



# Medical Education and Patient Safety

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KSS Postgraduate Deanery

# Summary



- 3 Stories
- Quality Management and PGME
- Trainee voice
- Frame this as one perspective on the Robert Francis Inquiry



# A College visit in 2001

- Pre 2005 the Colleges regulated PGME
- All had regular visiting processes
- RCS visiting emergency medicine in NW
  - Previous visit issues not addressed
  - Very poor training
  - Wanted to remove recognition asap
  - Feared A&E would ‘need to close’
  - Big complaint to Alan Milburn



# A case from mid -Staffs

- An accident on a bike



# An Emergency Medicine Trainee

- A HST in EM
- A response to a new Job Evaluation Survey (JES) form introduced by the Deanery
- A simple yet forensic assessment of the situation and dangers



# A bit of history about PMETB

“ Wherever possible autonomy should be given to Trust and LEPs to monitor their own performance.....visits should be advisory... kept to a minimum and have a clear an expressed purpose”

In reality most visiting stopped 2005-8

# A bit more history about PMETB

- Deaneries held responsible for QM
- Rely on self reporting, incidents, the new PMETB survey
- Distracted by the MTAS disaster – recruitment was all
- Sir John Tooke inquiry 2007

# Recovery 2008-present



- Development of Schools – HoS jointly owned by Deanery and College
- Planned visiting process reinvented – but still mostly reactive not systematic
- GMC has become the competent authority
- Improvements in local processes of QC, the GMC survey and other tools



# The Trainee voice (1)

## Visits: The best QM tool?



- High credibility with all clinicians
- The ability to produce and evidence change
- To test other sources (in KSS “The Bundle”)
- To identify good and poor practice.
- To allow ‘externality’
- To manage ‘conflict’ situations
- To assess small specialities
- To deal with patient safety issues

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## Kent, Surrey & Sussex Deanery

### VISITING PROCEDURE – SPECIALTY SCHOOL VISITS TO LOCAL EDUCATION PROVIDERS

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## Kent, Surrey & Sussex Deanery

### QUALITY MANAGEMENT OF SPECIALTY TRAINING

## Question Prompt

Thank you for agreeing to participate in a visit to a Local Education Provider on behalf of KSS Deanery. For some areas, sufficient evidence may have been provided from the documentation sent to you prior to the visit, however, if the documentation indicates areas for further exploration, the areas below provide a prompt for questions to ensure adequate coverage of key issues.

### Domain 1 - Patient safety

#### Areas for exploration with specialty trainees in Hospital posts

- Any concerns about patient safety related to the working environment/s
- Educational / Clinical supervision appropriate for level of responsibility
- Any examples of good educational / clinical supervision arrangements
- When help is required, is it easily available?
- Do the working hours/shift patterns allow adequate rest?
- Is the appropriate information about individual patients easily available?
- Do the patient records allow effective and safe management of every patient?
- Are shift/patient handovers adequate?
- Is there a hospital at night process? If so, how does it work?
- Any concerns about patient safety in the out of hour's placements
- Taking consent appropriate to level of experience.

#### Areas for exploration with the Local Specialty Training Programme Director, Local Faculty Group

- Good things about specialty training in this locality
- Difficulties with specialty training in this locality
- Any trainees including GP exposed to situations that may compromise patient safety?
- Concerns about the provision of supervision for Specialty/ GP trainees in any location?
- Working rotas for trainees
- Any variations in the specialty placements?

# Visiting Issues



## Problem

- Poor visitor behaviour
- Looking at non-educational issues
- Too many visits-all uncoordinated
- Too focused on technical aspects, not patients
- Unrealistic requirements

## Mitigation

- Set rules and train visitors
- Stick to assessing GMC standards
- Plan and coordinate through schools at a regional level
- Lay and trainee involvement
- Deanery (LETB) visit, with college externality



# A recent foundation visit....

- Massive surgical takes, multiple handovers, loss of continuity of care
- Leading to delayed discharge (e.g. a patient in 4 weeks with no plan)
- Consultants do not know trainees
- F1 do not know who to contact when Reg in theatre
- F1's taking direct Urological referrals
- ED: throughput prioritised over sick patients. Foundations doctors pressurised to make admission decisions

# Actions on patient safety -sharing is vital



- Do not go without talking to MD/CEO
- Importance of lay involvement
- Most issue involve and managed by the PGD
- Involve the GMC
- Involving SHA/PCT in current practice
- Involve LETB/Clinical Commissioning Group/  
Area Team of NCB?
- Involve CQC

# The Trainee Voice (2)



- know your GMC survey findings

## GMC Trainee Survey 2012 - Trust Sites

PLEASE NOTE: Sample numbers can be very small, and results will rarely, if ever, reach statistical significance. It is therefore important that the original report is scrutinised in detail before taking any action based on these results

KEY:	High / Q3	Low / Q1	Middle/Q2-IQR
	Green Flag	Red Flag	No Data / N<3

GMC INDICATORS	MEAN 12	ASP - StPeters 12	BSU - H.Park 12	BSU - PRH 12	BSU - RSC 12	BSU - Royal A. 12	DAG 12	EKH - Kent&Canterbury 12	EKH - QEGM 12	EKH - William Harvey 12	ESH - Conquest 12	ESH-DGH 12	FPH 12	KAM - Archery House 12	KAM - Maldstone 12	KAM - Medway 12
Respondents		178	6	53	275	20	76	77	96	128	85	102	116	3	6	6
Access Ed Resource	67.48	64.23	63.89	67.78	68	76.61	69.02	68.68	70.19	64.88	69.07	68.43	72.71	51.88	60.83	63.24
Adequate Experience	80.27	78.71	85	78.68	78.33	80.5	78.95	75.71	78.33	78.75	80.47	76.86	80.26	63.33	50	75
Clinical Supervision	87.99	84.85	92.67	87.39	87.96	89	85.02	87.56	86.6	85.27	85.52	83.97	89.51	84	82.25	88.25
Education Supervision	86.86	87.22	83.33	84.28	86.55	87.5	85.42	82.36	85.16	81.96	87.65	87.75	91.59	91.67	91.67	87.5
Feedback	75.67	68	84.72	74.25	71.59	76.39	76.41	83.58	71.12	69.83	72.97	69.96	71.89	63.89	54.17	88.89
Handover	64.88	62.88	62.5	70.75	62.05	71.05	69.03	65.67	65.03	68.44	67.19	60.05	68.03	58.33	33.33	41.67
Induction	83.19	80.42	95	77.83	80.66	85.25	82.37	79.61	82.12	77.71	84.24	80.41	89.34	93.33	68.33	68.33
Local Teaching	62.55	57.42	48.83	60.4	59.8	56.3	59.16	58.08	57.63	59.07	59.31	59.25	63.78	62.67	70.83	80.83
Overall Satisfaction	80.38	76.45	61.33	79.92	78.66	80.4	77.79	78.08	77.38	76.91	78.45	77.18	81.93	72	60.67	77.33
Regional Teaching	70.43	62.33	51.92	69.79	65.61	59.61	65.53	66.89	66.12	66.48	70.19	62.39	66.04		65.75	71.2
Study Leave	66.41	58.73	91.39	62.58	64.04	73.33	59.42	58.21	59.66	60.54	66.32	60.9	59.51	61.67	62.22	83.89
Undermining	93.92	90.81	93.33	95.09	92.53	97.54	92.1	92.02	91.87	93.58	94.36	91.53	95.3		100	94.44
Work Load	46.41	39.33	50	47.56	43.24	47.4	37.72	44.56	45.53	37.55	47.43	43.38	40.45	41.67	69.44	52.08





## The Trainee Voice (2)

- know your GMC survey, findings including the specific patient safety concerns
- Inadequate staffing and supervision out of hours
- General service concerns

# The Trainee Voice



- know your GMC survey findings
  - But well known problems
- meet your trainees – regularly
- The key acute triumvirate:
  - on take medical registrar
  - emergency medicine middle grade
  - the ITU registrar

# Trainee engagement



- Highly idealistic and very intelligent workforce  
–use them do not ignore them
- Clinical leadership and change improvement projects
- Linking managers and trainees in projects
- Encourage exit surveys of educational experience
- Talk about education at the Trust board



# On-going challenges

- Ensure confidence in raising concerns
- How is the LETB/DEQ involved?
- What about other professions?
- What will these mean for compliance with the EOF?

# An Integrated Quality Dashboard for PGME

GMC Trainee Survey 2012

KSS Deanery - Quality Department

## GMC Trainee Survey 2012 - Trusts and Sites

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Survey KEY:

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GMC INDICATORS	MEAN 12	MED-Trust 12	MED 12
<b>Respondents</b>		<b>164</b>	<b>128</b>
Access Ed Resource	67.48	59.98	59.1
Adequate Experience	80.27	77.93	76.56
Clinical Supervision	87.99	86.43	85.35
Education Supervision	86.86	84.6	85.35
Feedback	75.67	66.99	64.68
Handover	64.88	64.3	63.96
Induction	83.19	77.59	77.07
Local Teaching	62.55	60.48	61.52
Overall Satisfaction	80.38	75.73	74.31
Regional Teaching	70.43	66.52	67.81
Study Leave	66.41	59.02	57.03
Undermining	93.92	93.07	92.86
Work Load	46.41	39.23	37.97

GMC National Trainee Survey - Foundation						↓	Worse than previous year			
4-Year Comparison 2009, 2010, 2011, 2012						↔	Same as previous year			
Medway NHS Foundation Trust						↑	Improvement on previous year			
2009			2010							
Above	Below	Overall	Above	Below	Overall					
7	5	2	16	13	3					
2011			2012			Red Flags 2012				
Above	Below	Overall	Above	Below	Overall	Marker	2011 ranking	2012 ranking	Surgery	EM
11	9	2	2	16	-14	↓	3	11	1	3

## LEP Metrics

Standard		Rank: 3
1	Qualified Educational Supervisor Programme	1
2	GMC Survey (trainers)	N/A
3	GMC Survey (trainees)	2
4	Foundation Programme	1
5	Less Than Full Time Training (LTFT)	2
6	Pas/SPA for education in job plan	2
7	Local Faculty Group (LFG) Meetings	2
8	Adequate tracking of trainer data	2
9	Absence of Postgraduate doctors	2
10	Postgraduate doctor satisfaction	1
11	Appointing high quality Postgraduate doctors in SEC LEPs	1
12	Board-level Engagement in Education and Training	2
<b>LEP Total Score</b>		<b>20</b>

# Events at Mid –Staffordshire Hospital



2009-2010 Independent Inquiry ‘what’

2010-2011 Public Inquiry ‘why’

Public seminars 2012

Report to ministers Jan 2013

# Q: What themes from witnesses did the inquiry find?

- Bullying culture
- Finance not patient drivers
- Poor regulation
- Poor management
- Poor nursing
- Redisorganisation
- Failure to listen to patients or relatives

# How did the inquiry end



“tide of public anger”

“can only be assuaged by the identification and implementation of measures which the patients and the public are satisfied have a good change of achieving this”



# Seminars Oct-Nov 2011



Brighton and Sussex   
University Hospitals  
NHS Trust



 brighton and sussex  
medical school

- Regulation
- Trust leaders
- Information
- Organisational culture
- Nursing
- Patient experience
- Commissioning

# Possible outputs



- Implications for many regulators
- Focus on staff culture and older peoples needs, especially in relation to nursing
- Openness, information and candour
- Listening and peer review



# Next steps

- Report will be sent to ministers in January
- Many fundamental recommendations
- Listening to patients, relatives and staff
- Peer review is powerful
- But a lot will be up to you.....



# My messages about trainees

- Embrace visiting as an opportunity to both improve education and patient safety
- Use your trainees as an improvement tool not just a transient workforce
- Ensure management talks to your trainees, your patients deserve it.