

University College London Hospitals NHS Foundation Trust

Risk-based Review (Education Lead Conversation) Otolaryngology



Quality Review report

13 December 2016

Final Report

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Quality Review details

Training programme / Learner group	Otolaryngology
Background to review	<p>The reasons for this education lead conversation were as follows: the Head of School was concerned about the destabilisation of London's otolaryngology (ENT) training programme since three ENT posts, which had been used to augment London's training programme, were due to be repatriated to East of England Deanery.</p> <p>The Head of School of Surgery was keen to explore whether the Trust could sustain two full time training posts at University College Hospital (UCH) - not including any trainees at the Royal National Throat Nose and Ear Hospital (RNTNE). The Head of School was aware that at the time of the review there was one UCH trainee in post within the department. The other UCH post was vacant.</p> <p>At the time of the review, the School of Surgery was aware that consultants regularly came from Barts Health NHS Trust (BHT) to University College Hospital to operate, accompanied by their trainees, who would then return to their own Trust and would therefore not be able to review patients post-operatively. The Head of School felt that this hindered the trainees' overall training experience, as well as potentially patient care.</p> <p>The Head of School was keen to put plans in place to ensure that the ENT training programme across London delivered excellent training, and to understand any implications for ENT training of the planned relocation of RNTNE (scheduled for 2019) to a new build on the UCLH Campus. The Head of School wanted to explore the training opportunities offered at University College London Hospitals NHS Foundation Trust to ensure that the number of trainees allocated to this Trust was suitable for the training opportunities on offer.</p>
HEE quality review team	<p>Professor Nigel Standfield, Head of School of Surgery</p> <p>Dr Andrew Deaner, Trust Liaison Dean</p> <p>Jane MacPherson, Deputy Quality and Reviews Manager (Scribe)</p>
Trust attendees	<p>Education lead for ENT, Mr Dennis Choa</p> <p>Two ENT consultants, Mr Francis Vaz and Mr Paul O Flynn</p> <p>Divisional Manager Surgical Specialties, Ms Lois Roberts</p> <p>Director of postgraduate medical education, Dr Liz Prvulovich</p>

Conversation details

GMC Theme	Summary of discussions
2	<p>Overall training environment</p> <p>The review team heard that following the cancer services reconfiguration, the ENT department had become one of the biggest head and neck oncology services in the country, with eight consultants (two based solely at UCLH, one working at UCLH and Royal Free Hospital, one working at UCLH and Whipps Cross University Hospital, and four working across UCLH and Royal London Hospital sites. The Trust attendees all agreed that the model involving Barts Health NHS Trust (BHT) consultants (and trainees) coming to the Trust to operate was less than ideal since these consultants (and trainees) were unable to see the patients pre-operatively nor deal with any post-operative</p>

	<p>complications that arose when they returned to their own Trust. Furthermore, with this model, the BHT trainees were not able to gain exposure to the full breadth of training opportunities.</p> <p>The Trust attendees all unanimously felt, however, that there was sufficient good quality work available to support at least two higher trainees at UCH.</p> <p>The review team heard that a great deal of change had taken place and that ENT had expanded. The BHT consultants had joint contracts with UCLH and BHT. It had also been agreed that the budget for two UCH trainee posts which sat with RNTNE would move from 1 April 2017 to UCH Head and Neck Department within Surgical Specialties Division (SSD) with the trainees being fully managed by SSD from this date.</p> <p>The Head of School informed the Trust attendees that in order to support two full-time trainees, four whole-time equivalent consultants would need to be in post and based at the Trust.</p> <p>The Trust attendees reported that a business case was in progress for recruiting another consultant.</p> <p>The Trust attendees also stated that a new oral and maxillo-facial consultant (OMFS) had recently joined the Trust from Guys Hospital. The Trust was keen to develop a strong OMFS / ENT department and integrate one of the trainee's timetables so that the trainee could operate with the newly appointed OMFS consultant. They also stated that they now had a consolidated ward – ENT and OMFS dedicated to head and neck – and that joint multi-disciplinary team meetings and mortality and morbidity meetings took place.</p>
5	<p>Training opportunities</p> <p>The Trust attendees reported that a great deal of reconfiguration was taking place and that discussions had been taking place regarding how to maximise the training opportunities available, e.g. potentially trainees could stop attending clinics at RNTNE and instead attend theatre lists at UCH.</p> <p>The Trust attendees reported that timetables had been developed which met the School's requirements for trainees to attend a minimum of four half-day theatre lists per week and a maximum of two clinics (or three clinics, provided that one was specialist in nature).</p> <p>The quality review team heard that all clinics at the UCH dealt mostly with head and neck oncology cases.</p> <p>The Head of School of Surgery stated that since the Certificate of Completion of Training was in ENT rather than head and neck cancer, it was imperative that trainees had the opportunity to carry out good, basic ENT work, and that the department should be able to provide worthwhile training opportunities to both junior and senior higher trainees.</p> <p>The Head of School of Surgery suggested that senior trainees could come to UCH to carry out fellowships to learn more about cancer, and added that many of the higher trainees were more interested in district general hospital type work rather than specialist work.</p> <p>The Trust attendees confirmed that they were happy to accept all levels of trainees and that they would be able to provide good training opportunities, regardless of level.</p> <p>The Head of School stated that he would like to understand more about the training opportunities available to the trainees in post at UCH. The Trust attendees reported that the department carried out 30 laryngectomies per year which was more than anywhere else in the country. The Trust attendees also stated that only seven patients had been cancelled in a 12-month period which meant that very few training opportunities for trainees were missed. Furthermore, every theatre session was supervised and the department worked 51 weeks a year, which in turn led to a higher concentration of training opportunities for the trainees.</p>

	<p>The Head of School suggested that if the department had 500 cases per year, then each trainee should be able to demonstrate at least 250 cases in his/her logbook.</p> <p>At the time of the review, one UCH post was vacant pending arrival in post of a newly appointed LAS SpR.</p>
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Next steps

Conclusion
<ul style="list-style-type: none"> • Trust to send details of the number of cases that the trainees have performed since October 2016 • Trust to create a detailed plan of the potential training opportunities available for potentially two higher trainees • Trust to ensure that there is an education lead at UCH site as well as at RNTNE site who will lead on education and attend training programme meetings

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Professor Nigel Standfield
Date:	13 January 2017