



Health Education South London



Health Education North Health Education  
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Health Education  
North West London

# Joint London LETB Response to the General Medical Council's Review of the London Deanery

## GMC Regional Quality Assurance Visit to London – 2012:

- St George's Healthcare NHS Trust – St George's Hospital – Foundation & Core Surgery - 15 October 2012
- Croydon Health Services NHS Trust – Croydon University Hospital – Foundation & Obstetrics and Gynaecology - 16 October 2012
- King's College Hospital NHS Foundation Trust – Foundation & General Surgery - 17 October 2012
- South London Healthcare NHS Trust – Queen Elizabeth Hospital – Foundation & Anaesthetics - 18 October 2012
- Barts Health NHS Trust – The Royal London Hospital – Foundation & Obstetrics and Gynaecology - 22 October 2012  
– Whipps Cross Hospital – General Surgery & Anaesthetics - 23 October 2012
- Royal Free London NHS Foundation Trust – Royal Free Hospital – Core Surgery & Obstetrics and Gynaecology - 24 October 2012
- Barnet and Chase Farm Hospitals NHS Trust – Chase Farm Hospital – Foundation and General Surgery - 25 October 2012
- Imperial College Healthcare NHS Trust – Charing Cross Hospital – General Surgery & Anaesthetics - 1 November 2012
- North West London Hospitals NHS Trust – Northwick Park Hospital – Foundation & Obstetrics and Gynaecology - 2 November 2012
- The London Deanery – 13<sup>th</sup> & 14<sup>th</sup> December 2012.

Submitted 30<sup>th</sup> April 2013 on behalf of:

- Health Education South London
- Health Education North West London
- Health Education North Central & East London

**Attached: Detailed Action Plan from Postgraduate Deans**

## **Introduction**

This document provides a formal response to the General Medical Council's (GMC) report following their review of the London Deanery as part of their Regional Quality Assurance Visit to London in 2012. This joint response has been submitted to the GMC by the three London Local Education and Training Boards :

Health Education South London;  
Health Education North West London  
Health Education North Central & East London.

This response has been compiled with support from the Shared Service of the London LETBs and responds to the issues raised during the review of the London Deanery, and also provides some strategic context for the future of postgraduate medical education in London.

In providing this response the three London LETBs would like to affirm their commitment to developing the quality of postgraduate medical education in London through improving on the areas of concern identified during the GMC's Regional Quality Assurance Review, and delivering a culture across the whole health economy in London which is focused on improving patient care through the effective provision of high quality multi-professional education and training.

The three London LETBs, and the then London Deanery, were pleased to welcome the GMC Review Panel and participate in the Regional Quality Assurance Visit to London. We were delighted that the reports on the 10 Local Education Providers visited as part of this process, and the report on the review of the London Deanery recognised the commitment that exists within London to ensure the effective quality management of postgraduate medical education, despite the challenging service environment that exists and the transitional state that healthcare in London, as a whole, has been in following the implementation of the widespread government health reforms.

The action plan that has been submitted by Postgraduate Deans to the GMC alongside this formal response deals with the requirements and recommendations placed on the three London LETBs following the GMC's review of the London Deanery. This response seeks to provide further context to some of the issues identified in the GMC's report on the review of the London Deanery.

### **The Deanery must monitor and support the LEPs to address the patient safety concerns identified at the visits to: (requirement 1)**

Individual action plans are now in place for Northwick Park, Charing Cross Hospital and The Royal London where requirements were made by the GMC; these are being monitored robustly by the three Postgraduate Deans for London, with support from the Quality and Commissioning team within the London LETB Shared Service. We are confident that the issues identified by the GMC will be resolved suitably by the next scheduled reporting to the GMC. The action plan that accompanies this document provides further information on the actions taken to date by these Trusts and the further actions that are planned.

#### **Northwick Park Hospital**

With reference to the patient safety issues identified at Northwick Park Hospital, it is important to note that these issues were already known to the London Deanery, and were being actively managed. Failure to deliver an agreed action plan had been identified and a return visit to the Trust requested. Advice received to not visit Trusts in such close proximity to the GMC visit resulted in a delay to returning to the Trust and we agree that the concerns, at the time of the GMC's visit, represented a totally unacceptable risk to doctors in training, and patients. We are pleased to note the swift, and very robust, action taken immediately by the Trust following further intervention from the London Deanery.

#### **Charing Cross Hospital**

With reference to the patient safety issues identified at Charing Cross Hospital we note the GMC's concerns relate to inadequate levels of nursing care preventing patients from being ventilated in

the Intensive Care Unit, resulting in patients remaining ventilated in theatres. This issue has been followed up with the Trust, with the focus on ensuring appropriate levels of nursing care are available at all times to those patients ventilated in theatre.

### **Royal London Hospital**

The serious concerns identified at the Royal London Hospital were connected, in the main, with the new building at the Trust. We are confident that the Trust took immediate steps to manage the risks associated with limited telephone connectivity at the site as this has been evidenced through a recent Foundation School visit undertaken in March .

### **The Deanery must monitor and support the LEPs to meet the requirements set out in the LEP reports: (requirement 2)**

Individual action plans are now in place for Northwick Park, St Georges Hospital, Croydon University Hospital and The Royal London where requirements were made by the GMC; these are being monitored closely by the three Postgraduate Deans for London, working in partnership with the Trust, with support from the Quality and Commissioning team within the London LETB Shared Service. We are confident that the issues identified by the GMC will be resolved suitably by the next scheduled reporting to the GMC. The action plan that accompanies this document provides further information on the actions taken to date by these Trusts and the further actions that are planned.

### **The Deanery must identify and monitor risks to the quality of training and maintain shared services during the transition to LETBs (requirement 3)**

The GMC visited London in late 2012, during a time of unprecedented change and transition within not only postgraduate medical education, but the wider health service in England. With this in mind it feels appropriate to use this opportunity to reassure the GMC of the developments in London since their visit to the London Deanery in 2012.

The three London LETBs fully recognise, and reaffirm their commitment to delivering on their obligations under the GMC's regulatory framework, as well as other regulatory frameworks that manage the quality of postgraduate medical education, specifically taking full responsibility for the implementation of the requirements of the GMC now, and in the future.

In early 2013 the three London LETBs were all visited by Health Education England (HEE), and we are pleased to advise the GMC that on the 27<sup>th</sup> March 2013 the Board of HEE provided ratification to the authorisation of the three London LETBs, which are now all fully operational.

The three London LETBs will continue to be supported by the Shared Service of the London LETBs; this will include the current Quality and Commissioning Team, who will be responsible for supporting the three newly appointed Postgraduate Deans in monitoring, managing and improving the quality of postgraduate medical education. This will ensure continuity in terms of quality management and patient safety, whilst ensuring that all activity is localised in order to deliver on the aims and ethos of HEE.

The three Postgraduate Deans appointed in London are all individuals who have been heavily involved in the delivery of postgraduate medical education and training in London for many years. They now assume the role of the Responsible Officers, and the Quality and Commissioning team, (specifically the Head of Quality on a day to day basis), will remain your initial point of contact, across London for any quality matters which are not of a level of seriousness requiring an immediate Responsible Officer response.

The three London LETBs recognise and appreciate the concern that the transitional period has caused, coupled with the unique situation in London of three LETBs. Whilst there will be challenges along the way we are confident that appropriate structures are now in place in order to ensure that the quality of postgraduate medical education, and patient care, are improved in London and not adversely affected. This said, we value the external perspective that our stakeholders bring, and would welcome further dialogue with the GMC in understanding the new architecture as it develops in London.

**The Deanery must deliver Annual Review of Competency Progression (ARCPs) consistently and fairly for all trainees (requirement 4)**

The three London LETBs note the concerns raised by the GMC with regards to the delivery of an ARCP process which is consistent and fair, and have detailed in the action plan submitted alongside this response the actions that have already been taken, and will be taken in the future in order to ensure that this is the case.

We note the GMC regard the issuing of an Outcome 2 as an unsatisfactory outcome. When counselling trainees with regards to an extension in training, or targeted training, a supportive approach should always be used, and we wonder if the term unsatisfactory may undermine this, and would welcome the GMCs view on this matter.

Historically the London Deanery has encouraged the early recognition and understanding of potential areas for trainee development and the three London LETBs intend to build on this approach. The use of an ARCP Outcome 2 (targeted training) in order to support, potentially failing trainees, we feel is a suitable approach, and does not represent an unsatisfactory outcome when used appropriately. Wide-spread use of an ARCP Outcome 2, for all Trainees, is of course not appropriate. All Outcome 2 ARCP results are issued following a thorough review of all of the competency and progression evidence that has been submitted to the ARCP panel by the trainee. We believe, and will ensure that there should be a consistent, and equitable process for ARCPs, but would also reflect that an ARCP is a review of documentation, and that equity will not result in the same outcome for everyone, but rather will ensure the same, fair, process for all trainees.

We recognise that some have perceived, and the London Deanery has wrongly badged, mid-term/interim educational reviews, as a second ARCP. We recognise the confusion that this has caused, and we are committed to ensuring that the badging and reporting of any mid-term/interim education review, is clear. The schools in London have latitude in deciding the best approach for their trainees, and many have found that the use of mid-term/interim educational review has supported trainees, and the faculty in their LEP, to focus their attention to particular areas of the curricula, and certain competencies that may be lacking. We believe that this delivers a robust but trainee centred approach to education and training; however we understand the need to ensure that the purpose of these exercises and the outcomes of them are clear to all at the outset. All schools have been directed to review their processes in relation to this, with a clear directive that any mid-year/interim educational review must not be badged as an ARCP.

In supporting improvements and clarity in the ARCP process in London we would welcome further clarity from with regards to the GMC's expectations on the role of Royal Colleges in the quality assurance of ARCP processes. This was an issue that was discussed during the visit. Attendance at ARCP panels by the Royal Colleges in London is variable, as is the Royal Colleges reporting on the processes post panel. Guidance from the GMC on the role of the Royal Colleges in ARCP panels, and the expectations placed upon them would be a valuable tool in supporting London to improve the quality of our processes.

We have found the GMC's focus on this area useful and it is clear that historically there has not been a robust enough system in place to regularly review and compare ARCP Outcomes across London. We are committed to reviewing our internal quality management processes for ARCPs, including implementing a process for reviewing ARCP outcomes, as a whole, in order to identify any anomalies. We believe that the action plan that accompanies this response provides suitable assurances to the GMC, the public and postgraduate doctors in training, that we are taking this matter seriously.

**The Deanery should continue to monitor and support the LEPs to implement the recommendations set out in the reports for each of the ten LEPs visited: (recommendation 1)**

Individual action plans are now in place for each LEP where recommendations were made by the GMC; these are being monitored closely by the three Postgraduate Deans for London, with support from the Quality and Commissioning team within the London LETB Shared Service. We are confident that the recommendations made by the GMC will be met by the next scheduled reporting to the GMC. The action plan that accompanies this document provides further information on the actions taken to date by these Trusts and the further actions that are planned.

### **The Deanery should standardise the appointment, training and appraisal of external advisers (recommendation 2)**

The three London LETBs note the comments made by the GMC with regards to externality. The London Deanery significantly improved and increased its use of externality following the 2009 visit to the London Deanery by the Postgraduate Medical Education and Training Board (PMETB).

Turning to the GMC's findings in 2012 it appears that not all Lay Chairs feel well supported, and well trained. It is of note that Lay Representatives are managed through a single person and training is organised for them. They all receive training bespoke to their roles, and standardisation of recruitment and training across the board may not be useful considering the very different roles performed by those providing externality to the processes involved in postgraduate medical education e.g. the training to sit on an ARCP panel as a lay member is very different to the training required to attend a quality visit as a lay member. This said, the GMC's comments in this area have been very helpful in identifying additional actions to strengthen this aspect further.

### **The Deanery should improve performance management and clarify responsibilities and lines of accountability of Heads of School (recommendation 3)**

The London Heads of School (HoS) worked with the London Deanery since 2007/8 and during this time very clearly developed their roles. They have historically been asked, within the confines of their roles and responsibilities, to act with a degree of autonomy. They are experts in education and training in their specialty, and have made an enormous contribution to postgraduate medical education in London, and nationally. During the presentation of the report on the London Deanery the GMC were asked to consider the requirements of the Royal Colleges and training programmes when deciding on the presentation of this recommendation. It is felt that the variable requirements of the Royal Colleges, curricula, and training programmes are well supported by a professional head of a specialty school that can act upon these requirements with suitable professional and managerial authority.

It is not felt that the HoS have an inappropriate level of autonomy. Whilst the role of the HoS is now changing with the authorisation of the three London LETBs, we are committed to ensuring that the HoS are supported to perform their role within a suitably accountable framework of the three London LETBs and respective Royal Colleges.

The three London LETBs note the comments made about the variability of the annual HoS Report. These reports have historically been used to inform the overall October Deanery Report and used to inform the respective Royal Colleges of issues within London, requiring consideration to be given to the variability of the requirements of the Royal Colleges

### **Areas of Good Practice (good practice 1 – 6)**

#### **1 Areas of good practice identified in each LEP report.**

The three London LETBs are delighted to see that so much good practice was identified both within the London Deanery, and the 10 LEPs visited by the GMC during the Regional Quality Assurance Visit.

#### **2 The Professional Support Unit(PSU).**

Recognition of the varied and extensive support provided by the PSU, has also recently been evidenced by the shortlisting of the PSU for the BMJ Excellence in Healthcare Education awards.

### **3 The Trust Liaison Dean.**

The London Trust Liaison Deans, themselves identified as an area of good practice by the GMC, will be instrumental, along with the HoS, in sharing the good practice identified by the GMC within their specific LETB region, as well as across London as a whole.

### **4 The extensive implementation of portfolio based accreditation of staff with education responsibilities.**

The three London LETBs are delighted with the recognition of the comprehensive rollout of portfolio-based accreditation of staff and collaborative work undertaken to develop an appraisal tool to support revalidation now used by several trusts.

### **5 The maximising of training opportunities in emergency medicine training posts (MTO).**

Whilst the MTO work has been complicated and difficult to manage politically, the three London LETBs intend to continue this evidence based and transparent approach to locating training posts.

### **6 Matching training to patient care pathways.**

The three London LETBs intend to continue to adopt an innovative approach to matching training to patient care pathways in response to service reconfiguration in London.

## **Areas of Improvement since the last Review**

We are pleased that the GMC have noted the significant improvement in the London quality management strategies since the PMETB visit to the London Deanery in 2009; specifically the improvements that have been made in the processes to support doctors in difficulty, as this area which was a main 'condition' of the previous visit.

London now has a robust approach to quality management and improvement, which represents a firm foundation for the three London LETBs to build upon, with support from the Shared Service of the London LETBs, in order to ensure the quality of postgraduate medical education and training, as well as patient safety. The Lead Provider model in London and the presence of three LETBs provides an opportunity to deliver a further localised and bespoke approach to quality management based upon risk and exceeding the expectations of our regulators.

## **Conclusion**

The three London LETBs would like to formally thank the GMC for the time that they spent visiting the London Deanery, and for the time that they spent visiting London in general. Whilst on the surface visiting during such a significant transitional change could be seen as detrimental we are clear that the process was managed well by the GMC and provided an opportunity and catalyst for reflection, and internal critique which may not have otherwise existed.

We will endeavour to deliver on the requirements and recommendations of the GMC and in doing so will build on the foundations for quality management that already exist in London.

We look forward to working closely with the GMC over the coming months, as we develop our structures, processes and role further; in order to improve the quality of education, training, and care for today's and tomorrow's workforce and patients.

**Julie Screatton – Managing Director Health Education South London**  
**Charles Bruce - Managing Director Health Education North West London**  
**Chris Fowler - Managing Director Health Education North Central & East London**

## **Attachment – detailed action plan from LETB Postgraduate Deans:**

Andrew Frankel PGD Health Education South London  
Julia Whiteman PGD Health Education North West London

## Tim Swanwick PGD Health Education North Central & East London

### CC

- HESL DEQ Diana Hamilton Fairley
- HENWL DEQ Jeremy Levy
- HENCEL DEQ Margaret Murphy
- Imperial College Healthcare NHS Trust Chief Executive: Mark Davies & Medical Director: Professor Nick Cheshire
- North West London Hospitals NHS Trust Chief Executive: Mr David McVittie & Medical Director: Prof Rory Shaw
- Barts Health NHS Trust Chief Executive: Peter Morris & Medical Director: Dr Steve Ryan
- Barnet and Chase Farm Hospitals NHS Trust Interim Chief Executive: Dr Tim Peachey & Medical Director: Ian Mitchell
- Royal Free London NHS Foundation Chief Executive: David Sloman & Medical Director: Prof Stephen Powis
- King's College Hospital NHS Foundation Chief Executive: Tim Smart & Medical Director: Michael Marrinan
- South London Healthcare NHS Trust Chief Operating Officer Steve Russell & Medical Director: Dr Chris Palin
- St George's Healthcare NHS Trust Chief Executive: Miles Scott & Medical Director: Dr Ros Given-Wilson
- Croydon Health Services NHS Trust Chief Executive: John Goulston & Medical Director: Tony Newman-Sanders