

Visit to Northwick Park 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	02 November 2012
Sites visited	Northwick Park Hospital, North West London Hospitals NHS Trust
Programmes reviewed	Obstetrics and gynaecology, Foundation Training Programme, Imperial College MBBS (bachelor of medicine and surgery) undergraduate and graduate entry programmes
Areas of exploration	Transfer of information, Fitness to Practise & Doctors in difficulty, Clinical placements, Supervision, Assessment, Equality & Diversity, Involvement with LETB, Quality Management
Were any patient safety concerns identified during the visit?	<p>We found there was a general imbalance between the demands of the service and the resources available to meet these demands in general surgery, and that as a result:</p> <ul style="list-style-type: none"> • foundation doctors in general surgery did not receive adequate and timely supervision; • that tasks handed over to the night team were not always completed; • and that foundation doctors in general surgery were routinely asked to make decisions which

	<p>were beyond their competence.</p> <p>The following actions were taken as a result of the visit:</p> <ul style="list-style-type: none"> the issues were discussed with the Director of Medical Education during the visit on 2 November 2012 and the Postgraduate Dean was notified of the concerns on the same day. The North West Thames Foundation School was also notified; the trust took immediate action from 2 November 2012 to ensure that foundation doctors had appropriate support; subsequent to our visit, the London Deanery Foundation Director and Foundation School Director met with the Trust senior team on 5 November 2012 to discuss immediate mandatory requirements and draw up an action plan to address the issues raised.
<p>Were any significant educational concerns identified?</p>	<p>As a result of the above issues, Foundation doctors reported that the delivery of education in the department was extremely limited.</p>
<p>Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?</p>	<p>The concerns have been referred to the GMC Response to Concerns Process. We will be working with the deanery to monitor improvements.</p>

Summary

- 1 London has been chosen as the region for review in 2012-13. The north west London regional visit team visited Northwick Park Hospital as it is a Local Education Provider (LEP) which is closely linked with Imperial College London, one of the five London medical schools under review. Northwick Park is part of North West London Hospitals, an NHS trust with three hospitals in north west London. This Trust is planning to merge with a nearby single site trust and is undergoing a programme of expansion. The Trust expects to gain students, trainees and funding for education during the course of current reconfiguration of services and service increment for teaching (SIFT) funding in north west London. The following table summarises findings on the key areas of exploration for the visit

Areas of exploration: summary of findings	
Transfer of information	<p>Education and clinical supervisors that we met reported that they received relevant information on the specific needs of individual students and trainees when starting in their department. Trainees we met considered that transfer of information had been effective. Supervisors we met also advised that where limited or no information is transferred, the trust takes steps to compensate (eg by interviewing the trainee).</p> <p>Standards are being met in the aspects of transfer of information that we explored on this visit</p>
Fitness to Practise & Doctors in difficulty	<p>Supervisors received relevant information about students and trainees in difficulty, and felt confident that they could find the right place to refer students and trainees who required support. We also heard examples of specific support provided to individual trainees in difficulty.</p> <p>Standards are being met in the aspects of fitness to practice and doctors in difficulty that we explored on this visit</p>

Clinical placements	<p>Students we met reported that teaching and feedback in clinical placements was of a very high standard. They also noted that placements benefited from dedicated clinicians and SIFT funded undergraduate teaching fellows.</p> <p>Standards are being met in the aspects of clinical placements that we explored on this visit</p>
Supervision	<p>We found that foundation doctors in general surgery were often unable to access timely and appropriate supervision and support.</p> <p>See requirement 1-2</p>
Assessment	<p>Students and trainees we met generally had opportunities to complete hospital based assessments to a good standard, and supervisors we met had been trained to deliver assessments. However, in some areas, workload and supervision issues mean that foundation doctors have not had opportunities to complete assessments.</p> <p>See requirement 4</p>
Equality & Diversity	<p>Students and trainees we met confirmed that the Trust provides reasonable adjustments and support when required. Supervisors we met reported that training in equality and diversity is mandatory every three years.</p> <p>Standards are being met in the aspects of equality and diversity that we explored on this visit</p>
Involvement with LETB	<p>The senior management team were engaged with the process of transition to LETBs and had a clear understanding of their role in relation to the new North West London LETB. Information gathered informed the visit to the London Deanery in December 2012, where a judgement on the standards was made.</p>

Quality Management

Systems and processes for quality management are in place and are responsive to the outcomes of evaluation. Clinical teachers also receive feedback from undergraduate quality management systems.

Standards are being met in the aspects of quality management that we explored on this visit

- 2** Overall, we found evidence of a strong educational culture at Northwick Park. Students we met praised the organisation, quantity and quality of teaching and feedback they received, and this was echoed by trainees in many specialties. There are examples of departments where education has been well integrated into service delivery. The Trust has invested heavily in education and has employed a large number of SIFT funded undergraduate teaching fellows across a range of specialties. The support provided by the education managers was praised by the students, trainees and supervisors we met. The involvement of foundation doctors in quality improvement projects also appears to be working well and such projects have the potential to enhance both education and service provision.
- 3** Despite the overall positive environment for education, we have serious concerns about some aspects of training, specifically foundation training in general surgery. The service appears to be extremely stretched and this has resulted in significant patient safety concerns. We heard examples of foundation doctors not being able to access appropriate support and supervision in a timely manner; being asked to make decisions which were beyond their competence; and of clinically important tasks delegated to the night team not being done. The lack of supervision and support has also limited severely the training opportunities for foundation doctors in general surgery. These issues were the subject of a previous action plan, on which the trust has defaulted. The trust has responded positively to the findings and has put in place immediate short-term measures to deal with the concerns pending a full action plan.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Requirements for the LEP
1	TTD 1.3, 1.11	The Trust must ensure that foundation doctors in general surgery have direct access to timely and appropriate supervision and support from senior colleagues at all times. This should include a review of foundation doctors' rotas.
2	TTD 1.2	The Trust must ensure that foundation doctors are not asked to make decisions which are beyond their competence.
3	TTD 1.6	The Trust must ensure that there is a robust handover of tasks to the night team in general surgery and that tasks handed over by trainees are completed.
4	TTD 5.1, 6.10, 6.12	The Trust must ensure that the workloads for foundation doctors in general surgery are manageable and provide appropriate educational opportunities, including the opportunity to complete workplace based assessments.
5	TTD 1.5, 2.1	The Trust must ensure that foundation training posts are compliant with working time regulations.

Requirement 1: Make sure foundation doctors in general surgery are supervised.

- 4 We identified a number of serious concerns in the general surgery department. We found an imbalance between service demands in general surgery and the availability of staff to meet them. Foundation doctors stated this was exacerbated by the design of the rotas, which required them to cover multiple wards and did not allocate them to specific teams. This problem was also reported by foundation doctors in orthopaedics. Foundation doctors we met considered that allocating

foundation doctors to a specific team would improve communication with the middle grade doctors and consultants on duty, and help them to meet service demands.

- 5** Foundation doctors in general surgery reported serious difficulties in accessing appropriate senior support and supervision. Trainees and their supervisors noted that there was often no senior supervision of foundation doctors on wards. It was also unclear to trainees who their designated supervisor was. This view was supported by consultants who stated that they were uncertain about who was responsible for individual foundation doctors on the ward. The foundation doctors we spoke to cited a number of examples where they were unable to access senior support, or where support took several hours to arrive. This had resulted in delays in decisions about individual patients' treatment with patient safety being compromised as a result. Supervisors acknowledged the need to remove the responsibility for arranging care from foundation doctors, and that service pressures were impacting on the supervision of foundation doctors.
- 6** Foundation doctors also noted particular problems accessing support from the Staff and Associate Specialist (SAS) doctors in general surgery. They found communication with these doctors could be difficult and that they were unable to rely on them for support. Foundation doctors instead requested support from specialty trainees, who they considered reliable and supportive. This was the case even if the specialty trainee was off duty.
- 7** Foundation doctors stated that the rota arrangements in general surgery exacerbated difficulties with workload and supervision arrangements. They had experienced difficulties in covering the range of teams required by the rota, and found that senior staff were frequently not aware which trainee doctors were on the ward. We also heard from foundation supervisors that it was difficult to make arrangements for supervision because of the lack of staff.
- 8** The London Deanery also visited Northwick Park in June 2012. This visit raised concerns with supervision and handover practices in general surgery and resulted in an immediate mandatory requirement being set. The Trust has recently defaulted on the action plan set in response to this requirement. In response to our visit, the Director of Medical Education reviewed the rotas for the weekend and forthcoming week, ensured that appropriate supervisors were in place, and then contacted all trainees and clinical supervisors to ensure they were aware of the

lines of accountability. The Trust also met with the Deanery and North West Thames Foundation school on the first working day following the visit to put in place an action plan to address the issues in surgery.

Requirement 2: Make sure that foundation doctors are not asked to work beyond their competence.

- 9 The lack of senior support on wards has resulted in a situation where foundation doctors in general surgery are regularly asked to take decisions which are beyond their competence. Foundation doctors that we spoke to reported that they were regularly asked (via a bleep) to make decisions which were beyond their competence by nurse practitioners in the pre-operative assessment unit. The decisions involved patients about to go into surgery, and required specialist surgery or anaesthetics knowledge. Foundation doctors reported that it was difficult to find the right person to make decisions, or that more senior staff did not always take responsibility for making decisions required in the pre-operative assessment unit. As a result, foundation doctors were often placed in a difficult situation, as they were unable to assist the pre-operative assessment unit and could not get senior staff input into the decision.

Requirement 3: Make sure there is a robust handover of tasks to the night team in general surgery.

- 10 We found that the general surgery night team did not always complete tasks delegated to them by foundation doctors. Foundation doctors provided numerous examples of where the night team had not completed tasks; for example, not repeating blood tests in patients with hyperkalaemia to assess the response to initial management of the patient. Handover from the day team takes place at 18:00 to a 'senior house officer' who then hands over to the night team at 20:00. The foundation doctors we met advised that handover was informal and carried out by telephone or in person. They considered it could be improved by having a more structured handover and changing the practice of having two handovers in a short period, as there was the potential for some tasks to be left out when handing on to the night team.
- 11 We were told that members of the night team were often unable to order investigations due to lack of access to hospital computer systems. Foundation doctors reported that the night team consists of a 'registrar' and two 'senior house officer' grade doctors, and that the latter are generally either clinical research fellows or locums. These staff were often not familiar with the local department. Locum doctors were often

not issued with a security pass to allow access to relevant areas of the hospital, nor did they receive log-in details to access computer systems which are essential for requesting investigations. However, some trainees reported that tasks were still not being completed by the night team even in cases where access to systems was available.

Requirement 4: Make sure foundation doctors have a manageable workload and can complete assessments in general surgery.

- 12 We found that there were severe service pressures on foundation doctors in general surgery. Foundation doctors and their supervisors reported that there were extremely high levels of service demands, and foundation doctors told us that they were frequently staying considerably beyond the end of their rostered shift hours to ensure tasks were completed. Trainees also reported not receiving adequate teaching and a lack of opportunities to complete assessments, which they attributed to the high workload.
- 13 Although supervisors did not comment on the educational opportunities, they confirmed that workloads in surgery (and urology) were unusually high. This had been recognised by the trust management, who have provided additional resources for SAS doctors in surgery. However, foundation doctors considered that serious problems with workloads, support and supervision remained (see paragraph 6).

Requirement 5: Make sure that foundation training posts are compliant with working time regulations.

- 14 Although we found that foundation training posts at Northwick Park were compliant by design with working time regulations, we noted a high level of overstaying at the end of shifts by foundation trainees. All of the foundation year 1 trainees that we met reported regular overstaying of hours, regardless of their specialty. Workloads in some specialties such as surgery and urology were reported to contribute frequently to very lengthy overstays. Supervisors we spoke to also confirmed that there were very high workloads for foundation doctors in some specialties. We note that the monitoring of trainee doctors' hours is in place and the results of the most recent monitoring exercise were awaited at the time of our visit. The trust should use the results of the monitoring exercise to ensure that working patterns comply with working time regulations.

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	TTD 8.4	The Trust should continue efforts to incorporate and recognise educational responsibilities in job plans so that supervisors have adequate time for education and training.
2	TTD 6.13	The Trust should review the educational opportunities for foundation doctors in the cardiology unit to ensure that the post provides educational value.

Recommendation 1: Make sure educational responsibilities are recognised in job plans

15 We found that there was some variation in the allocation of programme activities (PAs) in consultant job plans for education. The Trust advised that staff with educational duties should receive one PA for education in their job plan. While we found that this was the case for many of the supervisors that we spoke to, we also met some who had not been allocated educational PAs in their job plans. The education management team informed us that the allocation of educational PAs had not yet been completed, but that this was part of an ongoing project. We acknowledge that this is a challenging piece of work and support the trust's approach. However, this is a long standing issue and the Trust should ensure educational responsibilities are recognised across all departments.

Recommendation 2: Review the educational opportunities for foundation doctors in cardiology

16 Foundation doctors we met told us that they had received only a limited amount of teaching in cardiology. While we were not able to triangulate this with other groups of trainees, supervisors from the cardiology unit reported difficulties in finding staff to deliver teaching and that middle-grade trainees were often too busy to teach. The Trust should review the educational opportunities for foundation doctors in cardiology to identify

how training and learning opportunities can be improved in this area.

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	TTD 6.32 TD 83, 101, 106	The integration of service needs and education in obstetrics and gynaecology, specifically the design of rotas which ensure that trainees receive a high number of training opportunities.
2	TD100, 163	The investment in a large number of SIFT funded undergraduate teaching fellows to support education across a range of departments.

Good practice 1: The integration of service needs and education in obstetrics and gynaecology

- 17** We found that service and training issues were integrated well in obstetrics and gynaecology. Trainees in the department told us that although the service experiences very high demand, it was well managed to provide high quality educational opportunities for trainees. In particular, a consultant in the department designs trainee rotas with the explicit aim of maximising training opportunities in each week. Trainees considered that a great deal of effort had been made to ensure they had the opportunities to carry out tasks which would be most useful to them, and confirmed that, as a result of the design of the rota, they had a positive training experience. Trainee doctors we met had also received communication skills teaching, using actors as patients. This had previously included medical students, who sometimes act as simulated patients
- 18** The department also runs a clinic funded by service increment for teaching (SIFT) funding, which delivers both education to students and service provision. Students are also supported and encouraged by the department to do research projects. The supervisors we met told us that many students had undertaken projects based on their experiences during their obstetrics and gynaecology placements, which they had then

presented at meetings. The costs of attending meetings and submitting articles to journals had been covered by the department.

Good practice 2: The investment in a large number of teaching fellows to support education across a range of departments.

- 19** We found that the use of teaching fellows at Northwick Park was exceptional in terms of both the level of investment and the range of departments which benefit from these members of staff. The Trust employs ten teaching fellows, of whom eight are based at Northwick Park in a wide range of specialties. Students we spoke to were highly positive about the teaching and feedback they received from the teaching fellows, and the teaching fellows themselves considered that they were well supported by the Trust.

- 20** We also found that teaching fellows were well used: senior education staff had clear priorities for the use of teaching fellows and considered that they should enable consultants to focus on bedside teaching and problem based learning. We were able to confirm with supervisors and students that this was working in practice, and heard examples where the provision of teaching fellows meant that consultants were able to deliver these types of teaching. Although the use of teaching fellows is not exceptional in itself, we found that the level of investment in training and developing teaching fellows and their use within the trust meant students received a significant amount of high quality teaching and feedback.

Acknowledgement

We would like to thank Northwick Park Hospital and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.