St George's University Hospitals NHS Foundation Trust Histopathology

Risk-based Review (education lead conversation)



Quality Review report

12 September 201

Final Report

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Quality Review details

Training programme	Histopathology		
Background to review	The education lead conversation was proposed in response to the deterioration in the results of the General Medical Council National Training Survey (GMC NTS) 2017. For histopathology, the Trust received red outliers in the following areas: teamwork, supportive environment, adequate experience and study leave (and four pink outliers for induction, educational governance, educational supervision and regional teaching).		
	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.		
HEE quality review	 Review Lead: Dr Martin Young, Head of the London Specialty School of Pathology Deputy Postgraduate Dean: Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England South London 		
team	 Scribe: Heather Lambert, Learning Environment Quality Coordinator, Health Education England London and the South East Observer: Thomas Kealy, Commissioning and Contracts Senior Administrator, Health Education England North West London 		
Trust attendees	 Dr John du Parcq, Consultant Cellular Pathologist Dr Lida Alarcon, Consultant Pathologist Dr Charanjit Kaur, Consultant Pathologist 		
Trust attenuees	 Dr Iona Jeffrey, Consultant Perinatal Paediatric Pathologist Dr Jonathan Round, Director of Medical Education 		

Conversation details

GMC Theme	Summary of discussions	Action to be taken?
1	Learning environment and culture	
	The Trust reported that it had looked into the red outlier produced for 'supportive environment' in the General Medical Council National Training Survey (GMC NTS) 2017 results and had identified that in the majority of departments, trainees were assigned to specialties but not a specific consultant. Subsequently, trainees were not always approached by consultants as the onus was on the trainees to seek out work. This had impacted upon the trainees' perception of the training environment and the support available.	
	Although the consultants met with by the review team did not feel that this approach was problematic, to improve the experience for trainees the department had subsequently assigned trainees with named consultants. Additionally, ingastrointestinal (GI) trainees would shadow one specific consultant for a week.	
1	Rotas	

	of Pathologists (RCoP) curriculum would spend approximately six to eight weeks in each specialty, in three week rotations.	
1	Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience	
	The Trust reported that following receipt of the GMC NTS 2017 results, it had undertaken an informal survey with trainees to further explore the areas of concern. It was reported that the feedback was predominately positive, but the trainees had made some suggestions for improvement that the Trust confirmed it would act upon. Subsequently, the review team was informed that the department would ensure that each trainee had a formal learning agreement. The review team heard that when developing the learning agreement, the Trust would review each trainees' previous experiences, specific training needs and areas of special interest.	
	The Trust reported that it followed guidance from the RCPath with regard to expected number of cases undertaken for each trainee. However, the Trust did not focus on the expected numbers for each specialty, as the consultant body was concerned that this could compromise the quality of training over the quantity of cases completed. The review team agreed that a balance needed to be struck between the two but suggested that the department may struggle to achieve the expected numbers for each trainee without a framework or guidelines in place.	Yes, see H1 below
	The review team queried the level of responsibility given to trainees in the department. The Trust reported that informal trainee feedback suggested that trainees undertaking stage D of the RCPath curriculum did not want to undertake independent reporting. However, the review team heard that trainees took ownership of the cut-up cases that they undertook for each specialty.	Yes, see H2 below
	The volume of cut-up work undertaken by trainees was dependent on their experience and capability. However, the Trust stated that consultants undertook the majority of the cut-up work and that trainees were mostly given a preference with regard to specialty cut-up. The Trust also had a 'hot seat' cut-up; this was run by the laboratory staff and required each higher trainee to undertake two hours of cut-up of small specimens per week.	
	The review team heard that the Trust had introduced a feedback form that would be completed for each trainee once they had finished their specialty rotation, in order to review the trainees' progress and to ensure that they received sufficient feedback.	
2	Impact of service design on learners	
	The review team heard that in 2013 the Trust's pathology department merged with Kingston Hospital NHS Foundation Trust and Croydon Health Services NHS Trust to provide a single, integrated pathology service, known as South West London Pathology (SWLP). It was reported that following the merger, the department had seen an increase in its workload. It was noted that although the department received additional consultants following the merger it did not receive any additional training posts.	
	The review team was informed that SWLP has expressed its desire to move towards a 7.00 to 19:00 working day, although at the time of the review this structure was not in place. The consultant body was open to this change and it was noted that the junior doctors contract offered this extension within the framework.	

	The Trust reported that the training posts within the department were not banded and therefore the consultants felt that the Trust was not a popular place to train. Due to the training posts not being banded the department had informed the trainees that they were supernumerary. However, the Trust acknowledged that this may have led to trainees feeling undervalued.	Yes, see H1 below
2	Appropriate system for raising concerns about education and training within the organisation	
	The review team heard that the departmental leads had met regularly with the trainees. The Trust stated that the deterioration in the GMC NTS 2017 results came somewhat as a surprise to the Trust, as trainees had not previously voiced the majority of the concerns that appeared in the survey results. Subsequently, the postgraduate medical and dental education training manager and the director of medical education had agreed to undertake an anonymised survey with the trainees in March 2018. This would cover the same domains as the GMC NTS and provide the Trust with further intelligence.	
2	Organisation to ensure access to a named educational supervisor	
	The review team was informed that all trainees in histopathology had a designated educational supervisor. All of the educational supervisors met with by the review team reported that they had been approached by trainees and that they had supported trainees with personal issues during their placements.	
	It was reported that trainees were assigned to each educational supervisor based upon their training grade.	
3	Access to study leave	
	The Trust identified that the red outlier received for 'study leave' in the GMC NTS 2017 was likely due to trainees having days subtracted from their study leave allowance to attend compulsory training. It was reported that this had occurred as the Trust's electronic leave system, not managed by the department, included both leave for mandatory training and the trainees' study leave allowance in one total.	
	However, the Trust stressed that no trainees within the department had ever been denied study leave or annual leave. It was reiterated that as the work in the department was not reliant on trainees, leave requests were always accommodated, even at short notice.	
4	Sufficient time in educators' job plans to meet educational responsibilities	
	The review team heard that all educational supervisors had appropriate time in their job plans for programmed activities.	
4	Access to appropriately funded resources to meet the requirements of the training programme or curriculum	
	The Trust reported that it had consistent issues with information technology (IT) and	Yes, see H3

Next steps

Conclusion

n/a			

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
H1	The Trust is encouraged to adopt a more structured approach to learning, considering the potential impact on trainee satisfaction and to ensure that trainees are enabled to demonstrate what is expected to meet the learning outcomes required by the RCoP curriculum.	The Trust to demonstrate that this has been considered and provide an overview of any subsequent changes made.	1

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
H2	The Trust should consider developing the responsibilities given to trainees to ensure that they are appropriate for the stage of education and training.	The Trust to demonstrate that this has been considered and provide an overview of any subsequent changes made.	1
H3	The department should be supported by the Trust to ensure that trainees and trainers have access to the IT resources required to meet the requirements of the training programme or curriculum.	The Trust to inform HEE if additional IT resources will be supplied to the department.	2

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 Martin Young
Date:	27 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.