

## Visit to St George's 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

<b>Visit dates</b>	15-10-2012
<b>Sites visited</b>	St George's Hospital
<b>Programmes reviewed</b>	4,5 & 6 year MBBS, Foundation, Core surgery
<b>Areas of exploration</b>	Transfer of information, Fitness to Practise, Clinical placements/ Assistantship, Supervision, Assessment, Doctors in difficulty, Equality & Diversity, involvement with LETB, Lead Provider status, Quality Management
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF?</u></b>	No

1. London has been chosen as the region for review in 2012-13. The south west London regional visit team visited St George's Hospital (SGH) as it is an Local Education Provider (LEP) which is most closely linked with St George's, University of London (SGUL), which is one of the five London medical schools under review. The following table summarises findings on the key areas of exploration for the visit:

<b>Areas of exploration: summary of findings</b>	
<b>Transfer of information</b>	<p>The Training Programme Director receives information regarding medical students on placements at St George's from the medical school. This information is not generally passed on to clinical and educational supervisors unless a specific problem arises. Supervisors considered that being aware of challenging students or students with difficulties would help them to manage placements better. Transfer of information on graduates from South Thames Foundation School was reported as being good. Clinical and educational supervisors informed us that the quality of information on graduates from other schools was variable.</p> <p>Standards are being met in the aspects of transfer of information that we explored on this visit.</p>
<b>Fitness to Practise</b>	<p>Many of the students we met were not aware of St George's Fitness to Practise policy. Students reported that they had been given copies of Good Medical Practice in their first year and were aware of professionalism. Students also receive teaching on medical ethics throughout the course and undergo longitudinal professional assessment in their final year.</p> <p>Standards are being met in the aspects of fitness to practise that we explored on this visit.</p>

## Clinical placements / Assistantship

Students on placements at St George's Hospital complained of overcrowding in many specialties. Students also reported that access to NHS IT systems was poor.

Please see requirement 3 paragraph 15-18 and recommendation 3 paragraph 38-40 for further details.

Final year students reported that the assistantship is working well and is good preparation for foundation year 1 (F1). Foundation trainees who work with students on assistantships informed us that the students were an integral part of the team and were very useful. F1s enjoy teaching the students and try their best to give them the practical knowledge required. Some students advised that they preferred rotations in other hospitals due to the large numbers of students on placements at St George's.

Standards are being met in the aspects of clinical placements and assistantship that we explored on this visit.

## Supervision

Despite large numbers of students on placements at St George's, the students we met were happy with the level of supervision they were receiving. Students stated that consultants were approachable and ready to provide supervision. This view was echoed by foundation and core surgical trainees who stated that there was always a senior staff member on hand to help.

Clinical supervisors have time for educational activity in their job plans - 0.25PAs for educational supervision per trainee following guidance from deanery.

Standards are being met in the aspects of supervision that we explored on this visit.

## Assessment

Students we met advised that the new OSCE feedback form provides detailed information on each station. The timing of feedback is an issue for students as they consider that the time between taking exams and getting feedback is excessive. This is an issue which will be further investigated on our visit to the School.

Generally F1s had a positive experience of Work Placed Based Assessment and found that senior trainee doctors were keen to complete them and quick at filling in the details. F1s considered the feedback recorded on the e-portfolio to be generic but found face-to-face feedback more useful. There was some variability in experience and consultant awareness of the process, but generally it was reported as being good.

Standards are being met in the aspects of assessment that we explored on this visit.

## Doctors in difficulty

The Senior Management Team advised us that the Trust holds meetings with the Deanery three times a year to discuss trainees in difficulty. This allows them to monitor and plan for those who need help most. This is more difficult for trainees who transfer in from other schools as often less information is held on them.

Trainees we met were not aware where they could find deanery guidance on Doctors in difficulty, however they knew who to contact at the Trust if they had any problems.

The Trust received a commendation from the South Thames Foundation School for its management of trainees in difficulty.

Standards are being met in the aspects of doctors in difficulty that we explored on this visit.

## Equality and Diversity

Students and F1s we met had not required reasonable adjustments but knew where to seek help when required.

The Hospital Sub Dean advised us that the London Deanery and Kent, Surrey and Sussex deanery had different policies on less than full time training. We were advised that St George's always tries to accommodate requests by sharing rotas.

Clinical and Educational Supervisors we met had received appropriate training in equality and diversity.

The Senior Management Team advised us that the Trust has a zero tolerance policy on undermining and a clear bullying and harassment policy.

By all accounts the SGUL programme has a strong emphasis on equality and diversity and the team was satisfied that this was mirrored in the Trust's provision of education.

Standards are being met in the aspects of equality and diversity that we explored on this visit.

## Involvement with LETB

St George's is the leading partner in the development of the South London LETB, and it is proposed that the LETB should be located at St George's. The Chief Executive of the hospital is also the interim Chief Executive of the South London LETB.

St George's is collaborating with Kings Healthcare and other partners about the LETB and the second stage of medical and dental commissioning.

Relationships are reported to be good, however there is a general issue with speed and reconfiguration.

The Senior Management Team informed us that, as with all LETBs, there is still some uncertainty about the future shape and role of the South London LETB.

Standards are being met in the aspects of the hospital's involvement with LETB that we explored on this visit.

## Lead provider status

St George's Hospital in its remit as a Lead Provider is responsible for leading, managing and developing postgraduate training in eight specialties across South West and South London

The Senior Management team advised that it does this through an inclusive approach with other education providers. There is strong local collaboration with local education providers through South West London Medical and Dental Education Federation Board

The Trust also intends to strengthen links with SGUL and develop a strong partnership with Kings Health Partners.

The Trust is looking at ways to relieve financial pressure of district general hospitals involved in education by sharing services to enable them to remain viable. Its intention is to create more cooperative and less competitive relationships

The Trust is conducting joint visits with deanery for commissioned specialties.

Standards are being met in the aspects of the hospital's lead provider status that we explored on this visit.

## Quality Management

St George's has a collaborative relationship with the other education providers in south London used by SGUL.

The Associate Medical Director meets regularly with the Trust Liaison Dean who is based at Croydon University Hospital, this is considered a useful interaction and helpful to keep informed of changes at the deanery.

There are also operational meetings between Directors of Medical Education and Trust Liaison Deans across South London. This is an opportunity to discuss challenges and good practice.

The Trust Board analyses the results of the National Training Survey and Deanery quality management reports in order to make plans to improve issues highlighted.

Some students and trainees we met considered that their evaluations on placements / rotations were not responded to. The Education Management Team advised that remedial action taken by the Trust had not always been communicated to students and trainees which gave the impression that nothing had been done.

Standards are being met in the aspects of the area that we explored on this visit.

## Summary

2. SGH is the lead provider for seven specialty training programmes across south London, including core surgery. SGH identified one of their main challenges to be keeping up with the demands of service whilst training posts are being decommissioned. SGH is also working hard to achieve Foundation Trust status and considers that this will be achieved by April 2014. Working time regulations are putting a strain on surgery and limiting hands on experience for trainees in theatre.
3. Overall, we found that the LEP was committed to education and training. The trust collaborates well with SGUL through the Joint Education Board and is building effective working relationships with other trusts and primary care providers in South London. The LEP provides a good level of support for doctors in difficulty. SGUL

students we met reported that their experience on placements was variable, due to the high numbers of students on placements and lack of access to NHS clinical IT systems. SGH is making progress with handover, hospital at night and 24/7 cover. They have introduced senior advanced nurse practitioners to help undertake some of the tasks normally undertaken by trainees, however there is still work to be done to ensure a safe service for patients and an acceptable workload for all trainees.

## 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	1.2 TTD, 1.5 TTD	Steps must be taken to ensure that hospital at night and 24/7 cover provide a safe service for patients.
2	1.5 TTD	Rotas for foundation year 1 doctors must be reviewed to ensure workloads are manageable.
3	41 TD	Capacity for clinical placements must be reviewed to ensure that students receive hands on experience in all specialties.
4	6.1 TTD	All foundation doctors and trainees, including those starting out of sync, must receive a focused and relevant departmental induction before starting work.

### **Requirement 1: Make sure hospital at night and 24/7 cover is comprehensive**

4. The decommissioning of trainee posts has resulted in a systems review for the surgical directorate. New ways of working and patient pathways have been identified to overcome issues with hospital at night and 24/7 cover.
5. SGH advised in their contextual documents (document 3b – divisional

educational risks) that as an interim measure, Locum Specialty Registrars have been employed to provide additional support to the service and bi-weekly meetings are held to monitor their progress.

6. In the long term, SGH is relying on the recruitment and training of surgical advanced nurse practitioners (ANPs) and Physician Assistants. We were advised that a clear training schedule with competencies and deadlines is in place.
7. When we met with the education management team at SGH, it emerged that the Oral and Maxillofacial Surgery department lost four Specialty Registrars who were replaced by Physicians Assistants and ANPs. The Physicians Assistants are able to perform basic surgical procedures but are not permitted to prescribe.
8. This preserves clinical experience for foundation doctors and trainees, however it also means that the remaining trainees and foundation doctors are required to work longer hours. The education management team is concerned about the duration of these shifts and potential risks to patient safety.
9. Core surgical trainees we met at SGH also confirmed that they were not comfortable with hospital at night due to staffing and shift patterns.

### **Requirement 2: Make sure F1 doctors have manageable workloads**

10. F1 doctors in surgery and medicine are working long hours in order to meet the demands of service. Some foundation doctors reported that on occasion they had worked 12 days in a row and that rotas did not always allow 11 hours rest between shifts.
11. Foundation doctors in medicine advised us that they felt under pressure on weekend ward cover as they were very busy and were unable to get support from more senior trainees as they were also busy.
12. We were advised that at the weekend, one F1 doctor covers the St James and Lanesborough wings of the hospital with the support of three trainees and an ANP. This means that the F1 sometimes has to run from one wing to another and also carry the crash bleep. F1 doctors suggested that having two F1s on the same rota would ease the pressure. There were no examples of trainees working unsupervised or outside of their competence.
13. F1 doctors advised that their rotas are complex and change frequently. Surgery rotas are supposed to be issued every 6 weeks,

however this is often not the case and rotas can be very difficult to locate. The rota is not always well thought out as it allows several doctors time off at the same time which results in remaining F1s working longer shifts.

14. We are concerned that the organisation of rotas is not taking the needs of all F1 doctors into consideration and that this could impact upon patient safety if the current system continues

### **Requirement 3: Review students' educational experience on clinical placements**

15. Students considered that an advantage of being on placements in SGH was that patients expected to see students on the wards which made them feel more comfortable. The students reported that the downside to this was that often there were large numbers of students on placements which could detract from their educational experience.
16. Students reported that they had been on firms with up to 10 students participating on ward rounds with only 40 patients. This meant that they were competing with each other to get clinical skills signed off and they got less teaching from consultants.
17. Students were particularly dissatisfied with neurology placements due to overcrowding and reported that there were problems with the organisation. Conversely respiratory medicine and acute medical unit placements were reported as being excellent as the rotas are organised in such a way that students got ample exposure to patients and consultant led teaching everyday for up to five students.
18. Foundation doctors and trainees we met had not received guidance on their supervisory role in placements and assistantships and recognised that consultants may have been given information that had not been passed down to them. They reported that having final year students on their firm was useful as they could help with some tasks and relieve the pressure on clinical teams. The final year students could have been more useful if they had access to the relevant NHS IT systems.
19. The education management team advised us that student's evaluation of placements was largely positive and that 86% of Penultimate year and 83% of Transition year students had rated their placements as excellent.
20. The education management team considers that it has a good overview of the numbers of students going into placements to

prevent overcrowding. SGH has found other LEPs in the region who are eager to take on placements which will relieve the pressure and allow more places for SGUL and INTO students. Monitoring should continue to ensure that increasing student numbers does not impact negatively on the quality of education experience for students on clinical placement.

**Requirement 4: Make sure departmental induction is received by all foundation doctors and trainees**

21. Some foundation doctors and trainees who attended the departmental inductions reported that they were variable in quality and did not prepare them sufficiently for the practicalities of working on wards. They would have benefited from training on how to order a scan and how the bleep system works for example.
22. F2 doctors who started on twilight shifts did not receive a departmental induction as this took place during the day. Some core surgical trainees we met were not able to attend the induction as they had courses scheduled at the same time. No alternative induction date was offered to either group.
23. The education management team advised us that they have asked foundation doctors to evaluate their induction so that improvements can be made. It is important that the improvements include departmental as well as Trust induction.
24. The education management team reported that that foundation doctors and trainees were given the opportunity to spend time on call before starting their posts to get an idea of where things are kept and how rotas work.
25. Doctors Advancing Patient Safety (DAPS) is an international initiative active at SGH that engages and empowers junior doctors to take a proactive approach to dealing with patient safety and carry out quality improvement projects. DAPS has a website that foundation doctors and trainees can use to find out specific information about handover and induction at St George's.

## 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	6.13 TTD	Trainees should not regularly carry out routine tasks that do not need them to use their medical expertise and knowledge, or have little educational value.
2	5.8 TTD	The standard of delivery of supervised learning events and other work placed based assessments should be reviewed to ensure consistency between specialties.
3	160 TD	Students should be given access to NHS clinical IT systems before they start placements.

### **Recommendation 1: Trainees should only carry out administrative tasks that require medical expertise and add educational value**

26. Core surgery trainees working in plastics on call reported that they spent a lot of time coordinating patient pathways, calling patients in for surgery, looking for beds and supporting the service manager. The trainees felt that this was a necessary task but one of little educational value.
27. Whilst there is an element of administration and management in a trainee's role, we consider that there is little to learn from doing this on a regular basis and recommend that SGH redesign this practice to ensure routine operational tasks are done by administrative staff.
28. The trust advised us that they have plans to appoint a trauma coordinator who will be responsible for coordinating patient pathways which should relieve trainees of such tasks in future.

## **Recommendation 2: Delivery of supervised learning events and other work placed based assessments should be reviewed**

29. There was some variability in the levels of satisfaction of students, foundation doctors and trainees around work place based assessments (WPBAs) / supervised learning events (SLEs).
30. Students reported that some consultants did not seem very confident when supervising WPBAs but they were generally quite willing to spare the time for this to be done.
31. F1 doctors we met reported that consultants were keen to complete SLEs and gave feedback in a timely manner. Feedback recorded on the e-portfolio was considered to be rather generic but face to face feedback was reported as being more useful.
32. F2 doctors had variable experience of SLEs depending on their placements. Several F2 doctors thought of SLEs as box ticking exercises that added little value to their learning. However they did recognise that it was important to have a record of signed off competencies. They found it difficult to get sufficient time to do SLEs and they considered getting protected time to do SLEs to be a good idea.
33. Core surgery trainees reported that it was sometimes difficult to get enough SLEs signed off as more senior trainees wanted to practise their clinical skills as well. This has a knock on effect on annual review of competence progression (ARCP) as surgery trainees advised that it was difficult to build up a sufficient portfolio of clinical experience.
34. Education and clinical supervisors that we met advised that SLE forms for foundation doctors and trainees are more focussed and allow supervisors to provide a good amount of feedback. Undergraduate SLE forms are still paper based and allow for limited written feedback.
35. The education management team reported foundation SLE forms have been simplified and that they do not allow for much written feedback whilst logbooks for trainees offer the right amount of depth and detail.
36. We were informed that surgical trainers and core surgery trainees must attend a mandatory course on SLE and are urged to work together to ensure that the process is rewarding for both parties.

37. There is still some resistance from consultants to attend the SLE course, however 88% have attended and attitudes towards SLE are improving slowly on both sides.

### **Recommendation 3: Access to NHS IT systems is required before students begin placements**

38. Students, foundation doctors and trainees all raised this as a barrier to students' learning experience.

39. In order to gain access to NHS clinical IT systems at SGH students had to use foundation doctors' or consultants' log- ins (in breach of information governance access policies), despite assurances that their log-ins would be arriving soon.

40. This was confirmed by foundation doctors who reported that students on assistantships rarely had access to the systems they required.

41. Foundation doctors had access to the relevant systems, however they felt that the IT induction could be improved. No information was provided about the functionality of NHS systems and this made it difficult for them to offer advice to students on placements.

### **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.

<b>Number</b>	<b>Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i></b>	<b>Areas of good practice for the LEP</b>
1	41 TD	The effective working relationships the trust is building with other trusts and primary care in South London
2	160 TD	High quality simulation facilities offer excellent training opportunities to students, foundation doctors and trainees.

### **Good practice 1: Building good working relationships with other trusts and primary care in the region**

42. SGH is building effective working relationships with other trusts and primary care in South London enabling collaboration on service and educational issues.
43. SGH is a founding member of the South West London Education Federation Board (SWLEFB). Each LEP in the area is represented by a Director of Medical Education and Medical Director and each specialty is represented by the Sector Training Programme Director. At The SWLEFB meetings, issues ranging from faculty development to deanery reports are discussed with the aim of improving the provision of medical education.
44. SGH is working extensively with the primary care dean to provide more training opportunities in General Practice. This will begin with trainees spending four months in clusters of practices concentrating on geriatrics. The trust plans to take advantage of opportunities in integrated healthcare and expand its provision of training into community placements

### **Good practice 2: Provision of good simulation facilities**

45. SGUL and SGH have some joint capital projects such as the St. George's Advanced Patient Simulator (GAPS) Centre. This was designed and developed by both institutions following the successful introduction of simulation training courses for Final Year students. The GAPS team actively recruits students to assist them by acting as Foundation Year 1 Doctors in facilitating Train the Trainer Faculty development courses. The simulation course for Final Year students continues to be developed and the inter-professional learning environment is enriched by including nursing students. The Royal College of Surgeons Student Surgical Skills course is also delivered in the GAPS Centre.

## **Acknowledgement**

We would like to thank Saint George's Hospital and all the people we met

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during the visit for their cooperation and willingness to share their learning and experience.