QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Lewisham and Greenwich NHS Trust (University Hospital Lewisham)

Risk-based Review (Education Lead Conversation)

Quality Review report

22 February 2018

Final Report

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Quality Review details

Training programme	General surgery and foundation surgery
Background to review	The review was proposed in view of the General Medical Council (GMC) National Training Survey (NTS) results for surgery in 2017, in particular the seven red outlier results in general surgery and three red outliers in foundation year one (F1) surgery at Queen Elizabeth Hospital. A previous Health Education England (HEE) quality review had suggested that there was inadequate work to support the number of trainees at the Trust. Subsequent discussions with the Training Programme Director (TPD) indicated that this was an ongoing issue.
HEE quality review team	John Brecknell Head of School, London Postgraduate School of Surgery Health Education England Dr Catherine O'Keeffe Deputy Postgraduate Dean, South London Clinical Lead, Professional Development, London and South East Professor T G Allen-Mersh Professor of Gastrointestinal Surgery Abby Rosen Medical Education Fellow South London Team Louise Brooker Learning Environment Quality Co-ordinator Quality, Patient Safety & Commissioning Team (London and South East)
Trust attendees	Dr Mehool Patel Director for Medical Education Steve Bickle Medical Education Manager, University Hospital Lewisham Nikola Hewitt Medical Education Team Leader, Queen Elizabeth Hospital

	Dr Paolo Sorelli Consultant, Colorectal Surgery, Queen Elizabeth Hospital Dr Ashraf Molokhia Acting Divisional Director for Surgery Mr Mohamed Hammadeh Clinical Director for Urology and Consultant, Urology, Queen Elizabeth Hospital Mr Adrian Steger Deputy Training Programme Director and Consultant, Upper Gastrointestinal Surgery, University Hospital Lewisham Miss Jane Linsell Consultant, Colorectal Surgery, University Hospital Lewisham Mr Mark Jeffery Educational Lead for Surgery and Consultant, Orthopaedics, University Hospital Lewisham

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1	**Introduction** The review team thanked the Trust for their cooperation in arranging the review. The Review Lead discussed the ongoing concerns around general surgery training at the University Hospital Lewisham (UHL) site, particularly around the General Medical Council (GMC) National Training Survey (NTS) results. There were also issues around foundation surgery training at the Queen Elizabeth Hospital (QEH) site. The Review Lead noted that these were not unique to the Trust, but that due to the limited number of foundation surgery posts remaining after Modernising Medical Careers (MMC) and broadening, Health Education England London & South East (HEE LaSE) was particularly motivated to ensure the quality and continuance of these foundation training places. The review team also acknowledged the challenges faced by Trusts across London and the south east in recruiting staff across all specialties and professions. The review team were interested to learn about the staffing strategy within the surgery department.	
2	**Capacity and training opportunities** The review team was informed that there were six surgical consultants based at the UHL site, all of whom worked in general surgery and between them covered the following subspecialties: upper gastrointestinal (GI), lower GI, colorectal, bariatric and emergency surgery. The educational supervisors (ESs) reported that the department was divided into two firms; upper GI and lower GI. There were four specialist trainees at level three or above (ST3+) and a fifth was due to start in April 2018. The review team heard that the trainees' rotations were planned so that there were two ST3+ trainees at a time placed in each firm. There were also four junior clinical fellows in the department and further recruitment was planned as described below. The ESs reported that the ST3+ rota included non-resident on-call shifts in order to maximise exposure to a variety of surgical cases and that this worked well.	

	The review team heard that the Trust had developed a strategy to recruit non-training grade doctors from overseas to rotational posts which would cover general surgery, otolaryngology, urology, orthopaedics and critical care. It was anticipated that these posts would commence in August 2018. The Acting Divisional Director (ADD) advised that the Trust had recently recruited a non-training grade urologist through the Medical Training Initiative (MTI) and was seeking approval for an additional MTI post. The review team was informed that the Trust was considering moving the emergency surgery lists to the QEH site and was conducting a pilot to assess the feasibility of this. This was part of a larger plan to review services which were split across Trust sites and centralise them where appropriate, for example, the joint replacement surgery lists were now carried out at UHL. There were also plans to expand the Trust's bariatric service due to demand; the service currently had 70 patients but had a waiting list of 300. There was discussion of the workload at the UHL site and whether this provided sufficient learning opportunities for the trainees. Colorectal cancer resection surgery was cited as an example, as the review team was informed that 70 procedures per year were performed at UHL. Most of these were utilised for training, giving an estimated average caseload of 10 to 12 rectal cancer resections per year per trainee. This was compared with the indicative training requirement of 20 segmental colectomies and five Hartmann's procedures for all general surgeons and 80 segmental colectomies for colorectal specialists, 30 of which needed to be anterior resections. The ESs reported that they reviewed each trainee's needs and interests in order to ensure that training opportunities were allocated accordingly rather than being divided equally. This allocation was ad-hoc which provided good flexibility to respond to the needs of incoming trainees but may have lacked the robustness required for sustainable and reliable rotation planning mapped against a demanding curriculum. The review team heard that the department ran 12 surgery lists per week as well as an additional all-day general surgery list run by the associate specialist and the emergency (CEPOD) theatre which was open seven days a week. The ESs stated that the trainees were involved in as many surgical cases as possible and that trainees were allocated three or four lists each week as required by their training programme. It was agreed that the ADD would send further details of the department's annual operative numbers, but it was estimated that each trainee could attend 250 surgeries per year. This was compared with an indicative requirement for a minimum of 1600 cases over the course of training. The review team heard about a recent initiative to separate the out-of-hours provision of basic medical care for inpatients in the departments of general surgery and trauma and orthopaedics (T&O). This was felt to have led to an improved level of team morale and to have improved training conditions for ST3+ doctors. To sustain the staffing of this working model, an overseas recruitment strategy was described. The Director for Medical Education (DME) advised that there had been resistance to introducing non-medical roles to the surgery department due to a belief that working in surgery required a unique skill set. However, such roles had been successfully incorporated into other specialties, for example clinical nurse specialists in urology and advanced nurse practitioners (ANPs) in endoscopy and the emergency department (ED). The ED in particular was investigating the further use of non-medical staff to address ongoing workload and capacity issues.	Yes, please see S2.1 Yes, please see S2.2
3	**Educational supervision and trainee support** Following the red outlier result for educational supervision in the 2017 GMC NTS the DME had sought further feedback from the trainees. Two trainees had experienced specific issues around particular assessments and had been given additional support	Yes, please see S3.1

	to prepare for these. The department was also working to provide support to ESs where needed to ensure the quality of educational supervision. The Review Lead asked about the local faculty group (LFG) model at the Trust and was informed that the department had an LFG which met every two months but that the meetings were poorly attended, particularly by the trainees. The LFG was cross-site, covered the whole of surgery and there was no non-clinical management presence. There were trainee representatives for core training, general surgery and T&O, as previously all trainees were invited to attend but few did so. The DME reported that the department was considering running separate LFGs at UHL and QEH to improve attendance. The Medical Education Manager (MEM) provided information about the local arrangements for a junior doctors' forum. The review team was particularly impressed by the description of the medical director's monthly 'pizza parties' in which trainees could informally and confidentially give feedback to this key member of the executive team. The review team heard that these sessions had been well-received by trainees and that changes had been made as a result of the feedback given. The DME reported that the Trust induction attended by all trainees included information about the various mechanisms for seeking advice and raising concerns. The review team was informed that there was a positive culture around exception reporting in the department. In line with advice by the GMC, the DME advised that all trainees had been encouraged to submit exception reports and to escalate any concerns around workloads and rotas. The MEM reported that trainees received time off in lieu if they worked past their contracted hours on occasion, so often felt it was not necessary to exception report, but that they were being encouraged to do so as this helped the medical education team to assess trainee workloads and allocate support accordingly. The Review Lead asked about the guardianship arrangements within the department and was informed that there were three 'being open' leads, all of whom were senior clinical or management staff. The DME reported that the Guardian for Safe Working met with trainees every two months, alternating between the UHL and QEH sites. The medical education team felt that the department had a culture of openness and that trainees were able to approach senior staff to raise concerns.	Yes, please see S3.2 Yes, please see S3.3
4	**Action taken following the GMC NTS results** The ESs advised that local teaching had been improved. At UHL there was a weekly x-ray meeting, a weekly academic surgical meeting including case presentations and discussion of research papers and weekly meetings for both the upper and lower GI firms to discuss all inpatients. At QEH a weekly, protected surgical teaching session had been introduced and the medical education team were working to improve the departmental induction. The trainees at QEH had reported to the medical education team that the feedback they received from clinical supervisors was not always useful or constructive and the team were working to address this.	

Next steps

Conclusion
The review team commended the Trust's efforts in improving local teaching, supporting the improvement of educational supervision and making trainees aware of feedback mechanisms. However, the LFG was not felt to be effective, due to the lack of trainee representation, lack of divisional management input and the logistical difficulty of having one LFG to cover both sites. There were ongoing concerns around the ability of the Trust to support the trainees in terms of case numbers and clinical experience. The review team requested further information regarding the department's overall

case numbers so that HEE could further consider whether there was sufficient workload to support the trainees at UHL.

The Review Lead indicated that HEE could provide advice and guidance around the introduction and development of more non-medical staff within the surgery department, as well as how to support the trainees through the potential changes to service provision.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
S3.2	The Trust is aware of the suboptimal arrangements currently in existence for a local faculty group (LFG) in general surgery at UHL. A department level group for the regular meeting of trainers, trainees and management to discuss training issues in real time can be a powerful tool for the improvement of local education quality.	Please provide LFG minutes over the next 6 months to demonstrate attendance as well as the model chosen going forward.	R1.5
S3.3	Please clarify the Trust's arrangements for the provision of a Freedom to Speak Up Guardian and ensure that the trainees are aware of the role and its remit. Please clarify how the Trust will improve the interaction between the Freedom to Speak Up Guardian and the trainees. The Freedom to Speak Up Guardian should attend at least one or two junior doctor forum meetings per year.	We look forward to receiving this clarification by the end of April 2018, together with evidence that the arrangements are included in the Trust's induction package for doctors in training. Evidence may include LFG minutes, junior doctor forum minutes, induction programme details or emails sent to trainees.	R1.1

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
S2.1	It was agreed that the Acting Divisional Director would provide further statistics about the department's caseload to demonstrate the capacity for training of specialist trainees at level three and above general surgical trainees at University Hospital Lewisham.	The Acting Divisional Director is to send the information about the department caseload to the review team for further consideration of this issue by the end of April 2018.	R1.19
S2.2	Please consider introducing practitioners with new roles such as physician associates, advanced nurse practitioners and doctors' assistants into the multi-professional care of surgical inpatients in the same way that other areas of the Trust have done with success. The Trust is advised to consider using the STAR tool as a model for this work; available at https://hee.nhs.uk/our-work/hee-star.	HEE would be pleased to assist and looks forward to hearing how the Trust decides to proceed. Please provide an update by the end of September 2018.	R1.17

S3.1	The Trust had worked with clinical and educational supervisors on a one-to-one basis to address concerns about the quality of supervision being provided.	The Trust is required to provide evidence of improved trainee feedback following these interventions by the end of June 2018, through copies of LFG minutes with trainee representation.	R4.4

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The review team heard about early plans to consolidate services across the Trust's two main sites and HEE hopes to be able to advise on the impact on training of such changes.	Please keep HEE updated on the progress of plans for the reconfiguration of general surgical services across the two main Trust sites; HEE will provide advice on training implications as appropriate.
HEE have a responsibility to assure that trainees are provided with the training opportunities to fulfil the requirements of their curricula. The visit confirmed an impression that the numbers of general surgical cases, particularly colonic resections for malignancy, made it hard for all the general surgical trainees currently placed there, to achieve the indicative numbers currently set by the SAC.	HEE will start a piece of work to look at the balance of training opportunities in general surgery in south east London, including the data acquired at this ELC.
With regard to the recurrent poor NTS returns in domains of supportive environment and educational supervision, the review team heard about work done with clinical and educational supervisors on a one-to-one basis to address concerns about the quality of supervision being provided.	HEE will pay particular attention to these domains in the 2018 GMC NTS as a guide to the efficacy of these interventions.

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	John Brecknell
Date:	22 March 2018

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.