

# Guy's and St Thomas' NHS Foundation Trust

## Education Lead Conversation



## Quality Review report

Date: 25 August 2016

Final Report

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## Quality Review details

<b>Trust</b>	Guy's and St Thomas' Hospital NHS Foundation Trust
<b>Method of review</b>	Education Lead Conversation
<b>Date of review</b>	25 August 2016
<b>Training programme / Learner group</b>	Cardiothoracic surgery
<b>Background to review</b>	<p>Following an annual review of competence progression in June 2016 a cardiothoracic surgery trainee was removed from the Trust with immediate effect due to the concerns that arose.</p> <p>The issues in the cardiothoracic surgery department had been brought to HEE's attention via a meeting with a trainee who had received very little training during a period of eight months at the Trust. This had placed the trainee at very real risk of not progressing to the following year of training.</p> <p>This was not the first time that such issues had arisen in the department, and whilst there was a need for a broader conversation in regard to training in cardiothoracic surgery at the Trust the priority at this time was securing effective training for the individual doctor in question.</p> <p>A second (more senior trainee) was receiving adequate exposure to training opportunities but HEE did not meet with the trainee until September 2016.</p> <p>Following the action taken above, it had been agreed that the following action would be taken:</p> <ol style="list-style-type: none"> <li>1. HEE would advise the Trust Director of Medical Education of the name of the doctor in question.</li> <li>2. The trainee would be supported to move from the Trust to a new placement within the week commencing 27 June 2016.</li> <li>3. The Trust would retain the financial contribution from HEE in regard to this trainee to support the delivery of the service.</li> <li>4. HEE would contact the Trust Director of Medical Education to arrange a meeting to discuss the future of cardiothoracic surgery training at the Trust. Such a meeting would need to occur in approximately July 2016.</li> </ol> <p>The meeting was subsequently arranged for August 2016.</p>

<b>HEE attendees</b>	<p>Prof. Nigel Standfield, Head of London Specialty School of Surgery          Dr Helen Massil, Trust Liaison Dean for South London          Mr Jatin Desai, Training Programme Director, King's College Hospital NHS Foundation Trust          Mr Prakash Punjabi, Training Programme Director, Imperial College Healthcare NHS Trust          Vicky Farrimond, Learning Environment Quality Coordinator</p>
<b>Placement provider attendees</b>	<p>Claire Mallinson, Director of Medical Education          Rob Godfrey, Medical Education Manager          Nate Hill, Service Manager – Medical Education</p>

### Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1	<p>Health Education England (HEE) removed a trainee from the Trust due to the trainee not being given suitable access to theatre and operating opportunities. The Trust had sufficient volume of work to support trainees within the department but despite this, trainees were unable to meet their requirements as laid out in the curriculum.</p> <p>The director of medical education (DME) reported that they had a busy cardiothoracic surgery unit with plenty of educational opportunities and unfortunately the trainees had been unable to access this for multiple reasons.</p>	N
1	<p>The educational lead in the department had reviewed the timetable as this was felt to be impacting on the trainee's access to theatre and operating. The educational lead planned to oversee supporting the trainee to ensure they trainee was able to meet curriculum requirements by being based in theatre, clinics and reducing the ward level workload.</p> <p>The DME confirmed that since the trainee being removed from the Trust with immediate effect the other trainee had been timetabled to receive three days in theatre each week and the clinical fellows carried out the service provision workload.</p>	Y
1	<p>HEE informed the Trust that cardiothoracic surgery trainees should be averaging 100 cases per year within their portfolio.</p> <p>The DME commented that if the consultants saw the trainee more regularly in theatre they would be able to provide productive feedback on performance and strengths. This in turn would provide the trainee with more operating time as the consultants would be familiar with the trainee's operating level ability.</p>	Y
4	<p>Since HEE had been informed that some consultants were reluctant to train, HEE requested an agreement from the consultants that they were prepared to teach the trainees.</p> <p>The DME stated that the Trust would encourage two consultants to be</p>	Y

	the key trainers within the department and work closely with the trainee.	
1	The DME reported that there was a new cardiothoracic surgery model at the Trust and the east wing was now a cardiovascular unit which had core trainee Trust grade equivalents covering the ward and the decision-making was made by the higher trainee or Trust grade equivalent.	N

### Next steps

#### Conclusion

The next planned steps were for HEE to review the trainee's timetable and have a discussion with the trainee currently in post on the 9 September 2016 to ensure that the trainee had suitable access to training and education opportunities to meet their curriculum requirements.

Following this discussion HEE would make a decision on whether the trainee would stay at the Trust following the October 2016 rotation.

On the 9 September 2016 the Head of School and TPDs met with the cardiothoracic surgery trainee who remained at the Trust. The panel heard that the trainee was not currently working on the rota submitted by the Trust and assumed this would start from the October 2016 rotation. The trainee also raised concerns that there were not enough people to staff the rota. The trainee reported that if the rota was changed to the one provided then this would provide good access to education and training. It was agreed that the trainee would stay at the Trust following the October 2016 rotation.

The Head of School clarified that this solution only addressed concerns for a senior trainee and suggested that more junior trainees in the future would not be able to work on this rota to achieve their education and training opportunities.

It was agreed that should the training during the next year not come up to expectation then the remaining trainee would be removed from the Trust.

### Requirements

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CTS 1.1	The Trust is to ensure that the trainees have access to appropriate training opportunities for their level so that they can meet the curriculum requirements	The Trust is to provide a copy of the trainee's timetable by 30/08/2016.	1.12

CTS 1.2	The Trust to ensure that trainers within the department are keen to train.	The Trust is to provide a list of all educational and clinical supervisors within the department and who the key trainers within the department will be.	1.7, 4.2, 4.5
CTS 1.3	The Trust is to ensure that the provided cardiothoracic surgery trainee rota is introduced in October 2016 and the trainee works to this rota.  The trainee’s rota should not alter due to personnel shortages.	The Trust is to provide written confirmation the rota has started and the number of hours the trainee will be working each day.  The Trust is to provide an explanation regarding the length of the days the trainee will be working as the rota indicates that the trainee has at least one day off a week.	1.12
CTS 1.4	The Trust medical education team is to review regularly the trainee’s progress and access to educational opportunities.	This could be by meeting with the trainee, discussions with education leads etc. Please provide updates following meetings with the trainee.	2.1, 3.2

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
Health Education England is to ensure that the education lead within the department is on the circulation list for school of surgery activities such as ARCPs. The Trust should then encourage consultants within the department to attend school of surgery activities.	Prof. Nigel Standfield, Head of London Specialty School of Surgery
The Head of School will return to the Trust in January 2017 to meet the education leads in the department and the trainee to ensure the trainee has sufficient access to education and training opportunities.	Quality and Regulation Team (London and South East)

### What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.