QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Risk-based Review (Education Lead Conversation)

Quality Review report

13 March 2017

Final Report

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Quality Review details

Training programme	Foundation Surgery
Background to review	Following the Risk-based Review (focus group) that took place with the foundation surgery trainees at Queen's Hospital on 07 November 2016 and the subsequent removal of trainees from this post, it was decided that a further Education Lead Conversation needed to take place in 2017. This meeting was intended to review the progress made by the department in improving the learning and training environment, allow the Trust to present their Transformation Plan for Foundation Year 1 Doctors in the General Surgery Department, and ascertain whether trainees could be reintroduced into the post.
HEE quality review team	Dr Indranil Chakravorty – Trust Liaison Dean Dr Keren Davis – North East Thames Foundation School Director Sara Davenport – North East Thames Foundation School Manager Elizabeth Dailly – Learning Environment Quality Coordinator
Trust attendees	Ms Caroline Curtin – Medical Education & Training Manager Mr Andy Heeps – Acting Medical Director Dr Peter Walker – Foundation Training Programme Director (F1's Queen's Hospital) Dr Edel Casey Foundation Training Programme Director (F1's King George's Hospital) Prof Jayanta Barua – Director of Medical Education Mr Thangadorai Amalesh – Clinical Lead, General Surgery (Queen's Hospital) Mr Saswata Banerjee – College Tutor General Surgery (Queen's Hospital), & Educational Lead, General Surgery Queen's Hospital Ms Anna Clough, Divisional Manager, Surgery

Conversation details

Ref No	Summary of discussions	Action to be taken? Y/N
1	**Meeting on 15 February 2017 with Dr Keren Davis and the Medical Education Team at the Trust** An informal meeting between the North East Thames Foundation School (NETFS) and the Medical Education Team at the Trust had occurred earlier in the year, to discuss progress on improving Foundation Year 1 (F1) surgery training, during which a draft of the Transformation Plan had been disseminated. - The Medical Education and Training Manager reported that she attended the Medical Director's weekly meeting, and that the issues surrounding foundation surgery training had their full attention. - The Trust reported that the trial of the ward-based system, as recommended in the Risk-based Review (focus group) in November 2016, had been	

	unsuccessful and that instead, the department had adopted a specialty-based structure. - It was reported that three consultant surgeons were largely involved in the creation of the Transformation Plan, and that the rest of the consultant faculty were kept up to date regarding the plan via regular email updates and at regular business meetings. However, some of the consultant faculty reported feeling excluded from the planning process. - It was discussed whether the expertise of the Professional Support Unit could benefit the department and help tackle some of the behavioral and cultural issues recognised in scanty engagement with foundation training and the foundation training team. - The interim placement review that all foundation trainees completed was shared with NETFS, in which a number of the trainees had reported that their surgical placement had improved (i.e. they received more local teaching) following the Health Education England (HEE) visit. - NETFS was informed that the surgical department felt the vascular service was not optimal for the training and education of foundation year one trainees (F1s), due to the heavy workload, daily on-call commitments and the inequitable distribution of clinics and theatre sessions. Therefore, when the F1s were reintroduced to surgery, the department proposed that they would not be working within the vascular department, and instead would be based in upper gastrointestinal surgery (upper GI), colorectal surgery and emergency surgery. - It was noted that the F1 trainees who were moved from surgery to paediatrics were receiving excellent training and had provided very positive feedback regarding their placement. Those moved to care of the elderly, surgery at King George Hospital, renal medicine and the Medical Assessment Unit had also provided positive feedback. However, it was reported there were some rota issues for the trainees in gastroenterology and that neurosurgery was too specialised to provide appropriate F1 training. - The group discussed whether trainees could be reintroduced to surgery and commented that colorectal and upper GI provided good education and training. - It was reported that the foundation Year 2 trainees (F2) had not been adversely affected by the removal of F1s. - It was noted that elective surgery at King George Hospital performed well and received good feedback. The expansion of consultant surgeons at Queen's Hospital had been done without appropriate planning for additional other staff required to support this expansion which had led to the difficulties.	
2	**Transformation Plan overview** It was reported that the Transformation Plan that was presented to the quality review team was based upon the previous Quality Review Report of the focus group that had taken place in November 2016, the Foundation Programme Curriculum and the Health Education England (HEE) Quality Framework (2016/17). The review team was informed that significant changes had been made to the rota, in order to ensure it was more structured, as at the previous focus group in November 2016, the trainees had highlighted that they had often felt they were asked to be in multiple places at the same time. Furthermore, the specialty lead confirmed that the eight theatre and clinic sessions (in four months) that were mandated by HEE following visit, were now included in the trainees' timetable and were bleep free. The review team also heard that an academic/portfolio session had been integrated into each trainee's rota every eight weeks, which they could use for any purpose such as meeting with their clinical supervisors or developing their e-portfolio. The educational lead commented that it was hoped that the new rota under the Transformation Plan would increase the amount of time trainees could spend with their clinical supervisors.	

	It was reported that the cohort of F1 trainees who had been removed from the general surgery posts had critiqued a draft version of the Transformation Plan, which was then anonymised and taken into consideration. The trainees raised concerns around covering vascular patients when on-call, when they would not be working within the department during the week and expressed uncertainties whether the general culture of low understanding and engagement in the educational needs of the F1 trainees, within the department had really changed.	
3	**Specialty-based system** It was reported that the ward-based system which had been recommended by the quality review team following the focus group in November 2016, had been trialled within the department, but had been unsuccessful. The specialty lead commented that the ward-based system had raised a number of issues, and that incident reporting during the period had increased significantly. The department had therefore moved to a specialty-based system, and, if reintroduced, the trainees would be allocated to one of three teams across three wards (upper GI, colorectal surgery, emergency surgery). Trainees would not be reintroduced into the vascular department. However, it should be noted that the Foundation Training Programme Directors (TPDs) had specific concerns regarding reintroducing trainees to emergency surgery, as they felt it predominantly focused upon service provision as opposed to ensuring the trainees could access adequate training opportunities and that the department had one out of three substantive consultants who were accredited as a trainer. The review team heard that specialty-based morning 'huddles' had been introduced in the department, during which the whole multi-disciplinary team (the consultants, higher trainees, trust grade doctors and nurses) went through the handover from the night team and the allocation of tasks for the day. The specialty lead and educational lead both commented that this had been working extremely well, had given a sense of identity regarding who was responsible for each patient and would be beneficial for the trainees, as they would not need to come in early in order to prepare for a full ward round. The review team was informed that the department had invested in two doctors assistants, (and that funding had been approved for the future appointment of physician associates and advanced nurse practitioners) when the F1 trainees were removed in order to ensure the service was still provided. They were phlebotomy trained and had had a positive impact upon the workload for the other trainees still within the department. It was reported that there were plans within the department to recruit two more doctors assistants in the future.	
4	**Vascular** The quality review team was informed by the service and educational lead that the reason for not reintroducing the F1 trainees into vascular surgery, was primarily due to the high workload within the department, as the vascular surgery department alone accounted for approximately 30% of all patients in general surgery. By only reintroducing trainees in upper GI, colorectal surgery and emergency surgery, it was predicted that this would have a positive impact upon the workload issues raised in the HEE focus group in November 2016, as workload was more equally distributed between these three specialties. Furthermore, the review team heard that two of the consultants within the department only delivered vascular services, as opposed to	

	both vascular and general surgery, and that it was expected that this trend would continue. This was reiterated by the vascular lead, who commented that although the initial proposal of not reintroducing F1 trainees to the vascular department had been a shock for many within the department, they recognised that there were inherent problems within the department and that the department was content with and supported the proposals set out in the Transformation Plan. The review team heard, that in the future when general surgery and vascular surgery become more distinct that the department would be able to train F1s and hoped they would be able to do so in the future. However, the review team and medical education team noted that there were many consultants and surgeons within the vascular department who had received excellent feedback from trainees regarding the education and training they provided. The review team were informed that the vascular consultants would still be involved in providing some of the teaching sessions to the trainees, and that the vascular consultant body was very keen to be involved in this aspect of the training and education of F1s. However, there was no plan to involve the trainees in a weekly, consultant-led ward round with the vascular department, which the review team felt would have provided excellent learning opportunities. There were also concerns about the impact the lack of F1s within the vascular department would have on the single F2 in the department. As the predominant reason the F1s were not being reintroduced to vascular was due to the high workload, the review team was worried that the F2 would not receive adequate support. However, it was reported that Trust grade doctors had been appointed since the removal of the F1 trainees, to compensate for their loss and provided adequate support for the F2 trainee. It was noted that the North East Thames Foundation School would be monitoring this with the Trust's Medical Education Team. The review team had further concerns surrounding the on-call rota set out in the Transformation Plan, which stated that trainees would be responsible for vascular patients out of hours, despite not being involved in the management of such patients or the day-to-day running of the department. This would mean that the trainees would be unaware of the department's protocols and which patients were particularly ill despite being responsible for their care overnight (however, it should be noted that this would not include F1 trainees, who did not undertake on-call shifts). The Trust confirmed that the F1s would never be unsupervised when undertaking this role, as both a core and higher trainee would also be present on the ward, but the review team still felt it was inappropriate for the F1s to undertake this task.	Yes, please see FSELC 4.1 below Yes, please see FSELC 4.2 below Yes, please see FSELC 4.3 below
5	**Teaching** It was reported that in the new rota that had been designed for the trainees, consultant-led teaching sessions were scheduled to take place every Tuesday morning, which would ensure that consultant-delivered training was provided on a weekly basis. The sessions would be bleep free and would give the trainees the opportunity to present case-based discussions. The Transformation Plan also set out teaching sessions that would take place weekly, on Thursday afternoons and would be led by both junior trainees and consultants. However, in the feedback provided by the trainees regarding the first	Yes, please see FSELC5 below

	draft of the Plan, the trainees raised concerns about whether the sessions would in practice be delivered by the consultant faculty. The review team was informed that a Schwartz round system had been proposed by the department, which they felt would provide good training opportunities for the trainees. Other courses and education sessions the trainees could attend were also outlined, such as the practical skills day (running for each cohort) and essential surgical skills course.	
6	**Consultant engagement with the Transformation Plan** It was reported that the Transformation Plan had been led by three consultants, including the specialty lead and education and training lead. However, the specialty lead confirmed to the review team that throughout the creation of the plan, there had been a lot of engagement with the consultant body and that all consultants had been involved with the creation of the document. The review team was informed of the recent appointment of a new Divisional Director, who had provided a change in leadership within the division and was engaged in a rebuild piece surrounding the culture within the department.	
7	**Foundation Educational Lead** It was reported that the education and training lead was not just responsible for the foundation trainees in general surgery, but was also college tutor for the core and higher trainees. The quality review team was of the opinion that a separate individual within general surgery, who was just responsible for and focused upon the foundation trainees should be appointed as the foundation educational lead, to provide extra support to trainees.	Yes, please see FSELC7 below
8	**Educational Meetings** It was reported that the educational agenda items were discussed during the consultants' general business meetings, and that no separate, dedicated session to focus upon education was in operation at the time of the education lead conversation. The review team felt a designated foundation surgery faculty group, which involved the consultant body within the department, the medical education team and the foundation training programme director needed to be introduced on a monthly basis, which was minuted. It should be noted that the Foundation TPDs confirmed they were invited to the local faculty meetings, but that they were typically held during their clinic hours, so they could not attend.	Yes, please see FSELC8 below
9	**Monitoring and internal investigation** The medical education team reassured the review team that if the trainees were reintroduced, they would provide internal regulation and a high degree of monitoring and oversight of the new cohort of trainees. The medical education and training manager stated that they would put in place weekly meetings with the trainees, the outcome of which would then be fed back to HEE and NETFS to provide reassurance that the learning environment was suitable for the trainees. Furthermore, the foundation TPDs or their nominated representative, would also attend such meetings on a regular basis.	Yes, please see FSELC9 below
10	**Allocation of clinical supervisors**	

	The review team raised concerns about the number of clinical supervisors available for trainees within emergency surgery, as two of the three supervisors outlined in the Transformation Plan were identified as locum doctors and therefore were not able to be the named clinical supervisors for the trainees. However, it was noted that both the specialty lead and education and training lead would also act as named clinical supervisor for any trainees in emergency surgery. Furthermore, concerns were also raised regarding whether all the educational and clinical supervisors outlined in the Transformation Plan were compliant and up to date with the GMC guidelines. However, it should be noted that the specialty and education lead further clarified that there was a substantive pool of nine consultants who would act as clinical supervisors, who were all trained, and that any other consultants or locum doctors would just provide feedback on the trainees to the named clinical supervisor. The review team felt that each clinical supervisor should spend as a minimum, one hour per week with their trainee and were concerned that the nine supervisors identified would not have enough time within their job plan in order to meet this requirement and high standard. However, the divisional manager confirmed that a new round of job planning was due to start shortly after the education lead conversation, during which they could make sure that each clinical supervisor was allocated the adequate time to spend with their foundation trainees.	Yes, please see FSELC10.1 below Yes, please see FSELC10.2 below Yes, please see FSELC10.3 below
11	**Personal Learning Plan** The review team was informed of and shown the documentation for the introduction of a Personal Learning Plan for the trainees within the department. The educational and service leads reported that the plan would act as a road map for trainees, in order to demonstrate what they could achieve within the department and would be personalised to each individual trainee's needs and interests. The learning plan was a tangible, paper document the trainees would need to carry with them, which would demonstrate whether their needs had been met and record how much theatre and clinic exposure they had received, as well has what time they had spent with their clinical supervisor. It was reported that this would complement the e-portfolio system trainees needed to complete in order to be signed off at their Annual Review of Competence Progression (ARCP), as the trainees could scan the documents and upload them to the e-portfolio as extra supporting evidence. However, both the quality review team and medical education team, as well as the foundation TPDs were worried that this would create an additional burden on the trainees and felt that instead of creating an additional, parallel system, the department should use the e-portfolio to its full capacity.	Yes, please see FSELC11 below
12	**Lack of space for the medical education team** The quality review team heard that the medical education team did not have a designated office at the Queen's Hospital site. It was reported that only a 'hot desk' had been provided, which had made it very difficult for the medical education manager and team to provide appropriate support and have discrete and private conversations with trainees, trainers, TPDs across all specialties and members of staff.	Yes, please see FSELC12 below

Next steps

Conclusion
The quality review team felt that the Transformation Plan highlighted during this ELC demonstrated a renewed energy and engagement by the educational leaders within the department of surgery with improving

the learning experience of F1s. Although a more comprehensive engagement with the foundation education team and commitment from all consultants within the department would have been ideal, the HEE team recognised that in the short space of time since the department had been without its F1 trainees, the department had demonstrated a clear desire to understand the particular requirements of Foundation training, and had engaged with the challenges of balancing learning with workload, sought innovations in planning education opportunities and offered on paper a model likely to provide excellence.
However, the success of the plan depended on achieving the full weight of executive team support and comprehensive buy-in from the consultant faculty. This reassurance was confirmed by the Associate Medical Director and Divisional Manager. HEE was informed that although unfortunately the chief executive officer and medical director were not available for the ELC, they had pledged their full support to the Transformation Plan.
In order to ascertain whether the Transformation Plan proposed by the Trust would ensure that the learning and training environment within general surgery was suitable for F1 trainees, the trainees would need to be reintroduced to the department. This would be trialed as a pilot scheme for four months, from April to August 2017, during which four trainees would be returned to each specialty (upper GI, colorectal surgery and emergency surgery).
Robust internal regulation and monitoring would be provided by the medical education team, who would work closely with Health Education England (HEE) and the North East Thames Foundation School (NETFS) to ensure trainees were fully supported throughout the trial period.
Furthermore, a HEE-led Risk-based Review (on-site visit) would take place at the beginning of June, in order to gain further feedback from the trainees and ascertain whether the Transformation Plan and pilot scheme were proving to be successful. If the feedback received from the trainees demonstrated failure of implementation of the expectations as agreed below, or if the GMC NTS 2017 highlighted areas of concerns (Red Outliers) the team would recommend the decommissioning of foundation training in the department of Surgery at Queen's Hospital from August 2017.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
FSE LC 4.1	The Trust is to ensure the foundation trainees can attend regular consultant-led teaching ward rounds with the vascular consultants.	The Trust to provide evidence that such consultant-led teaching ward rounds within vascular take place, and that foundation year 1 (F1) trainees can attend.	R1.12 R1.16
FSE LC 4.2	The Medical Education Team to work with the North East Thames Foundation School in regards to the monitoring of the foundation year 2 (F2) trainee in vascular, and provide oversight and assurance that they receive adequate support and that their workload is not too onerous.	The Medical Education Team to provide a brief summary on a monthly basis of the F2 trainees' progress and any issues that have been raised.	R1.12 R2.1
FSE LC 4.3	The Trust to make the necessary amendments to the Transformation Plan and ensure that the F1 trainees do not participate in the vascular out of hours rota and are not responsible for any vascular patients.	The Trust to submit the amended rota which demonstrates that F1 trainees are not responsible for the care of vascular patients out of hours.	R1.9 R1.12
FSE LC5	The Trust to ensure that the Thursday teaching sessions are consultant led.	The Trust to submit evidence that the Thursday teaching sessions are led by a named consultant and feedback collected.	R1.16

FSE LC7	The Trust is to ensure that an exclusive Foundation Educational Lead within General Surgery at Queen's Hospital is appointed.	The FTPDs and Medical Education Team to confirm that such an appointment has taken place and provide the name of who will be undertaking the role.	R2.1 R2.2
FSE LC8	The Trust to ensure a monthly foundation surgery faculty group meeting takes place, in which education is given priority, and is attended by the foundation training programme director and a large representation of the consultant faculty.	The Trust to confirm such meetings have been initiated, and provide the attendance list and minutes.	R2.1 R3.1
FSE LC 9	The FTPDs and medical education team to meet with the new cohort of trainees on a weekly basis, and liaise with HEE urgently regarding any issues raised by trainees.	The medical education team to provide a summary of the meetings with the F1s on a monthly basis to HEE and the NETFS.	R2.1
FSE LC10.1	The Trust to ensure that every clinical and educational supervisor is up to date with their relevant training.	The Trust to provide evidence that all standards relating to the training of clinical and educational supervisors has been met by the department.	R4.1
FSE LC10.2	The Trust to ensure the allocation of clinical supervisors is undertaken in agreement with the foundation training programme directors.	The Trust to provide evidence that this has taken place.	R4.1
FSE LC10.3	The Trust to ensure that each clinical supervisor spends an hour per week with their trainee, this activity is documented is allocated within their job plan.	The Trust to provide evidence that such time is allocated in each clinical supervisor's job plan and evidence that each trainee meets with their clinical supervisor for an hour each week.	R4.2
FSE LC11	The Trust is to use the e-portfolio to its full potential and capacity as opposed to introducing the proposed bespoke 'Personal Learning Plan'.	The Trust to confirm that only the e-portfolio is used for the F1 trainees within general surgery.	R2.3
FSE LC12	The Trust to ensure a suitable, private space or office is designated for the medical education team, in which they can have private conversations with trainees and other members of staff.	The Trust to provide evidence demonstrating that such an area has been allocated to the medical education team.	R2.1 R2.3

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Keren Davis
Date:	21 March 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.