

Visit to Whipps Cross University 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	23 October 2012
Sites visited	Whipps Cross University Hospital
Programmes reviewed	Undergraduate (Barts and The London School of Medicine and Dentistry), general surgery, anaesthetics
Areas of exploration	Transfer of information, fitness to practise, clinical placements, student assistantship, supervision, assessment, doctors in difficulty, equality & diversity and quality management.
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 was the region selected for review in 2012/13. The north east London regional visit team visited Whipps Cross University Hospital (WCUH) because of results from the GMC National Survey for Trainee Doctors and because it is one of the main placement providers for 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 senior management team (SMT) 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. However we did note an example where a trainee had been out of practice for some time and the local education provider (LEP) was not aware of this information. Information gathered informed the visit to the London Deanery in December 2012. Standards are being met in the aspects of transfer of information that we explored on this visit.
Fitness to practise and doctors in difficulty	Some students stated that they were not aware of specific policies or protocols for reporting patient safety concerns. Anaesthetics trainees stated that they were not aware of the London Deanery 'Doctors in Difficulty' document, however in general all trainees demonstrated an awareness of what to do if they were unsure of any policies (see recommendation 1 paragraphs 5 and 6).
Clinical placements	We heard that the LEP has a high number of students on clinical placement and is at capacity for some parts of the year. However, despite this we heard from students and trainees that they receive a high quality experience, with placements being well organised and supported, including an excellent induction. Standards are being met in the aspects of clinical placements that we explored on this visit.

Student assistantship	Students, clinical teachers and foundation doctor were unable to fully articulate the principles and purpose of student assistantships as outlined in <i>Tomorrow's Doctors</i> (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 1 paragraph 4).
Supervision	<p>We noted several accounts from students and trainees stating that they received excellent levels of supervision from committed staff at all levels of the organisation. Students told us about a high consultant to student ratios (see good practice 1 paragraphs 12 and 13).</p> <p>However trainees stated that handover varies in effectiveness, particularly in orthopaedics and urology and at night (see recommendation 3 paragraph 11)</p>
Assessment	Educational and clinical supervisors that we met advised that they received sufficient guidance on how to undertake student assessments. However some students reported that in-course assessment and levels of feedback can be variable (see recommendation 2 paragraphs 8-10).
Equality & diversity	Trainees we met reported that they were well supported in their training programme 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 noted that as well as an online evaluation form (Bristol online survey) completed at the end of placement the LEP also asks for verbal and written evaluations. Students told us that the LEP has a genuine desire to enhance the quality of placements and is highly responsive (see good practice 2 paragraphs 17-19).

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. WCUH now sits within Barts Health NHS Trust.

- Overall, we found evidence of strong educational culture resulting from strong local educational leadership. Students and trainees received excellent levels of teaching from committed staff at all levels and clinical and educational supervisors felt that their jobs are enriched by their educational roles. We had some concerns that handover is not always consistent and feedback to, and in-course assessment of, students is variable.

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	TD: 84, 109, 110 TTD: 6.21, 6.22	The LEP should work with the School and the Deanery to ensure students, clinical teachers and foundation doctors understand the purpose and organisation of student assistantships and that they are informed of policy updates relevant to them, eg the London Deanery 'Doctors in Difficulty' policy.
2	TD: 111	The LEP should ensure student feedback; in-course assessment and end of block assessment is consistent and of good quality.
3	TTD: 1.6	Handover should be formalised and monitored to ensure continuity of care.

Recommendation 1: Disseminate information on student assistantships and policies relevant to students and trainees

- Students, clinical teachers and foundation doctors were all unable to fully articulate the principles and purpose of student assistantships as outlined in TD09. All groups talked about a period of shadowing in the final year of medical school but the requirements for this period varied depending on the respondent. Students stated that they do a period of unpaid shadowing in final year as well as a week of paid shadowing just before they take up employment.

5. Students stated that they were not aware of specific policies or protocols for reporting patient safety concerns and there was a lack of clarity about what should be done if they have a concern. Some students also reported that there was a lack of clarity about the procedures for dealing with conduct issues related to professionalism, although others said that on the first day they were given points of contact and told what to do if they have a concern.
6. Anaesthetics trainees stated that they were not aware of the London Deanery 'Doctors in Difficulty' document. However, in general trainees 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 their department if unsure. Undergraduate clinical teachers also stated that they were not aware of a clear protocol to follow if they have concerns about a student's conduct or performance that may have implications for patient safety.
7. 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 2: Ensure feedback and in-course assessment is consistent and of good quality in end of block assessments

8. The senior management team highlighted that clinical supervision is more challenging now given the move to a model of consultant delivered care. The expectation for consultants to be on the hospital floor, leading by example has reduced the time they have for formal teaching, although it was noted that there is now an increased scope for teaching on the ward. We heard positive comments from students stating that senior clinical staff are much more willing to teach than at other hospitals. They also commented that everyone in the hospital is really positive and F1 doctors are very keen to make sure the students experience is as positive as possible.
9. Students told us about the log-books that they must complete whilst on placement. In general they felt that they are useful and help them to stay on track, allow reflection and help to link experiences. Although some students did comment that elements of the log-book sign off can be perfunctory.

10. Final year medical students stated that the last year tends to be more self-directed and they spend more time with F1 doctors. Final year students advised us that they get useful informal feedback from F1 doctors as the placement progresses. Students commented that end of block assessment is a tick-box exercise completed by consultants and that they rarely get any written comments, although some received useful verbal feedback. Both students and undergraduate clinical teachers stated that the log-book does not drive formal feedback on skills and generally consultants only comment if they have something negative to say. Undergraduate clinical teachers stated that the log book is very clear but largely left to the supervisor to interpret.

Recommendation 3: Formalise handover to ensure continuity

11. The education management team told us about ‘handover champions’ working throughout the hospital to improve handovers in response to ongoing challenges. ST3-7 general surgery trainees considered handover works well, although highlighted that it is very informal. However, we also heard from core surgery trainees that handover varies in effectiveness, particularly in orthopaedics and urology and at night. We note the issue is being explored locally and would encourage the development of consistent handover processes throughout the LEP with regular evaluation of effectiveness

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: 6.20, 7.2, 7.3	Strong educational culture resulting from strong local educational leadership. Anaesthetics’ training takes place in a supportive environment that is responsive to feedback and trainee needs, particularly those who want to work less than full time.

2	TTD: 2.2	WCUH has highly responsive local quality control mechanisms.
3	TTD 5.4, 5.18, 6.9	Surgery training has an appropriate balance between education and service, offering good pastoral care and support.

Good practice 1: Strong educational culture driven by strong local educational leadership

12. We noted several accounts from students and trainees stating that they received excellent levels of teaching from committed staff at all levels of the organisation and they really felt like a member of a team. Students also told us about an excellent programme of inductions and a high consultant to student ratio.

13. In discussions with clinical and educational supervisors it was clear that they felt their jobs are enriched by their educational roles. The senior management team highlighted the importance of education within the LEP board structures stating that they have maintained the local education multi-professional board despite the Trust merger and the School is represented on the Trust board. We noted strong local educational leadership who are responsive to the needs of students and trainees and highly informed about the changes that are taking place within the Trust and healthcare within London.

14. Core anaesthetics trainees within the ACCS programme who have completed their 6 months A&E placement commented that there is a strong culture of trainee support despite high levels of clinical activity. Trainees reported that releasing them for teaching is a priority and that this demonstrated the department's commitment to education.

15. ST3 – 7 anaesthetics trainees commented that the department is extremely well organised, noting the secretary to be tremendous around managing administrative issues. Trainees reported that the consultant body are very supportive and there is a positive trainee ethos within the department. Pastoral support was offered to all trainees and easily accessible and we heard a number of examples where trainees had been supported on an individual basis.

16. Educational and clinical supervisors told us about arrangements that had been made for trainees to undertake less than full time training.

Good practice 2: Highly responsive local quality control mechanisms

17. Students told the team about an excellent programme of inductions and we heard from the senior management team that the WCUH induction programme had now been extended to the rest of the Trust. Students informed us that they were asked to evaluate their experience after one week of placement to quality enhance the induction programme.
18. We noted that as well as an online evaluation form (Bristol online survey) completed at the end of a placement, WCUH also ask for verbal and written evaluation. Students highlighted that WCUH have a genuine desire in enhancing the quality of placements and teaching. Students stated that when problems were identified with the cardio-respiratory placement, changes were made within a week and that whenever teaching was rearranged or changed they would be informed straight away, often via text message. General surgery trainees also reported that they were able to give honest and open feedback to the Trust and if there are any issues, they are resolved.
19. Anaesthetics educational and clinical supervisors highlighted that they get feedback from undergraduate placements and they formally review this in monthly meetings via a standing agenda item.

Good practice 3: Surgery training has a good balance between education and service

20. Core surgery trainees highlighted positive relationships with senior colleagues who supported training. They stated that they were given a reduced workload to allow for greater theatre experience. All trainees reported that consultants take time out to train and are supportive, despite being extremely busy.
21. We heard examples of where trainees had been given excellent pastoral care and stated that they could not wish for a more supportive department.

Acknowledgement

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