clear whom they should contact for senior support and the situation could become overwhelming when they were very busy. The foundation doctors we met told us that they had not come across any patient safety issues. The potential problem was greater during weeknights rather than weekends, when there was always a consultant available to support. The workload was also reported as a below outlier in the 2014 national training survey.

The trust management is aware of these problems in surgery wards and has been working on solutions to support doctors in training. It has recently appointed an advanced nurse practitioner to support service work on the wards. The trust has also issued a new policy on appropriate bleeping, to make sure doctors in training aren’t disturbed unnecessarily during their shift. In addition, the trust management has increased the number of F2 doctors from two to three, to cover the surgical wards during night shifts.
Feedback from incident reporting

With the exception of East Surrey Hospital, we found that there was a lack of feedback from incident reporting across the region. When doctors in training report clinical incidents through Datix (a healthcare risk management application), they seldom receive feedback on the resolution of issues. LEPs are missing an important learning opportunity, as doctors in training could benefit from analysing the incidents. However, doctors in training at East Surrey Hospital reported that they do receive feedback on the incidents they report.

Service pressures impacting on education

Service pressures also impact on learning opportunities, either by reducing opportunities for on-the-job learning or by reducing the time available to attend teaching. In addition, the workload at some LEPs is particularly high, which means that doctors in training are too tired to make the most of the learning opportunities that take place following their shifts.

Incident reporting at Worthing Hospital

We heard on several occasions that when doctors in training report clinical incidents through Datix, they rarely receive feedback on these issues.

The Director of Medical Education said that he reviews Datix reporting on a monthly basis and decides whether the incidents have any educational ramifications. He stated that it is normal not to report back on each case, as the education team would first need to triangulate the evidence with the local faculty groups and data held on the doctor involved. He also told us that the education team has a good awareness of what the risks are and makes every effort to analyse trends.

While the education team may be aware of the issues being reported through Datix, doctors in training of all grades felt that Datix was not being used to its full potential. They told us that lessons could be learnt from analysing the incidents to see how they could be prevented in the future.
Workload intensity at William Harvey Hospital

We had concerns about workload intensity and its impact on training. We heard examples of doctors in training being unable to access training and supervision, and some said they were working 60 hours in a week – this is beyond the legal maximum according to the Working Time Directive.

We met with foundation doctors in training from a number of different specialties, who were unimpressed by the lack of opportunities for education and training at William Harvey Hospital. They told us that they were being used almost exclusively for service, and when training opportunities arose they were often too tired to attend.

F1 doctors were of the opinion that their educators had little time for teaching, owing to their workload, and as a result they felt ill-prepared to progress to F2.

F2 doctors on surgical rotations said that they were rarely able to go into theatre. They attributed this issue to the problems the trust was having recruiting middle grade surgeons, which meant that they were left staffing the wards and rarely able to attend protected teaching.

We heard that teaching sessions are badly planned, with agendas being sent out on the same day as the sessions occur and that they are often subject to last-minute cancellation. Sometimes when sessions are cancelled, the foundation doctors in training deliver presentations that do not cover curriculum requirements. Furthermore, the sessions are not bleep free and doctors in training can often be called out to attend to patients.

Workload patterns and intensity of work at Worthing Hospital

The majority of the doctors in training we met stated that their workloads often prevent them from accessing educational opportunities.

Doctors in training on GIM placements reported that their night shifts should be from 9 pm to 10 am. But they are often still finishing jobs or doing the post-take ward round at 11.30 am.

This means that they are tired and unable to assimilate learning. Some doctors in training stated that they are even too tired to drive home after their shifts.

This issue was recognised by the clinical and educational supervisors we met. But they felt that doctors in training finishing their shifts at 11.30 am was the exception rather than the rule.
Good practice and areas where there have been improvements

Regional reviews are largely risk based – we identify where there might be problems and our visits can help to resolve these issues. But we do hear of good practice and areas where risks have been identified and successfully managed locally, leading to improvements, which we have observed during our visits. The positive findings from our regional review of Kent, Surrey and Sussex are detailed below.
More supervision of doctors in training

During our visit to William Harvey Hospital, we heard that there had been an improvement in the level of clinical supervision for doctors in training in general surgery rotations.

One of the below outliers in the 2014 national training survey related to supervision in general surgery. This no longer appears to be an issue at William Harvey Hospital, as foundation and other doctors in training in general surgery we met praised the support available to them from supervisors. Doctors in training advised that, even late at night, consultants will come in when a doctor in training feels out of their depth with a critically ill patient. The 2015 national training survey supports this assertion, and clinical supervision at William Harvey Hospital is no longer listed as an outlier.

Education management

We found that the Chief Executives and the senior management teams at Surrey and Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust play an important part in education. There is representation for education at board level and it features in both trusts’ future plans. This was highlighted as an area of good practice at Surrey and Sussex Healthcare NHS Trust, as we heard that the Chief Executive and senior management team had been successful in their efforts to keep education in focus. This was noted as an area of improvement at Brighton and Sussex University Hospitals NHS Trust. However despite their best efforts, there are still some areas that require the trust’s attention. These are detailed within the individual site report for Brighton and Sussex University Hospitals NHS Trust.
Education management at Surrey and Sussex Healthcare NHS Trust

During our visit, we learnt that the trust’s Chief Executive and senior management team have a keen interest in education and are very well informed about education matters. They provide excellent support to the education faculty and the Postgraduate Medical Education Centre and have prioritised education in their agenda. The Chief Executive and senior management team understood educational matters in detail. They make sure that education is represented at board level and that problems related to education get the attention and resources they require.

Through various meetings with doctors in training and educational supervisors, we heard that the Chief Executive has made himself visible and accessible. The doctors in training told us that they meet regularly with the Chief Executive and he is aware of the problems and challenges they encounter and is committed to resolving them. Doctors in training told us that the senior management team is engaged and supportive and always willing to work with them towards finding solutions for problems related to their education.

Overall educational experience and education management at Brighton and Sussex University Hospitals NHS Trust

Doctors in training and medical students we met were generally satisfied with the overall educational experience at the Brighton and Sussex University Hospitals NHS Trust. They appreciated the support they got from senior doctors and the education management team and the keen interest that the Chief Executive has taken in their training and experience in the trust. Medical students also reported that their placements in the trust have a positive educational value.

This was noted as an area of improvement for the trust, as the national training survey data show that, for doctors in training in GIM, the overall satisfaction has improved from 2014 to 2015 and we recognise this as a positive step forward. However, findings from our visit suggest that there are still some areas that require the trust’s attention, such as further improvements in GIM. Some of these issues include support from senior doctors for doctors in training, and feedback, as highlighted in the trust’s individual report.
Improvements in incident reporting

Although incident reporting was highlighted as an issue at three of the four LEPs visited, we found there had been an improvement in incident reporting at East Surrey Hospital. The doctors in training we met at this hospital told us that they are encouraged to report any incidents they come across. They also told us that their incident reporting forms are straightforward and easy to fill in and that they have generally received timely feedback on the cases they have reported. The improvement in the mechanisms regarding patient safety is also supported by our evidence, as there has been a reduction in the number of patient safety comments in the national training survey from 2013 to 2014.

Operation green flag

Operation green flag is an initiative at Western Sussex Hospitals NHS Foundation Trust to tackle the red flags from the 2014 national training survey. The trust is working with HEKSS on an initiative (EDQUIN) of which one of the aims is to improve the results in the national training survey. There is clear improvement for the trust when comparing the results of the 2015 national training survey with those of the 2014 survey.

The results of the 2015 national survey show that the trust has reduced the number of red flags and has almost doubled the number of green flags compared with the results of the 2014 survey. This means that the perception of doctors in training of the quality of the education they are getting at this trust is significantly better than it was. One of the areas where there had been red flags previously was induction, and we heard how the trust had made changes to improve these results. Further information on this can be found in the individual site report.
Friendly pharmacist initiative
Pharmacists in the Brighton and Sussex University Hospitals NHS Trust have been using various prescription cases reported on Datix to teach and provide feedback to doctors in training. F1 doctors are each linked with a pharmacist, with whom they have regular meetings to discuss cases reported on the incident system. The pharmacists also use these meetings to track the progress of each F1 doctor. Other departments in the trust would benefit from adopting this approach to using the feedback on cases reported on the incident system as a tool for educational purposes.

The friendly pharmacist initiative is a good example of using feedback successfully as a learning tool.

Undergraduate education and training
BSMS was formed as a partnership of the University of Brighton and the University of Sussex in 2002. As part of our new school quality assurance process, we visited BSMS each year from 2002 until 2008, when it was added to the list of bodies that can award UK primary medical qualifications.

During our visit, we explored the cooperation between the two universities and heard from the senior management team at BSMS, that they feel that the two parent universities have been very synergistic and consistent. The school has a new Dean, who has been in post since December 2014. He and the school management team are very committed to and supportive of students and their education.

We identified two areas of good practice during our visit to the school.

- The school’s new Time for Dementia programme, which allows students to engage with various support groups and community settings that deal with patients with dementia.

- The BrightMed programme, which is an outreach programme that engages with secondary school students in the local community. The aim of the initiative is to identify young people with the potential to become future doctors and who can contribute towards increased diversity within the medical profession. The programme is a good example of the school engaging with the local educational continuum and widening participation in medical education by encouraging students from a variety of backgrounds to apply to medicine.
Management of postgraduate education and training

According to our 2015 national training survey, there were 3,525 doctors in training and in a post managed by HEKSS across the region at time of the survey census (24 March 2015), including 1,691 in foundation training. There are 27 Local Education Providers (LEPs) within the boundaries of Health Education Kent, Surrey and Sussex, of which 11 are acute trusts, three are mental health trusts, one is a specialist hospital, and 12 are general practice training providers. In addition there are 10 LEPs in the South London geographical area. Of these 37 LEPs, 36 provide foundation training managed by the South Thames Foundation School and 10 provide specialty training.

We identified the following areas of good practice at HEKSS.

The training programme directors of the Schools of Medicine, Surgery and Emergency Medicine conduct interim reviews approximately four to six months into a placement, to track the progress of doctors in training and ensure that they are prepared for their Annual Review of Competence Progression (ARCP). This is a useful progress check and has the potential to reduce the number of outcome 5s (which means additional training time is required) at the ARCP.

We met with a group of lay representatives from a variety of backgrounds who were recruited to represent the public interest and provide an external view. Lay representatives routinely participate in recruitment, ARCP panels and visits, and are contracted to work for the LETB for between three and five years. The lay representatives advised us that they felt well supported by HEKSS and that this was due, in part, to the learning and development opportunities available to them, which include equality and diversity, assessment and annual refresher training combined with feedback on performance.

We identified the following area of improvement at HEKSS.

Due to consistent low scores in the NTS, in December 2014, HEKSS introduced an initiative called EDQUIN which is a framework that supports excellence in multi-professional education and training. The aim for EDQUIN in 2014/15 is to target the NTS scores in 2015/16 and at the time of our visits there were already some indications that this initiative is beginning to have an effect. We are keen to monitor progress of EDQUIN as it clearly has the potential to improve the educational experience for doctors in training.
Next steps for Kent, Surrey and Sussex

Following our visits to BSMS and to HEKSS, we have set out requirements and recommendations for each organisation in our detailed visit reports, which you can read at www.gmc-uk.org/education/26808.asp.
Through scheduled reports, BSMS and HEKSS will update us on their progress towards meeting these requirements and recommendations. HEKSS will monitor updates on the requirements and recommendations from the LEP visits and will report back to us. We’ll also look at how to share the areas of good practice with other stakeholders. Part of this sharing will be a regional day that we’ll host in October 2015, to which we have invited representatives from BSMS, HEKSS and the four LEPs we visited in Kent, Surrey and Sussex.

We look forward to working with the newly appointed Dean of HEKSS, and continuing to support all our stakeholders in Kent, Surrey and Sussex. We’ll meet regularly with them to give advice and assistance to make sure that any challenges in meeting the requirements and recommendations of the regional review can be addressed.

We will also take our learning from this review and apply it to the regional reviews of East of England and South West, which are scheduled for 2015–16.
Email: gmc@gmc-uk.org
Website: www.gmc-uk.org
Telephone: 0161 923 6602

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service

Join the conversation

@gmcuk  facebook.com/gmcuk  linkd.in/gmcuk  youtube.com/gmcuktv

To ask for this publication in Welsh, or in another format or language, please call us on 0161 923 6602 or email us at publications@gmc-uk.org.

Published October 2015
© 2015 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Code: GMC/RRKSS/1015