

# St George's University Hospitals NHS Foundation Trust

## Otolaryngology and Plastic Surgery Risk-based Review (focus group)



## Quality Review report

17 January 2017

Final Report

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## Quality Review details

<b>Background to review</b>	<p>The General Medical Council National Training Survey (GMC NTS) 2016 results for otolaryngology had three red outliers within 'work load', 'access to educational resources' and 'local teaching'. In addition, there were two pink outliers for 'induction' and 'educational supervision'.</p> <p>The GMC NTS 2016 results for plastic surgery had three pink outliers within 'clinical supervision', 'clinical supervision out of hours' and 'educational supervision'.</p> <p>As a result, the Head of School for surgery thought it would be appropriate to arrange a review to explore the issues highlighted in the GMC NTS.</p>
<b>Specialties / grades reviewed</b>	<p>Otolaryngology (ENT)</p> <p>Plastic Surgery</p>
<b>Number of trainees and trainers from each specialty</b>	<p>The quality review team met with trainees from ENT at the following grades:</p> <ul style="list-style-type: none"> <li>• Specialty training Year 3 (ST3)</li> <li>• Foundation Year 2 (F2)</li> <li>• Core surgical training (CT2)</li> <li>• Specialty training Year (ST5)</li> <li>• Core surgical training (CT1)</li> <li>• Specialty training Year 6 (ST6)</li> </ul> <p>The quality review team met with trainees from plastic surgery at the following grades:</p> <ul style="list-style-type: none"> <li>• Specialty training Year 7 (ST7)</li> <li>• Specialty training Year 5 (ST5)</li> <li>• Core surgical training (CT2)</li> </ul>
<b>Review summary and outcomes</b>	<p>The review team thanked the Trust for accommodating the focus group and for their hospitality. The ENT focus group meeting was well-attended. However, the review team was extremely disappointed that only three trainees attended the plastic surgery focus group meeting which meant that the review team could not get a full picture of the trainee experience in this area. The trainees reported to the review team that they were only informed the review was occurring a week before it took place. However, the Medical Education Manager informed the review team subsequent to the review that the trainees had been given sufficient notice of the review.</p> <p>During the course of the review, the quality review team was informed of a number of areas that were working well within ENT:</p> <ul style="list-style-type: none"> <li>• The review team was pleased to hear that ENT trainees across each grade were well supported by senior clinicians and it was evident that there was a supportive culture within ENT.</li> <li>• The review team was pleased to note that trainees were happy with their overall training experience.</li> <li>• The trainees reported that there was a good case mix at the emergency clinics which met their curriculum needs.</li> </ul>

However, the review team noted the following areas which required improvements within ENT:

- The review team heard that the ENT emergency clinic was frequently overbooked with one F2 and CT1 trainee covering these clinics. The review team felt that this was more service orientated and was not part of their training.
- The review team heard that there were no rooms available for Thursday emergency clinics. It was reported that there were only two functional microscopic rooms which were often occupied by the speech and language therapy department. In addition, it was reported there was no access to microscopic rooms during weekend out of hours. The review team suggested that the Trust should evaluate the arrangements of these rooms and make them more readily available for only ENT use.
- The review team heard that departmental induction was not robust as this was conducted once a year which was inadequate considering there were five entry points during the year. The review team recommended that a discussion should take place with the existing trainees regarding this issue with a possible solution being to introduce an induction session in July or a possibility of outsourcing induction.
- Core trainees reported that they did not have enough time to attend theatres due to heavy administrative work.
- The review team heard that F2 trainees when on call took approximately hundred regional calls for expert advice in relation to ENT which was not acceptable. The review team required the Trust to address this and make appropriate arrangements for regional call handlers.

During the course of the review, the quality review team was informed of a number of areas that were working well within plastic surgery:

- The review team was pleased to hear that trainees were well supported by senior clinicians and it was evident there was a supportive environment within plastic surgery.
- The review team was pleased to note that trainees were happy with their overall training experience.
- Plastic surgery trainees were able to attend protected teaching sessions.

Overall, the impression given was that the training and development of trainees at St George's University Hospitals NHS Foundation Trust for ENT and plastic surgery was good. The trainees commented that there was good engagement from the consultants and appreciated their input to further their careers. All the trainees interviewed for ENT and plastic surgery would recommend their post to colleagues.

Quality Review Team			
<b>Lead Visitor</b>	Professor Nigel Standfield, Head of the London Specialty School of Surgery	<b>Observer</b>	Cristina Mottes, Senior Administrator, School of Surgery and Ophthalmology
<b>Lead Provider Representative (Plastic Surgery)</b>	Mr Jonathan Simmons, Consultant Plastic and Reconstructive Surgeon Imperial College Healthcare NHS Trust	<b>Scribe</b>	Azeem Madari, Quality Support Officer, Health Education England London and the South East
<b>Lay Member</b>	Caroline Turnbull, Lay Representative		

## Findings

### GMC Theme 1) Learning environment and culture

#### HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
S1.1	<p><b>Appropriate level of clinical supervision</b></p> <p>The ENT trainees reported to the review team that clinical supervision was good and they felt well supported at all times. The ENT trainees reported that night shifts were busy but they had good access to an on call consultant. In addition, the review team heard that the trainees felt well supported by advanced nurse practitioners who had been recently recruited by the Trust.</p> <p>The plastic surgery trainees reported to the review team that they did not have any issues with clinical supervision. The trainees reported to the review team that they were never forced to undertake cases which they felt uncomfortable with. All the plastic surgery trainees interviewed reported they had good access to consultants and were able to get help when needed. The review team was informed that recently out of hours' trauma fracture cases were consultant led and were strictly under consultant supervision.</p>	

<p>S1.2</p>	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The quality review team heard that, when on call, the ENT core trainees received approximately hundred regional calls per day for expert advice in relation to ENT. The review team heard that the foundation year two (F2) trainees were also expected to also give ENT advice (even though not on call) which the review team thought was not acceptable. The review team required the Trust to address this issue and make appropriate arrangements for regional call handlers.</p> <p>The ENT core trainees reported that they were able to attend four sessions of multi-disciplinary meetings (MDT) every month and were able to present cases.</p> <p>The core trainee in plastic surgery reported that they had exposure to a good case mix and were able to complete their learning log book.</p>	<p>Yes – See S1.2 below</p>
<p>S1.3</p>	<p><b>Workload</b></p> <p>The ENT trainees reported that the emergency clinic was usually over booked which meant workload was heavy for the trainees. The review team heard that the maximum number of patients booked should be twelve however this was not the case. It was reported to the review team that the emergency clinic had a heavy case load with some cases not related to the emergency clinic. The review team was informed that the emergency clinic was operated by a F2 and CT2 trainee with on call help. The ENT trainees informed the review team that they had access to a protocol handbook for emergency clinics.</p> <p>The ENT core trainees reported to the review team that due to heavy administrative responsibilities it was difficult to attend theatre and teaching sessions.</p> <p>The plastic surgery trainees did not report any workload issues and were content with the arrangements.</p>	<p>Yes – See S1.3 below</p>
<p>S1.4</p>	<p><b>Rotas</b></p> <p>The ENT trainees reported to the review team they worked one week on the wards and had the following week off. The ENT trainees reported they attended ward rounds in the morning which covered up to sixty patients. The ENT trainees reported that they were on a one in eight rota which the review team thought was reasonable. In addition, the review team was informed that there was a separate on call day rota.</p> <p>The ST7 plastic surgery trainee reported that there was a ward week which had ward rounds and the review team was informed that the plastic surgery trainees had no issues with the rotas.</p> <p>The core plastic surgery trainee reported to the review team that the recruitment of additional permanent core trainees had helped immensely as previously the post was occupied with locums which was sporadic. The review team was informed that the core plastic surgery trainee had minimal ward and on call responsibilities which enabled them to attend more theatre sessions.</p>	
<p>S1.5</p>	<p><b>Induction</b></p> <p>The ENT trainees reported to the review team that departmental induction was not robust as it was conducted once a year which was inadequate considering there were five entry points during the year. The review team recommended that a discussion should take place with the existing trainees regarding this issue with a possible solution being to introduce an induction session in July or a possibility of outsourcing induction.</p> <p>The plastic surgery trainees reported they had completed their departmental inductions.</p>	<p>Yes – See S1.5 below</p>

S1.6	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The ENT trainees informed the review team that there was a teaching session on Friday afternoon. However, the ENT core trainees reported that reaching protected teaching was challenging as their time was occupied with a backlog of administrative tasks.</p> <p>The plastic surgery trainees reported they had been able to attend Friday teaching sessions as commitments had been reduced. The plastic surgery trainees were complimentary of the quality of the teaching and thought the teaching sessions were beneficial. In addition, the plastic surgery trainees informed the review team that they were able to attend regional teaching sessions which took place once a month.</p>	Yes – See S1.6 below
S1.7	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The ENT trainees reported to the review team that there were no rooms available for Thursday emergency clinics. It was reported that there were only two functional microscopic rooms which were often occupied by the speech and language therapy department. The ENT trainees reported there was a third microscopic room which was in a dilapidated state. In addition, it was reported there was no access to microscopic rooms during weekend out of hours. The review team suggested that the Trust should evaluate the arrangements of these rooms and make them more readily available for only ENT use.</p>	Yes – See S1.7 below

## Good Practice and Requirements

<b>Mandatory Requirements</b>			
<b>Req. Ref No.</b>	<b>Requirement</b>	<b>Required Actions / Evidence</b>	<b>GMC Req. No.</b>
S1.2	Trust to ensure ENT regional calls are received by someone senior and the Trust to make appropriate arrangements.	Trust to provide evidence that ENT regional calls are received by someone senior. An audit should take place to measure of how many calls are received.  In addition this should be monitored via the local faculty group meeting.	R1.7
S1.3	Trust to monitor intake of patients for the ENT emergency clinic and ensure clinics are not overbooked.	Trust to provide evidence that this has been addressed and clinics are manageable for ENT trainees.	R5.9
S1.5	Trust to reevaluate ENT departmental inductions, possibly ensuring that there is an induction around July each year.	Trust to provide evidence that discussions have taken place with existing trainees and that there are new arrangements for induction.  In addition this should be monitored via the local faculty group meeting.	R1.13
S1.6	Trust to ensure ENT trainees are able to attend teaching sessions on Fridays.	Trust to monitor attendance and submit evidence.  In addition this should be monitored via the local faculty group meeting.	R1.16

S1.7	Trust to ensure ENT trainees have good access to microscopic rooms which are readily available during clinics and weekend out of hours.	Trust to provide evidence that this action has been implemented and that the dilapidated microscope has been put in good order.  In addition this should be monitored via the local faculty group meeting.	R1.9
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**Signed**

**By the HEE review lead on behalf of the review team:**

Professor Nigel Standfield, Head of the London Specialty School of Surgery

**Date:**

27 February 2017