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Pan-London Quality and Regulation Unit

Imperial College Healthcare NHS Trust
Core Surgery
Specialty Focused Visit

Quality Visit Report

2 November 2015

Final Report

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Visit Details	
Trust	Imperial College Healthcare NHS Trust
Date of visit	2 November 2015
Background to visit	Core surgery was last visited at Imperial College Healthcare NHS Trust in September 2013 when there was a visit to Charing Cross Hospital. The visit team was keen to see how training within core surgery had been affected by the loss of half of the foundation trainees in August 2015. The purpose of the visit in all specialties was to assess the training environment and engage with the Trust to produce sustainable and progressive change to fulfil the potential Imperial College Healthcare NHS Trust had as a Local Education Provider.
Visit summary and outcomes	The visit team met with core surgery college tutors and clinical leads, followed by a meeting with core trainees. There were seven trainees present from both St Mary's Hospital and Charing Cross Hospital. All four core trainees from otolaryngology on both sites attended and trainees from vascular surgery, plastic surgery and trauma and orthopaedic surgery also attended. The team met no core trainees from Hammersmith Hospital or from the intensive therapy unit (ITU) and of the seven core trainees placed at the Trust in general surgery, only one attended after a further request to the local education team at a separate session in the afternoon. Following the meeting with the trainees, the visit team met with the educational and clinical supervisors before providing feedback. The visit team were pleased to find that the core trainees generally had good access to theatre but noted examples of ward work, emergency service provision and rota planning pulling trainees away from allocated operative training. There were also examples of core trainees competing with relatively junior higher surgical trainees within clinical teams for training opportunities. There were some areas for improvement identified by the visit team including the IT element of induction. The visit team heard reports of an unsupervised emergency clinic in otolaryngology (ENT) which needed to be addressed. The difficult job of ensuring that the work traditionally completed by basic grade medical staff was covered was essential for the long term sustainability of core surgical training and in this regard the appointment of doctors to a Trust rotation centred on a Master's programme and the training of advanced nurse practitioners (ANPs) as prescribers should be seen as priority items.

Visit team			
Lead Visitor	Mr John Brecknell, Deputy Head of London School of Surgery	**GMC Representative**	Kate Gregory, Joint Head of Quality, General Medical Council
GMC Representative	Alex Blohm, Programme Manager, General Medical Council	**Lead Provider Representative, Core Surgery**	Mr Niall McGonigle, Consultant Thoracic Surgeon, Royal Brompton and Harefield NHS Foundation Trust & Training Programme Director for Core Surgery in North West London, Imperial Lead Provider
Core Surgery External Clinician	Mr Richard Bird, Consultant Vascular and General Surgeon, Royal Free London NHS Foundation Trust & Training Programme Director for Core Surgery in North Central London, University College Lead Provider	**Vascular Surgery External Clinician**	Mr Keith Jones, Consultant Vascular Surgeon, St George's University Hospitals NHS Foundation Trust & Training Programme Director for Vascular Surgery in London, St George's Lead Provider
Otolaryngology External Clinician	Mr Richard Oakley, Consultant Otolaryngologist, Guy's and St Thomas' NHS Foundation Trust (GSTT) & Training	**Lay Representative**	Jane Gregory, Lay Representative

	Programme Director for Otolaryngology in South London, GSTT Lead Provider		
Quality Representative	Rishi Athwal, Deputy Quality and Patient Safety Manager		

Findings			
Ref	**Findings**	**Action and Evidence Required.** **Full details on Action Plan**	**RAG rating of action**
GMC Theme 1) Learning environment and culture			
CS1.1	**Rotas** The visit team heard from the trauma and orthopaedics core trainees that they had been covering the trauma on call as the orthopaedic representative. They expressed no concerns regarding their out-of-hours rota indicating that the trauma calls were a very good learning experience and that there was a good link up with the higher trainee. They were otherwise supernumerary and had a free reign of available training opportunities. The otolaryngology core trainees at St Mary's Hospital reported that that they worked a twilight shift and also covered nights at Charing Cross Hospital. Trainees said that the on call at Charing Cross Hospital was very busy, but stated that they did feel supported, and that there were no problems in contacting supervising doctors. They said that there was a higher trainee and a core trainee on call between 8pm and 8am. Vascular core trainees reported that when they were on call they covered vascular surgery, general surgery and urology at St Mary's Hospital. They told the visit team that there were a lot of research fellows that worked the on call which occasionally meant that it was difficult for them to get theatre access. However trainees indicated that the on call was not onerous and that there was always good support available to them. The plastic surgery core trainee informed the visit team that there were no issues with the on call. They said that during the day they just covered plastic surgery and at night they covered all specialties. The visit team heard from the general surgery core trainee that they conducted 21 night shifts and 21 day shifts within six months. The on call workload was described as manageable, and it was reported that there was a general surgery and a vascular surgery higher trainee that could be contacted if needed. However, each of these shifts pulled the trainee away from training in the operating theatre.		
CS1.2	**Induction**		

	The visit team heard from the core trainees that some of them experienced difficulties with their induction. One trainee indicated that they had to attend an on call shift without an active smart card, and another trainee indicated that the smart card they received did not work. Some trainees reported that it took a long time for them to get access to the notes system Cerner. Core trainees reported that the access to the out-of-hours induction was very useful. They told the visit team that they were able to attend this induction prior to starting at the Trust. They said they were encouraged to attend as there was food available as well as a book token and an extra £50 for their study budget. They said that the induction allowed them to have all of their paperwork sorted and mandatory training completed before they arrived for their first shift.	Review the IT aspects of induction to ensure that trainees are provided with working smart cards and access to Cerner at the point of taking up clinical responsibilities.	Amber Mandatory Requirement
CS1.3	**Handover** Core trainees raised no concerns regarding handover. However general surgery educational and clinical supervisors told the visit team that sometime the trainees were not able to leave at 7pm. They said that they felt this was a handover issue and that they were currently working to address it.		
CS1.4	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees reported that in general, access to theatre time was well provided, with all having three to four allocated sessions in a week. In vascular, plastic and particularly general surgery the rota system in operation tended to pull trainees away from this allocated theatre time so that allocated theatre sessions were withdrawn in favour of on call shifts or only accessible in certain weeks. In some specialties, particularly otolaryngology on both sites and in trauma and orthopaedic surgery (T&O), the presence of specialty training year three and four (ST3/4) trainees resulted in competition for cases of a similar nature and it was usually the core trainees who lost out. The visit team felt that it was particularly important that core trainees were given the opportunity to gain experience of the “index cases” required for ST3 eligibility. There was a mixed experience of supervision but the trainees all had a named educational supervisor and reported that they had completed a learning agreement. Access to consultant workplace-based assessments was not problematic for the majority. The trainees reported that they were released for regional and pan-London training events without issue. Educational and clinical supervisors told the visit team that there had been a lot of changes in general surgery in the last two years. They said they had worked to take away a lot of the administrative tasks and service work from the trainees, and worked hard to ensure they could get to theatre. Supervisors said that there was a feeling that trainees were not getting the required supervision in clinics so they capped the clinics to 25 patients and ensured there were 30 minutes	Training in the operating theatre is the defining component of surgical training. Please ensure that core surgical trainees across the Trust have access to 4 sessions of operative training in every working week. Please review the trainee mix at site and firm level to minimise the impact of competition for training opportunities between core and ST3/4 trainees.	Amber Mandatory Requirement Green Recommendation

	at the end of each one to discuss the cases and complete workplace-based assessments (WBAs). The supervisors indicated that they had struggled to balance trainees getting emergency experience and theatre exposure. They said that they would have liked to allocate one trainee to each but in order to do this they would need to recruit more Trust grade doctors, which they had struggled to recruit. General surgery consultants told the visit team that they were reviewing the possibility of establishing a Trust grade junior trainee rotation. They planned to link the jobs to a qualification in order to make them more appealing. The consultants said that they had moved to a consultant of the week system which had led to better triaging at senior level, which should result in the core trainees receiving a better educational experience. Educational and clinical supervisors in plastic surgery told the visit team that they had increased the number of non-training grades on the rota, but they said that they were one short at the moment, with somebody starting in post within the next four weeks. They felt that the time it took to advertise and recruit to these posts was excessive and that it had an impact on training until it was resolved. The consultants said there was only one core plastic surgery trainee, so it was important to ensure they received the training they wanted. They said there were a lot of theatre opportunities for the trainee, but that they had to ensure the ward was covered. The visit team heard from the otolaryngology core trainees that they usually saw a mix of new and follow up patients when they were in clinics, they said that they would present patients to both the consultants and the higher trainees. Otolaryngology core trainees at St Mary's Hospital felt that the clinics would be more educational if they were less overbooked. They were positive about their experience in clinics overall stating that they felt there was an educational benefit to them. They reported that the only clinic which was less educational was the emergency one as this was core trainee-led. Trainees said that there was a higher trainee that they could contact and a named consultant, but they were in the clinic themselves.	Long periods of time spent providing service on the ward are not useful components of a core training post and should be minimised. Ensure that core trainees in ENT are not unsupervised in the emergency clinic.	Amber Mandatory Requirement Amber Mandatory Requirement
GMC Theme 2) Educational governance and leadership			
CS2.1	**Impact of service design on learners** The visit team heard from general surgery educational and clinical supervisors that they had lost half of the foundation doctor workforce in August, and that this had initially been replaced by locums. They said that advanced nurse practitioners (ANPs) had been appointed but that they were not yet allowed to prescribe.	Please ensure that the training of the ANPs to prescribe is made a priority. Evidence of progress on this issue needs to be provided by monitoring through the LFG meetings.	Amber Mandatory Requirement
CS2.2	**Appropriate system for raising concerns about education and training within the organisation** The visit team heard from the general surgery trainees that they had regular local faculty group meetings (LFGs) that trainees attended.		

GMC Theme 3) Supporting learners			
CS3.1	**Academic opportunities** Core trainees at St Mary's Hospital and Charing Cross Hospital told the visit team that there were a lot of opportunities for research. Trainees said that the consultants were proactive about promoting these opportunities and many had been spoken to about research already.		
GMC Theme 4) Supporting educators			
CS4.1	**Access to appropriately funded professional development, training and an appraisal for educators** Educational and clinical supervisors told the visit team that they had training days set up to enable them all to ensure they had received the appropriate educational training as per General Medical Council requirements.		
CS4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard from the educational and clinical supervisors that they were currently trying to resolve the issue of having educational programmed activities in their job plans. They said that the Trust was now taking this issue seriously.		

Good Practice	**Contact**	**Brief for Sharing**	**Date**
Hosting catered out of hours induction events prior to the start date for those with the availability to attend seems to achieve the goals of induction without sacrificing training time at the beginning of the post.			

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Mr John Brecknell*
Date:	*8 December 2015*