NHS
Health Education England

Developing people for health and healthcare

Pan-London Quality and Regulation Unit

Imperial College Healthcare NHS Trust
Neurosurgery
Specialty Focused Visit

Quality Visit Report

3 November 2015

Final Report

THE NHS CONSTITUTION
the NHS belongs to us all

Visit Details			
Trust	Imperial College Healthcare NHS Trust – Charing Cross Hospital		
Date of visit	3 November 2015		
Background to visit	Following an anonymous trainee letter, which resonated with concerns raised at a Specialty Focused Visit in 2012, a Conversation of Concern (CoC) was held on 6 March 2015. The visiting team found evidence that trainees were required to attend as many as five clinics per week, that these were overbooked and that the educational content for the trainees was weak. Access to operative training was correspondingly weak with trainee portfolios showing low operative numbers as well as evidence of incomplete educational supervision and low numbers of workplace-based assessments. These findings were corroborated by the results of the 2015 General Medical Council National Training Survey (GMC NTS) which showed red outliers in overall satisfaction, adequate experience, and supportive environment. A rotation of three specialty training (ST) grade one trainees was withdrawn following this visit. Since the CoC in March 2015, the Trust had engaged with the subsequent action plan and provided evidence of capped clinics and trainee scheduling.		
Visit summary and outcomes	The visiting team found evidence of a noticeable improvement including: Trainees' clinic attendance had been limited to two per week, clinics were capped (the number of patients which could be booked in by the administrative team was limited) and the trainees reported that the clinics were now of educational value. This had been achieved with extra consultant only clinics, an increased contribution to the outpatient service by non-training middle grade doctors and by the screening of referrals. The number of theatre lists trainees had access to had improved, with four theatre sessions available to all neurosurgical trainees. Monthly Local Faculty Groups (LFGs) were active and productive and attended by faculty and trainees. The foundation year two trainee had been given protected teaching time and access to theatres. This was an example of the positive cultural change in the department in terms of the differential treatment of trainees and non-training doctors. Investment in the department with the provision of high dependency unit (HDU) beds, increased time in theatre, and management support reduced clinics. The good quality weekly departmental teaching programme noted at the CoC has continued. Educational Supervisor process was robust and all the trainees were found to have up to date and well-populated portfolios. The previously reported bullying and undermining behaviour from staff in interventional radiology seems to have been effectively managed. The overdue diary card exercise was still awaited which was disappointing but as scheduled for completion in the second week of November 2015. The London School of Surgery will work with the Lead Provider and representatives from the departments of neurosurgery, neurology, and intensive care medicine to work towards the reintroduction of specialty training year one trainees in neurosurgery at Imperial College Healthcare NHS Trust from April 2016.		
Visit team			
Lead Visitor	Mr John Brecknell, Deputy Head, London Postgraduate	**GMC Representative**	Dr David Evans, Enhanced Monitoring Associate, General Medical

	School of Surgery		Council
GMC Representative	Angela Hernandez, Education Quality Analyst, General Medical Council	**External Representative**	Mr Tom Cadoux-Hudson, Consultant Neurosurgeon, Oxford University Hospitals NHS Foundation Trust & Specialty Advisory Committee Chair
Lead Provider Representative	Mr Lawrence Watkins, Consultant Neurosurgeon, University College London Hospitals NHS Foundation Trust & Training Programme Director, North London Neurosurgical Training Programme, University College London Partners	**External Representative**	Mr Adrian Steger, Consultant General Surgeon, Lewisham and Greenwich NHS Trust
Trainee Representative	Dr Samir Matloob, Trainee Representative	**Lay Representative**	Jane Gregory, Lay Representative
Scribe	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			
NS1.1	**Taking consent** In the March 2015 Conversation of Concern visit to Neurosurgery at Charing Cross Hospital, an immediate mandatory requirement was issued to the Trust due to neurosurgery trainees being asked to consent for neuroradiology procedures. This issue had been raised in a previous quality visit in 2012 and had resurfaced. The visit team was pleased to hear trainees report categorically that they were no longer being asked to consent for these procedures and that the radiologists had appropriately assumed this responsibility. The trainees confirmed that they were asked only to countersign the form four consent forms as a second opinion.		
NS1.2	**Rotas** The visit team heard from trainees that a successful diary card exercise had not taken place and they reported that they were unaware of when one would be taking place. A complete exercise	It was a mandatory requirement in the March 2015 visit for a diary card exercise to be	Amber Mandatory

	had still not been completed, despite promises made in action plans, and an incomplete diary card from April 2015 had suggested a non-compliant template. Educational and clinical supervisors later clarified the situation, reporting that the diary card exercise was scheduled to be conducted in the second week of November 2015. There were two trainees present that were out of programme for research but on the neurosurgery on call rota. They reported to the visit team that time they spent on call at St Mary's Hospital had been useful as it provided them with good trauma experience. At the time of the visit the neurosurgery trainees at Charing Cross Hospital did not visit St Mary's Hospital.	completed. Ensure this occurs as a matter of priority and that the results are reported to both the trainees and the Pan-London Quality and Regulation Unit.	Requirement
NS1.3	**Handover** The educational and clinical supervisors reported that there was now always a consultant present at handover.		
NS1.4	**Clinics** Trainees reported that they attended a maximum of two clinics per week. Following the visit in March 2015, clinic numbers were capped. In clinics booked above the capped limit, trust grade doctors absorbed the impact of the excess workload. Consultants confirmed that if a consultant was away, their clinic would be cancelled. Extra ad-hoc consultant clinics had been introduced where necessary. Trainees reported that there had been no occasions of clinics continuing past 1pm and therefore attendance at them was no longer preventing trainees from attending theatre or teaching. In addition, the visitors were informed that there was now a consultant vetting the clinics and who was job planned to do so. The trainee experience of clinics involved seeing approximately10 patients and presenting two to three patients to the consultant. Trainees were all in agreement that there was sufficient time to discuss further cases with the consultant should the need arise. Trainees reported that there was a good mix of cases in the clinics, whereas others found their clinics to be challenging. As a result, the outpatient setting had become educationally valuable. Trainees and consultants reported that clinics could still contain up to 35 patients. It was clear that the department still had an unreasonably high outpatient service commitment, currently managed with the use of extra consultant and non-training doctor work. One of the external clinicians stated that the problem of the clinics still persisted and observed that in some training units, higher trainees were not allocated a separate patient list, effectively being supernumerary in clinic. Trainees reported that they did not have the opportunity to attend the neuro-oncology clinic.	The continued high number of outpatient cases represents a considerable service pressure on the department. It is recommended that the Trust continue the efforts to work towards a robust triage service that will help make the present improvements (consultant only clinics) sustainable. It is possible that some educationally valuable outpatient opportunities have been lost in the improvements. It is recommended that the Trust consider including genuinely specialist outpatient opportunities in the trainees' schedules.	**Green** Recommendation **Green** Recommendation
NS1.5	**Theatre Sessions** The trainees reported that they all had access to an average of four theatre sessions per week. The department had been required to ensure that all trainees had access to four sessions following the March 2015 visit. Trainees indicated that all of the theatre lists that they had		

	attended had been NHS lists and that they were monitored monthly as it was a standing item on the agenda of the local faculty group. Some of the trainees had been at the Trust previously and felt that there had been large improvements in the quality of training. One trainee indicated they were able to get a lot more exposure to theatre and experienced no problems receiving sign off on workplace-based assessments (WPBAs). The clinical tutors informed the visit team that they had redesigned the training rota in order to ensure that all trainees were able to attend four theatre sessions a week.		
NS1.6	**Local teaching programme** The visit team was informed by trainees that one of the consultants had taken on the responsibility for teaching, and they commented that the teaching they received was of a high standard. In addition the trainees informed the visit team that they were always able to attend regional training days. The educational and clinical supervisors reported to the visit team that there was regular teaching on a Monday and that the programme was designed in accordance with the exam and the curriculum. The consultant responsible for the teaching stated that they would get other consultants in to present on their specific sub-specialty, and that there would be a workshop run every few months. The visit team also heard that there was always a trainee journal presentation at these sessions. There was a feeling among the consultants that this teaching had become more embedded since the last visit in March 2015 when the programme was in its infancy.		
NS1.7	**Adequate time and resources to complete assessments required by the curriculum** The visit team heard that trainees experienced no problems receiving sign off WPBAs. A review of current trainees' portfolios confirmed that these assessments were being completed appropriately. Trainees indicated that the consultants were proactive in selecting appropriate cases for WPBAs. There was also the opportunity for trainees to select their own.		
GMC Theme 2) Educational governance and leadership			
NS2.1	**Impact of service design on learners** **Removal of junior doctors** Trainees informed the visit team that they felt the department would benefit from the return of the more junior trainees that were removed following the visit in March 2015. They felt that there had been strong changes made to training in the department. The trainees reported that there was currently one foundation year 2 (F2) trainee in the department at the moment who had good access to theatre sessions and protected educational opportunities. The surgical visit team did not meet the F2 trainee but the Foundation visit team corroborated these findings. Trainees informed the visit team that there were currently five trust grade doctors contributing to	In response to the improvement demonstrated in ST4+ training and the positive experience reported by the F2 doctor, the Trust are strongly encouraged to work with the Deputy Head of School for Surgery to implement an action plan for the return of ST1 neurosurgical trainees in April 2016. This work will require contributions by the LP and the Imperial departments of	**Green** Recommendation

	the basic grade rota. They reported that they felt the department and the rota could support an ST1 trainee. A commitment was obtained to continue to employ this level of non-training basic grade staff if ST1 training was reintroduced. The visit team heard from the clinical tutors that there was a will to have the junior trainees back in the department, and they felt that there were a lot of potential lists in which they could gain valuable experience. The clinical tutors reported to the visit team that they would ensure that they had access to four theatre sessions a week and supervised clinic time should they return. It was reported that the work done to reduce the clinic sizes had had a big impact on the department as a whole and that this would enable the consultant body to provide better training for the more junior trainees. The visit found evidence that there had been much improvement in issues previously found at the March 2015 Conversation of Concern. Improvements included: spare educational supervisor capacity, an equitable distribution of educational programmed activities (EPA) to facilitate faculty flexibility and a change in culture to treat doctors in training differently to non-training doctors. The faculty described an idea for the intensive care leg of a potential ST1 rotation based around the neuro-trauma service at St Mary's Hospital. A buddy-buddy plan between senior and ST1 trainees was proposed. The department reported how the withdrawal of ST1 training had jeopardised both their Foundation and academic clinical fellow (ACF) programmes.	neurology and intensive care medicine.	
NS2.2	**Appropriate system for raising concerns about education and training within the organisation** **Local Faculty Groups (LFGs)** Trainees reported to the visit team that there were regular monthly local faculty group meetings in which they are able to raise any concerns regarding their training. One trainee stated that there was a feeling that the consultants were 'bending over backwards' to ensure that training was being delivered to a high standard. Clinical and educational supervisors reported that the number of theatre sessions that all trainees had attended in the last month was a standing item at these meetings, enabling them to monitor that all trainees were getting access to the minimum four that were required.		
NS2.3	**Organisation to ensure time in trainers' job plans** Educational and clinical supervisors reported to the visit team that they have unit job plans, in which the educational programmed activities (PAs) are shared across the unit rather than allocated individually. They stated that they had 2.25 PAs across the department, and they felt that the system worked well.		
NS2.4	**Systems to manage learners' progression** Consultants within the department informed the visit team that they were engaged in education within the region, stating that the department was represented at the specialty advisory committee		

	(SAC), the training programme management group (TPMG) and at annual reviews of competency progression (ARCPs).		
NS2.5	**Organisation to ensure access to a named educational supervisor** All trainees present reported that they had assigned educational supervisors and that they had attended initial meetings with them and had learning agreements in place. They indicated that all educational supervisors were able to operate intercollegiate surgical curriculum programme (ISCP) and they informed the visit team that the supervisors were very supportive.		
GMC Theme 3) Supporting learners			
NS3.1	**Behaviour that undermines professional confidence, performance or self-esteem** **Relationship with Neuroradiology** Trainees informed the visit team that there had been difficulties with the relationship with neuroradiology in the past but that this had improved. They indicated that there had been new appointments in the neuroradiology team which had helped this relationship as well as more teaching in the multidisciplinary team meetings (MDTs). Trainees stated that although there were no recent cases of bullying or undermining in the relationship with neuroradiology, there were still some difficulties in the relationship. Trainees reported that on call they would examine patients with suspected cauda equina syndrome and request magnetic resonance imaging (MRI) scans. Convincing the neuroradiologists of their perceived need for an out of hours MRI scan could be problematic.	The Trust is required to review the patient safety aspects of radiologists refusing the recommendations of a senior trainee regarding emergency radiological investigation.	Amber Mandatory Requirement
NS3.2	**Access to study leave** Trainees reported that they were all able to obtain study leave when required and that they had experienced no problems attending relevant courses.		
GMC Theme 4) Supporting educators			
NS4.1	**Access to appropriately funded professional development, training and an appraisal for educators** Educational supervisors informed the visit team that they all had appraisals that have an educational element to them and they stated that they had all had access to the necessary educational training as required by the GMC. Supervisors said that they felt supported in their roles, with one informing the visit team that he was enrolled onto a 'train the trainers' course within weeks of joining the Trust as a consultant.		

Good Practice	Contact	Brief for Sharing	Date

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*		