General Medical Council

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Visit to Queen Elizabeth Hospital

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	Thursday 18 October 2012
Sites visited	Queen Elizabeth Hospital, Woolwich
Programmes reviewed	Undergraduate (MBBS), Foundation Programme, Anaesthesia
Areas of exploration	Quality management and evaluation; student assistantships; preparedness for practice; transfer of information; curriculum delivery and assessment; Fitness to Practice procedures; equality and diversity.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via the responses to concerns element of the QIF?	No

Summary

1 Queen Elizabeth Hospital (QEH) was visited as part of the regional review of London. We investigated undergraduate and postgraduate medical education and training to assess the quality of undergraduate teaching for King's College London students; and the Foundation Programme and anaesthesia for trainee doctors. The following table summarises the findings in key areas we explored during the visit:

Areas of exploration: summary of findings	
Quality Management	We found that quality control and reporting systems require development, to ensure that risks to education and training are identified and managed systematically (see recommendation 1 paragraphs 5-10).
Student Assistantships	Phase five students and F1 trainees suggested that the assistantship model prepared them well for the Foundation Programme. Students are directly supervised by junior doctors, and overseen by consultants. They work semi-independently but have daily contact time with consultants, including clinic and ward round experience. Education supervisors were aware of students' learning needs and the system is well-established. The purpose of the student assistantship could be communicated more clearly, to provide students with greater clarity about expectations and learning outcomes. Standards are being met in the aspects of student assistantships that we explored on this visit.
Preparedness for Practice	F1 trainees reported that they felt clinically prepared by their undergraduate experience, but that there were few opportunities to prepare for the administrative aspects of their role, and to become familiar with different hospital systems, such as paperless ICT systems and documentation. Standards are being met in the aspects of preparedness for practice that we explored on this visit.

Transfer of Information	Transfer of Information (ToI) from KCL school of medicine was viewed positively. However, some students reported that information was not shared by the medical school in advance of their placements (see paragraph 8). Foundation trainees also reported effective ToI from F1 to F2 via e-Portfolio, but with a focus on training experience rather than assessment outcomes. Education supervisors highlighted issues with ToI from the foundation school, explaining that the Trust has to request information on trainees' learning needs. Standards are being met in the aspects of ToI that we explored on this visit.
Curriculum delivery and assessment	Phase four students reported that teachers at the Trust understand their curriculum and learning outcomes. Trainees highlighted that the Trust offers good a breadth of clinical experience. However, students across phases four and five suggested that they require improved clinical skills teaching from their medical school to better prepare them for clinical placements. The Trust should ensure that all staff with education responsibilities are fully supported and resourced to deliver high quality teaching and training (see recommendations 2-3, paragraphs 11-15).
Fitness to Practice procedures	Students were aware of Fitness to Practice (FTP) principles, having had annual lectures and teaching in professionalism, ethics, confidentiality, and use of social media. FTP guidance is also included in student logbooks. Foundation trainees reported a somewhat limited awareness of the Trust's FTP processes, but identified how they would respond to concerns. We note that the Trust has established FTP policies and reporting procedures in place. Standards are being met in the aspects of FTP that we explored on this visit.
Equality and Diversity	Students across phases four and five highlighted extensive support and reasonable adjustments for students with learning difficulties, particularly occupational health support. The diversity of the student body was also viewed positively. F1 trainees explained that the Trust's policies and support for flexible working were good. Standards are being met in the aspects of equality and diversity that we explored on this visit.

Evaluation	We found that the Trust's evaluation systems require development to ensure that student, trainee and staff feedback is used more effectively for quality improvement purposes (see recommendation 1 paragraphs 5-10).

2 QEH is currently experiencing a number of challenging structural and environmental factors which have the potential to adversely impact on capacity and capability in the delivery of local medical education. There is a general risk of instability in the south east London sector as a result of on-going financial difficulties at South London Healthcare Trust; the downsizing of district general hospital (DGH) capacity; and the drive to rationalise posts. Additionally, all providers in London face the challenge of a changing healthcare landscape, and potential impact on education and training during the transition to Local Education and Training Boards (LETBs).

3 South London Healthcare NHS Trust is currently under the NHS Unsustainable Providers Regime. This decision was taken by the Secretary of State for Health in light of on-going financial difficulties at the Trust. As part of this, a Trust Special Administrator was appointed on 16 July 2012 to develop a set of recommendations for the future of services currently provided by South London Healthcare NHS Trust (SLHT), which includes how they work within the wider south east London healthcare system.

4 Despite these challenging circumstances, we found that QEH was committed to education and training, and students and trainees were, for the most part, satisfied with the quality of their education and training. This was highlighted by positive feedback from medical students regarding programme administration at QEH, particularly the efficiency and visibility of the single point of contact for undergraduate students. Trainees also reported positive feedback on the levels of supervision and support across specialties and departments. We had some concerns with the delivery of training across multiple sites, particularly in surgical specialties; and also with the effectiveness of the Trust's quality control and improvement systems, particularly around proactively identifying risks and issues.

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 *Tomorrow's Doctors| The Trainee Doctor*	Recommendations for the LEP
1	TD: 38, 39, 40, 44, 49, 51, 53 TTD: 2.3	The Trust should review the effectiveness of its quality control and reporting systems to ensure education and training programmes are monitored, reviewed and evaluated in a systematic way; and to ensure that concerns or risks to the quality of medical education are identified and managed quickly and effectively.
2	TTD 8.4	The Trust should continue to ensure that all trainers and supervisors involved in medical education and training have adequate time for teaching and training identified in their job plans.
3	TTD: 6.34; 6.35; 6.36	The Trust should continue to support and resource trainers and supervisors with education responsibilities. We recommend that the Trust implements standardised job plans for employees with education responsibilities; implements appropriate and timely education appraisals processes; and develops robust selection criteria to ensure continued standards of teaching and training.
4	TTD: 6.10	The Trust should ensure stronger links between service planning and training design when configuring services to ensure trainee working patterns - particularly in surgical specialties, are appropriate for learning, add educational value and are appropriately supervised.

Recommendation 1: Ensure education and training is monitored, reviewed and evaluated in a systematic way to ensure risks are identified and managed proactively.

5 We observed that QEH programme administration was rated highly by students and trainees. It was also evident that the Trust is responsive to education quality issues as and when they arise. However, we found limited evidence of measures to proactively identify issues and a subsequent impact on the effective monitoring of education quality. This was highlighted by a dissonance in the views of students and trainees that we met, with the views of Trust's education management team.

6 KCL students reported that facilities on site are generally good, but library opening hours were too short and hospital IT systems were dated. Additionally, off-site trainees, such as those in general practice highlighted limited access to IT and the hospital's intranet (which is used for information sharing) and website blocking. It was suggested that these limitations were having an impact on learning. Foundation trainees also reported having to share passwords to access IT systems, and subsequent risks to sensitive patient data and confidentiality.

7 Students and trainees both reported dissatisfaction with the hospital's induction, and suggested that there should have been more targeted information on scheduled teaching and more individualised timetables. Some Foundation trainees were concerned that their rotas were only received on the day they arrived at QEH, which meant that they were unable to plan other commitments.

8 Some final year students also commented that they were not aware of who their education supervisor was. Those who had met their educational supervisor explained that there was limited expectation, awareness and preparedness for the student assistantship. Additionally, there were perceived issues with the transfer of information at the start of placements. Students reported that they did not always feel comfortable in their teams because: consultants were not aware they were joining their teams; F1s generally were not briefed about students' training needs and supervisors had not met with them or provided key information.

9 The Trust education management team explained the systems for gathering student and trainee evaluation, which included adapting the GMC survey questions for internal use throughout the year, so that they can access information more quickly and issues can be addressed as they

are reported. The Trust has faculty groups where trainees can raise issues and has intermittently conducted exit surveys to identify issues such as undermining. Trainee representatives also provide feedback at consultants' meetings.

10 The Trust senior management team identified that escalation of education issues to the Board had been inconsistent. The MD and DMEs were seen as a strong group, but it was recognised that the profile of education and training at Board level could be enhanced.

Recommendation 2: **Make sure training is recognised in job plans**

11 We noted variability in the Trust's recognition of teaching time in job plans across specialties. Educational and clinical supervisors confirmed that education and training responsibilities were not always clearly defined in job plans. Dedicated teaching time is codified and formalised in some departments, but not in others. Emergency medicine and Acute Medical Unit staff have protected teaching time, but there was an apparent need for greater Trust recognition of the importance of both education and clinical responsibilities for all teaching staff. One individual suggested that education is acknowledged, but in practice it is made to fit around service commitments. In terms of resources and time and remuneration, it was suggested that education relies on good will and volunteering.

12 The Trust's senior management team explained that a review of job plans is underway and supervision duties are changing so that supervisors have four trainees and one programmed activity (PA) per week allocated in their job plans. However, feedback from educational supervisors indicated that application of this system was variable. The senior management team reported some resistance of this introduction because some individuals preferred to have a non-patient facing PA.

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

13 We observed a degree of variability in the appointment, training and appraisal of education staff across specialties. Educational supervisors reported that clinical and teaching responsibilities overlap and there is a blurring of the two. They also highlighted that formal structures and processes for trainer accreditation are unclear. The senior management team reported that a new appraisal system for revalidation is being established, incorporating 360 degree feedback, which will provide a

mechanism to identify good performance and areas for improvement.

14 For training programme directors, there was a more formal and transparent appointment process, including interview and application. But other education staff reported that education and training was an expectation and relied on the good will of consultants. It was reported that job plans and appraisal were not so robust previously, and there was a lack of formal recognition for some with training responsibilities, for example, in the paediatric unit.

15 The Trust provides some in-house training and there are online learning resources for educators provided by the Trust and London Deanery. Many of the individuals we met confirmed that they had completed postgraduate certificates and masters degrees in medical education. We are pleased to note that education supervisors are appraised on their educational roles annually. However, there was a general sense of anxiety that the financial problems facing SLHT will impact on training and that a reduction in staff numbers meant a potential risk to protected training time.

Recommendation 4: Make sure that trainee working patterns are appropriate, add value, and are appropriately supervised

16 The QEH education management team reported challenges in running education across three sites. Trainees in some specialties, including surgical specialties had previously been required to travel between clinics and theatres across sites, which impacted on the time spent training. Education supervisors suggested that this could lead to cases where the consultant and senior trainee are both offsite. So the Trust has now arranged day structures to ensure supervision for clinics, ward rounds and all departmental work. It was also highlighted that communication between sites is difficult, but the Trust is using alternative communication methods such as teleconferences rather than direct meetings; and making better use of the intranet to ensure that trainees do not have to travel between sites and risk disrupting their training. The Trust tries to ensure that trainees are based at one site per day. Foundation trainees do not have to travel between sites.

17 The education management team commented that the integration of clinical teams across sites has been challenging. The sites are 10 miles apart, with an elective site in the middle. Additionally it was explained that the delivery of education is different at each site. However, the education management team observed that different ways of working

across sites provides trainees with good opportunities to come together to share learning.

18 The Trust has recently introduced a divisional care group structure across all site areas, with a single education development team to improve the co-ordination of education and training across the three sites. The Director of Medical Education leads across all sites. There were previously three individual education teams. The Trust has also redeveloped a ward for specific use as an education centre. We noted also the virtual library e-learning centre, through which trainees can access all library resources remotely.

Areas of improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in *Tomorrow's Doctors* / *The Trainee Doctor*	Areas of improvement for the LEP
1	TTD: 2.2	We noted the improvements the Trust has made to address recent challenges in the department of anaesthesia. We noted particularly the positive feedback from higher specialty trainees who wish to continue their careers at QEH.

Areas of Improvement 1: Improvements to Anaesthesia training

19 Our evidence base identified issues with anaesthesia training at QEH. We were aware of previously reported issues regarding: equipment availability; variable training assistance across arenas (e.g. between wards and theatre); availability of senior staff – both directly and remotely; and levels of consultant supervision. We were also concerned about trainees working beyond their competence and those trainees who had been subject to last minute changes to duties (e.g. patient list changes). Previous GMC visits to the Trust had recorded limited availability of consultant numbers and associated patient safety concerns, but with some areas of good practice.

20 We met with ACCS, CT1, CT2 and ST3-ST5 anaesthesia trainees and their education supervisors and found numerous improvements to the

provision of anaesthesia training. Trainees reported that they were generally very happy with their training. Consultants and other staff in the department were seen as approachable and supportive, both in and out of hours, with no problems getting support from consultants. Most consultants in the department act as education supervisors, allocated at sign up, with a typical ratio of 1:1. Trainees commented that they were aware of previous problems in the department, but that they now considered themselves very protected, and that a lot of help is offered. The departmental induction and facilities were viewed positively and equipment was deemed by trainees to be operational and fit for purpose, although some systems (e.g. system for ordering blood) were perceived as dated.

21 The education management team explained that in anaesthesia all theatre time is treated as learning time, and feedback from trainees has been positive. They suggested that QEH is a good environment for new starters to develop their competencies. CT1 and CT2 anaesthesia trainees reported that their training was a big step up in terms of work load and responsibilities, but they were working at competence and were fully supported by more senior trainees and consultants if they felt out of depth.

22 Trainees reported that they do not have split days across sites, except for on Tuesdays when there is designated teaching. Short notice duty changes were infrequent, and only as would be expected, for example due to illness. Trainees were content with assessment processes and reported no problems in obtaining sign off. Overall, anaesthesia trainees explained that they felt supported, well-supervised, and listened to. All of the trainees that we met explained that they would be happy to continue their careers at QEH.

Acknowledgement

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