

Board Part : 24 November 2011

Title of Paper: Report on Medical Training

Presented by: Dr Colin Johnston, Director of Patient Safety, Medical Director

1. Purpose of paper:

To apprise the Board of key issues of concern raised following a visit from the Foundation Team, Deanery on 10 October 2011.

2. Background

The quality of medical training is currently assessed locally via the East of England Deanery and its subgroups who undertake direct inspections. Following the integration of the functions of the Postgraduate Medication Education and Training Board (PMETB) to the GMC, national monitoring is undertaken predominately through a survey of Trainers and Trainees. Since the opening of the AAU and merging of acute services on the Watford site the national survey has identified issues that have prevented the Trust improving its assessment scores – this is linked to NHSLA standard 2.2.4 which the Trust failed at Level 2.

3. 2011 Assessment

In June of this year the Trust received a visit from the Foundation Team (within the Deanery) which is responsible for supervising the training of the first year Foundation 1, and second year Foundation 2. The visiting team found major concerns relating to the medical staffing of the Accident and Emergency Department which was at that time staffed between midnight and 8am by F2s only. The Foundation Team considers that there should be middle grade staff present in A & E between midnight and 8am to provide direct supervision of F2 grade staff. The Foundation Team gave a clear directive that the current arrangements were not acceptable and that the Trust had to implement measures to address these concerns.

The Strategic Health Authority was informed and emphasised the importance of ensuring this issue would be addressed sufficiently to assure the Deanery at the planned follow up visit in October.

The Trust has been actively trying to resolve this issue following the Deanery report of 2010, but continues to have difficulty recruiting to these posts.

The issue was discussed with the Foundation Team following its visit in June, when both myself and Dr Howard Borkett-Jones were led to understand that the action plan and timescales discussed at that time were acceptable. We believed that the action plan discussed made clear that we could not achieve direct

supervision of F2s as required by the time of the inspection planned for the forthcoming autumn.

The Deanery visit took place on 10 October 2011 and the outcome has resulted in an escalation of the issue to the SHA and, via the GMC, to the CQC. The focus of the escalation was the lack of supervision of F2s in A&E during midnight to 8.00am and the GMC made it very clear that if a solution had not been found they would recommend trainees were removed from the department from midnight on Friday 14 October 2011.

The Deanery identified additional concerns during the visit and also indicated there were aspects of the preparation for the visit which were not fulfilled appropriately.

The Board should note that the Deanery report is based on direct interviews with a small number of trainees from across the spectrum and not just Foundation year trainees and as such may not be wholly representative of the actual experience of our Foundation trainees.

A full copy of the report can be made to any Board member who wishes.

The GMC survey on trainees for 2011 is now available via: <http://gmc-onlineeducationreports.org/IndicatorScores.aspx?agg=AGG45%7c2011&groupcluster=1%7cRWG>).

The survey is extremely disappointing, showing the Trust to be significantly below the average in the majority of criteria and in some, such as supervision of F2s in A&E, we are a national outlier. Indeed, it is of concern to note that there are no areas where the Trust is better than average.

4. Trust Response

Following direct discussion with the GMC, in which the Trust provided a clear summary of the situation and details of the action plan, they seemed content.

At the same time the Executive agreed to the Deanery's recommendation that we should employ locum staff to cover the middle grades in A&E forthwith. This has been actioned and the Trust is generally able to maintain the recommended staffing mix although sometimes locums are not available. We believe this short term solution will be acceptable to the Deanery but correspondence is still ongoing regarding clarification. We anticipate, and await, final confirmation of acceptance of these actions by the time the Board meets.

As indicated, the CQC was informed and two assessors visited the Trust on Thursday 27 October. Their representatives met with myself, Natalie Forrest and Patricia Duncan and we provided them with evidence which we believe provided assurance regarding their major concerns. One of the local team, Jackie Williams, also undertook an unannounced visit to A&E on Wednesday 2 November 2011 and initial indications following her visit suggest she had no major concerns regarding supervision and training of F2s in A&E. The assessor

did however raise some concerns regarding safeguarding issues which are being pursued.

Another issue raised in the Deanery report was the prescription of cytotoxic drugs by F1s. It should be emphasised that this practice was closely supervised and related only to patients admitted to A&E who were already prescribed such drugs for non-cancer conditions. This practice has ceased forthwith and is clearly understood by all F1s. The CQC may return at some stage to gain assurance of this directly but I believe all appropriate action has been taken in this regard.

5. Action Plan

In response to the visit and the pressures from the SHA, GMC and CQC the Trust has established a specific group chaired by myself with representation from Jan Filochowski and Chris Pocklington and with senior clinical representation from all divisions, HR and the Postgraduate Department. The group is meeting weekly.

The group has received the official Deanery report and has made comments on its accuracy. The Trust must provide a formal response by 10 December 2011 and provide monthly updates thereafter on progress against the action plan. It is anticipated that the Deanery will return for a further formal visit in six months. We do not anticipate any major concerns in responding to the report, but I think it is going to be a harder challenge to turn around the experience of trainees in six months.

One of the criticisms from the Deanery is their perception that the Board did not give significant emphasis to the issues of training and trainees and it is our recommendation that this becomes a regular item on the agenda for Board meetings with a formal update reported to the January meeting of the Board.

Dr Colin Johnston