

Pan-London Quality and Regulation Unit

Imperial College Healthcare NHS Trust General Surgery and Vascular Surgery Specialty Focused Visit

Quality Visit Report

2/3 November 2015

Final Report



Visit Details	
Trust	Imperial College Healthcare NHS Trust
Date of visit	2/3 November 2015
Background to visit	<p>General surgical training was last visited at Imperial College Healthcare NHS Trust in June 2014. In addition to there being open actions from this visit, general surgery had also been put into enhanced monitoring by the General Medical Council (GMC) as a result of receiving four consecutive red outliers for workload in the General Medical Council's own analysis of the national training survey (NTS) from 2012-2015.</p> <p>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 Foundation Trust had as a Local Education Provider. The visit teams were keen to see how training within general and vascular surgery had been affected by the loss of half of the foundation trainees in August 2015.</p>
Visit summary and outcomes	<p>The visit team met with the clinical leads, trainees and the educational and clinical supervisors for general surgery at St Mary's Hospital, Charing Cross Hospital, and Hammersmith Hospital over two days. Clinical leads, trainees and the educational and clinical supervisors for vascular surgery at St Mary's Hospital were met on the first day of the visit. The visit team fed back to the Trust at the end of each day. Despite the concerns raised in the GMC NTS 2012-15, no evidence of an excessive workload was found by the visiting team.</p> <p>St Mary's Hospital <i>General Surgery</i></p> <p>The visit team were pleased to find that general surgery trainees at St Mary's Hospital reported that the 'treat and transfer' issue had been resolved and they were no longer having to act as bed managers as was discovered in the 2014 visit to the Trust. Trainees had good access to theatre, and trainees reported that the consultant of the week system was working well. The team found evidence of sufficient on the day case cancellations due to bed unavailability to negatively impact training and a demoralised faculty requiring sustained and continued investment in order to maintain the current quality of training.</p> <p><i>Vascular Surgery</i></p> <p>The visit team were pleased to find that vascular trainees held the posts at St Mary's hospital in high regard. Trainees had access to endovascular training through simulation and co-working with colleagues in interventional radiology. The much anticipated planning station was still promised but was not operational at the point of the visit. There were reports that cancellations due to bed shortages had impacted upon training and the School of Surgery was keen to seek reassurance that the welcome addition of six new beds to the vascular surgery service in the days leading up to the visit was sustained through the winter and beyond.</p> <p>Charing Cross Hospital</p> <p>The general surgical service between Charing Cross and St Mary's Hospitals had been reconfigured so that only breast and emergency surgery remained at Charing Cross Hospital with a consultant of the week system in place to manage the inpatient case load. This had had a positive effect on training in both specialties. The basic grade medical rota was found to be heavily reliant on locums and the visit team felt that it was essential that the cadre of Advanced Nurse Practitioners were trained to prescribe as rapidly as possible and that the initiative to create a rotation including a Master's degree at Imperial to attract basic grade medical staff was prioritised by the Trust.</p> <p>Hammersmith Hospital</p> <p>The visit team found that the general surgical department provided valuable training for senior hepatobiliary (HPB) and endocrine trainees, and the access to Joint Advisory Group (JAG) accredited endoscopy and emergency surgery training at Charing Cross Hospital was beneficial. It was unlikely that the opportunities available in these niche posts would suit all trainees. The team commented that the job planning of consultant training time required review</p>

and noted that the endocrine surgery post was frequently left without an allocated trainee.

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	GMC Representative	Dr David Evans, Enhanced Monitoring Associate, General Medical Council
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 London Partners	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
GMC Representative	Angela Hernandez, Education Quality Analyst, General Medical Council	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
External Representative	Mr Adrian Steger, Consultant General Surgeon, Lewisham and Greenwich NHS Trust	Otolaryngology External Clinician	Mr Richard Oakley, Consultant Otolaryngologist, Guy's and St Thomas' NHS Foundation Trust & Training Programme Director for Otolaryngology in South London, GSTT Lead Provider
Lay Representative	Jane Gregory, Lay Representative	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			
GVS1.1	<p>Rotas St Mary's Hospital</p> <p>The visit team heard from the general surgical trainees that their workload was not felt to be excessive. They reported a rota with two trainees on call Monday to Thursday until 8pm but never at night. They did weekends on call. The remaining emergency workload was covered by Trust middle grade doctors and research fellows, including a (non-training) registrar of the week, and a consultant of the week. This system ensured that they could conduct their elective work without</p>		

<p>having to be called away from it for an emergency. General surgery trainees at St Mary's Hospital told the visit team that despite the loss of the foundation doctors, the specialty training year three trainees did not have to take up their workload.</p> <p>Charing Cross Hospital The team heard that there were three general surgical higher trainees at Charing Cross Hospital, all attached to the breast team. They reported that their work load was not excessive and told the visit team that they contribute to a one in eight 24 hour on call rota, which was completed by one hepatobiliary (HPB) trainee from Hammersmith hospital, three research registrars and one trust middle grade doctor. They said that they were non-resident on paper, but as they all lived a distance from the hospital they would stay. Trainees indicated that there is a quiet room they had access to where they can sleep if it was not busy and that the workload at night was not unmanageable; it would be unusual to see more than 10 patients. After a 24 hour on call the trainees do not work the next day but this is factored into their timetable to minimise the impact on training opportunities.</p> <p>Trainees reported that the on call consultant level support was very good and that they felt there was an educational value to the on call shifts. The trainees stated they were able to get many workplace-based assessments (WPBAs) completed during the day.</p> <p>The basic grade medical rota in surgery at Charing Cross Hospital had recently been split; the team were told that one doctor would cover urology and general surgery. In addition, advanced nurse practitioners (ANPs) have been appointed. Trainees reported to the visit team that this rota remained problematic and was heavily reliant on locum cover since the loss of surgical foundation doctors in August 2015. They stated that many of these locums had limited knowledge of the hospital, and this would lead to an increase in their workload. This was compounded by the current inability of many of the ANPs to prescribe. Faculty told the visit team that the ANPs would be trained to prescribe within 12-18 months and that the Trust had shown a commitment to ensuring this happened.</p> <p>The visit team heard about an initiative to recruit Trust basic grade doctors to a rotation of hard to fill surgical posts of posts including the opportunity to pursue a Master's degree at Imperial with adverts being finalised for these posts. Although parallel training programmes could sometimes detract from the training provided in Health Education England-funded posts, the risk of this in general surgery at Charing Cross Hospital seemed very low and this initiative seemed an excellent staffing strategy likely to lead to reduced locum requirements and a better on-call experience for the higher surgical trainees.</p> <p>Hammersmith Hospital The current curriculum (2013) required that "training in emergency general surgery took place throughout each stage of specialty training for all trainees". The visit team heard from the general surgery trainees at Hammersmith Hospital that they all contributed to the on call rota at Charing Cross Hospital to a varying degree. A specialty training year eight (ST8) HPB trainee and an ST5 colorectal trainee said that they only did this once every six months, whereas an ST4 trainee contributed a full 24 hours to the emergency surgery rota at Charing Cross Hospital one in eight.</p>	<p>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 Local Faculty Group meetings.</p> <p>The Trust should support the development by the general surgical department of a Trust basic grade rotation at Charing Cross Hospital centred around a suitable Master's programme at Imperial College Healthcare NHS Trust.</p> <p>Consider switching the ST5 trainee's on call contribution to the Charing Cross emergency surgery rota.</p>	<p>Amber Mandatory Requirement</p> <p>Green Recommendation</p> <p>Green Recommendation</p>
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	<p>Trainees told the visit team that the out-of-hours service at Hammersmith Hospital, to which the ST5 and St8 trainees contributed, could be busy with locally referred general surgical emergencies, and that the cases tended to be complicated by extensive comorbidity in the patients. It seemed unlikely that the emergency surgical training needs of the ST5 trainee were well served by this arrangement.</p>		
GVS1.2	<p>Induction St Mary's Hospital General surgery trainees informed the visit team that they were invited to an out-of-hours induction prior to them commencing their jobs at the Trust. They stated that they received all of their IT passwords and access cards during this induction. Some trainees however did report that there were issues with the Smart cards they received not working correctly. One of the vascular surgery trainees indicated that the induction was one of the worst they had ever experienced with no access to Cerner and a non-functional smart card. This trainee described the local induction as informal and stated that there was little useful information.</p> <p>Hammersmith Hospital Trainees at Hammersmith Hospital reported no concerns with their induction.</p>	<p>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. The Trust must also review and improve the vascular surgery local induction.</p>	<p>Amber Mandatory Requirement</p>
GVS1.3	<p>Handover St Mary's Hospital General surgery trainees reported to the visit team that there was always a written handover, and that the process was always formalised. One trainee informed the visit team that there were copies on record of every handover as far back as 2006.</p>		
GVS1.4	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>St Mary's Hospital – General Surgery</p> <p>General surgery trainees informed the visit team that they were able to attend between three and four theatre lists per week in addition to CEPOD (Confidential Enquiry into Patient Outcome and Death) lists when covering the emergency service. Trainees told the visit team that they were getting good access to general surgical procedures, but there had not been a great deal of access to emergency laparotomies. The three ST3 trainees had only seen two between them in a month.</p> <p>An ST3 general surgery trainee reported to the visit team that they could get endoscopy experience at Charing Cross Hospital, and that their trainer was Joint Advisory Group (JAG) accredited. The trainee said that they were timetabled to receive this experience. Another ST3 felt that the upper gastrointestinal (GI) experience available at the Hospital was excellent. An ST4 trainee reported that the training on offer was exceptional and that their ability has significantly improved during the post. Trainees felt that that training at St Mary's Hospital had improved recently, reporting that the appointment of the three new consultants had been beneficial to their</p>	<p>The Trust is required to optimise the junior trainees' access to emergency laparotomies. This should be monitored over a three month period by the TPD and reported back to HEE.</p>	<p>Amber Mandatory Requirement</p>

<p>training experience as there were more opportunities for one-on-one training.</p> <p>The visit team heard from some trainees that they felt it would be better if they could stay at the Trust for a year rather than six months. They reported that it took some time to get used to the environment as it was a large trauma centre, and they would benefit from a longer placement.</p> <p>St Mary's Hospital – Vascular Surgery</p> <p>The visit team heard from vascular surgery trainees that they had good access to theatre, were collecting good numbers of cases in their logbooks and wanted to come to train at St Mary's Hospital. The general surgery trainees that were in the post for vascular experience reported that they felt the posts were beneficial to their training, stating that they received good operative experience. They said that the fact that there were two trainees in this position was not a problem as their timetables did not overlap.</p> <p>Two trainees were attached to consultants with clinical bases at Charing Cross Hospital and had split site working patterns as a result. They felt that they may be missing out on opportunities due to being away from St Mary's Hospital. They stated that there was a lot of travelling between the two hospitals and they felt they were not receiving as much operating experience as others. The visit team heard that these trainees may have been affected more than the others by lists cancelled due to the lack of beds. Trainees reported that the whole unit was at St Mary's Hospital on Friday morning for teaching, and the trainees based at both hospitals indicated that they did not miss out on this experience.</p> <p>Trainees informed the visit team that if there was an amputation to be done, a senior member of staff would come in and assist them with it. They said that this was never a problem, and that this year as there were a lot of senior trainees, it made it easy. Trainees reported that they were paired a lot of the time, so more experienced trainees were with more junior ones. The department was aware of the recommendations of the National Confidential Enquiry into Patient Outcome and Death report on amputation.</p> <p>Vascular trainees at St Mary's Hospital told the visit team that they had a regular list on a Thursday afternoon with a consultant radiologist in which it was possible to get some hands on experience.</p> <p>Charing Cross Hospital</p> <p>The visit team was told by trainees at Charing Cross Hospital that the trainees were getting access to four theatre lists a week and the same number of clinics. Trainees within the unit said that they would definitely recommend their training posts for breast surgery experience. They reported that the combination of the consultant of the week model, the new general surgery consultants and the research fellows being on call had had a very positive impact on the emergency training experience.</p> <p>Although many more than was usually suitable for surgical training, trainees felt that the four clinics they attended were educational and contained a good mix of patients. Breast surgery is heavily focused on the outpatient environment. The consultants told the visit team that they had good templates for the clinics and good clinic management. They said that if the consultants were</p>	<p>There is a perception amongst the trainees at Charing Cross of missed training opportunities. The Trust is required to curricula map all of the trainees experience on the Charing Cross and St. Mary's sites. The Trust should then consider any amendments to trainees' placements based on these findings.</p>	<p>Amber Mandatory Requirement</p>
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<p>away, the clinics were cancelled. When the ST3 attended clinic, they said that all cases would be discussed with the educational or clinical supervisors.</p> <p>The faculty told the visit team that they tried to ensure that there were two senior trainees and one ST3 as they felt this was best for the available case mix. They felt that there was a lot of theatre exposure available for the trainees, as there were lists every day barring Wednesday afternoons.</p> <p>The supervisors told the visit team that they felt that the trainees had good access to emergency laparotomies and this was confirmed by the trainees. They felt that on balance the trainees were able to achieve good access to emergency procedures and training within the post. They stated that each trainee had a general surgery clinical supervisor as well as a breast surgery one in order to help them achieve this emergency experience. They said that the support was good and that there had been no cases they were aware of where trainees had not experienced the necessary number of procedures in their logbooks.</p> <p>It was noted by the visiting team that the consultant level doctor providing 50% of the consultant of the week cover for emergency surgery was a non-consultant grade surgeon. Whilst the training provided by this surgeon had been invaluable and appreciated by the trainees, the formal components of educational supervision and clinical supervision needs to be provided by consultant grade trainers within the department.</p> <p>Hammersmith Hospital General surgery trainees at Hammersmith Hospital told the visit team that they had three scheduled theatre sessions a week and one clinic. However trainees indicated that they could attend other theatre lists when they were free. Trainees reported that they were able to achieve good numbers of surgical procedures. Trainees indicated that they had access to endoscopy training at Charing Cross Hospital with a JAG accredited trainer.</p> <p>The visiting team heard that the department provided specific training opportunities in HPB surgery and endocrine surgery with the former providing good experience for trainees with an interest in HPB. They said without that interest it may not be the most appropriate post. Trainees informed the visit team that a lot of the cases they saw were complex, but there were large numbers of primary laparoscopic cholecystectomies.</p> <p>The endocrine job was described as providing an excellent opportunity for a senior trainee with a sub-specialty interest. Currently occupied by a non-training grade doctor the post had attracted only two trainees in the last 10 years. They said that there were fewer general surgery trainees that wanted to do endocrine work. Although the team met no core trainees from the department, the faculty described that the core post on the endocrine firm was popular as it gave exposure relevant to both general surgery and otolaryngology.</p>	<p>Please make arrangements to ensure that the requirements for consultant supervision for general surgical trainees working within the emergency surgery service at Charing Cross Hospital are provided for, in addition to the valuable training provided by the specialty doctor.</p> <p>The Trust should utilise the training opportunities in the endocrine service for an alternative group of trainees, perhaps in ENT, to mitigate the risk to the Trust of decommissioning this post.</p>	<p>Green Recommendation</p> <p>Green Recommendation</p>	
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GVS1.5	<p>Protected time for learning and organised educational sessions</p> <p>General surgery trainees at St Mary's Hospital told the visit team that there were numerous research opportunities available to them, many of the ST3 trainees indicated that they had projects on-going already.</p> <p>General surgery trainees at Charing Cross Hospital told the visit team that they had good access to teaching. They reported that they had multi-disciplinary team meetings on a Wednesday, oncology breakfast club on a Friday and a rolling half audit day. They also had an educational departmental meeting every three months, which seemed to represent an effective local faculty group.</p> <p>Trainees at Hammersmith Hospital reported to the visit team that they regularly attended teaching at St Mary's Hospital. They also said that the consultants encouraged them to start academic projects.</p>		
GVS1.6	<p>Access to simulation-based training opportunities</p> <p>St Mary's Hospital</p> <p>Vascular trainees informed the visit team that they had access to dedicated Friday afternoon simulation based endovascular training. They said that all trainees could attend, as well as scrub nurses. This excellent educational activity seemed to be heavily dependent on the efforts of one of the consultants.</p> <p>The clinical lead told the team that long awaited planning station had been funded and suitable office space acquired with a delivery date in November.</p>	<p>Please consider developing a faculty of endovascular trainers so that the endovascular simulation programme is not reliant on a single trainer.</p> <p>Please provide evidence that the planning station is installed and operational.</p>	<p>Green Recommendation</p> <p>Amber Mandatory Requirement</p>
GVS1.7	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The visit team heard from general surgery trainees on all sites that they had all met their educational supervisors and had a learning agreement in place. All trainees were able to get their WBAs completed and said that there was good support available from the consultants.</p> <p>Vascular surgery trainees reported that they had all been assigned an educational and a clinical supervisor and that they all had learning agreements in place. However a subsequent review by the vascular training programme director suggests that this may not in fact be the case with none of the trainees having completed the ISCP (Intercollegiate Surgical Curriculum Programme) learning agreement process.</p>	<p>Please ensure that all surgical trainees have completed the ISCP learning agreement within 6 weeks of starting a placement,</p>	<p>Amber Mandatory Requirement</p>
<p>GMC Theme 2) Educational governance and leadership</p>			

<p>GVS2. 1</p>	<p>Impact of service design on learners</p> <p>St Mary's Hospital – bed availability & list cancellation</p> <p>The visit team heard from the general and vascular surgery clinical leads and executive team at St Mary's Hospital that there was a long term plan for an extensive build on this site. They reported that when the vascular department of St Mary's Hospital and Charing Cross Hospital merged there were 40 beds in total. Following the winter pressure of 2013, beds were removed leaving the department with 26 beds and leading to a high elective cancellation rate in vascular surgery. Clinical leads reported that the Trust had recently recognised this problem and had provided the department with an extra six beds to take the total number up to 32.</p> <p>The vascular leads said that despite these concerns with cancellations and bed numbers, the trainees were still able to get good numbers of operation in their logbooks as when the elective patients were cancelled, the emergency patients would take their place. Trainers however were concerned regarding the stress levels of the trainees having to resolve these cancellation issues on an on-going basis. Trainers reported that based on the feedback from the local faculty groups, the trainees received good operative experience.</p> <p>The team learnt of investment in three new consultant staff in general surgery at St Mary's Hospital. The trainees told the visit team that none of the day case or cancer patients were cancelled, but they did report cancellations in other areas, particularly bariatrics and benign laparotomy, due to the lack of beds. Trainees present were of the opinion that the cancellations would have an impact on the training of a more senior trainee; however they felt that as they were still junior they felt it had less of an impact. A pre-visit questionnaire however contained nine out of 17 responses reporting that bed availability compromised training.</p> <p>Charing Cross Hospital</p> <p>The visit team was told by the clinical leads at Charing Cross Hospital that there had been a change in the structure of general surgery. At Charing Cross Hospital there was now only breast surgery and emergency surgery. A consultant of the week system had been put in place to cover the inpatient case load. This redesign seemed intelligent and effective.</p> <p>The action plan had carried problems with the treat & transfer policy onto the visit's agenda. As a result of the service redesign and a decision to elevate transfer conversations to the responsible consultant, none of the trainees on either site reported on direct questioning that the process of inter-site transfers interfered with their training. It was reported that the frequency of transfers had reduced.</p>	<p>The introduction of six new beds to the vascular department is most welcome. Please provide evidence that this extra bed capacity is maintained through the extra bed pressure imposed by this winter,</p>	<p>Green Recommendation</p>
<p>GVS2. 2</p>	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>General surgery trainees at St Mary's Hospital confirmed that there was a local faculty group in place and that they attended meetings regularly.</p>		

GMC Theme 4) Supporting educators				
GVS4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>Hammersmith Hospital Educational and clinical supervisors at Hammersmith Hospital told the visit team that they had access to a lot of courses and that their appraisals had an educational element to them. However the supervisors did not feel that they had programmed activity (PAs) in their job plans that accurately reflected the time that they gave to education.</p> <p>St Mary's Hospital The vascular and general surgical departments reported feeling demoralised by on-going bed based cancellations. They were heartened by recent investments in six new vascular beds and three new general surgical consultants. It was noted that many of the improvements achieved in training recently had required extra consultant activity – the treat and transfer changes, consultant of the week rotas, vascular simulation training – and faculty felt that these could only be sustained in the face of sustained and continued investment by the trust.</p>	<p>Ensure that supervisors at Hammersmith Hospital have the appropriate time in their job plans for education.</p> <p>The Trust is strongly encouraged to work with the general and vascular surgical departments to build an adequate bed base from which to provide training uninterrupted by frequent case cancellations,</p>	<p>Amber Mandatory Requirement</p> <p>Green Recommendation</p>	
	GMC Theme 5) Developing and implementing curricula and assessments			
GVS5.1	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>St Mary's Hospital The general surgery clinical and educational supervisors told the visit team that there were no issues with the trainees' logbooks that they were aware of, and they felt the operative numbers that the trainees were achieving were good. Regarding endoscopy, they said that higher trainees were getting approximately 50 operative cases in their six month placements; they also felt they were getting good, complex colorectal experience.</p>			
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:	<i>Mr John Brecknell</i>
Date:	<i>8 December 2015</i>