QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Epsom and St Helier University Hospitals NHS Trust
Ophthalmology
Risk-based Specialty Review

Quality Review report

Date: 9 June 2016
Final Report

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Quality Review details

Background to review	The General Medical Council National Training Survey (GMC NTS) 2015 results indicated a number of red outliers for ophthalmology at Epsom and St Helier University Hospitals NHS Trust, notably in: 'overall satisfaction', 'access to educational resources', 'local teaching', 'regional teaching', and pink outliers in 'clinical supervision', 'clinical supervision out of hours', induction and 'supportive environment'. The visit team were concerned with these results and wanted to investigate by engaging with trainees and trainers. In particular clinical supervision in the emergency eye casualty department was a concern and the visit team wanted to establish the support that was available to trainees who were at different stages of training. The visit team also wanted to investigate the trainee's access to teaching, and whether trainees were pulled out of clinics to cover service needs and how this might have impacted on their training. Lastly, the visit team wanted to review the induction programme at the Trust, both Trust induction and local induction into the individual firms of the department, as well as addressing any issues of bullying and undermining behaviour.
Specialties / grades reviewed	Specialty trainees at grade one and two (ST1 and ST2) were met during the visit. Pre-visit questionnaires of training experience were returned by all trainees
Number of trainees and trainers from each specialty	The visit team met with the director of medical education (DME), the clinical lead for ophthalmology and the college Tutor. This was followed by a meeting with ST1 and ST2 trainees. The visit team then met with six educational and clinical supervisors (ES and CS) for ophthalmology including the clinical lead and the college tutor. The visit team finally provided feedback to the DME, the associate medical director, deputy chief executive, and clinical lead for ophthalmology, the college tutor for ophthalmology and the medical education manager.
Review summary and outcomes	The visit team thanked the Trust for accommodating the visit and ensuring the availability of trainees, trainers and the senior management team (SMT). The following areas were found to be working well: • The consultant body in the department worked well together in spite of many changes in the structure of the ophthalmology department the previous year. The department had recently relocated with the closure of ophthalmology services at Sutton Hospital. Services were provided at St Helier a new purpose built unit and at Epsom General Hospital. • The trainees interviewed were very complimentary about their experience at the St Helier site ophthalmology department. • The supervision in eye casualty department was well organised with a dedicated consultant providing supervision directly. • Following the results of the GMC NTS 2015, which were poor in some areas, there had been willingness by the ES to listen to trainees and make improvements in the department. In particular both the local and regional teaching arrangements had been improved. However, improvements were required in the following areas: • It was found that, though trainees were encouraged to report incidents

	on Datix, they did not routinely receive feedback on the outcomes and lessons learnt from the incidents they reported.
	• There had been two clinical incidents involving trainees in the medical retina service which were similar in nature. To prevent this re-occurring, the department was required to provide clarity about:
	  • The correct method for ensuring the appropriate amount of drug drawn up prior to intravitreal injections, and how this was checked.
	  • The amount of direct supervision trainees received after their induction to intravitreal injection procedures needed to be reviewed for ST1 trainees.
	  • The process around grading incidents needed to be reviewed by the consultants in the department. Clarity around who and how an incident was graded as a clinical incident, and what constituted a serious incident needed to be defined.
	Furthermore, the visit team was of the opinion that the department as a whole needed to work to put a robust system in place where all serious incidents (SI's) were escalated to the DME at an early stage, so that the DME then could report this on the Health Education England South London (HEE SL) portal as required by the Head of School.
	Finally, the visit team recommended that trainees should not be scheduled to provide intravitreal injection procedures unless they were simultaneously scheduled to attend medical retina clinics. It was vital that trainees developed experience and knowledge relating to the full pathway for age-related macular degeneration (AMD) patients rather than carrying out repeated injection lists for service needs.

Quality Review Team			
Lead Visitor	Miss Fiona O'Sullivan, Head of London School of Ophthalmology	**Deputy Specialty Lead Visitor**	Miss Emma Jones, Deputy Head of the London School of Ophthalmology
Trust Liaison Dean	Dr Anand Mehta, Trust Liaison Dean for Health Education South West London	**External Representative**	Miss Dhanes Thomas, Deputy Training Programme Director for Ophthalmology (London South)
Trainee Representative	Dr Ian Rodrigues, Trainee Representative	**Lay Member**	Lesley Cave, Lay Member
Scribe	Nimo Jama, Quality Support Officer	**Observer**	Samina Ashraf, Deputy Quality & 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
O1.1	**Patient safety** At the time of the visit the trainees interviewed did not report any current concerns with patient safety, however the trainees reported similar incidents that they had experienced during their rotation as ST1's, involving intravitreal injections. The visit team heard that trainees were scheduled to perform intravitreal injection lists after a period of induction and had been signed off. The trainees reported that shortly after starting the injection lists they had forgotten to measure the correct amount for the injection. By giving the patient the wrong dose or too high a volume in the injection, this led to loss of the patient's vision, which was treated with an anterior chamber paracentesis that resulted in recovery of the patient's vision and no long term effects. The visit team was informed that a consultant was next door who had responded to the trainee, and the trainee was taken off the list and later debriefed about the incident. The visit team was informed that in 2015, trainees were doing 12-15 injections in a half day session. This had reduced to 8-12 for the current ST1, which was in response to the 2015 trainee expressing a concern that they felt the volume of patients they treated needed to be reduced for patient safety. Nonetheless, the trainees still reported that they were inclined to suffer from 'repetition fatigue', which they felt had led to the incident where a dose was incorrectly measured.	Yes, see O1.1 below
O1.2	**Serious incidents and professional duty of candour** The visit team heard that trainees were encouraged to report serious incidents via Datix, and during educational supervision meetings, they were reminded of this. The trainees informed the visit team they received acknowledgment that incidents had been logged, but they did not routinely receive detailed feedback on the outcomes and lessons learnt from the incidents they reported. When questioned the ESs and CSs stated that all incidents were recorded on Datix, and were discussed at monthly multidisciplinary meetings (MDT) as part of a thematic learning for trainees. The visit team was told that the Trust had significantly improved in its incident reporting process, having only moved onto an electronic based system in 2014, where before it relied on a paper based system, which resulted in misfiling of reports, or incidents not being recorded. The visit team heard that serious incidents (SIs) were flagged up to the college tutor and the clinical lead who had confirmed this at the meeting. The visit team heard that 'general incidents' were presented in six-weekly audit meetings, where all complaints were also discussed in an open environment as this was part of the Trust's duty of candour. The visit team were told that the individual filling out the form usually decided whether the incident was a 'serious incident' or 'clinical incident'.	Yes, see Ref. O1.2 below

	The visit team were informed that incident forms were collated and quantified by the surgical risk manager, who usually received the reporting of SIs via email. When asked how serious incidents were fed back to Health Education England South London (HEE SL), the ESs and CSs and the clinical leads were unaware of the correct process. By reporting the incident to the college tutor and including any incidents on the ES and form R for ARCP review, they thought this was complete, and were unaware to immediately escalate to the DME.	
O1.3	**Appropriate level of clinical supervision** In the GMC NTS 2015, there were pink outliers for 'clinical supervision' and 'clinical supervision out of hours'. However the visit team were pleased to hear from the trainees that clinical supervision in the eye casualty department was well organised and trainees were not left alone. The visit team heard from the clinical leads that there was always direct clinical supervision of trainees, and if the trainee was more junior there would be fewer patients booked on the list for them to treat in the eye casualty department. The visit team heard that ST1s, although received an induction for the intravitreal injections procedures, and were signed of as competent, there was no direct supervision for them afterwards. Following the incidents which had occurred and discussed at Ref O1.1, the visit team investigated further by questioning the ESs and the CSs. The visit team were told that, although there was no direct supervision of the trainees, there was always a consultant in the next bay, which the trainees had access to. The visit team heard that when the incidents in question did occur, the CS was quick to respond and assist the trainees.	Yes, see Ref.O1.3 below.
O1.5	**Rotas** The visit team heard that there had been a number of revisions to the rota, at least eight to ten times at the time of the visit, which was due in part to the local reconfigurations of services in the department. The trainees informed the visit team that during the transition, there were periods where they had to cover the service but had not impacted on their education and training or surgical experience, and if this was likely to happen clinic lists would be reduced. The trainees stated they were happy with the day time eye casualty rota, although there were issues with the number of patients in the morning, where they could be seeing up to 10 patients and at other times 12 to 15 patients. However the visit team was informed that more recently there was direct participation and supervision by consultants which had improved the trainee experience. The visit team heard that there were rarely times when the trainees finished in the eye casualty late, at least two and half hours past their time and they then they had to be on-call at Moorfields at St Georges Hospital. However the trainees stated that the consultants had taken notice of this and were providing cover on Friday afternoons in the eye casualty so that trainees could finish on time. Timetabling of trainees to Epsom Eye Clinic was discussed. One of the senior trainees was timetabled to the paediatrics clinic in Epsom. The college tutor gave a detailed account of the subspecialty experience that is gained in paediatrics, and the educational value of these clinics. The visit team heard that there were occasions where one of the higher trainees was moved from the eye casualty to cover paediatric clinics at the St Helier site however there were no higher trainees available at the visit to corroborate this. The college tutor has since explained that this was at the request of the higher trainee who was heavily pregnant and felt unable to manage a casualty session due to the intensity of the work and concerns over potential exposure to CMV which has occurred in a casualty session.	

O1.6	**Induction** The trainers stated that all trainees were inducted into all the firms, including in intravitreal injection procedures, lasers, and into clinics where they worked alongside the consultants. The visit team heard that trainees were provided with a 72 page document outlining the AMD protocol and trainees were given a point-by point induction before they were signed off. The trainers reported that trainees at ST1-2 were supernumerary to the service and so for eye casualty and the length of this supernumerary status was dependent on trainees' competence. The visit team was informed that there had been a wrong eye injection in 2012 involving a trainee which had been reported as an SI. To prevent this reoccurring there was a separate treatment pathway for the left and right eye.	
O1.7	**Protected time for learning and organised educational sessions** There were red outliers in both local teaching and regional teaching in the GMC NTS 2015, and the visit team wanted to investigate the reasons behind this. The visit team heard from the clinical leads that there had been changes made since the release of these results as the department was taking active steps to address the views of the trainees in the survey. The visit heard that although, the regional teaching programme became separated from Kent, Surrey and Sussex (KSS) training boards, trainees were now attending teaching every Wednesday at Guys and St Thomas' Hospital NHS Foundation Trust (GSTT). The content of this teaching was widely acknowledged to be of high quality, consultant led and appropriate to all levels of trainees. Additionally, there was now local in-house teaching on Tuesdays, as well as fluorescein teaching. The trainees that were interviewed were pleased to report that there had been changes and their views were actively listened to by the consultant body in regards to teaching. The trainees reported that, in addition to the teaching provided by GSTT, they had access to local teaching in where they were able to witness a spectrum of interesting topics, and a senior trainee had been involved in the content of the teaching. They informed the visit team that on Monday's, they had teaching which was more trainee focused, with different diagnostics and led by different clinical lead and attended by the whole department.	
	Adequate time and resources to complete assessments required by the curriculum The trainees informed the visit team that they had access to the library and adequate amount of resources and journals at the Sutton Hospital.	

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.

O2.1	**Effective, transparent and clearly understood educational governance systems and processes** The trainees informed the visit team there were local faculty group (LFG) meetings which an ophthalmology trainee representative attended, but informed the visit team in the time leading up to the completion of the GMC NTS 2016, they were required to attend this meeting also, so that the department leads could explain the survey to the trainees. The trainees stated that they were not instructed on how to complete the survey, but they were told that they needed to understand that there were some areas in the survey which were ambiguous, so were asked to be detailed in their comments when completing it. The visit team was told that this was because there was no way of distinguishing which site some of the questions were related to as the trainees attended St George's Hospital NHS Trust as part of their on-call rota once a week but when filling out the survey they needed to distinguish which hospital they were referring to. The visit team heard that trainees were asked to complete an interim survey which they had not received the results for at the time of the visit. The visit team was informed by the clinical leads that in order to gain feedback for the educational performance of clinical supervisors the department had carried out an anonymous survey going back five years, in order to be able to gauge the trainees' views of the educational performance of each consultant. The visit team were told that feedback would be coming back to individual supervisors, but at the time of the visit that were only provisional results available. Despite this, the clinical leads stated that they had acted upon some of the feedback already received; an example of this being was where a trainee commented that the ES and CS should not be the same person. The visit team heard that there were trainers who were qualified to be both ES and CS; however there was now a process in place where the same individual would not be the main CS as well as the ES.	

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.

O3.1	**Behaviour that undermines professional confidence, performance or self-esteem** Although the GMC NTS 2015 has presented a pink outlier in 'supportive environment' the trainees reported that they were supported in the department and had experienced no issues of bullying or undermining behaviour. The trainees informed the visit team that the consultant body in the department was very approachable and that even a less confident, or shy trainee would have no difficulty approaching the consultants. The trainees commented that their experience at the Trust was realistic and although there had been pressure, this was preparing them for the realities of working in an acute trust and they had to be adaptable. The trainees commented that during the period of transition the consultants were under pressure too.	

03.3	**Academic opportunities** The trainees expressed views that they received good training at the Trust but they would have preferred more research opportunities and commented that this one of the areas that was lacking in the department.	Yes, see Ref. 03.3 below
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.**		
O4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The ESs and CSs the visit met with reported that they had regular appraisals and had completed a number of training programmes in order to support their role. Some of the training programmes mentioned included 'communication and behavioral skills course', 'clinical tutor day course', 'ophthalmology programme for ophthalmologists', and training programme for 'managing trainees in difficulties'. The visit team heard that training was well structured across the Trust and there were lots of resources available to support it.	
O4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard that following the expansion of the ophthalmology services at the Trust, the consultant body had increased from six to eleven consultants. However, there was one consultant who was on long term leave and was being covered by a locum consultant. There were also plans to appoint another glaucoma consultant. The visit team heard that though trainers were required to have specialty labeled sessions they had the equivalent 0.25 programmed activities (PA) per trainee in their job plans. The visit team was informed that the college tutor received their time back out of the supported programmed activity (SPA), but they were receiving an increased PA allocation. The visit team heard that the trainers had the time to attend annual review competency progression (ARCPs) and attended national recruitment days, though most but not all educational supervisors had attended these.	Yes, see Ref.O4.2 below
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.**		
O5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The trainees reported that their cataract surgical experience at the Trust was good, and within the first six months of their training as ST1s, they had managed to gain 48 cases in their log books. At the time of the visit the more senior trainee informed the visit team	

	that this had increased to 180 cases, which they claimed made them feel confident. The visit team heard that trainees were encouraged to record their surgical cases for learning purposes The visit team wanted to investigate whether theatre lists were cancelled as a key line of inquiry following trainee feedback through GMC NTS 2015. The trainees that were interviewed informed the visit team that lists were only cancelled due to annual leave and if they were, trainees had the opportunity to attend squint clinics or attend simulation training at Moorefield's Eye Hospital NHS Foundation Trust. The trainees reported that they had poor exposure to glaucoma clinics, which was partly due to the main glaucoma clinics running at the same time as the local teaching. The consultant body had taken steps to address this following feedback, and now the trainees were able to attend glaucoma clinics. The trainees reported that they were scheduled for a high number of intravitreal injection procedures (which they expressed they wished to have reduced), and were not attending medical retina clinics which they stated would have provided a fuller understanding of the pathway for AMD patients and why particular treatment plans and injections were recommended. The clinical leads informed the visit team that the Trust was training nurses to replace trainees performing injections, or at the very least reducing the number that trainees were scheduled for. The visit team heard that there was already a nurse who was trained; however, at the time of the visit, the visit team were informed that the decision to fund nurse sessions for these procedures had yet to be finalised.	Yes, see Ref O5.2 below.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Supervision in eye casualty was well organised.		Please complete the attached pro forma and return to the Quality and Regulation Team at Health Education England (London and the South East).	10 August 2016

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O1.1	The Trust is required to provide clarity around the appropriate checks that are taken for the amount of drug that is given at intravitreal injection procedures.	The Trust is required to provide the standard operating procedures relating to intravitreal injections and how trainees are informed of this.	R1.1
O1.2	Trust to review and strengthen the serious incident process. Trust to ensure that all trainees who submit Datix reports receive feedback, including details of how the issue has been dealt with. This information also needs to be shared with all trainees clearly and systematically in one agreed forum e.g. the Departmental Clinical Governance meetings.	Trust to submit outcome of serious incident process review, including details of how the policy will be strengthened. Trust to provide summary of feedback to trainees versus a log of Datix forms submitted by trainees. Trust to provide LFG minutes which demonstrate that trainees are receiving	R1.3

	All SIs must be escalated to the DME at an early stage; the DME is then required to report this on the HEE SL Deanery portal. Additionally, clinical incidents involving trainees particularly if repeated need to be brought to the attention of the DME promptly.	feedback.	
O1.3	The amount of direct supervision trainees receive after their induction to injection procedures needs to be reviewed for ST1 trainees.	The Trust must review its clinical supervision for intravitreal injection procedures, and provide evidence of how this is strengthened through LFG minutes.	R1.8
O3.3	The educational faculty needs to identify a consultant to lead research for trainees. Suitable research projects for each trainee. should be identified and supported by the research lead	Trust to provide written confirmation of lead consultant and audit of all research projects for all trainees and LFG's to confirm trainees have access and are able to complete research projects	
O4.2	All Educational supervisors should attend at least one ARCP days every two years, so they are well informed on changes to competencies required for successful progression of trainees through the programme.	Evidence of attendance of all Educational supervisors at ARCP days.	R4.2
O5.2	Trainees should not be scheduled to provide intravitreal injection procedures unless they are simultaneously scheduled to attend medical retina clinics. It is vital that trainees develop experience and knowledge relating to the full pathway for AMD patients rather than simply carrying out repeated injection lists.	The Trust is required to provide evidence of this by submitting amended weekly timetables for all trainees in a format which clearly indicate who is supervising each session.	R5.9

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

Requirement	Responsibility

Signed

By the Lead Visitor on behalf of the Visiting Team:	Miss Fiona O'Sullivan, Head of London School of Ophthalmology
Date:	27 July 2016