

NEWS

Junior doctors are key to scrutiny of hospitals, says chief inspector

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London

Doctors—and particularly junior doctors—have a key role in the new hospital inspection system, Michael Richards, England's chief inspector of hospitals, told a conference at BMA House on 26 June.

"I want to recruit you," he told the audience of junior doctors attending the eighth annual Agents for Change conference, backed by *The BMJ*, which aims to encourage trainees to become empowered as agents of better care for patients. Richards said that the new inspections launched since he became chief inspector 11 months ago always involved a focus group of junior doctors who work at the hospital, while the 30 strong inspection teams always included doctors in training from other trusts. "You can tell us what's going on," he said.

Saahil Mehta, a junior doctor who is on an attachment to the NHS's national medical director, Bruce Keogh, said that he had been part of two inspections and had found the experience to be invaluable. "We're at the coalface and really understand what's going on," he said. "We've worked in more than one hospital on rotation, and we do see the differences. We know a hospital better than our seniors." He said that "feeling valued" as part of an inspection team was a new experience and an empowering one that made it more likely that he would speak up. "You understand better what makes quality care, and hopefully the experience will make me a better consultant in future," he said. He encouraged more doctors to get involved by volunteering (email acuterecruitment@cqc.org.uk).

Richards said the reason no hospital had yet earned a rating of outstanding on the Care Quality Commission's four point scale (outstanding, good, requires improvement, or inadequate) was because inspections had begun predominantly in trusts where there were grounds for believing that all might not be well. Individual services are separately rated in the new system, and some of those had been rated outstanding. A hospital that would earn an outstanding rating overall was not far off, he hinted.

The first 18 completed inspections carried out in the last three months of 2013 had shown that compassionate care was "alive and well" in the NHS in England, but the range of quality

provided was too great, between and within hospitals, he said. He wondered whether the chief executives knew which wards they ought to be worrying about. "It shouldn't be up to the CQC to tell them," he said. He added that most wards were adequately staffed—"not well, but adequately"—with emergency departments showing the greatest signs of pressure. "Critical care, maternity, and children's services generally provide good care, but outpatient services are often ignored."

His major worry was whether services could prove their effectiveness—that is, how good they were at making patients better. Critical care teams kept good records, and maternity services usually had a "dashboard" to demonstrate their outcomes, but "most trusts find it hard to demonstrate their effectiveness across all services," he said.

Asked why the inspection teams did not meet local GPs, who might be able to provide useful insights, Richards conceded that this was a good point. "In future, I think we will," he said. And asked whether high quality care was linked with high spending, he acknowledged that some improvements did cost money but there were many that didn't. Some trusts, the inspectors had found, only used World Health Organization surgical checklists 50% of the time. "That's unacceptable, and putting it right doesn't cost money," he said.

Ian Cumming, chief executive of Health Education England, questioned whether present patterns of training were well matched to the kind of care doctors would in future be delivering. "If we train for a system, we'll lock the system into an outdated model of care," he warned. "We're still training today for the NHS of the 1990s."

His organisation's strategy for the next 15 years had started from the needs of the patients, not the system, and he implied that in future doctors would need to train more in the community if that was to be where they would be delivering care, as NHS England expected.

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