



## **Quality Assurance visit to Whittington Health NHS Trust**

**Thursday 14 December 2017**

### **Introduction**

Whittington Health NHS Trust (the Trust) is one of three central sites, which provide clinical placements to UCL Medical School's (UCLMS) students. The Trust provides placements in medicine, surgery, paediatrics, obstetrics and gynaecology and emergency medicine, for students in years 4 and 5 of the MBBS programme across multiple sites, the majority of which are in the community. In addition, the Trust also hosts popular Year 1 and 2 student selected components (SSCs) and the iBSc in Paediatrics and Child Health, which were out of the scope of this visit.

The visit was undertaken at the request of the Director of Undergraduate Medical Education to help the Trust and its teachers in the implementation of their future-focused aim: to improve the teaching experience in medicine and surgery, for this to be reflected in student feedback and for the student cohort to remain within the Trust.

The visit consisted of a series of meetings with key personnel involved in medical education and generated a good range of opinions on suggested future actions. A list of participants has been provided as Appendix 1. The visit team would like to thank all of those who participated in the meetings, summaries of which have been provided below.

### **The Whittington Undergraduate Medical Education Senior Management Team**

The key points of the discussion were as follows:

- UCLMS would like to work with the Trust to help improve the quality of undergraduate education, celebrate its strengths and formulate actions to address any concerns.
- The Trust is an innovative community organisation, which focuses on the provision of integrated care to the population of Haringey and Islington. The students currently undertake community placements in modules 4A and 4C and gain good insight into patient journeys and integrated healthcare systems. There is potential to increase this community-based and community-oriented experience in other areas of the curriculum.
- Student feedback: a detailed analysis of student feedback from the past three years was presented by students in order to highlight the strengths and weaknesses of each module in years 4 and 5 of the programme. For 2017-18, the benchmark of 60% satisfaction has been increased to 75% and this is the desired outlook for each placement in the future.
- The Trust had explored the recent *London Medicine & Healthcare* publication - *Providing effective undergraduate medical clinical placements in London*. This report provides ten clear recommendations, all of which are currently being met by the Trust. Examples of best practice include:
  - The Trust is the first central site to incorporate concerns raised by students and their outcomes into tutors' appraisal documentation to ensure they are treated the same way as patient complaints.
  - The introduction of one-page tutor guides to ensure all staff who are involved with undergraduate teaching understand the requirements of the Medical School's curriculum and the intended outcomes. This may be further developed as an app in the future.
- The role of education fellows: the paediatric education fellow is the only clinical teaching fellow (CTF) in the trust currently. The role combines teaching students from various years

of the MBBS programme, including the provision of simulation sessions, with one day of clinical practice per week. This was seen as an effective and efficient model that could be adopted in other specialities that struggle to deliver good, regular teaching within their current teaching team capacity.

- The library: the library is run by Whittington Health, rather than UCL, and provides IT, wifi, bookable study space and library resources from 8.30am to 10pm during the week. The library previously trialled weekend opening, but usage was not as high as expected, so it currently closes at weekends.
- Clinical skills: low and high fidelity practical skills sessions are provided onsite, in the main to year 4 students, to enable them to practise in a safe environment. There is an excellent relationship between students and the clinical skills team, especially during the learning of potentially intimidating procedures. The clinical skills team co-ordinate and host the majority of the Medical School's clinical examinations in addition to co-ordinating and maintaining a large patient database. Students have a relationship with the clinical skills team throughout their six years at UCLMS and often approach them for pastoral support.
- Finance: the Trust receives approximately £6 million per year for undergraduate activities. Some of the income is top-sliced to cover various teaching administration and governance activities and the remainder is allocated to departments according to their level of involvement in undergraduate teaching.
- Raising concerns: the Trust's 'Speak up Guardian' briefs each group of students at their site induction. Concerns are dealt with by the Director of Undergraduate Education or a delegated individual. An initiative to produce guidance for individuals who are subject to a raising concern is currently being developed with UCLMS.
- Top Teachers: the quality of undergraduate teaching in the Trust has been reflected in the award of multiple teaching prizes over recent years.

#### **Year 4 and 5 students based at the Whittington**

The key points of the discussion were as follows:

- Culture: the students praised the Trust's culture, which contributes to a sense of belonging. The staff are very approachable, provide lots of support and help and the students feel useful and part of the team throughout their placements.
- Community placements: the students recognised the value of the renal experience gained at the Tottenham Hale clinic and placements with community midwives, which provide good experience of how patients can be treated out of the hospital environment.
- Curriculum objectives: although teachers in the Trust are very enthusiastic and willing to teach, they are not always mindful of the curriculum and the required placement outcomes. The students agreed that tutor guides would help to alleviate this problem.
- Duplication of teaching: better co-ordination between teachers will limit overlap between teaching sessions and the duplication of subject matter.
- Continuity: year 5 students can feel lonely as they are not placed with the same group of students as they move between Trusts within a module. Attempts to maintain consistency of groupings would improve this.
- Specialty-based experience: there are few in-patients in some specialties, for example endocrinology and haematology, and bedside teaching is not always relevant and useful. Seminar or case-based teaching would help and the Trust should also explore the provision of further placements in integrated care centres. For example, the Tottenham Hale clinic could provide students with access to diabetes as well as renal patients. The quality of placements in some specialties, e.g. haematology, is heavily dependent upon a specific individual being present and available.
- Timetables: there were mixed feelings about the Outlook timetables, which are populated by placement administrators. Some students found the system, and especially the automatic updates and synchronisation, useful; others were frustrated with the inaccuracy of timetables and existence of multiple different versions of the same timetable. The

students were encouraged to report any problems with the Outlook timetables to the Medical School so they can be followed up with the relevant administrator.

## **UCLMS graduates**

The key points of the discussion were as follows:

- The graduates echoed the students' feelings about the culture of the Trust. They had chosen to return as foundation doctors/postgraduate trainees as the teams were small and friendly and had made them feel so welcome when they were medical students.
- There was a feeling that there were too many medical students on some wards, for example COOP, which diluted the students' experience and limited their opportunities.
- There is a lack of guidance for junior doctors on what they should be teaching medical students and they are influenced by what they feel the students need and also by the students themselves. Tutor guides will help with this.
- Although the doctors were unable to compare themselves with graduates of other medical schools, one of them had overheard a consultant remark that UCLMS graduates had both the required levels of knowledge and practical skills to be effective foundation doctors.

## **The Whittington Undergraduate Medical Education Leads**

The key points of the discussion were as follows:

- Quality of teaching: this is reflected in the number of awards that individuals in the Trust have won in recent years. The application process for UCLMS' Excellence in Medical Education Awards is currently open and should be considered by individuals.
- Job plans: the consultants felt that their contribution to medical education in the Trust was valued. Consultants were awarded PAs for education in their job plans, but whilst some were heavily involved with undergraduate teaching, others who were not still had job planned time. Avoidance of teaching by some staff members put an increasing strain on the former group. PAs for teaching should be reviewed and allocated to those who actively teach.
- Consultant capacity: there is a lack of capacity in the current system to provide sufficient cover for colleagues' annual or sick leave, which places a huge strain on individual departments and on the ability of consultants to deliver education as well as service. It was suggested that utilising CTFs would be a cost effective means of providing additional capacity both clinically and educationally and that the role may appeal to junior doctors who are currently working in the Trust and wish to remain for a longer period of time.
- Development of educational skills: the consultants had varied experience in relation to the support they received to develop their educational skills: some were actively encouraged to attend courses etc; others were supported to attend clinical, but not educational courses.
- Curriculum objectives: whilst some consultants had regular contact with their colleagues based in the community and shared educational information, others felt it was difficult to ensure consistency in curriculum outcomes and that tutor guides would help.
- Duplication of teaching: it was accepted that there is duplication of teaching in some specialties, for example obstetrics and gynaecology, which is also taught at the DGHs. Students who experience duplicate teaching should alert their tutors and request teaching on an alternative subject instead.
- Module management groups (MMGs): the MMGs were considered to be a useful forum for sharing best practice and discussing feedback, although the distinction between the groups and the teaching committees was not always clear. Student attendance at/participation in the MMGs should be encouraged so students are aware of how their feedback is utilised. For example, students who attend the module 4A MMG in block 1 are encouraged to remain as a member of the group until the end of the academic year.

- SEQ feedback: the feedback reports are disseminated widely to relevant individuals and positive comments are generally shared with named colleagues for inclusion in their portfolios.
- Student numbers: the consultants did not consider that there were too many students onsite, but suggested that students' expectations needed to be managed better so they were aware of how they could learn from the limited number of inpatients available on the wards.
- Administrative capacity: there is a lack of capacity in the current system to provide sufficient cover for colleagues' annual or sick leave. In addition, a high turnover of administration staff has impacted on the quality of the timetables issued to students and, although the situation has improved recently, it was felt that too often the staff were in a situation where they had to 'fire fight'.
- UCLMS support: currently, only two senior members of teaching staff in the Trust have honorary contracts with UCLMS. The remainder do not always feel a part of the Medical School's faculty and have no access to the teaching resources on Moodle etc, both of which would be helped by having a honorary contract. UCLMS is in the process of reviewing its honorary contracts and the issue should be resolved in the future.

## Summary

The visit team acknowledged the high level of commitment to medical education shown by many individuals in the Trust from foundation doctors to consultants and would like to thank those involved for their dedication and hard work.

The team would like to commend the Trust for its culture, which gives students a sense of belonging and makes them feel useful and welcome throughout their placements. The experience students gain from community placements and their exposure to integrated healthcare systems should also be highlighted. Both differentiate the Trust from the other central sites and act as 'unique selling points'.

Other areas of good practice to note are: the clinical skills team provide quality high and low fidelity simulation sessions and leadership training; and the Trust is the first central site to include raising concerns and their outcomes into tutors' appraisal documentation to ensure they are treated the same way as patient complaints. In the future, the development of tutor guides will help to clarify curriculum requirements and placement outcomes to all individuals involved in teaching, especially junior doctors, and should help to increase the relevance and quality of teaching sessions and minimise duplication of teaching topics.

The visit team identified several risk areas, including a lack of clinical and administrative capacity at the Trust. The introduction of CTF roles into relevant departments would help to increase both clinical and educational capacity and ensure that students experience high quality placements even if a key member of staff is absent. The Medical School's service standards for placement administration require a system of cross cover to be introduced to manage absence due to annual leave or sickness. The Medical School would encourage all clinicians to work more closely with the placement administrators in the Undergraduate Centre to facilitate the provision of the information they need to produce accurate timetables. Specialties that currently offer minimal inpatient experience to students, for example endocrinology and haematology, should investigate the potential to provide student placements in community integrated care centres, for example the Tottenham Hale Kidney and Diabetes Centre.

The visiting team have made a series of recommendations below, which we hope will help to minimise these risk areas and improve the quality of medical education in the Trust.

## Action plan

Actions	Person(s) responsible	Date of completion
<b>Recommended actions for the Whittington</b>		
Review of the job planning system and allocation of PAs for education to support individuals who are willing and able to teach undergraduates and encourage other consultants to become involved.		<b>December 2018</b>
Introduce and disseminate brief tutor guides to all individuals involved in teaching, especially junior doctors, to clarify curriculum requirements and placement outcomes.		<b>August 2018</b>
Investigate a means of supporting current clinical capacity, potentially through the use of clinical teaching fellows, to ensure that students experience high quality placements even if a key member of staff is absent.		<b>August 2018</b>
Ensure compliance with UCLMS' service standards for placement administration and ensure cross cover to minimise disruption caused by annual leave and sickness absence.		<b>August 2018</b>
Academic leads and clinical staff to work closely with the placement administrators in the Undergraduate Centre to enhance mutual understanding of the issues which make timetabling complex and to facilitate the provision of the information needed to produce up-to-date and accurate timetables for students.		<b>August 2018</b>
Explore the potential to provide further placements in integrated care centres, for example, the Tottenham Hale Kidney and Diabetes Centre. Placements involving diabetes patients in this centre would also help to improve the student experience during endocrinology placements.		<b>August 2019</b>
<b>Actions for UCL Medical School</b>		
Review student allocations to ensure, as far as possible, that students are with the same group of peers as they rotate between placements/Trusts within modules		<b>August 2018</b>
Ensure that all eligible members of teaching staff have honorary contracts with the Medical School to allow them access to teaching resources on Moodle etc.		<b>August 2018</b>
<b>Joint actions for the Whittington and Medical School</b>		
Develop guidance for individuals who are subject to raising concerns to cover the actions they are expected to take to reflect upon and change their behaviour.		<b>August 2018</b>