

Pan-London Quality and Regulation Unit

**Great Ormond Street Hospital
for Children NHS Foundation Trust**
Urology

Quality Visit Report
Date of visit: 5 May 2015

Final

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Great Ormond Street Hospital for Children NHS Foundation Trust
Specialty	Urology
Date of visit	5 May 2015
Background to visit	<p>Health Education North Central and East London last conducted a urology visit at Great Ormond Street Great Ormond Street Hospital for Children NHS Foundation Trust in November 2014. During this visit an Immediate Mandatory Requirement regarding outpatient appointments was issued. The visit team also heard that there were serious capacity issues which resulted in difficulties in outpatient follow-ups being scheduled. There were also concerns regarding the core trainee being allocated to the ward and rarely being provided with the opportunity to do operative work.</p> <p>As a result of this the Trust were informed that they needed to make provision for increasing the capacity of outpatients. They were also told to complete a basic fact finding study on patients that require one monthly, six weekly and three monthly follow up, and ensure there is sufficient clinic space left on these templates.</p> <p>This visit will be an opportunity for the Head of the Specialty School of Surgery to review the implementation of changes since the last visit.</p>
Visit summary and outcomes	<p>The visit team met with those in the urology department that have a management responsibility for the delivery of training. This included the general manager for surgery, surgical tutors and the urology lead. Following this meeting the visit team met with urology trainees and non-training grades. Finally the visit team met with the educational and clinical supervisors before feeding back the findings to the board.</p> <p>The visit team were disappointed that neither the core nor the higher trainee were present at the visit. The visit team did meet with four non-trainees including a European fellow, a trust fellow, a paediatric surgery trainee that had previously worked in urology, and a post certificate of completion of training (CCT) fellow.</p> <p>It was clear that there had been some improvements in the department since the previous visit in November 2014, and the visit team noted the following positives from the meetings on the day:</p> <ul style="list-style-type: none"> • The visit team was pleased to see that twice weekly sustainable teaching that had been introduced had received good feedback. • The support and supervision on offer from the consultants was deemed to be very good, which was emphasised by the fact that four urology

SPECIALTY-FOCUSED VISIT REPORT

consultants were shortlisted for the Trust wide trainer of the year award.

- The Trust had appointed an additional locum consultant and an additional locum trust grade which has helped with the workload.

It was clear that there were some areas which still required development:

1. No work based assessments had been completed by the core trainee year 2 (CT2) since they started their placement in April 2015.
2. There was a feeling that service had become more prevalent in the last few years and taken a priority over training.
3. Clinics were still overbooked and trainees sometimes had to work all day without a break as the first clinic overruns.
4. The current educational supervisor needs to have their portfolio extended, and have time for training recognised in their job plan.

In addition to the above the visit team feels that the Trust should look at the longer term service plan. As the district general hospitals are starting to take on less paediatric general surgery and paediatric urology many of these less complex cases are being directed to Great Ormond Street Hospital for Children NHS Foundation Trust and leading to increasing workloads. It is important for the Trust to think about a longer term plan to deal with this issue.

All of the fellows and trainees that were seen on the day said that they would recommend their post and said that they would be happy for a family member to be treated in the department.

Visit team

Lead Visitor	Professor Nigel Standfield Head of the London Specialty School of Surgery	Deputy Head of School	Mr John Brecknell Deputy Head of the London Specialty School of Surgery
Lead Provider	Professor Jayanta Barua, Imperial College Healthcare Lead Provider Urology Lead	Trainee Representative	Dr Rajesh Nair, Urology Trainee Representative
Lay Representative	Mr Robert Hawker, Lay Representative	Visit Officer	Mr Rishi Athwal Quality and Visit Officer

SPECIALTY-FOCUSED VISIT REPORT

Findings				
GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	U1.1	<p>Supervision</p> <p>The visit team was told that the department felt well supported and one doctor mentioned that they had not experienced a time when they were unable to get the support that they needed. It was also stated that four consultant urologists made the shortlist for the trainer of the year, with one of them winning the award.</p> <p>The visit team heard that there is a grand ward round every Wednesday and Friday at which all of the patients are seen by a consultant.</p>		
1	U1.2	<p>Handover</p> <p>The visit team heard that there is a handover every evening at 5.30pm. It was stated that this is usually a face to face handover, however on occasion it would be done via the telephone. There are no consultants present at this handover.</p>		
5	U5.1	<p>Clinics/theatre</p> <p>The visit team was told that the trainees will go to one or two clinics a week. It was stated that these clinics were usually cancelled when the consultant was away. They said that there was theatre sessions every day in which there were usually two higher level doctors, either trainees or trust grades, and one consultant. In addition to this higher level trainees and equivalent trust grades have the opportunity to attend a theatre list at University College London Hospitals NHS Foundation trust (UCLH) to gain operative experience. It was reported that they were all able to attend at least one full day a week in theatre and would get two full days every other week.</p> <p>Educational and clinical supervisors told the visit team that they would cancel their clinics when they are away, but said that this is variable from consultant to consultant. They stated that if a clinic is not cancelled one of the other consultants will cover it to ensure that the</p>	<p>Ensure that all clinics are cancelled when the consultant is away.</p>	<p>Green</p> <p>Recommendation</p>

SPECIALTY-FOCUSED VISIT REPORT

		<p>trainees have adequate support.</p> <p>It was stated by the clinical and educational supervisors that the number of people in clinics was very high and there did not seem to be an agreement about what type of patients they should be accepting on referral. They stated that it would be possible to reduce clinic numbers if they did not accept some of the more basic referrals such as hernias and foreskins, as these could be completed in less specialist centres.</p> <p>The visit team was told by the clinical and educational supervisors that the trainees would sometimes have to do full days in clinics without a break. They stated that the department was split into teams of two consultants who have three trainees or equivalent non-training grades. They stated that one consultant would have a morning clinic with two trainees, and then the second consultant would have an afternoon clinic which is started by the third trainee, but one of the trainees from the morning would have to attend when their session concludes.</p>	<p>Trainees should not be in clinics for a full day. Amend the trainee rota so that this is no longer the case.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
5	U5.2	<p>Interventional radiology</p> <p>The visit team was told by the non-training grades that they do not routinely go to interventional radiology unless they have it on their lists. One previous trainee stated that it had been possible to arrange to get some experience; however they stated that as the radiologists have their own trainees; it is not possible to attend sessions without arranging it beforehand.</p>		
6	U6.1	<p>Education</p> <p>The visit team was told that there were no concerns having workplace based assessments (WBAs) completed and that the consultants were very supportive in getting these done. Clinical and educational supervisors told the visit team that some trainees were more proactive about pursuing them for WBAs to be completed.</p> <p>In the previous visit in November 2014 the core trainees reported that they had more WBAs signed off by the general surgeon consultants that the urology consultants. Unfortunately the core trainee was not present at the trainee meeting so the visit team were unable to</p>		

SPECIALTY-FOCUSED VISIT REPORT

		<p>determine whether this was still the case.</p> <p>The management team told the visit team that they now organise a time with trainees to look through their WBAs together. They said that this was working better than the previous method of doing this through emails and that the informal trainee feedback they received regarding this had been very positive.</p>		
6	U6.2	<p>On call/rota</p> <p>The visit team heard that there is good support when on call and that the consultants were available and very approachable when needed. Higher trainees and equivalent trust grades said that they were non-resident on call and that they were not called in very often, reporting it was on average once or twice a month.</p>		
6	U6.3	<p>Administrative Support</p> <p>The visit team was told that the fact that there were seven higher level doctors in the urology department instead of six had meant that the administrative workload had been reduced since the last visit. The visit team heard that the secretarial staff were very busy themselves, but that they did provide support for the trainees.</p> <p>It was reported to the visit team that there had been a new system in place for outpatient follow ups since the previous week.</p>		
6	U6.4	<p>Core trainees</p> <p>The visit team heard that whilst the department had arranged for the higher trainee to be able to go to the UCLH theatre list once a week, the core trainee had not been provided with this opportunity. The educational and clinical supervisors said that there was sometimes an opportunity for the core trainee to go to UCLH for operative experience, but said that this was only possible when there was cover on the ward. The visit team was told that due to the fact that there are only three people on the junior rota, one of which was currently a bank appointment, the core trainee rarely had the opportunity to go.</p> <p>The visit team was told by the management team that they were currently doing some work</p>	<p>The core trainee needs to be timetabled to attend theatre one day a week at UCLH.</p> <p>Please provide the results of the review into</p>	<p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p>

SPECIALTY-FOCUSED VISIT REPORT

		on the junior rota which they hoped would resolve some of the current problems. They also said that they offered core trainees experience of how to approach a complex patient, as well as teaching practical surgical skills. It was stated that even though there was less hands on experience available to core trainees due to the complex nature of the patients, they were still able to gain a lot from their placement.	the junior rota along with any recommendations and the timeline for their implementation.	Mandatory Requirement
6	U6.5	Teaching The visit team was told that the teaching had improved significantly in the last year, with new teaching sessions that were aimed at different levels so that all trainees had the opportunity to gain something from them. It was stated that there was a Monday teaching session along with a Wednesday journal club.		
6	U6.6	Education/service balance The visit team heard from the educational and clinical supervisors that in the last few years there had been an increase in demand on trainees to conduct more service work than training, especially in an outpatient setting. They stated that the outpatient clinics were important for learning, so long as they were supervised, but stated that the demands on the service meant it was sometimes difficult to strike the right balance between training and service.	This is an area that requires internal review. Year on year the clinics would appear to be getting busier with an increasing number of referrals.	Amber Mandatory Requirement
6	U6.7	Induction The visit team was told that the induction received was comprehensive and that it provided a great deal of useful information. It was universally agreed that the induction had been of a high quality.		
6	U6.8	Clinical and educational supervisors The visit team heard from the educational supervisors that they did not have educational PAs (programmed activities) written into their job plans. The visit team was also told that there is only one accredited educational supervisor within the department, which was resulting in them having a large workload.	Ensure that there is educational time written into the educational supervisor's job plans. Consider broadening the portfolio of Assigned Educational Supervisors (AES's)	Amber Mandatory Requirement Green

SPECIALTY-FOCUSED VISIT REPORT

					and allowing the core trainee to be supervised by the surgical tutors.	Recommendation	
7	U7.1	Structure of department The visit team was told by the educational and clinical supervisors that an additional locum consultant and an additional locum trust grade had been employed which had helped with the workload. They stated that currently both of these new appointments were spending a lot of time working in clinics.			Review making the locum appointments substantive/sustainable as if this post becomes vacant it will put a large additional workload on the existing trainees.	Green Recommendation	
Good Practice					Contact	Brief for Sharing	Date
N/A							
Other Actions (including actions to be taken by Health Education North Central and East London)							
Requirement					Responsibility		
N/A							
Information and reports provided to the team prior to the visit							
DME Annual Report	No	Regulator Reports/Data	No	LFG Reports	No	MEM minutes	No
GMC Survey - trainees	Yes	GMC Survey - trainers	No	Previous visit reports & action plans	Yes		
PVQs - trainees	No	PVQs - trainers	No	Result of school survey	No		
Signed							
By the Lead Visitor on behalf of the Visiting Team:			Professor Nigel Standfield				
Date:			15 July 2015				