

Guy's and St Thomas' NHS Foundation Trust

Core Anaesthetics

Risk-based Review (on-site visit)



Quality Review report

02 May 2017

Final Report

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healthcare

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Quality Review details

Background to review	<p>Health Education England had concerns following the results of the General Medical Council National Training Survey (GMC NTS) 2016, for which core anaesthetics at St Thomas' Hospital returned five red outliers in 'overall satisfaction', 'reporting systems', 'adequate experience', 'supportive environment' and 'access to educational resources', and for which core anaesthetics at Guy's Hospital returned one red outlier in 'regional teaching'.</p>
Training programme / learner group reviewed	<p>Core Anaesthetics</p>
Number of learners and educators from each training programme	<p>The review team met with two college tutors, one previous college tutor now clinical director and a further clinical director.</p> <p>The review team also met with six trainees from core anaesthetics and acute care common stem (ACCS) at core training year one (CT1) and core training year two (CT2), who were all completing placements in anaesthetics.</p> <p>The review team also met with seven educational supervisors.</p>
Review summary and outcomes	<p>The review team identified the following areas that were working well:</p> <ul style="list-style-type: none"> • Trainees described a very supportive and approachable consultant body at both sites and appreciated the support provided by the college tutors. • The review team heard that a monthly trainee forum had been established, whereby trainees could confidentially discuss concerns and issues that had arisen. It was reported that the trainee forum was protected time, during which trainees could discuss incidents such as near misses in a safe environment. The trainees highly valued the opportunity to discuss issues both with and without a consultant present, if needed. The Trust should be strongly commended for instituting this forum. • The trainees reported that they had protected access to a varied programme of weekly half-day teaching and highly regarded their teaching programme. • The restructuring of the rota enabling continuity of consultants and core training year one (CT1) trainees was recognised as hugely beneficial by the trainees. • The Trust should be commended on providing a vast number of development opportunities for the consultants, particularly those acting as educational supervisors. • All trainees reported that they would be happy for their friends and family to be treated at the Trust and several remarked that they wished to come back to the Trust, both as higher trainees and as consultants. <p>However, the review team also noted the following areas for improvement:</p> <ul style="list-style-type: none"> • The CT1 trainees felt that whilst they had excellent opportunities at the Trust, they worried about the future transition to a busy district general hospital (DGH). Likewise, the CT2 trainees who had come from DGHs

felt that they were not afforded the same degree of independent practice than they had been whilst at the DGH.

- The CT1 trainees felt that they would have more access to learning opportunities and an enhanced experience if they were able to work night shifts on call.
- The Trust should explore ways in which trainees could work at one site for longer periods of time.

Quality Review Team

HEE Review Lead	Dr Cleave Gass, Head of London Academy of Anaesthesia	External Clinician	Dr Elisa Bertoja, Consultant Anaesthetist, University College London Hospitals NHS Foundation Trust
Deputy Postgraduate Dean	Dr Catherine O'Keeffe, Deputy Postgraduate Dean, Health Education England South London	Trainee/Learner Representative	Dr Thom O'Dell, Trainee Representative, Imperial College Healthcare NHS Trust
Lay Member	Catherine Walker, Lay Representative	Scribe	Heather Lambert, Learning Environment Quality Coordinator, Health Education England London and the South East
Observer	Arrjun Balaratnam, Support Officer, Health Education England South London		

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
A1.1	<p>Patient safety</p> <p>There were no patient safety incidents reported.</p>	
A1.2	<p>Serious incidents and professional duty of candour</p> <p>All of the trainees were aware of how to submit a serious incident report although none had completed a report during their placement. The trainees stated that following a serious incident in the department they would be made aware of the outcome and learning points through an email. Furthermore, it was reported that one to two serious incidents were discussed in a quarterly clinical governance meeting that trainees were able to attend.</p>	
A1.3	<p>Appropriate level of clinical supervision</p> <p>Some of the trainees reported that previously they had worked with a different consultant almost every day and that the inconsistency of consultant supervision had limited their access to opportunities, as some consultants were reluctant to give a great deal of independence to trainees that they were unfamiliar with.</p> <p>The college tutors and clinical directors acknowledged this issue and had subsequently identified a core group of consultants who would be consistently rostered with the trainees, particularly core training year one (CT1) trainees. The trainees commented that this was hugely beneficial and that their placements had become more enjoyable since this had been introduced.</p>	
A1,4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The review team heard that inter-hospital transfers were usually completed by the intensive care unit (ICU) team. It was reported that when anaesthetics trainees were involved in these transfers it would usually be by the higher trainees. However, the trainers reported that there had possibly been a few instances in which CT2 trainees had assisted in transferring patients from Guy's Hospital to St Thomas' Hospital. The trainers did not believe that the trainees had been put at risk by doing this.</p>	
A1.5	<p>Rotas</p> <p>The review team heard that at the time of the review there were 105 consultants across the Trust; 12 CT1 trainees from acute care common stem (ACCS), emergency medicine (EM), acute medicine and core anaesthetics, and eight CT2 trainees from ACCS and core anaesthetics.</p> <p>It was reported that the rota was structured the same at both Guy's Hospital and St Thomas' Hospital and consisted of a two week block of normal days followed by a two week block of on call days. The trainees reported that they were only able to take annual leave or study leave during the blocks when they were not on call.</p> <p>The trainees reported that they received their rotas for the full six-month rotation between two to five weeks before commencing their placements at the Trust.</p> <p>The review team heard that trainees worked at both sites for a total of three months each, although trainees were consistently back and forth between the two sites. The trainees felt that this continuous change impacted their ability to develop relationships with staff in the anaesthetics department and in the theatre.</p> <p>The review team heard that CT1 trainees did not work nights but worked day shifts on call at the weekends. The trainees reported that they worked for a total of two</p>	Yes, see A1.5a below

	<p>weekends in six months. It was reported that during on call shifts at St Thomas' Hospital, CT1 trainees would often work in the emergency operating service (CEPOD) and at Guy's Hospital, would troubleshoot to the recovery unit and shadow the on call higher trainee completing emergency lists.</p> <p>Although the CT1 trainees appreciated that the rota allowed them to have a good work-life balance, they felt that they would have more access to learning opportunities and an enhanced experience if they were able to work night shifts on call. The trainees reported that this issue had been extensively discussed by the department and a new hybrid rota was being designed. However, there was some disparity between the understanding of the trainees and trainers regarding the resolution of this issue.</p> <p>Some trainees reported that they had been informed that the rota would be changed and would include trainees working night shifts, whilst other trainees had been informed that this would not be possible. In contrast, the trainers reported that this was likely to go ahead and had been discussed with the Trust's human resources department, but was complex due to the change in the junior doctor's contract and because of financial implications.</p>	Yes, see A1.5b below
A1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The college tutors reported that at Guy's Hospital trainees had access to elective orthopaedics, elective & emergency thoracics, elective & emergency otolaryngology/maxillofacial, elective & emergency urology and renal/pancreas transplantation. Additionally, it was reported that Saturdays at Guy's Hospital were usually busy with a high volume of elective work including orthopaedics, otolaryngology/maxillofacial and urology. At St Thomas' Hospital, trainees had access to trauma, plastics, general surgery, paediatrics, obstetrics and elective & emergency gynaecology.</p> <p>The CT1 trainees felt that whilst they had excellent opportunities at the Trust, they worried about the future transition to a busy district general hospital (DGH). Likewise, the CT2 trainees who had come from DGHs felt that they were not afforded the same degree of independent practice than they had been whilst at the DGH. Some CT2 trainees reported that they felt they had done more as a CT1 at a DGH than as a CT2 at the Trust. Furthermore, some of the trainees felt that it took a few months from commencing their placement at the Trust before they had begun to further their skills.</p>	Yes, see A1.6 below
A1.7	<p>Protected time for learning and organised educational sessions</p> <p>The trainees reported that they had protected access to half-day teaching once a week. It was reported that the teaching programme was varied, covered three topics a week and was highly regarded by the trainees.</p> <p>The ACCS trainees felt that the teaching was not always relevant to them but acknowledged that this was because the programme was in line with the core anaesthetics syllabus. Similarly, the trainers were aware that trainees from different programmes often had differing learning objectives but aimed to get all trainees to the same standard in order for them to achieve the IAC.</p> <p>The educational supervisors commented that regional teaching would be improved for trainees if it was centrally organised and inclusive of CT1 and ACCS trainees.</p>	
A1.8	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The trainers reported that historically there was a lack of computers at the Trust but that the Trust had since received funding to address this issue. It was reported that at the time of the review there was a computer in every theatre but computers in the theatre complex were not in confidential spaces. The trainers identified a room at St Thomas' Hospital that had computers in a confidential space but stated that this was not specifically allocated to anaesthetics.</p>	

	Both the trainees and trainers highlighted that the mandatory novice course varied significantly in cost and content depending on the provider, and trainees felt that it would have been helpful if they had been informed of these options before attending the course. Some of the trainees reported frustrations in having to pay for the course as they felt that a significant proportion of the content could have been learned on the job.	
A1.9	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>All of the trainees reported that they had access to a named educational supervisor who was supportive of their educational needs. Some of the trainees reported that their educational supervisor would seek them out to have discussions or to undertake assessments, which was appreciated by the trainees.</p>	
<h2>2. Educational governance and leadership</h2> <p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
A2.1	<p>Impact of service design on learners</p> <p>The review team heard that at both sites staff were required to change into different coloured scrubs when leaving theatre. The educational supervisors reported that this issue impacted the morale across the department as the anaesthetics department was rarely used during breaks, leaving some staff unsure of where to go. Additionally, the educational supervisors felt that this limited the trainees' ability to build a rapport with other staff in the department.</p>	
A2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team heard that a monthly trainee forum had been established with trainee involvement, whereby trainees could confidentially discuss concerns and issues that had arisen. This included a 'confession session' attended by higher trainees, during which trainees would discuss incidents such as near misses in a safe environment. Additionally, if a consultant was present they would share helpful tips, which was highly appreciated by the trainees.</p> <p>It was reported that the trainee forum was protected time for which all trainees would be released to attend, except for those on call. The trainees highly valued the opportunity to discuss issues both with and without a consultant present, if needed. The educational supervisors identified that the introduction of the forum had increased morale and cohesion amongst trainees.</p>	

	The review team felt that the Trust should be strongly commended for instituting this forum.	
3. Supporting and empowering learners		
HEE Quality Standards 3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required. 3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.		
A3.1	Access to resources to support learners' health and wellbeing, and to educational and pastoral support All of the trainees agreed that they had access to adequate rest space at both sites. Trainees described a very supportive and approachable consultant body at both sites who were all willing to teach the trainees. Additionally, the trainees appreciated the support offered by the college tutors and felt that the college tutors cared about their experiences. However, the trainees reported that they would value the opportunity to meet more frequently with their peers. The college tutors recognised this and stated that they had endeavored to create structure and communication within the department, to enable staff to engage with one another.	
A3.2	Behaviour that undermines professional confidence, performance or self-esteem The college tutors and clinical directors felt that the atmosphere in the department had enhanced following a change in leadership, and felt that their openness to involving others in managing and running the department had contributed to the improved atmosphere. However, the review team heard of three instances whereby trainees had felt undermined or that they were spoken to inappropriately by consultants. It was reported that these instances had involved two consultants, one of whom no longer worked at the Trust. Some of the trainees reported that they had confided in their educational and clinical supervisors following the incidents and subsequently the issues were resolved satisfactorily.	Yes, see A3.2 below
A3.3	Access to study leave None of the trainees reported that they had experienced issues in accessing study leave. The trainees reported that the process to request study leave was straight forward and that the department would facilitate them in attending specific educational activities. All of the trainees were appreciative that the time spent attending the weekly teaching and the monthly trainee forum was not deducted from their study leave allowance.	
4. Supporting and empowering educators		
HEE Quality Standards 4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities. 4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.		

A4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The educational supervisors reported that they were frequently made aware of professional development opportunities available to them. It was reported that educational supervisors were required to complete a refresher course every three years, encouraged to complete a feedback exercise every three years, able to attend a yearly update for clinical and educational supervisors led by the clinical governance lead and that the college tutors reviewed the educational supervisors' portfolios on an annual basis. The review team felt that the Trust should be commended on providing a vast number of development opportunities for educational supervisors.</p> <p>All of the educational supervisors reported feeling well supported in their roles and praised the senior management team at both sites, reporting that they were approachable, responsive and engaged in the department.</p>	
A4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The review team heard that all of the educational supervisors' job plans met the guidance regarding educational supervision, i.e. 0.25 programmed activity/ trainee.</p>	
<p>5. Developing and implementing curricula and assessments</p>		
<p>HEE Quality Standards</p> <p>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
A5.1	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The review team heard that the CT1 rota would usually consist of eight trainees. However, at the time of the General Medical Council National Training Survey (GMC NTS) 2016 there were 12 trainees on the rota due to the addition of ACCS and Defined Route Entry – Emergency Medicine (DRE-EM) trainees. The college tutors acknowledged that during this time the appropriate lists were thinly spread across the trainees.</p> <p>Some of the trainees reported that they did not always gain a lot from working weekends at Guy's Hospital as the nature of the work was too specialist. The trainers had also acknowledged this issue.</p>	
A5.2	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>All of the trainees reported that they had never felt that they were at the Trust solely to provide services and that being doubled up with consultants every day enabled them purely to learn.</p>	

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

A6.1	<p>Learner retention</p> <p>All trainees reported that they would be happy for their friends and family to be treated at the Trust and several remarked that they wished to come back to the Trust, both as higher trainees and as consultants.</p>	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
<p>The review team heard that a monthly trainee forum had been established with trainee involvement, whereby trainees could confidentially discuss concerns and issues that had arisen. This included a 'confession session' attended by higher trainees, during which trainees would discuss incidents such as near misses in a safe environment. Additionally, if a consultant was present they would share helpful tips, which was highly appreciated by the trainees.</p> <p>It was reported that the trainee forum was protected time for which all trainees would be released to attend, except for those on call. The trainees highly valued the opportunity to discuss issues both with and without a consultant present, if needed.</p>	College Tutor	Please complete the attached pro forma and return to the quality and regulation team.	09/06/17

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
A1.5b	The Trust should continue the development of a rota that allows trainees to work night	The Trust should provide a copy of the new rota if established and confirmation that this	R1.12

	shifts on call and provide evidence that this has been put in place. If this is not possible, the Trust should submit a report detailing the reasons for this and provide evidence that alternative measures have been taken to enhance trainees' learning opportunities.	has been implemented within the department. Compliance with this action should be monitored through local faculty group (LFG) meetings. LFG minutes should evidence trainee satisfaction with this issue.	
A3.2	The Trust must ensure that inappropriate behaviour by any member of the clinical team is addressed promptly as it is not conducive to a supportive learning environment and is not in keeping with the GMC's standards of good medical care and professional behaviours.	The Trust is required to draw the attention of all consultants to the Trust's policy of expected behaviours in the workplace and provide evidence that this has occurred. This could be in the form of LFG minutes.	R3.3

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
A1.5a	The Trust should explore ways in which trainees could work at one site for longer periods of time, in order to enhance relationships between trainees and staff at the Trust and to provide greater consistency for trainees.	The Trust should provide evidence that this matter has been considered and detail the outcome of this.	R1.12
A1.6	The Trust should consider implementing measures to augment the experience offered by the CT1 and CT2 posts and provide evidence that the issues have been rectified.	Compliance with this action should be monitored through LFG meetings. LFG minutes should evidence trainee satisfaction with this issue.	R1.15

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 Cleave Gass
Date:	23/05/2017

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.