

**Pan-London Quality and Regulation Unit**

**Imperial College Healthcare NHS Trust  
Otolaryngology  
Specialty Focused Visit**



**Quality Visit Report**

2 November 2015

Final Report



Visit Details			
<b>Trust</b>	Imperial College Healthcare NHS Trust – Charing Cross Hospital		
<b>Date of visit</b>	2 November 2015		
<b>Background to visit</b>	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 fulfill the potential Imperial College Healthcare NHS Trust had as a Local Education Provider. The last visit to otolaryngology training at Imperial College Healthcare NHS Trust had been in April 2011. The Training Programme Director (TPD) for otolaryngology training in North London had been in correspondence with the Head of School over the months leading up to this visit regarding concerns about the relatively low ratio of trainers to trainees at St Mary's Hospital and suggestions had been made by the Lead Provider (LP) that trainees might be better placed at a neighbouring Trust.		
<b>Visit summary and outcomes</b>	<p>The visit team were impressed by the quality of training in otolaryngology on both Charing Cross Hospital and St Mary's Hospital sites. Trainees reported a teaching and training mentality at St Mary's Hospital and that the department at Charing Cross Hospital was functional and supportive; with the workload described as "good busy". It was encouraging to see almost all of the trainees and trainers attended. The Trust have invested in three new consultant posts which would, once substantive appointments were made and appointees trained adequately to satisfy the criteria for approval as educators, represent a major increase in the training capacity of the department.</p> <p>Areas identified for improvement include the arrangements for the multi-site out of hour's service, the seniority mix of trainees at the St Mary's Hospital site, the use of a social media app for on call communication and the provision of basic grade medical staffing.</p>		
Visit team			
<b>Lead Visitor</b>	Mr John Brecknell, Deputy Head, London Postgraduate School of Surgery	<b>GMC Representative</b>	Kate Gregory, Joint Head of Quality, General Medical Council
<b>GMC Representative</b>	Alex Blohm, Programme Manager, General Medical Council	<b>Lead Provider Representative, Core Surgery</b>	Mr Niall McGonigle, Royal Brompton and Harefield NHS Foundation Trust & Training Programme Director for Core Surgery in North West London, Imperial Lead Provider
<b>Core Surgery External Clinician</b>	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 London Partners	<b>Vascular Surgery External Clinician</b>	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
<b>Otolaryngology External Clinician</b>	Mr Richard Oakley, Consultant Otolaryngologist, Guy's and St Thomas' NHS Foundation Trust & Training Programme Director for Otolaryngology in South London, GSTT Lead Provider	<b>Lay Representative</b>	Jane Gregory, Lay Representative

<b>Quality Representative</b>	Rishi Athwal, Deputy Quality and Patient Safety Manager		
<b>Findings</b>			
<b>Ref</b>	<b>Findings</b>	<b>Action and Evidence Required. Full details on Action Plan</b>	<b>RAG rating of action</b>
<b>GMC Theme 1) Learning environment and culture</b>			
O1.1	<p><b>Rotas</b></p> <p>Otolaryngology trainees at St Mary's Hospital informed the visit team that when they were on call they covered Ealing Hospital, Royal Brompton Hospital, Charing Cross Hospital, St Mary's Hospital and Chelsea and Westminster Hospital, two of which had busy emergency departments. The higher trainees indicated that there was a core trainee at St Mary's Hospital until 7pm but not overnight. Trainees indicated that there was never difficulty in contacting the consultants or asking them to attend when required.</p> <p>Trainees stated that they may on occasions have to travel to the other sites, at other times they stated that patients would be transferred to St Mary's Hospital; they stated that they would usually travel to two or three sites when on call over a weekend. Trainees reported that travel between St Mary's Hospital and Charing Cross Hospital took a long time. One trainee told the visit team that they would spend between three and four hours each day at the weekend travelling between sites. Trainees stated that they were not able to claim travel expenses, they stated that they had asked about claiming them but had not received a response. Trainees reported that Ealing Hospital was being removed from the on call in January 2016. Trainees were universally of the opinion that the travel requirements were safe for both themselves and the patients.</p> <p>Their training rotation extends across the whole of North London and they could legitimately live many miles away from the clinical services for which they were responsible. Trainees were charged £20 per night for an on call room.</p> <p>Trainees at St Mary's Hospital told the visit team that they operated a 'trainee of the week' system, which meant that one of them would be on call during the day. They reported that there was an agreement in place so that during working hours the on call trainee based at St Mary's Hospital covered Hammersmith Hospital and Ealing Hospital and the Charing Cross Hospital on call trainee covered Chelsea and Westminster Hospital and the Royal Brompton Hospital.</p> <p>Trainees reported that they had a Whatsapp group that they used for all otolaryngology trainees over the St Mary's Hospital and Charing Cross Hospital sites. Trainees stated that this was used as an effective method for the trainees to find out who was on call at any one time, and was useful for service questions, such as door codes. Trainees were keen to point out to the visit team that</p>	<p>Ensure that trainees are able to claim travel expenses when they are on call and carrying out clinical duties on behalf of the Trust.</p> <p>The removal of Ealing from the out of hour's service provision is welcome. The trust is required to confirm that this change has been completed.</p> <p>Whilst the trainees are not using Whatsapp to discuss any confidential patient identifiable information, it is recommended the Trust consider registering this risk and working towards a more secure group communication solution.</p>	<p><b>Amber</b> Mandatory Requirement</p> <p><b>Amber</b> Mandatory Requirement</p> <p><b>Green</b> Recommendation</p>

	no clinical information was shared over this group, and that once they found out the name of the trainee on call, they would telephone them and would never discuss any cases over the group.		
O1.2	<p><b>Induction</b></p> <p>The visit team was told by the educational and clinical supervisors that they were looking to improve the local and the regional otolaryngology induction. The consultants stated that they were aware that this was an area in need of development. The provision of door access and smart card access to the electronic records system was unreliable.</p>	It is recommended the Trust consider reviewing the arrangement for the provision of electronic induction to ensure that trainees reliably have access to sites and record systems at point of need.	Amber Mandatory Requirement
O1.3	<p><b>Handover</b></p> <p>Trainees reported to the visit team that the on call handover was very good. They stated that there was a handover sheet which was saved on a shared drive so that it was always accessible. One trainee described the handover process as one of the best they had ever experienced.</p> <p>Educational and clinical supervisors informed the visit team that they were aware that the trainees were very busy and that they covered four sites. They said that they had put a lot of work into improving the handover.</p>		
O1.4	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The visit team heard from trainees at both Charing Cross Hospital and St Mary's Hospital that they were getting access to between seven and eight educationally valuable clinical sessions per week, spread roughly 50/50 between operating lists and clinic. Trainees felt that the quality of the lists was very high, with one trainee reporting that even if they were observing, they were still learning a lot. Some trainees at Charing Cross Hospital reported that they shared theatre lists with fellows; they said that they had two parallel lists which were both supervised by the consultant. The trainees felt that this system worked well as the fellow was post certificate of completion of training (CCT), they indicated that they were both able to book the cases that they wanted to their lists.</p> <p>Trainees at St Mary's Hospital reported to the visit team that they had no issues in terms of their workload. One trainees indicated that they were able to train the core trainee, and that they were never paired with a trainee that had more experience. They felt that the job was very good for specialty training year three to five trainees (ST3-5), stating that there were some lists that would benefit more senior trainees, but that they would be disappointed if they no longer had access to them.</p>		
O1.5	<p><b>Protected time for learning and organised educational sessions</b></p> <p>Trainees reported that at St Mary's Hospital, they had a meeting every Thursday in which they could discuss cases and journals. Trainees at Charing Cross Hospital told the visit team that there</p>		

	was huge support for research and audits within the department, and said that they were very much encouraged to be involved in this by the consultants.		
<b>GMC Theme 2) Educational governance and leadership</b>			
O2.1	<p><b>Impact of service design on learners</b></p> <p>The visit team heard from clinical tutors that there were difficulties in recruiting to basic grade medical posts. They reported as a contributory factor that trainees were penalised at ST3 recruitment for having any more than 18 months otolaryngology experience. The visit team heard that the junior rota was understaffed. On the Charing Cross site, three firms had no basic grade team member and tasks traditionally performed by these doctors were falling to the higher trainees. The visiting team felt that over time, this was likely to compromise training.</p> <p>The clinical tutors and clinical and educational supervisors reported that they were considering consolidating more otolaryngology training on one site as a method of coping with these unfilled posts. The local faculty were familiar with various other strategies including employment of technicians, physician associates, and nurse practitioners and attracting non-training medical staff through research fellow schemes.</p> <p>The visit team was informed that on the St Mary's Hospital site, the Trust had committed to three new consultant appointments. One of these posts was at interview stage, while the other two were locum posts that were shortly being made substantive.</p> <p>Currently all of the educational supervision duties at St Mary's Hospital were filled by one member of staff, whereas at Charing Cross Hospital, the role was filled by multiple trainers. Both models were felt by the trainees to provide good quality education supervision. The locums in place at St Mary's Hospital currently offer the trainees very good training, but there was a need for these posts to be made substantive in order to facilitate consultant-level workplace-based assessments (WBPAs) access and increase the departmental capacity for clinical and educational supervision.</p> <p>In addition the clinical and educational supervisors stated that they had a high number of ST3 trainees within the department at the time. They indicated that this was unusual, but it did mean that there were core trainees paired with ST3s which had the potential to result in an overlap of experience. Competition for cases was particularly marked at St Mary's Hospital where the core trainees tended to lose out to the higher trainees, all of whom were relatively junior.</p>	<p>The Trust is required to work towards a solution to the current issue of unfilled basic grade medical posts and provide evidence that higher trainees are no longer providing this service.</p> <p>The visit team welcomes the Trust's commitment to increase the number of consultant ENT staff on the St Mary's Hospital site. The Trust is required to provide evidence of appointment and training of appointees in order to satisfy the requirements for approval as educators by the GMC.</p> <p>It is recommended the Trust consider adjusting the trainee mix at St Mary's Hospital to make better use of the available training opportunities.</p>	<p><b>Amber</b> Mandatory Requirement</p> <p><b>Amber</b> Mandatory Requirement</p> <p><b>Green</b> Recommendation</p>
<b>Good Practice</b>		<b>Contact</b>	<b>Brief for Sharing</b>
<b>Other Actions (including actions to be taken by Health Education England)</b>			

Requirement		Responsibility
Signed		
By the Lead Visitor on behalf of the Visiting Team:	<i>John Brecknell</i>	
Date:	<i>8 December 2015</i>	