QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Croydon Health Services NHS Trust

Surgery

Risk-based Review (education lead conversation)

Quality Review report

7 September 2017

Final report

Developing people for health and healthcare

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Quality Review details

<table>
<tr><td>Training programme</td><td>Foundation Surgery, General Practice (GP) Surgery, General Surgery, Trauma and Orthopaedic Surgery and Urology</td></tr>
<tr><td>Background to review</td><td>The education lead conversation was proposed in response to the poor results and significant deterioration in the General Medical Council National Training Survey (GMC NTS) 2017.

The Trust received outliers in the following areas:
Foundation Surgery, Year One (by programme group) – eight red outliers (reporting systems, supportive environment, induction, adequate experience, curriculum coverage, educational governance, educational supervision and feedback) and no pink outliers.
Foundation Surgery, Year Two (by programme group) – four red outliers (overall satisfaction, adequate experience, induction and curriculum coverage) and three pink outliers (reporting systems, educational governance and educational supervision).
General Surgery (by programme group) – one red outlier (study leave) and three pink outliers (teamwork, adequate experience, regional teaching).
GP Programme, Surgery (by programme group) – seven red outliers (overall satisfaction, clinical supervision, clinical supervision out of hours, supportive environment, adequate experience, curriculum coverage, local teaching) and five pink outliers (reporting systems, teamwork, handover, induction and educational governance).
Trauma and Orthopaedic Surgery (by programme group) – seven pink outliers (clinical supervision, clinical supervision out of hours, reporting systems, teamwork, induction, educational supervision and feedback).
Urology (by post specialty) – no red outliers, nine pink outliers (clinical supervision, reporting systems, teamwork, induction, adequate experience, curriculum coverage, educational governance, educational supervision and feedback).
Therefore, Health Education England (HEE) felt it was necessary to undertake an education lead conversation in order to meet with the departmental leads and create a bespoke action plan for the Trust to undertake, that would address the issues highlighted in the GMC NTS 2017.</td></tr>
<tr><td>HEE quality review team</td><td>Review Lead: Mr John Brecknell, Head of the London School of Surgery
Deputy Postgraduate Dean: Dr Catherine O'Keeffe, Deputy Postgraduate Dean, Health Education England South London
GP Representative: Dr Sarah Divall, GP Associate Director South East London, Health Education England South London
Foundation Representative: Dr Shanthi Paramothayan, Associate Foundation Dean, Health Education England South London
Scribe: Heather Lambert, Learning Environment Quality Coordinator, Health Education England London and the South East</td></tr>
<tr><td>Trust attendees</td><td>Miss Stella Vig – Consultant (Vascular Surgery) and Clinical Director
Dr Gita Menon – Director of Medical Education (DME)
Mr David Rose – F1 Programme Director
Dr Veni Pswarayi – F2 Programme Director
Mr Arun Shanmuganandan – Locum Consultant (General Surgery) and Acting College Tutor
Mr Paul Dent – Locum Consultant (General Surgery)</td></tr>
</table>

	• Mr Arvind Mohan – Consultant (Trauma and Orthopaedic Surgery) and Educational Supervisor • Mr Mark Lynch – Consultant (Urology) and Clinical Lead • Mr Nasr Arsanious – Associate Specialist (Urology) • Ms Nisha Patel – Medical Education Manager

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1	**Appropriate level of clinical supervision** The DME reported that following receipt of the GMC NTS 2017 results they had met with trainees to explore the issues highlighted in the survey. The Trust was made aware that a number of foundation and core trainees were unable to contact their peers for support when bleeped, due to some higher trainees not having a bleep and some bleeps going unanswered. In response to this, the Trust reissued a large proportion of the higher trainees with bleeps. Furthermore, the Trust had identified one locum consultant who was not providing adequate clinical supervision and removed the consultant from post. The review team heard that foundation year one (F1) trainees were on call until 23:00 and F2 trainees were on call throughout the night. As higher trainees were non-resident, to ensure the adequate supervision of foundation trainees the bleep numbers for higher trainees were distributed and consultants would make themselves available, when necessary. The Trust reported that during their induction trainees were given a copy of an escalation protocol. However, the Trust disclosed that this was not included in the April 2017 induction and therefore not all trainees had been aware of the escalation process. The Trust reported that they had previously received feedback from foundation trainees that suggested the supervision by higher trainees was variable and, on occasion, that higher trainees had asked foundation trainees not to contact them during on call shifts. The Trust reported that going forward, in these instances the higher trainees would immediately be referred to the medical director.	Yes, see S1 below
1	**Rotas** The Trust stated that the GMC NTS 2017 results were caused by a number of factors, namely: rota gaps, a significant change in the consultant body, a vacant college tutor post and a period of planned leave for the clinical director. This was described as a 'perfect storm'. It was reported that the rota gaps had subsequently impacted on GP trainees' ability to attend teaching, caused difficulties for on call shifts and had resulted in trainees sometimes being pressured to cover rota gaps at short notice. It was reported that the clinical director had subsequently filled the rota gaps, partly through the recruitment of doctors from overseas. The Trust reported that this would ensure that rota gaps were filled for the following two years. The Trust reported that it was using alternative staffing resources in surgery, including a surgical care practitioner, trauma coordinator, two simulation fellows, an undergraduate fellow and clinical nurse specialists in ENT and colorectal surgery. It was reported that the Trust had begun to recruit four physician associates (PAs) for medicine. The review team	Yes, see S2 below

	heard that in surgery the shop floor was well resourced and therefore the Trust did not feel the recruitment of surgical PAs was necessary. The review team heard that a new rota, compliant with the junior doctor's contract but not tested beforehand, was implemented around April 2017. The Trust acknowledged that this rota was not conducive to learning as it did not allow the trainee to attending teaching. Additionally, it was reported that the rota had caused difficulties in some trainees taking study leave and annual leave. The Trust had since revised this rota with trainee input. It was reported that the new rotas were coordinated by a rota manager with additional input from some core trainees.	
1	**Induction** The Trust stated that the April 2017 induction had not taken place for all foundation trainees or for some trainees at other training grades. It was reported that the Trust had since appointed named foundation induction leads to ensure that the induction took place in the future. The review team was informed that the August 2017 induction had taken place and informal trainee feedback had been sought by the Trust. The Trust was also considering undertaking an audit to gain formal trainee feedback. It was reported that a surgical handbook containing information on the Trust directorates, consultant and trainee timetables, rheumatology multi-disciplinary team (MDT) meeting and bleep numbers was circulated to trainees at each departmental induction. The Trust stated that they had not previously gathered trainee feedback on this handbook but would consider introducing this going forward. The trust described an innovative peer to peer element to induction.	Yes, see S3 below
1	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** It was reported that F1 trainees previously had a high administrative workload as they were tasked with preparing for MDT meetings. The Trust acknowledged that this was not appropriate and had since reallocated these duties. It was reported that before August 2017 a formal teaching structure was not imposed for trainees in T&O; instead trainees individual learning needs were accommodated. However, it was acknowledged that rota gaps had prevented trainees from attending some learning opportunities and subsequently, a structured teaching approach had been adopted. At the time of the review it was reported that all ST1-2 and GP trainees in T&O had access to four upper limb clinics, four lower limb clinics and attended two MDT meetings.	
1	**Protected time for learning and organised educational sessions** Prior to the review, the review team had gathered soft intelligence that suggested foundation teaching at the Trust was not bleep free. However, at the time of the review the Trust confirmed that bleep free foundation teaching took place on a Friday afternoon. The Trust stated that this teaching had always taken place but that trainee attendance was previously limited due to rota gaps. In T&O it was reported that orthopaedic teaching took place on a weekly basis, directly before the grand round. Attendance was monitored and trainee feedback was collated. In urology, it was reported that teaching took place on a Wednesday afternoon and	Yes, see S4 below

	trainee feedback was collated. Additional teaching took place during ward rounds. The Trust also confirmed that GP trainees were released to attend their half-day of GP teaching.	
2	**Appropriate system for raising concerns about education and training within the organisation** It was reported that the Trust had local faculty groups (LFGs) for general surgery and T&O, both with trainee representation. The Trust outlined the structure of the LFG; it was reported that a trainee-led team meeting took place on a monthly basis, this was not attended by consultants. This team meeting then fed into the monthly clinical governance meeting. The review team noted that this structure was unusual and differed from that in the National Associate of Clinical Tutors (NACT) guidelines. The DME stated that the deterioration in the GMC NTS 2017 results came somewhat as a surprise to the Trust, as trainee representatives had not voiced the majority of the concerns at the LFG. However, it was noted that rota gaps had previously limited trainee attendance at the LFG. The DME stated that since receiving the GMC NTS 2017 results they had introduced informal meetings with the trainees to discuss any issues. The visiting team wondered whether the NTS surprise might have been the result of a sub-optimal LFG structure. The review team heard that a mentoring system had been introduced in T&O, whereby junior trainees were paired with middle-grade trainees. Trainees were able to raise any concerns with their mentor and then escalate these issues to the LFG, if necessary.	Yes, see S5 below
2	**Organisation to ensure access to a named educational supervisor** The review team heard that all trainees in T&O had a named educational supervisor and a learning agreement.	
4	**Access to appropriately funded professional development, training and an appraisal for educators** The review team was informed that all new consultants were offered an induction and opportunities for training, including training for e-portfolio. It was reported that a mentoring system was in place for new consultants and the college tutor worked with new consultants specifically with regard to educational supervisor training. The Trust reported that it had a large pool of educational supervisors and was therefore able to appoint them based on the quality of supervision provided. Previously one educational supervisor would have three to four trainees, but the large pool of educational supervisors had reduced this to one to two trainees. The Trust stated that all educational supervisors had appropriate time allocated for programmed activity within their job plans.	Yes, see S8 below
5	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** All of the GP surgery posts at the Trust were in T&O. The Trust stated that there was not a T&O GP curriculum that they could follow and so they tailored the GP placements to the trainees' learning needs. The review team suggested that the Trust mapped the wider GP curriculum for T&O, to ensure that trainees are enabled to achieve the learning outcomes required.	Yes, see S6.1 below

	The Trust reported that the foundation teaching programme was consistently reviewed with trainee input at the end of each year. The review team heard that F1 trainees had previously requested more simulation teaching; in response to this the Trust had developed additional simulation teaching that had been mapped against the foundation curriculum.	Yes, see S6.2 below
6	**Appropriate recruitment processes** The contribution to the GMC NTS return in 2017 of the absence of a key member of the local education team was noted by the trust. At the time of the review and for many months before, the RCS surgical tutor post was covered by a locum consultant and a request had been made by the Trust to leave the appointment open. It was reported that once the substantive consultant posts were appointed, the surgical tutor would subsequently be appointed. It is likely that a stronger and broader educational leadership team would have been better placed to cope with the absence of one of its members. The Trust stated that all education leads in other departments in the Trust had succession planning. The mentoring scheme mentioned above is a welcome initiative in this regard. The adoption of the title of 'college tutor' by local educational leads, for example in T&O, without appointment by or on behalf of any of the royal colleges was considered to potentially confuse the leadership structure.	Yes, see S7 below Yes, see S9 below

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
S1	The Trust must ensure that foundation trainees are receiving adequate clinical supervision, including daily consultant ward rounds and cross cover arrangements for when team members are absent. The Trust must ensure that foundation trainees are aware of and understand the cover arrangements for all staff working in the department and that communications relating to this are clear.	The Trust to provide a copy of their escalation protocol and evidence that this is distributed to trainees during the departmental induction. Local Faculty Group (LFG) minutes should include a standing item reporting on the trainee perception of clinical supervision.	R1.8
S2	The Trust must ensure that rota gaps are managed without trainees being pressured to fill gaps. Using the MTI to recruit overseas junior doctors is a commendable initiative but it is likely that the difficulties reported in non-training junior doctor recruitment and retention will continue. The trust has recently been provisionally accepted as a pilot site for the HEE/RCSEng improving surgical training (IST) pilot and has therein given an undertaking to work towards developing the non-medical workforce within the	LFG minutes should include a standing item reporting on the trainee perception of their rota arrangements. Please provide a report on the Trust's plans to develop the non-medical workforce within surgical inpatient services to support the tasks traditionally performed by junior doctors, including the utilisation of advanced nurse/clinical practitioners, physician's associates, doctor's assistants, clinical	R1.12

	surgical team. The visiting team believes that such initiatives are essential for the robust and sustainable staffing of acute surgical inpatient services. The school of surgery, HEE non-medical workforce team and the proposed 'IST fellow' may be of use in providing operational advice here.	nurse specialists and hospital at night systems as appropriate.	
S3	The Trust must ensure that a departmental induction is provided for any trainee starting any post at any time of year.	The Trust to provide a copy of the surgical handbook and other induction materials circulated to trainees in the August 2017 induction, to include details of the peer to peer induction scheme.	R1.13
S4	The Trust must ensure that teaching sessions are bleep-free and there must be protected time for departmental teaching for all trainees. The Trust must ensure that there is appropriate cover so that trainees can attend mandatory teaching sessions.	The Trust to provide a schedule of departmental teaching in surgical firms, clarifying where teaching is bleep free and where trainees are released to attend.	R1.16
S5	The Trust to review the robustness of their local faculty group and compare local practice to the NACT guidelines. These describe a regular departmental group attended by trainees, trainers and management to discuss local training issues as they arise.	Please provide a report on your findings and plans for the future of LFGs within the surgical departments at Croydon.	R2.7
S6.1	The Trust must ensure that GP trainees are supported to achieve the learning outcomes required by their curriculum.	HEE supports the Trust in their undertaking of a formal curriculum mapping exercise. Please provide a copy of the curriculum mapping exercise when complete.	R5.9
S7	The Trust should commit to the appointment of a surgical college tutor, by February 2018.	The Trust to notify HEE upon appointment of a surgical college tutor.	R2.1

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
S6.2	The visiting team heard that the F posts had been mapped against the foundation curriculum.	The Trust is invited to share the completed foundation curriculum mapping exercise with HEE.	R5.9
S8	The visiting team heard of a mentoring package to support the development of new consultants as educators.	Please consider sharing this package with HEE LaSE	

S9	The visiting team considered that the abuse of the 'college tutor' title might undermine the RCS surgical tutor appointment.	Please consider adopting the title 'local education lead' for departmental leaders in education and training who have not been appointed by or on behalf of a royal college.	

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:	Mr John Brecknell
Date:	20 September 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.