QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Lewisham and Greenwich NHS Trust

Foundation Surgery

Risk-based Specialty Review

Quality Review report

Date: 17 May 2016

Final Report

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Quality Review details

Background to review	The GMC National Training Survey (GMC NTS) 2015 generated several red outliers in Foundation Surgery. The GMC NTS indicated that both overall satisfaction and induction were problematic within foundation surgery. In addition, the Foundation Doctors' Annual Survey (FDAQ) indicated several red flag indicators. The FDAQ mainly highlighted issues in departmental induction, work intensity, handover, practical experience, consent, and bullying and harassment.
Specialties / grades reviewed	Foundation doctors year one in general surgery, trauma and orthopaedic surgery (T&O), and upper gastrointestinal surgery and foundation doctor year two in otolaryngology (ENT).
Number of trainees and trainers from each specialty	The visit team met with the director of medical education (DME), members of the postgraduate medical education team, foundation training programme directors, four educational supervisors in general surgery and T&O, as well as foundation doctors (FDs) in year one and year two.
Review summary and outcomes	Generally, the visit team found that foundation surgery training was managed well and there was good educational supervisor engagement and support. The foundation doctors had the opportunity to feed back on their training and the majority reported that they would recommend their posts. The visit team was pleased there were no red flag indicators (cytotoxic prescribing, taking consent inappropriately or site marking) reported. The FDs stated that their departmental induction in general surgery was helpful. The visit team believed the FDs received good exposure to surgical theatres, good support and had opportunities to work with the multidisciplinary teams in various subspecialties of general surgery. Of the eight foundation year one (F1) doctors interviewed, five reported that they would recommend their posts. In addition, training in otolaryngology was commended although trainees commented that they were worried about the introduction of on call urology duties as part of their rota. Some of the upper gastrointestinal doctors complained that the department was more focused on service provision and as a result, they felt that they missed out on learning opportunities. The remaining foundation doctors (FDs) believed their post was more administrative and would be good to have more access to more clinical responsibilities as part of their role. FDs in general surgery, T&O and medicine all felt well supported and praised the varied experience they received at the Trust and their clinical supervisors. However, the visit team noted the following areas for improvement: • Clinical supervision – In T&O there were usually only two consultant ward rounds weekly with often no middle grade cover owing to rota gaps. In both T&O and general surgery, it was often unclear whom the F1s should contact or how as many surgical middle grades did not carry bleeps. In addition, some non-training middle grades had shouted at foundation doctors in front of patients or had been reluctant to provide help when requested for patients in a different team in general surgery. • Workload – FDs frequently worked long hours and were unable to leave work on time.

	• F1 doctors were often called by nurses working in pre- assessment clinics at short notice for tasks such as prescribing medication. The attitude of some of these nurses had been hostile and it was not clear whether the F1 was adding value. The visit team felt that pre-assessment clinics were a non-educational activity that should be delivered without the routine involvement of F1 doctors. • No regular departmental teaching in T&O was taking place. Overall, the impression given was that the surgical directorate did not appear to be sufficiently educationally focused. While most of the doctors would recommend their posts, in many cases this was because of specific actions by members of the team, rather than the training environment.

Quality Review Team			
Lead Visitor	Dr Jan Welch, Director of South Thames Foundation School	**External Representative**	Dr Rehan Khan, Foundation Training Programme Director, Barts Health NHS Trust
Trust Liaison Dean	Dr Helen Massil, Trust Liaison Dean, Health Education England South London	**Scribe**	Azeem Madari, Quality Support Officer
Lay Member	Catherine Walker, Lay Representative	**Observer**	Jane MacPherson, Deputy Quality and Visits Manager

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
F1.1	**Patient safety** There were no patient safety concerns reported.	
F1.2	**Appropriate level of clinical supervision** FDs reported to the visit team that they were aware of their clinical supervisors and were introduced when they started their post. The DME reported to the visit team that the Trust was aware that clinical supervision overall was lacking due to service provision and the lack of availability of higher trainees on the rotas.	Yes, see below F1.2a

	FDs reported that there was a lack of T&O core-level trainees to provide clinical supervision, and further gaps resulted in some cases when higher trainees were on annual leave. In T&O there were usually only two consultant ward rounds weekly with often no middle grade cover due to rota gaps. On the whole, FDs reported that the quality of their supervision fluctuated on a daily basis and was largely dependent on who was on duty. In T&O it was often not clear whom the F1s should contact. It was reported that FDs on occasions would contact the medical higher trainee / non-training grade for clinical assistance if their surgical higher trainee was in theatre, as there was no formal system in place to signpost whom they should contact for assistance when the core trainee was unavailable. In general surgery, the visit team heard that there was a daily ward round which was often conducted by the higher trainee if not the consultant. The FDs reported that they were otherwise often left alone on the ward, and if their higher trainee was in theatre and their colleagues were on post-nights or study leave or annual leave, this made accessing support difficult. The FDs reported that the orthopaedic core-level or higher-level trainees did not carry bleeps, which meant that that the F1s received inappropriate calls. The FDs reported they had to use mobile phones to contact the middle grades.	Yes, see below F1.2b
F1.3	**Taking consent** No consent concerns were reported.	
F1.4	**Rotas** The FDs informed the visit team that they were working over their allocated working hours and therefore were not European Working Time Directive compliant. The DME also reported that due to service pressures workload was a key problem for FDs. The FDs reported that they frequently worked long hours and were generally unable to leave on time. Their working hours should be 8am to 4pm, but they would often start a shift at 7am to prepare the patient list and, as ward rounds were often held after 4pm and were followed by tasks to complete, this resulted in the FDs finishing late. The DME reported to the visit team that the Trust had tried to implement a diary card exercise but that this had not yet been completed. The FDs reported to the visit team that handover was not a part of their timetabled day, and suggested that it would be a good idea if the handover were included in their working hours. The T&O F1s informed the visit team that ward rounds were often conducted alone due to lack of higher trainees' availability on the rota. The FDs did not cover on calls and were only allocated day shifts. The DME reported that the move of one F1 from general surgery to psychiatry had affected the rota for general surgery. Clinical supervisors in T&O reported to the visit team that there were two unfilled higher trainee positions at the Trust. The clinical supervisors reported that the Trust currently was dependent on locum staff, resulting in gaps in the rota.	Yes, see below F1.4a Yes, see below F1.4b
F1.5	**Induction** The FDs reported that they all received their Trust inductions. The FDs in general surgery appreciated receiving an email and a briefing pack with contact details sent before starting the post, and also received a departmental induction. The supervisors reported that, due to the junior doctor industrial action, there was a slight delay in completing departmental inductions for general surgery. The T&O F1s reported they did not receive a departmental induction due to the strike.	Yes see below F1.5

	General surgery induction was good with adequate access to information. The FDs reported that they had a check list for their induction which needed to be signed off.	
F1.6	**Handover** The FDs reported that handover was informal but felt that it was effective. The supervisors reported concerns about handover during the junior doctors' industrial action. They had noticed that handover was not a robust system for the FDs and suggested that the Trust should implement an electronic system which would help patient safety. General surgery consultants reported that they conducted a formal handover with the F1s on Friday late afternoons for the weekend staff and that there was also one on Saturday mornings. In addition, general surgery had a consultant-led handover system.	Yes, see below F1.6
F1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** All the FDs interviewed reported they had received constructive feedback from their supervisors and had good access to learning opportunities within the Trust. FDs in T&O reported to the visit team they felt the post was unduly administrative and suggested that their post could be improved by providing more clinical experience.	
F1.8	**Protected time for learning and organised educational sessions** The FDs informed the visit team they were able to attend their allocated teaching sessions although some commented that, whenever they attended, they had to stay late that day to finish their work, as their workload was not covered while they were away from the ward. The visit team heard that although formal T&O teaching was supposed to take place on a Friday lunchtime, this rarely happened, ENT had regular weekly teaching.	
F1.9	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** FDs reported that they were able to meet their educational supervisors frequently and had good access to them, although T&O FDs found this harder.	
GMC Theme 2) Educational governance and leadership		
Standards **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.** **S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.** **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**		
F2.1	**Appropriate system for raising concerns about education and training within the organisation** The foundation training programme director (FTPD) informed the visit team that there were three foundation faculty meetings per year which were constructive at addressing	

	any issues, and that the FDs' attendance at the meetings was good.	

GMC Theme 3) Supporting learners

Standards

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

F3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The FDs reported that they were sometimes called by nurses working in pre-assessment clinics at short notice and commented that the attitude of some of these nurses was at times very demanding. F1s all agreed this was a reoccurring problem and believed this should be tackled by the Trust. The visit team did not feel that the F1s were adding value to these pre-assessment clinics, and felt that this was a non-educational activity that should be delivered without the routine involvement of F1 doctors.	Yes, see below F3.1a
	The visit team heard from the F1s that, owing to the lack of structure on whom to contact for clinical support, the FDs were sometimes shouted at if they contacted an individual from another team. In addition, there had been some occasions where more senior doctors would shout at the FDs in front of patients when the FDs asked patients clinical questions. The DME reported to the visit team that the Trust had a zero tolerance policy on bullying and undermining and had addressed 10 to 12 such issues in 2014, but that in 2015 the number of cases had diminished and there was optimism that no further issues would be highlighted in the GMC NTS in 2016. The DME informed the visit team that sometimes it would be difficult to distinguish what could be seen as undermining as opposed to constructive feedback. The visit team heard from a few FDs that on some occasions they were treated differently due to their status as a pre-registration doctor.	Yes, see below F3.1b

GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

F4.1	**Sufficient time in educators' job plans to meet educational responsibilities** The trainers interviewed felt that they had sufficient time in their job plan to carry out their educational role.	

GMC Theme 5) Developing and implementing curricula and assessments		
Standards **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.** **S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**		
F5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** Most of the FDs interviewed reported that their jobs provided sufficient practical experience. The FDs reported the consultants and higher trainees were generally very helpful and supportive and that this was a good environment to learn. FDs in ENT reported to the visit team the practical experience was excellent and the post provided good experience to further their careers. FDs in general surgery reported that they were encouraged to attend surgical theatres, but few FDs were attending surgical clinics. The clinical supervisors explained that surgery clinics were scheduled in the FDs' rota but that they rarely attended them, and that it was often difficult to arrange additional rooms to accommodate the surgical clinic attendance. The trainers reported that FDs sometimes did not attend the surgical theatres but were reminded. The FDs reported they had access to clinical guidelines which were easily accessible on the Intranet.	

Good Practice and Requirements

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
F1.2	Supervision structure and contact methods should be reviewed.	Provide evidence of appropriate supervision structure chart in place, to include contact methods.	R1.8/R2.11
F1.2a	Introduction of bleeps or other contact methods for all grade doctors	Provide evidence that this has been set up.	R1.1
F1.4	The rotas and hours should be reviewed and consideration given to employing support staff such as physician associates.	New rota templates created with handover included on the timetable.	R1.12
F1.4a	Ensure that FDs do not regularly work beyond their allocated contracted hours. Diary card exercise to be encouraged.	Provide evidence of diary card exercise, including outcomes and plans to address deficiencies in this area.	R1.12
F1.5	Ensure all T&O FDs receive a departmental Induction.	Evidence of an induction pack – discussions via local faculty minutes.	R1.13
F1.6	Trust should implement an electronic handover system e.g. Cerner.	Provide details of any plans to introduce this, including timescales.	R1.14

F3.1	Pre-assessment clinics are a non-educational activity that should be delivered without the routine involvement of F1 doctors.	Submit evidence that FDs have been released from pre-assessment clinics. Evidence discussion via local faculty meeting minutes.	R2.7
F3.1a	Review inappropriate behaviour by general surgical higher trainees.	Evidence provided through local faculty minutes.	R3.3

Signed	
By the Lead Visitor on behalf of the Visiting Team:	Dr Jan Welch, Director of South Thames Foundation School
Date:	21 June 2016