

The Hillingdon Hospitals NHS Foundation Trust

Risk-based Review (Education Lead Conversation)



Quality Review report

13 March 2018

Final report

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Quality Review details

Training programme	Ophthalmology
Background to review	<p>At the time of the review, Hillingdon Hospital site provided training for one specialty trainee level one (ST1) trainee, one ST2 trainee, two ST4 trainees in Ophthalmology.</p> <p>The General Medical Council National Training Survey (GMC NTS) survey for 2017 was disappointing:</p> <ul style="list-style-type: none"> • Pink for overall satisfaction • Pink for clinical supervision • Pink for clinical supervision out of hours • Pink for workload • Pink for supportive environment • Pink for adequate experience • Pink for educational governance • Pink for educational supervision. <p>There were green results for regional teaching and reporting systems. One trainer had expressed their concern on the effect of the change in the Imperial on call rota for ST4 trainees and the ability of Hillingdon Hospital to be able to deliver training for these senior trainees.</p> <p>The College Tutor had discussed training of the current 2018 trainees at the Specialty Training Committee (STC) meeting, and was confident that they were happy with training.</p> <p>The Ophthalmology School requested Hillingdon to cover specific curricular requirements for each of the ST4 trainees in 2018, which were introduced to all units across north London as part of the maximizing training opportunities exercise in 2017.</p>
HEE quality review team	<p>Ms Emma Jones Head of the London Specialty School of Ophthalmology Health Education England</p> <p>Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England</p> <p>Louise Brooker Learning Environment Quality Coordinator, Health Education England (London and the South East)</p>

Trust attendees	<p>Dr Stella Barnes Director for Medical Education</p> <p>Ms Francesca Harman College Tutor and Educational Lead for Ophthalmology</p> <p>Stefan Krok-Paszowski Medical Education Manager</p>
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Conversation details

	Summary of discussions	Action to be taken? Y/N
	<p>Introduction</p> <p>The review team outlined the background to the review and highlighted the contrast between the 2016 and 2017 General Medical Council National Training Survey (GMC NTS) results. The Review Lead noted that the trainees' interim e-portfolio reviews indicated that they were progressing well; achieving the required competencies and significantly exceeding the requirements for surgical cases.</p> <p>The review team advised of the following priorities for discussion:</p> <ul style="list-style-type: none"> •GMC NTS results •Staffing and consultant numbers within the department •The College Tutor (CT) and Educational Supervisor (ES) roles •Changes to the on-call rota for trainees at specialty training level four (ST4) •Local Faculty Group meeting (LFG) attendance. 	
1	<p>GMC NTS results</p> <p>The CT reported that the 2017 GMC NTS took place shortly after a number of changes to staffing in the department and the introduction of night on-call shifts for the ST4 trainees, which may have had a negative impact on the results. The CT also advised that changes to the department leadership had impacted negatively on the time available for supervision, but that this was improving and it was anticipated that the 2018 NTS results would reflect this.</p> <p>There was discussion of the recent review of the current trainees' e-portfolios, which had been uniformly positive and had not raised any areas of concern. The CT questioned whether the previous trainee cohort's e-portfolio reviews had highlighted the same issues as the NTS results. The Review Lead advised that overall satisfaction had been lower, particularly relating to the changes to the ST4 on-call rota and concerns around surgical numbers, which were lower than those achieved by the current cohort.</p> <p>The review team commended the medical education team for the improvements made since the NTS, such as altering the arrangements for sharing clinics between the ST1 and ST2 trainees following trainee feedback and introducing regular LFGs. The review team also noted the lack of exception reports for the department in the Annual Report and was advised that trainees had been encouraged to exception report where appropriate, but had informed the medical education team that they rarely worked beyond their planned hours.</p>	

	<p>The Medical Education Manager raised the issue of changes to the Imperial College School of Medicine curriculum. The review team heard that from the 2020/21 academic year medical students would not be required to undertake a rotation in Ophthalmology, although there would still be an Ophthalmology specialty choice module available. There was concern in the department that this would reduce the number of applications for ophthalmology postgraduate specialty training, but it was anticipated that this would allow more supervision time and training resources to be dedicated to the specialty trainees.</p>	
2	<p>College Tutor, Educational Lead and Educational Supervisor Roles</p> <p>The review team heard that the CT and Educational Lead (EL) roles were combined and that the consultant holding these roles was shortly due to take maternity leave. At the time of the review there were no plans in place for maternity leave cover. The CT also acted as Educational Supervisor (ES) to all four of the trainees. The Director for Medical Education (DME) noted that in other departments, ES responsibilities were often split between two or more consultants, which was beneficial in terms of flexibility, leave cover and shared workload. The Review Lead advised that Health Education England (HEE) London planned to run ES training on 14 May 2018 and could advise and assist consultants who were new to supervision. The CT reported that the job plan for the combined CT and ES role included 0.5 programmed activities (PA) for all education and supervision responsibilities. The review team emphasised the GMC requirement that all ESs be allocated 0.25 PA per trainee and recommended that the department consider sharing ES duties between two consultants.</p> <p>There was a discussion around changes to the educational timetable, which had been made without the oversight of the CT. The review team advised that the current Junior Doctors' Contract stipulated that changes to a trainee's work and training schedule should be approved by the ES prior to implementation.</p>	<p>Yes, please see O2.1</p> <p>Yes, please see O2.2</p> <p>Yes, please see O2.3</p> <p>Yes, please see O2.4</p>
3	<p>Clinical Experience</p> <p>The CT reported that the department had a consultant on-call each weekend and that the consultants had noticed a decrease in the number of calls, making the ST4 trainees' workloads more manageable.</p> <p>The Review Lead enquired whether there was a supernumerary period at the start of the ST1 role and was informed that there was not. The Review Lead advised that a new ST1 should be supernumerary for at least three months and should then be allocated smaller numbers of clinic patients, gradually increasing to a maximum of 12 patients per clinic, as stated by the Royal College of Ophthalmologists. The review team heard that all four trainees were currently allocated 16 patients per clinic and that the ST1 and ST2 trainees were each assigned to two cataract-removal follow-up clinics per week. The Review Lead questioned the educational value of these clinics and advised that more time in general or mixed clinics would present better training opportunities.</p>	<p>Yes, please see O3.1</p> <p>Yes, please see O3.2</p>

Next steps

Conclusion

The review team thanked the medical education team for participating in the review. The review team noted the positive changes made in the department during this academic year and the progress shown in the

trainees' e-portfolios. The department was urged to prioritise the appointment of a substantive consultant to provide maternity leave cover for the CT/ES role and to consider how to ensure sufficient time and resources for educational supervision, in order to meet the needs of both trainees and supervisors.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O2.1	The current College Tutor/Educational Lead will be going on maternity leave. The Trust should identify and appoint a substantive consultant to provide cover for these roles.	The Trust is to provide evidence by 30 April 2018 that it is seeking a consultant to provide cover and to inform HEE when this has been arranged.	R1.7
O2.2	The Trust to review the College Tutor/Educational Lead job plan and ensure that appropriate supporting programmed activity (SPA) time is included for trainee supervision	The Trust to confirm that a new College Tutor/Education Lead has been appointed and by 30 April 2018. The Trust to provide evidence that the job plans contains the correct SPA time.	R2.10
O2.4	The Trust is to review its policy or process for making changes to the educational timetable.	The Trust should provide documentary evidence that approval by the College Tutor/Educational Lead (or other Educational Supervisor if one is appointed) will be required prior to any change being made.	R2.1

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O2.3	HEE would suggest that the Trust has two Educational Supervisors to cover the four trainees. This would provide cover should one Educational Supervisor be on leave and also provide shared responsibility for the delivery of education. The Trust is advised to consider assigning educational supervision responsibility to an additional consultant.	The Trust should provide evidence that this has been considered, for example minutes showing discussion at LFG or Medical Education Committee meetings.	R4.2
O3.1	HEE would like the Trust to consider the training stage of each trainee and allocate the appropriate number of patients during clinics according to the Royal College of Ophthalmologists' curricular guidelines. The Trust to ensure that all trainees and clinical supervisors have been informed of the appropriate number of patients to be allocated to trainees at each level.	The Trust to submit the communication disseminated amongst trainees and clinical supervisors informing them of the appropriate numbers of patients to be allocated to trainees at each level. The Trust to submit trainee feedback, through the form of Local Faculty Group minutes demonstrating that this is being adhered to.	R1.9

O3.2	Trainees' clinic responsibilities should be planned with their training needs in mind, for example ensuring exposure to general or mixed clinics. Routine cataract follow-up clinics for service delivery should be kept to a minimum.	The Trust is required to provide rotas showing trainee clinic allocations which demonstrate that trainees are gaining experience in a range of clinics and are allocated to a maximum of one routine cataract follow-up clinic per week.	R5.9
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Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
N/A	N/A

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Emma Jones
Date:	18 April 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.