QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

King's College Hospital NHS Foundation Trust

Neurosurgery

Risk-based Review (on-site visit)

Quality Review report

02 March 2017

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	The Risk-based Review (on-site visit) to neurosurgery at King's College Hospital NHS Foundation Trust was primarily triggered by outliers in the 2016 General Medical Council National Training Survey (GMC NTS). The Trust received two red outliers for 'supportive environment' and 'work load', as well as two pink outliers in 'educational supervision' and 'feedback'. Subsequently, the review team felt it was necessary to conduct a review in order to ensure that the learning and training environment was suitable for trainees.
Training programme / learner group reviewed	Neurosurgery
Number of learners and educators from each training programme	The review team met with trainees in neurosurgery at the following grades: - Specialty Training Year 2 (ST2) - Specialty Training Year 3 (ST3) - Specialty Training Year 4 and above (ST4+) The team also met with one of the senior clinical fellows, an ST8 trainee on Out of Programme Training (OOPT) at the Trust. The quality review team further met with the clinical lead for neurosurgery, the director of operations, the lead for training and education within neurosurgery, the training programme director and a number of consultants and educational supervisors who worked within the department.
Review summary and outcomes	Health Education England would like to thank the Trust for accommodating the Risk-based Review (on-site visit) as well as ensuring all sessions were well-attended. During the course of the on-site visit, the quality review team was informed of a number of areas that were working well with regard to the education and training of neurosurgery trainees, as outlined below: - All the trainees the quality review team met with confirmed that they could access a wide range of training opportunities, due to the diverse case-mix of patients and overall case load within the department. - The trainees were extremely complimentary of the physician associates and specialist nurses working within the department and commented that they had a positive impact upon the training environment. The physician associates appeared to be fully integrated within the department's teaching programme and represented a positive example of inter-professional education. - The quality review team ascertained that the presence of the senior clinical fellows within the neurosurgery department had a positive impact upon the learning environment, as they delivered further training opportunities to the trainees. The role of the trainees and the senior clinical fellows was tailored to the individual needs of those filling these roles, was closely supervised by consultant trainers and was situated in an environment with a large volume of training opportunities.

- Following an audit of emergency referral calls, an electronic referral system and electronic switch board were introduced, which the senior trainees confirmed had revolutionised their on-call experience and had had a positive impact upon their workload out of hours.
- The quality review team was informed of a recent change, regarding trainees at level ST2 and 3, whereby they moved from a system of receiving one full week of training in eight, to one where they received two days of training per week. The trainees reported that this change had increased the number of training opportunities they were able to access.

The review team also identified some areas for improvement within neurosurgical training, including:

- The quality review team was not assured that the rest facilities required by the new junior doctor contract were available to all trainees. The environment in the 'mess' was not universally considered by trainees to be appropriate.
- Although the format of the local faculty group in place at the time of the review appeared to be working well, the review team noted that it took an unusual form and was dependent upon the one 'senior registrar' representing the views of the entire trainee cohort. The team felt the department should consider how robust this system was and should refer to The National Association of Clinical Tutors (NACT) guidelines.

Educational overview and progress since last visit – summary of Trust presentation

The Trust stated that the department placed a heavy emphasis upon training and education and that due to the diverse case-mix and overall case volume, trainees at King's College Hospital were able to see and be involved in a wide-range of conditions and procedures. It was reported that although the number of consultants within the department had increased in the years prior to the review, the same rate of growth had not occurred in the number of trainees. The department had recruited senior clinical fellows to fill the vacant training opportunities and service needs. The leadership team felt that rather than displacing trainees from opportunities, the senior clinical fellows, most of whom were approaching or had already acquired Certificates of Completion of Training (CCT), enhanced and training by providing additional training to other trainees.

In relation to the department's interaction with clinical radiology, the consultant body confirmed that they had an excellent working relationship with the neuroradiology department. It was reported that the neuroradiology department were supportive of the neurosurgery trainees, were always be willing to discuss cases with them and provided some of the neurosurgery teaching sessions.

Quality Review Team

HEE Review Lead	Mr John Brecknell Deputy Head of the London School of Surgery	**External Clinician**	Miss Huma Sethi Consultant Neurosurgeon, The National Hospital for Neurology and Neurosurgery, University College London Hospitals
Lay Member	Robert Hawker Lay Representative	**Scribe**	Elizabeth Dailly Learning Environment Quality Coordinator

Findings

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
1.1	**Appropriate level of clinical supervision** When discussing their allocated theatre sessions, the junior trainees informed the review team that they were always adequately supervised, either by a higher trainee, a senior clinical fellow or a consultant. All trainees reported that they had undertaken a procedure with consultant supervision within the two weeks prior to the review.	
1.2	**Rotas** The ST2 and 3 trainees confirmed that they had been working to the new junior doctor contract since February and that none had, at the time of the review, had to submit any exception reports to the Trust's Guardian of Safe Working. Although the design and implementation of the work schedules and exception reporting mechanisms were still very new for the ST2 and 3 trainees and yet to be implemented for the ST4+ trainees, both trainers and trainees reported that arrangements were underway and that no difficulties had yet been encountered. Both "senior SHO" and "senior registrar" reported that meetings were planned with the Trust's workforce. The quality review team was not assured that the rest facilities within the department, which were required by the new junior doctor contract to allow post-shift recuperation before travelling home and recommended by "working the night shift", were sufficient and accessible to all trainees. The higher trainees confirmed that they had their own office, which they could use when on-call, but the review team heard that there was no such designated area for the junior trainees. Although the trainees reported that they could access the mess, the environment within the mess was not universally described by the trainees as being suitable or agreeable.	Yes, please see NS1.2 below
1.3	**Handover** The quality review team was informed that the handover system within the department was robust and attended by everyone within the department (i.e. the consultant on call, the trainees, the physician associates).	

1.4	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** All of the trainees the quality review team met with reported that they were able to access ample training opportunities and saw a high volume, diverse range of cases which gave them valuable experience. Furthermore, the trainees were extremely complimentary of the morning departmental meetings that took place, as they felt they presented fantastic learning opportunities. The trainees indicated that there was a large consultant presence at the meetings and that they focused upon theoretical learning and decision making processes, which was felt to be particularly useful for Fellowship of Royal College of Surgeons (FRCS) preparation. The review team also heard that the questions asked of the trainees were tailored and pitched to each trainee's level of training. The junior trainees confirmed that they had designated slots to attend theatre and clinics, but that if they had the opportunity to, they could attend whenever possible and the consultants were always extremely welcoming. The trainees reported that they had, prior to the review, instigated a change in the allocation of such theatre and clinic sessions, which they reported was working well. Previously, the trainees received one full week of allocation in eight, but they stated that this week was often lost to rota gaps, study leave and annual leave. To address this, a new rota had been implemented and co-ordinated by a "senior SHO", whereby they had the opportunity to attend theatre or clinic on at least two days of every working week. Although rota gaps were still an issue, access to training was preserved. The higher trainees also reported that a theatre list had been identified for the junior trainees during which they led on simple procedures with the supervision and support of the higher trainees or senior clinical fellows, once a month. The review team heard that the junior trainees had found this extremely beneficial and felt it was a valuable aspect of the training they received at King's College Hospital. Additionally, the junior trainees communicated that beyond their allocated theatre in time, they were able to access further theatre experience during their on-call shifts at nights and weekends, when they often received further training from the senior clinical fellows. The trainees commented that the interaction between senior clinical fellows and specialty trainees was positive and that their presence in fact enabled them to access more teaching, as the more senior clinical fellows supervised and supported the trainees when completing procedures and provided them with additional educational resources. The educational supervisors further reported that the use of the clinical fellows in relation to them providing training for the other trainees, depended greatly upon the skill-mix of the individuals in question and that this was overseen by the consultant body. The clinical fellow the review team met with confirmed that they were expected to provide training to more junior trainees, which had been extremely valuable for them as they had gained necessary skills in terms of how to train and supervise other doctors which would be vital when applying for consultant posts. There was no question of unsupervised cherry picking by senior clinical fellows being acceptable and they were expected to take their share in the running of the department. The review team heard that the clinical fellows contributed to the overall running of the service by participating in the on-call rota, attending handover meetings and holding the bleep when the trainees attended the weekly teaching sessions. This element of service provision therefore allowed the trainees to access more training opportunities. The trainees commented that the volume of work within the department was such that there were ample training opportunities for both the trainees and the clinical fellows, and overall it appeared that the presence of clinical fellows within the department added to the educational resources without detracting from training opportunities. In relation to completing their work place-based assessments (WPBAs) all trainees confirmed that not only were they able to have them completed in a timely manner but that many of the consultants were extremely proactive regarding the WPBAs and often reminded the trainees to submit them for completion. The trainees also commented	Yes, please see NS1.4 below

	that the presence of clinical fellows within the department had further eased their ability to complete their WPBAs, as they were often willing to complete them for the trainees. The junior trainee undertaking the role of the 'senior SHO' reported that they found the role helped to develop a range of skills regarding leadership and management and that it was not detracting from their clinical training. This was an example of a valuable cultural shift in the department towards empowering trainees to secure their own training needs.	
1.5	**Protected time for learning and organised educational sessions** The quality review team heard that there were many projects and audits available for the junior trainees to be involved in and that they had all been approached regarding being allocated different projects. Furthermore, it was apparent to the review team that a robust local teaching structure was in place for the trainees. Local teaching was delivered every Friday, for both junior and higher trainees, which included one session led by the neuroradiology team as well as sessions led by different consultants. The higher trainees confirmed a pre-determined rota of what topics were to be covered was in place and that the sessions were extremely well attended. Furthermore, a journal club took place once a month which was well attended. When discussing the regional teaching provided, despite the trainees confirming that they attended educational sessions provided at the Royal Society of Medicine, it did not appear that the trainees regularly attended any regional teaching. However, it should be noted that the educational supervisors confirmed that the trainees were more than welcome to attend any regional teaching sessions and the review team acknowledged that as the local teaching provided within the department was of such a high standard, that the lack of regional education the trainees accessed was of little impact.	Yes, please see NS1.5 below

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

2.1	**Effective, transparent and clearly understood educational governance systems and processes** The quality review team heard that the structure of the department's local faculty group was atypical, in that the 'senior registrar' attended the consultant's meeting once a month, in order to feedback any educational issues that had been raised by the trainee cohort. Although this appeared to be working well, the review team noted that the group depended greatly upon the one 'senior registrar' to represent the views of all trainees.	Yes, please see NS2.1 below

	Furthermore, the higher trainees commented that there was a continuous positive and valuable interaction between the consultant body, trainees and management. The trainees commented that they felt the management department was very inclusive and that the co-location of the clinical and managerial teams' offices meant that the trainees could raise any concerns or issues in an informal, ad-hoc way as opposed to needing to set up a formal meeting.	
2.2	**Impact of service design on learners** The quality review team was informed of a recent project that had been undertaken in relation to the emergency referral phone system out of hours. Previously, the trainees had to answer a copious number of telephone calls, many of which were inappropriate and did not need to be dealt with by the trainee. To address this, an electronic referral system and electronic switchboard had been introduced, which redirected the majority of the unsuitable calls and had a significant positive impact upon the trainees' workload.	

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** When discussing their rotation to emergency medicine departments in the ST3 year, the junior trainees commented that they would find it more worthwhile if it was undertaken in a major trauma centre. They would prefer to enter the intermediate stage of their training after ST2 as in the other surgical specialty training programmes.	
5.2	**Opportunities for interprofessional multidisciplinary working** The quality review team heard from the junior trainees, that they had a positive relationship with the neuroradiology department in the Trust. They commented that staff within the department were extremely friendly, attended the neurosurgery morning meetings and delivered some of their local teaching sessions which they found extremely valuable. This was further reiterated by the consultants present, who confirmed that they had an excellent working relationship with the neuroradiology department. Furthermore, the trainees said that the physician associates were a valuable addition to the department and, especially from the junior trainees' perspective, had a significant positive impact upon their workload on the ward. The quality review team ascertained that the physician associates attended many of the local teaching sessions provided for the trainees, which they thought demonstrated an excellent example of inter-professional education.	

	The review team was informed that the physician associates could not prescribe medication, but that this was something that had been recognised by the department and the clinical lead confirmed that there were plans to train the physician associates in this respect. The junior trainees were also appreciative of the specialist nurses working within the department, who they felt added a positive element to the learning and training environment.	

Good Practice and Requirements

Good Practice
The quality review team was informed that the physician associates working within the department often attended the local teaching sessions provided for trainees, which demonstrated a positive example of inter-professional education.
In other surgical training environments in London, the quality team have encountered examples of senior clinical fellows displacing STs from training opportunities to the detriment of training. Here the review team found an example of good practice which seemed to result from the tailoring of responsibilities to the individual needs of those filling these roles, the close supervision by consultant trainers and an environment with a high volume of training opportunities.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
NS1.2	Please ensure that adequate rest facilities are available for all trainees during and immediately following duty periods.	We look forward to hearing what arrangements are to be put in place.	R2.3
NS1.4	A new approach to work scheduling for ST2 and ST3 doctors in neurosurgery protecting access to theatre or clinic for two days in each working week seems to be working well in comparison to the former one week in eight system. The review team strongly supports its continuation.	The Trust to provide feedback and evidence that this is happening. We hope to hear from the ARCP panel in June/ July that this early promise is fulfilled with good numbers of operative cases in the logbooks of ST2 and ST3 trainees at Kings.	R1.12

NS1.5	The review team heard about an extensive high quality local teaching programme which largely replaced attendance by Kings trainees at regional teaching events. The department is invited to consider whether some degree of integration of their local teaching programme with the Pan-London neurosurgical regional teaching programme might lead to the avoidance of duplication and the broadening of training opportunities for trainees within and outside Kings.	The Trust to confirm any amendments that have been made to the integration of the local teaching programme with the Pan-London neurosurgical regional teaching programme.	R1.16
NS2.1	An unusual structure for a local faculty group was encountered which, although currently functional, seemed to be dependent on a single individual and therefore to lack robustness. The Trust to review the robustness of the group and consult the NACT guidelines.	The department is invited to review their LFG in the light of the NACT guidelines. We look forward to hearing how you decide to structure the business of regular discussions of training issues between trainees, trainers and management going forwards.	R2.7

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The quality review team heard that placements in the ST3 year in low intensity emergency departments were felt to offer little in the way of developmental opportunity for neurosurgical trainees. If the current curricular structure was to continue, they would rather undertake emergency deparment posts in major trauma centres where the case load would be more clearly applicable to their specialty training. HEE will feed these thoughts back to the specialist advisory group for neurosurgical training in London as well as the neurosurgical specialist advisory committee of the Joint Committee on Surgical Training (JCST).	Health Education England

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Mr John Brecknell
Date:	07 August 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.