North East London regional review 2012–13

General Medical Council

Regulating doctors
Ensuring good medical practice

Visit to The Royal London 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	22 October 2012
Sites visited	The Royal London Hospital
Programmes reviewed	Undergraduate (Barts and The London School of Medicine and Dentistry), foundation and core surgery
Areas of exploration	Transfer of information, fitness to practise, clinical placements, student assistantship, supervision, assessment, doctors in difficulty, equality & diversity, quality management
Were any patient safety concerns identified during the visit?	Yes, we heard examples where patient safety had been jeopardised, including Foundation Year 1 (F1) doctors being left isolated on wards and unable to access senior support (see requirement 1, 2 and 3 paragraphs 4-12).
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. London was the region selected for review in 2012/13. The north east London regional visit team visited The Royal London Hospital (RLH) as it is the local education provider (LEP) most closely linked with Barts and The London School of Medicine and Dentistry (the School), which is one of the five London medical schools under review. The following table summarises the findings on the key areas of exploration for the visit.

Areas of exploration: summary of findings	
Transfer of information	The education management team (EMT) informed us that systems are in place to ensure pertinent information about a student or trainee is transferred to the supervisor before a placement begins. Trainees we met considered that transfer of information had not been problematic. Standards are being met in the aspects of transfer of information that we explored on this visit.
Fitness to practise and doctors in difficulty	Supervisors demonstrated an awareness of what to do if they have a concern about student or trainee fitness to practise or if they identified a student or trainee in difficulty. Some students stated that they were not aware of specific fitness to practise policies or protocols for reporting patient safety concerns (see recommendation 2, paragraph 17).
Clinical placements	Students and Foundation Year 2 (F2) doctors reported that they received excellent clinical skills and simulator training (see good practice 1, paragraph 24). Supervisors commented that teaching space had been lost as a result of building the new hospital and the postgraduate education centre is not fully fit for purpose (see recommendation 1, paragraphs 13-15). Students indicated that access to teaching varies between placements within the hospital (see recommendation 4, paragraphs 22-23).

Student assistantship	Students, clinical teachers and foundation doctors were unable to fully articulate the principles and purpose of student assistantships as outlined in *Tomorrow's Doctors* (2009) (TD09). All groups made reference to a period of shadowing and valued this period, however the requirements of this period varied depending on the respondent (see recommendation 2, paragraph 16).
Supervision	F1 doctors we met working across a variety of specialties reported that it can be difficult to access senior support, particularly at night. Trainees and supervisors highlighted issues with telecommunication systems that can impede access to senior support and reported that handover can be inconsistent and at time ineffective (see requirement 1, 2 and 3, paragraphs 4-12).
Assessment	Educational and clinical supervisors that we met advised that they received sufficient guidance on how to undertake student assessments. However students we met reported that in-course assessment can be variable (see recommendation 4, paragraphs 22-23).
Equality & diversity	Trainees we met reported that they were well supported in their training programmes with regard to equality and diversity issues. Standards are being met in the aspects of equality and diversity that we explored on this visit.
Quality management	We heard from clinical teachers that quality mechanisms operated exclusively through the School and no local quality control systems are in place (see recommendation 3, paragraph 20-21).

2. 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). Barts Health NHS Trust was created on 1 April 2012 following the merger of Barts and The London NHS Trust, Newham University Hospital NHS Trust and Whipps Cross University Hospital NHS Trust. The RLH now sits within Barts Health NHS Trust as a teaching hospital. The Trust is undertaking a new hospitals project to replace many of its ageing buildings. The first phase at RLH was completed in March 2012 with the opening of a new 17-storey hospital.

3. Overall, we found that the LEP demonstrated a commitment to education and training and we met enthusiastic students, trainees and staff. We had some concerns about reported variability in the quality and quantity of clinical teaching, feedback and in-course assessments. We also heard about foundation doctors having difficulty accessing senior support, particularly out of hours. They reported support from the critical care outreach team when faced with severely unwell patients, but difficulty accessing advice and support from senior members of their own teams. We advised the education management team at RLH that they need to improve systems around handover, particularly at weekends, ensure that telecommunications across the LEP are fit for purpose and have clear escalation policies in place to ensure senior support is always available.

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 *Tomorrow's Doctors* / *The Trainee Doctor*	Requirements for the LEP
1	TTD: 1.2, 1.11	All foundation doctors must have rapid direct access to a senior colleague who can advise them in any clinical situation, including very busy periods in trauma and critical care outreach.
2	TTD: 1.6	Handover must be consistent and organised to ensure continuity of care at the start and end of periods of day or night duties, particularly at weekends.
3	TTD: 1.11	The LEP should continue to work on improving telecommunications across the site.

Requirement 1: Make sure foundation doctors can access senior colleagues in trauma and critical care outreach.

4. Foundation Year 1 (F1) doctors we met working in a variety of specialties advised us that it could be difficult to access senior support, particularly at night.

5. We heard examples where patient safety had been put at risk, including F1 doctors being left isolated on wards and unable to seek advice on patients whose condition had deteriorated. F1 doctors reported that getting hold of senior colleagues can be difficult and even if the correct person is contacted, there may be no answer. We noted that the on-call core trainees in surgery responsible for trauma and ward rounds can often get caught up with trauma, impacting on their ability to support foundation doctors.

6. Trainees and supervisors commented on a lack of mobile phone reception within the new hospital building and that this can impede access to senior support. The educational management team and the Trust board are aware of the patient safety concerns, including the telecommunication issues and local processes have been triggered. The LEP is currently investigating these issues as a matter of priority and is working on improvements to telecommunications and a clearer escalation policy for when foundation doctors are unable to access senior support, particularly when trauma and critical care outreach are saturated.

Requirement 2: **Make sure handover is formalised**

7. Trainee reports indicate that handover can be inconsistent and at times ineffective, particularly for foundation doctors and vascular surgery trainees.

8. F1 doctors we met advised us that during the day (9– 5) they were supported by a core trainee but after 5pm the on call night core trainee was often not available to handover and F1 doctors would regularly stay late to ensure patients are attended to.

9. Vascular surgery trainees reported issues with patient lists, highlighting that some patients are missed off handover lists. Trainees cited an occasion where a nurse called them to enquire about a patient who had not been seen for two days, but the trainee had not been told about the patient. We heard about a weekend handover application that is in place to highlight patients who need to be seen over the weekend. However, trainees reported that these electronic lists are not always accessed at weekends, particularly when locum doctors were working in the hospital. Trainees reported that handover is a common problem and patient safety has been put at risk because patients get left off lists. F2 doctors stated that the electronic handover system is not always working and not everyone has access to the lists.

10. We heard from the education management team that handover is a

known problem but since the move to the new hospital building, new initiatives have been introduced to improve handover practice. The management team told us that medical and renal handovers worked well and this shared learning needs to be disseminated.

Requirement 3: Improve telecommunications on site

11. Core surgery trainees highlighted poor mobile phone reception within the new hospital building. They also commented on problems with the bleep systems and noted that a lot of time was wasted trying to locate colleagues.

12. The educational management team are aware of the significant telecommunication issues and stated that it has been escalated to the Trust board. It was highlighted that several contractors are involved with the hospital telecommunication systems and this is slowing down any resolution. The management team stated that work had been done to improve the Trust directory and technological solutions to the telecommunication issues were an urgent priority. We welcomed this but recognised that the LEP must continue to work on improving telecommunications across the site as there are huge operational implications and potential patient safety consequences.

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: 159, 160, 161 TTD: 8.1, 8.2, 8.5, 8.6	The LEP should review the space and facilities available for educational delivery across the site to ensure they are fit for purpose and adequate to support the learning needs of students and trainees.

2	TD: 84, 109, 110 TTD: 6.21, 6.22	The LEP should work with the School to ensure students, clinical teachers and foundation doctors understand the purpose and organisation of student assistantships and are informed of updates relevant to them, eg the London Deanery 'Doctors in Difficulty' policy.
3	TD: 39	The LEP should ensure that the links between quality management processes operating through the School and quality control processes within the LEP are clear and effective.
4	TD 101, 157	The LEP should review student access to clinical teaching and in-course assessment to ensure the quantity and quality they receive is consistent.

Recommendation 1: Ensure educational facilities continue to be fit for purpose

13. We welcomed comments from the senior management team stating that the new RLH building includes a seminar room on each floor for near patient teaching. Students also commented that the new clinical facilities are brilliant.

14. Educational and clinical supervisors stated that they felt education had not been a priority when developing the new RLH building. They commented that teaching space had been lost as a result of the move and the postgraduate education centre is not fully fit for purpose. They commented that the rooms are too small and dated. Students also reported issues with accessing lockers on site.

15. We discussed educational resources with the senior management team and plans are in place to move the postgraduate education centre to a new purpose built setting in June 2014 and consolidate simulation facilities onto one site. We welcome these plans but encourage the LEP to monitor provision and ensure education facilities are on par with clinical facilities in the meantime.

Recommendation 2: Disseminate information on student assistantships and policies relevant to students and trainees

16. Students, clinical teachers and foundation doctors were unable to fully articulate the principles and purpose of student assistantships as outlined in TD09. The educational management team stated that students have the opportunity to shadow a foundation doctor for three weeks and this

consists of one day of induction, some time on clinical skills and some days shadowing the current post holder. All groups referenced this period of shadowing in the final year of medical school but the requirements for this period varied depending on the respondent. One student stated that when they turned up the F1 doctor was not there and an alternative doctor to shadow was not provided. Some foundation doctors stated that they felt that a defined period of assistantship with specific outcomes and requirements would have been welcomed when they were in final year of medical school.

17. Students stated that they were not aware of specific policies linked to fitness to practise. They also stated that they were not aware of specific policies or protocols for reporting patient safety concerns and that there was a lack of clarity about what should be done if they have a concern. However, in general students demonstrated an awareness of what to do if they were unsure of any policies and commented that they would speak to a senior colleague within the LEP or someone within the medical school if unsure.

18. F1 doctors we met advised us that the F1 representative had been given a copy of the London Deanery 'Doctors in Difficulty' document but no other information had been disseminated. The F1 doctors noted that they had not been told what to do if a colleague was really struggling to cope. However, in general F1 doctors demonstrated an awareness of what to do if they were unsure of any policies and commented that they would speak to a senior colleague within the LEP if unsure.

19. We noted that students and trainees undertake a Trust induction and formal policies and processes are covered here. However, we were unable to see evidence that students and trainees are informed of updates relevant to them and we found that communication can be inconsistent.

Recommendation 3: **Ensure links between the School quality management processes and LEP quality control processes are clear**

20. We noted a previous GMC visit requirement to the School relating to quality management feedback collected locally from LEPs. We observed that the School has now introduced the Bristol online survey (BOS) and the results are used to hold the LEP to account. Students gave us examples of where placements had not been used because of poor student feedback.

21. However, we heard from clinical teachers within the LEP, that quality mechanisms operated exclusively through the School, and there was no local system for quality control. The LEP should ensure that the links between quality management processes operating through the School and quality control processes within the LEP are clear and effective.

Recommendation 4: Ensure access to clinical teaching and in-course assessment is consistent

22. Students we met with indicated that access to teaching and in-course assessment can be variable and is dependent upon which placement students are on. Students highlighted that some placements offered better teaching provision and better consultant access. F1 doctors also stated that undergraduates in surgery do not receive adequate teaching.

23. We noted comments from undergraduate clinical teachers where they stated that service pressures mean that consultants are very busy and at times it can be impossible to find time to teach. It was stated that 75 percent of consultants have an interest in teaching. We recognised the commitment of the staff involved in education but the LEP needs to review and monitor student access to clinical teaching and in-course assessment to ensure consistency, given the heavy service demands and changing landscape in London.

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 *Tomorrow's Doctors* / *The Trainee Doctor*	Areas of good practice for the LEP
1	TD: 166	High quality simulation facilities offer excellent training opportunities to students and trainees.

Good practice 1: Provision of good simulation facilities

24. Students and F2 doctors we met advised us that they received excellent clinical skills and simulator training within the LEP. Students noted that

simulation training is tailored to the patient journey and tailored to teaching themes. They also highlighted a simulation day where peer review takes place. The team responsible for simulation training were highlighted as being extremely supportive and students welcomed the opportunity to have a go at a range of clinical procedures and undertake scenarios dealing with extremely ill patients.

Acknowledgement

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