

Visit to the Royal Free 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	24 October 2012
Sites visited	The Royal Free Hospital
Programmes reviewed	MBBS (UCL), core surgery, obstetrics & gynaecology.
Areas of exploration	Quality Management; Student Assistantships; Preparedness for Practice; Transfer of Information; Curriculum delivery and assessment; Fitness to Practise procedures; Equality and Diversity; Evaluation.
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 <u>responses to concerns element of the QIF</u>?	No

Summary

- 1 London has been chosen as the region for review in 2012-13. The north central regional visit team visited the Royal Free Hospital (RFH). The GMC evidence summary identified RFH as being of interest due to below average results in the 2011 National Training Survey, and information received from the NHS Litigation Authority. The following table summarises findings in the key areas of exploration for this visit.

Areas of exploration: summary of findings	
Transfer of information	<p>We heard from the senior management team that there was sometime difficulty in obtaining student information from the medical school, although the use of a standardised ePortfolio for years 4-6 will help support this. TOI for trainees was generally through the ePortfolio or informally, although supervisors did receive limited information from the Deanery if the trainee was in difficulty (DID).</p> <p>Standards are being met in the aspects of the transfer of information that we explored on this visit.</p>
Fitness to Practise & Doctors in difficulty	<p>We heard from the supervisors that we met that there is a clear trust process for Doctors in Difficulty (DID), and that they would seek guidance from their clinical lead or Trust Specialty Training Director (TSTD). Not all the trainees we spoke to were aware of the exact DID process, but they knew where to find guidance, usually from their educational supervisor or the Deanery website. Students were aware of Fitness to Practise procedures and their responsibilities under this.</p> <p>Standards are being met in the aspects of Fitness to Practise & Doctors in difficulty that we explored on this visit.</p>

Clinical placements	<p>We heard that both the London Deanery and the UCL Medical School carry out scheduled as well as triggered visits to monitor the quality of placements, and that student and trainee feedback is an integral part of this.</p> <p>We also heard of the challenges to learning resources and facilities (see recommendation 4, paragraphs 18-20).</p>
Supervision	<p>Students that we spoke to felt well supervised and supported, and their supervisors were aware of their responsibilities in this area. We also found that students were aware of processes for raising any patient safety concerns they might have.</p> <p>The trainees we spoke to also felt supported.</p> <p>Standards are being met in the aspects of supervision that we explored on this visit.</p>
Assessment	<p>Students and trainees generally felt that their supervisors were up to date and consistent in the application of assessment methods. Some students reported that not all supervisors were aware that students are required to maintain an ePortfolio, and there were some reported difficulties in getting these activities signed off. Supervisors confirmed that they were aware of and confident to carry out the assessments expected of them.</p> <p>Standards are being met in the aspects of assessment that we explored on this visit.</p>
Equality & Diversity	<p>Students and trainees that we spoke to were aware of the process for Less Than Full Time Training and reasonable adjustments, and we heard a few positive examples of these processes at work. Supervisors were aware of the process and their responsibilities. We felt that the opportunities for patient public involvement in teaching could be enhanced: (see recommendation 2 paragraphs 11-15)</p>

Quality Management

The Trust has an established and embedded quality management process, and there was good involvement from the various stakeholders involved in medical education and training. We heard that the DME holds overall responsibility for quality control, and Trust Specialty Training Directors (TSTDs) hold responsibility for each specialty.

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

- 2 The Royal Free sees around 700,000 patients a year, and in the last academic year provided clinical placements to more than 300 UCL medical students, and a similar number of London Deanery trainees.
- 3 The Royal Free was authorised as a foundation trust in April 2012. There are discussions over an acquisition with Barnet and Chase Farm. Of the training programmes that we explored at the hospital, core surgery has undergone extensive service reconfiguration over the past year and obstetrics and gynaecology (O&G) has suffered from both national and local staffing shortages.
- 4 Overall, we found that the LEP was committed to education and training. Medical students felt well supported and supervised whilst on their clinical placements, and were positive about their induction. They also praised the support they received from junior doctors, who would highlight patients of interest to them. Students also told us that they had many opportunities to gain exposure to a range of specialties, and many of the staff are educationalists who are keen to teach.
- 5 Trainees were equally positive about their experience of training at the Royal Free. Core surgery trainees told us that their consultants were available and approachable, and that there were a lot of opportunities to gain clinical experience under supervision. There was protected teaching, and the trainers were up to date with the curriculum and assessment systems. These trainees felt their roles were well defined and that clear guidance was available from their supervisors.
- 6 O&G trainees (ST1-3) were positive about their training, although more so with obstetrics than gynaecology where the opportunities for acquiring surgical skills were felt to be poor, especially laparoscopies. O&G trainees (ST4-7) were also positive about obstetrics, and the level of clinical

supervision that they received. We are pleased to note improvements following reported difficulties with both O&G and surgery training programmes in the past.

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 (TD)/ The Trainee Doctor (TTD)</i>	Recommendations for the LEP
1	TTD 1.2	The Trust should clarify the roles, responsibilities and grades of trainees and ensure appropriate terminology for training grades is used when compiling rotas and name badges so that all staff are fully aware of the competence of the trainees they are working with.
2	TD 104	Students should have opportunities to interact with people from a range of social, cultural and ethnic backgrounds and with a range of disabilities, illnesses or conditions. The diverse patient population should be used more effectively to achieve this.
3	TD 160	The Trust should improve and coordinate communication with students.
4	TD 160	The Trust should improve facilities for students to meet informally.

Recommendation 1: Clarify roles, responsibilities and grades of trainees

- In our meeting with the education management team we were told that one of the tiers of rotas in use across the hospital is a 'Senior House Officer' (SHO) rota. We heard that the grade of doctor on this rota varies according to the specialty, or group of specialities feeding into it, but in

general 'SHOs' are core trainees. F2s may feature on some 'SHO' rotas, for example obstetrics and gynaecology. The education management team told us that the term 'SHO' rota was not widely used across the site, but acknowledged that nursing staff may not be aware of the grade of the doctor they are working with from the information provided on this rota.

- 8 ST1-3 obstetrics and gynaecology trainees (O&G) told us of the 'SHO' rota in their department, which covered grades F2- CT2, and confirmed that the grade and competence of those on the rota was not clear to the nursing staff. We are concerned that this results in an expectation that the competence of an F2 is equivalent to an ST2, for example. We heard examples of foundation doctors who had been bleeped for procedures they were not competent to perform, and who then had to refuse to perform these procedures.
- 9 ST4 and ST5 O&G trainees told us there were three rotas in operation; the 'SHO' (F2-CT2), junior (ST2-5) and senior rota (ST6+). The trainees told us that although a merged rota would be a good idea, the current rota did have the grade of the doctor on it.
- 10 The education management team acknowledged that there is an issue with name badges and that although some doctors had 'SHO' name badges, this should not be happening. We acknowledge that there was a culture of SHO terminology that the Trust is working to eradicate.

Recommendation 2: Enhance lay and patient involvement in education and teaching

- 11 Although there was some evidence of lay and patient involvement, it was inconsistent and variable. The surgery supervisors that we spoke to were not aware of any lay or public involvement in Trust committees for example. More could be done to gather feedback on student and trainee performance from patients. We note there are screens in all wards for patient to provide comments.
- 12 Medical students told us about opportunities for bedside teaching in placements such as digestive health and cardiology. Students in years 5&6 told us that there was little patient interaction in this teaching as patients are generally not asked for their feedback, which students felt would be beneficial.
- 13 We heard from year 4 students who had experienced general practice

placements that morning teaching sessions were supported by afternoon sessions which gave them the opportunity to meet patients with symptoms that they had learnt about earlier in the day. Year 4 students also told us about an oncology project where students meet patients with a recent cancer diagnosis and support them to attend 3-4 appointments during the year.

- 14 The education management team told us that neurology has developed a list of expert patients that can be used for teaching, and that local teaching is being looked into. Neurology students can also go to Marie Foster Centre and access both in and out patients.
- 15 The education management team also told us they are moving towards all foundation doctors having a community experience once a month. As we did not meet with F1s and F2s at this site we were unable to explore this initiative further. We also learned about an integrated care clinic that students are placed in and how this gives them a wider experience.

Recommendation 3: Improve and coordinate communication with students

- 16 Students felt that the ways that local faculty communicated with them could be improved. Students felt that there was an over reliance on email for communication, and that those students without a smartphone were at a disadvantage when receiving updates, for example late changes to teaching schedules or opportunities to sign up for something. Students also reported that internet coverage is not consistent across the site and that there are black spots where even those with smartphones cannot access their emails.
- 17 Students also told us that there is little co-ordination in email communication and provided examples where they received multiple emails from local faculty with the same or similar messages.

Recommendation 4: Improve facilities for them to meet informally

- 18 Medical students were generally positive about their access to facilities such as the library and clinical skills centre.
- 19 Students told us of difficulties with finding a common room that they can gather and talk about their cases. A common room is being built and will open next year and this will provide students with an area that they can

meet and discuss away from public.

- 20 The education management team told us about a twitter account that students can use to ask questions and that there were plans to have a trust-wide wifi that would get rid of black holes.

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 7.2, 7.3	The engagement of the senior team in education and training at board level, for example, the participation of the Medical Director in the serious incident review panel meetings, the investment in teaching personnel, and the preparedness and flexibility of the Trust to use their financial resources to achieve their strategic outcomes of teaching, service and research.

Good practice 1: the engagement of the senior management team in education.

- 21 We found a clear commitment to education and training within the senior management team, for example the Medical Director, who is also the Director of Postgraduate Medical and Dental Education for UCL partners, attends the undergraduate teaching committee. The Medical Director also sits on the Serious Incident board.
- 22 The senior management team has invested in teaching, for example the creation of Trust Specialty Training Directors (TSTDs). 22 TSTDs have been appointed through open competition, and their role is to oversee educational and clinical supervisors in their allocated areas. We were keen to highlight the impact of the surgery TSTD on the specialty, although the Trust acknowledge that further work to do on addressing the below average results in the National Training Survey.

- 23 TSTDs meet quarterly to share practice and discuss trainees. They also complete surveys and this is feedback to the DME.
- 24 The Director of Finance reported that trainers receive 0.25 PAs per trainee, and this was confirmed by the O&G and surgery trainers we spoke to who had time for training specified in their job plans.

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 <i>Tomorrow's Doctors / The Trainee Doctor</i>	Areas of improvement for the LEP
1	TTD 2.2	Improvements in surgical teaching.

Area of improvement 1: Improvements in surgical teaching

- 25 Surgical teaching was identified as an area for investigation due to information from previous medical school and deanery quality management visits and reports.
- 26 The Trust recognised that educational supervision within surgery had been a concern and all consultants had now received training. A new TSTD for surgery has also helped to drive improvements.
- 27 The core surgery trainees we spoke to were very positive about their experiences in the department, and felt that consultants were always available and actively involved in their training.
- 28 The Trust remains concerned about undergraduate surgical teaching and although student feedback has improved, it continues to be monitored. Surgery was not identified as an area of concern by the students that we spoke to. We note that the new curriculum had only been running for a number of weeks at the time of the visit.

Acknowledgement

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