

GMC visit to Western Sussex Hospitals NHS Foundation Trust

Response to the formal report

David Beattie, Director of Medical Education

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It is with pleasure that I respond to the GMC report following the visit to our trust of May 2015. A significant amount of time has elapsed since the visit and I am required to respond to this report two days after receiving it. These factors result in a less detailed recollection of events and hence reliance on contemporaneous notes, and we have had little time as an organisation to formulate robust plans in the preparation of this response. I trust the GMC will hence accept the limitations of this response and be reassured that we will further examine the issues raised.

It was pleasing to note from the report that the inspectors gained a good level of understanding of our educational processes and functions during the short time they were with us. They were complimentary with regard to our quality management systems, which were described as “comprehensive with layers of knowledge within the local management team and local intelligence”; the team’s vision for education was noted.

The issues identified during the visit relate almost exclusively to workload, and to the perceived difficulty of trainees in attending formal educational opportunities. The visiting team noted that a significant reason for this was the number of vacant posts and the challenge of recruiting into those posts. We have, however, also been affected by the changes resultant from the Foundation Broad-Based Training Programme and the loss of trainee numbers that has caused. As an organisation we are using multiple strategies to address these issues, but the inspecting team will be aware that the underlying issues are of an economic, regional and national nature and that definitive solutions require are beyond the sole remit of this organisation. We look forward to working with others towards these solutions.

I will comment on the specific requirements and recommendations, but the Education Executive of the Trust makes the following points about the report:

We were informed in advance that the primary aim of the visit was to explore our relationship with HE KSS and that the visit was in fact an inspection of HE KSS using us as a vehicle for that inspection. This relationship was not raised with the education team at any point during the visit however and the team felt that the visit was similar in nature, and addressed the same issues, as those made to us by HE KSS.

We were disappointed that the inspectors failed to note many areas of good practice and that there is not a section in the report to highlight these. This would disseminate good practice and we would welcome the opportunity to avail ourselves of such practice displayed by the other organisations visited. The section recognising areas where there has been improvement notes only those areas where there has been concern previously raised. Just one areas was noted, operation Green Flag. This initiative covers many issues and we were pleased that the inspectors noted the success of the programme.

Requirements:

- 1. Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence**

We recognised some time ago the inconsistent and sometimes confusing terminology used to describe posts. Many of these relate to trust posts as opposed to training posts and the Trust has been rationalising these actively over the last few years. However, there is frequently more than one type of doctor on a given rota and it is perhaps not surprising that generic terms such as "SHO rota" remain to cover these. We will ensure that we take every effort to use the correct terms when referring to doctors, and have already consulted with Medical HR on this. A challenge however is that both undergraduate and post graduate trainees arrive, and then spend relatively little time with us, with this terminology already in their vocabulary. It would be interesting to explore why such vernacular remains so long after the introduction of the new terminology.

- 2. Doctors in training must be free to attend organised educational sessions and other learning opportunities of educational value**

We have long-established principles of bleep-free teaching and mandatory attendance at learning events. The report notes that Foundation doctors find it difficult to attend their weekly meeting. We keep detailed records of attendance and examine these regularly however to ensure that doctors meet the attendance target. All departments are aware of the need to release doctors for this training and the DME has requested, through trainee reps, that any instance where a trainee is denied the opportunity to attend is reported to him directly. It is noted in the report that that doctors working overnight on a Monday are sometimes too tired to attend, but we have met fierce resistance from trainees in the past at any suggestion that we remove them from night duty due to the valuable experience they gain.

The trust has recognised that trainees' time must focus on educational opportunities; inevitably there is an element of service commitment, and rightly so as this affords valuable experience, but we have, and continue to explore and adopt different ways of working to mitigate this issue. Examples include nurse-led clinics, the appointments of Surgical Care Practitioners and Physicians Associates, an enhanced phlebotomy service and the adoption of electronic systems such as single sign on.

Following this report, we will work further to ensure that doctors are able to avail themselves of educational opportunities, and will do so through both our educational and operational structures.

- 3. Working patterns and intensity of work must be appropriate for learning**

The Trust takes this issue very seriously and undertakes regular diary card exercises. The low response rates are notable but the trust acts on issues raised, in particular those around late finishes. It is laudable that trainees frequently choose to stay late, and notable that they sometime choose not to attend educational events but instead remain on the wards, despite instructions to the contrary, and we will work as an organisation to ensure that these points are understood. The issue appears to have been raised in specific response to GIM placements and we will ensure that

this department is aware of the concerns raised in the report and, through the Specialty tutor and operational managers, seek a robust solution.

4. Doctors in training must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and out patient clinics.

We have been aware of these issues for some time. Generally, we have a good record of teaching doctors new skills; for example we have a very dynamic simulation programme. Out patient attendance has been raised by trainees internally, and we have acted on these concerns to ensure opportunity and availability of clinics. Trainees frequently do not avail themselves of these opportunities, and we will explore further why this is.

Access to theatre sessions, and adequate operative experience, was a particular issue at the Worthing site this year, primarily due to Winter pressures and resultant cancelled elective activity. This has since been addressed directly with the speciality tutor in surgery and we believe resolved; we will monitor for ongoing efficacy.

Recommendations:

1. Trainers should make time to review the progress of training through supervised learning events and provide constructive feedback on performance

We have worked with our trainers to ensure that they are aware of these requirements by putting on local workshops and other events. These have been led by both of our clinical tutors. We have also identified previously that trainees sometimes find it difficult to identify when they are being given feedback. We have addressed this both with trainers, but also with trainees; for example the issue is addressed in our specialty-specific induction videos.

One issue, identified by the inspectors, is that trainees often bunch their formal SLEs towards the end of a placement and give little notice to trainers. This is poor practice educationally as opportunities for early identification of issues is lost. The DME has raised this point very specifically for a number of years in his induction address to trainees, and we will continue to press the message home. In addition we monitor monthly at our Trainee Support meetings those trainees who are behind on their SLE schedule and address them on an individual basis.

2. Incident reporting should be better used to facilitate learning

We analyse the Datix register on a monthly basis to identify issues specific to training or individual trainees. We agree with the inspectors however that better use of the Datix system as a learning tool could be made. This is something that applies to the whole organisation, not just trainees, and the Trust is addressing it. For example in the past reporters have often not received feedback on their reports. This will change with improved Datix functionality.

Datix reporting is now a standing item on the education executive agenda, and escalation made to the LAB and hence the LFGs.

3. There should be greater consistency in the allocation of time for those with an educational role

Trust policy is very specific on the time required by educational and clinical supervisors. This reflects the requirements of our HE KSS educational contract. The Trust has undertaken a robust round of job planning this year, with very few job plans not agreed. The DME is able to scrutinise job plans and ensure that adequate time for educational roles is incorporated; challenges have been accepted and acted upon. It is recognised however that demands on SPA resource grow ever more and it is notable that educational needs are one of the few specified categories for SPA time.

The DME, through the LAB, requests regularly that any incidences where there are inadequate time for educational needs are escalated directly to him. We are aware that there are a small number of job plans that are still in negotiation.

We would like to thank the visiting team for the time they gave in visiting Worthing Hospital and for raising the issues they did. We were pleased to note that there were none on which we were not sighted

David Beattie
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