

St George's University Hospitals NHS Foundation Trust

Risk-based Review (Education Lead Conversation)



Quality Review report

Date: 17 January 2017

Final Report

Developing people
for health and
healthcare

www.hee.nhs.uk

Quality Review details

Training programme / Learner group	Vascular Surgery Interventional Radiology
Background to review	<p>Vascular Surgery and Interventional Radiology were last reviewed in November 2015 as a conversation of concern. A summary of the review and outcomes are below.</p> <p>The visit team heard that both department’s training environment were supportive to their own trainees. However, there had been a significant change in clinical practice relating to peripheral vascular work within the past few months that had occurred without appropriate joint planning between and resulted in a marked reduction in the workflow through IR and the ability to train IR trainees in these procedures. In addition, the relationships between the IR and VS departments had deteriorated to a level that both specialty trainees reported difficulties in interactions between both the specialty trainees in IR and VS and the consultant staff. There were also difficulties reported by Radiography staff in theatres relating to the environment and interactions in theatres, and issues of radiation safety that were raised. This was judged an inappropriate environment for training to occur.</p> <p>The current situation presented a potentially significant clinical and patient safety risk, with trainees practicing in a potentially unsafe environment. Radiographers reported significant concerns in regards to poor radiation protection practice with likely increased radiation exposure to patients and operators.</p> <p>The impact of the current learning environment presented an unsustainable situation. The perceived culture of intimidation, bullying and harassment placed trainees in an untenable situation both personally and professionally. Further this presented a risk to patients through inadequate levels of joint working and collaboration.</p> <p>Trainees were faced with inadequate opportunities to access experiences that will meet the requirements of the curriculum, particularly in interventional radiology. If new trainees rotated in to interventional radiology the likelihood of their failing to progress in their training was significant. This was not an acceptable position to allow to continue once identified across the training programme.</p> <p>The Trust had been aware of these concerns, but had been unable to identify a sustainable solution. The current situation presents an unacceptable risk to the well-being of the trainees in these departments, and to the quality of education and training.</p> <p>Given the concerns raised at the visit to the Trust it was decided on the 23 November 2015 that Health Education England South London had no option but to suspend all training in the interventional radiology and vascular surgery posts at the Trust as soon as practically possible.</p>
HEE quality review team	<p>Dr Anand Mehta, Trust Liaison Dean, Health Education England South London</p> <p>Prof. Nigel Standfield, Head of London Specialty School of Surgery</p> <p>Dr Jane Young, Head of London Specialty School of Radiology</p> <p>Vicky Farrimond, Learning Environment Quality Coordinator</p>
Trust attendees	<p>The review team met with three consultants and eight clinical fellows and locums within vascular surgery.</p> <p>The review team met with six consultants within interventional radiology and radiology, three interventional radiology fellows, four clinical radiology trainees and four radiographers.</p>

The review team then feedback to the Trust medical director, director of medical education, medical education manager, vascular surgery education leads and interventional radiology education leads

Conversation details

Summary of discussions	Action to be taken? Y/N
<p>The review had three key questions they wished to ask the vascular surgery and interventional radiology departments and these were:</p> <ul style="list-style-type: none"> • How is the atmosphere within and between the departments? • Is the department supportive? • Would you recommend working here as trainee? • Is your experience appropriate for your training? 	
<p>Vascular Surgery</p> <p>The review team heard that the Trust had decided upon a pathway for how to train surgical and radiology trainees including the movement of these trainees between the departments. This was in areas such as clinics, diabetic foot round and peripheral angioplasty.</p> <p>The review team were informed that vascular surgery and interventional radiology had been working together in theatre with improved relationships between the department especially at consultant level. There were examples of improved interactions between teams especially in theatre, including a recent trauma case involving both specialties.</p> <p>The review team heard that the vascular surgery trainees who came over from GSTT for the one training day a week found the training to be excellent. The trainees who had previously worked at the Trust reported an improved collaborative environment with a radiologist often present in theatre.</p> <p>The clinical fellows in vascular surgery were very complimentary about the training they were receiving. The fellows reported no issues in accessing the interventional radiology suite. The fellows felt they were well supervised within both departments and could easily approach consultants or other members of staff for advice and help.</p> <p>The review team heard that the new working environment had improved relations but had also ensured that fellows or trainees did not feel they needed to take someone with them when they went to the other department.</p> <p>The review team were informed that there was now a learning atmosphere for both trainees and trainers and the understanding that sometimes complications do happen and mistakes are made. This was felt to be part of the reason for the improved environment as it enabled fellows or trainees to learn from their errors and to present cases with no fear of retribution.</p> <p>The vascular surgery consultants reported that since the visit in November 2015 there had been no issues regarding the scheduling and availability of radiographers for the theatres.</p> <p>All of the vascular surgery clinical fellows reported that they would like to stay at the Trust, one previous trainee had recently been appointed as a consultant.</p> <p>The vascular consultants commented that although it was difficult at the time the removal of the trainees had given them the opportunity to improve the working environment and in retrospect they now support that it was the correct decision and was needed.</p>	

Interventional Radiology

The review team heard that there had been a big shift in culture following the visit in November 2015. This had resulted in behaviours and interactions being reviewed and the working environment had improved vastly since. It was reported that there had been a change in how people felt working within the department and there was a commitment to work together and to move forward.

The locum interventional radiology fellows commented that they had not had any bad interactions with vascular surgery. They felt happy to review patients on the vascular surgery ward.

The review team were informed that the departments undertook multi-disciplinary meetings and morbidity and mortality meetings together as part of the joint working programme. The fellows stated that they had undertaken joint cases with vascular surgery without any concerns or issues. The fellows from both departments worked the on-call shifts together.

The diagnostic radiology trainees commented that they have had no issues with vascular surgery since the visit in November 2015. The department is now more collaborative with the requests for scans provided further detail and then ensuring they reviewed the images together. The trainees felt they had now learnt more about the clinical management of cases.

The radiographers stated that the whole atmosphere was different and they felt more part of the team. The radiographers commented that the consultants were more aware of radiation issues and listened to any concerns raised by the radiographers which resulted in a friendlier and positive working environment. The review team heard that the culture within the hybrid theatre had changed dramatically.

The review team heard that the departments co-chaired the M&M and cases were mutually agreed and prepared for the meeting. This resulted in open, positive and useful discussions during the meeting.

The review team were informed that the radiographer booking system had changed, this resulted in the radiographers seeing all the planned theatre lists in order for them to plan and ensure they were present.

The interventional radiology fellows commented that they had a slot to work in the hybrid theatre on Tuesday’s. They would go to the department alone to prepare the case and they were starting to collaborate with EVARs with vascular surgery. The fellows stated that they had no issue going to vascular surgery alone. The review team heard that the fellows had limited experience of EVARs and TEVARs prior to starting at the Trust and they had been supported by consultants to develop and train in this area.

The interventional radiology trainees would all recommend training or working the Trust.

Next steps

Conclusion

Provided IR trainees can be appointed part-time training for VS and IR based at St George’s should commence from April 2017, initially with max 3 days per week at St George’s (including on-call). If this works well VS and IR trainees should be introduced from October 20167. The Head of Schools for Surgery and Radiology will re-visit in a supportive role bi-monthly.

This will then be reviewed to review the impact of trainees returning to the Trust and if this can be continued.

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Anand Mehta, Trust Liaison Dean, Health Education England South London
Date:	27 February 2017

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.