QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

St George's University Hospitals NHS Foundation Trust

Risk-based Review (Education Lead Conversation)

Quality Review report

12 April 2018

Final Report

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Quality Review details

Training programme	Otolaryngology (ENT)
Background to review	Health Education England (HEE) decided to conduct a Risk-based Review (education lead conversation) in order to discuss the outstanding actions from the previous quality review in 2017 which were in relation to induction and departmental teaching session. HEE also wanted to discuss with the Trust the concerns which were raised by the junior trainees through a group letter to HEE in 2018 which were in relation to staffing levels and level of clinical supervision. Therefore, HEE felt that it was necessary to conduct a Risk-based Review (education lead conversation) in order to explore the Trust's strategy to address these issues and to ensure that the trainees were in a high quality learning environment.
HEE quality review team	• Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England (South London) • Mr John Brecknell, Head of School, London Postgraduate School of Surgery, Health Education England • Andrea Dewhurst, Quality, Patient Safety & Commissioning Manager, Health Education England (London & the South East) • Adora Depasupil, Learning Environment Quality Coordinator, Quality Patient Safety & Commissioning Team, Health Education England (London & the South East) • Susan Ptak, Quality, Patient Safety & Commissioning Administrator, Health Education England (London & the South East)
Trust attendees	• Miss Philippa Tostevin, Consultant Otolaryngology Surgeon • Miss Nneka Eze, Consultant Otolaryngology Surgeon • Mr Raj Lakhani, Consultant Otolaryngology Surgeon • Dr Jonathan Round, Director of Medical Education • Joseph Pavett-Downer, Postgraduate Medical and Dental Education Training Manager

Conversation details

Ref. no.	Summary of discussions	Action to be taken? Y/N
ENT1	**Induction** The educational leads (EL) for Otolaryngology (ENT) stated that there were six points of entry and change overs of trainees throughout the year for the ENT training programme and that there were sometimes one or three trainees who joined the	

	department at any entry point. The quality review team heard that there was now a formal induction that had been implemented upon the trainees' commencement in their training posts. The ELs reported that all trainees now received a logistical introduction to the department during the first day of starting, so that the trainees knew exactly who to report to, which consultant was running the service on any given day and where to find this information. The quality review team heard that a clinical induction, including endoscope demonstrations, was provided to the trainees from the second day of starting their posts at the Trust. The ELs reported that the pattern of work of the higher surgical (ST3+) trainees had been changed, so that the ST3+ trainees worked closely with the junior trainees from 08:00 – 14:00 during the first two weeks of the junior trainees' placements. The ELs stated that this work arrangement had provided additional support to the junior trainees and that the ELs had received positive feedback. The quality review team was provided with evidence during the review, demonstrating that the department had continually updated the ENT Handbook since February 2018, which had been shared with all trainees during their induction period. The Trust reported that the department had allocated a senior colleague for each of the six entry points to provide a full induction to the trainees. For instance, it was reported that a ST3+ trainee would provide clinical induction one day and then on the following day, an ENT consultant would spend time with the trainees to provide on-going clinical induction. The Trust also stated that allied professional staff, including nursing staff in the emergency ward were involved in the induction process, and went through the local processes and procedures with the trainees. The quality review team was informed that the local faculty group (LFG) meeting that was scheduled in October 2017 did not take place. The ELs stated that LFG meetings had now been formalised since February 2018, since the successful appointment of an additional consultant ENT surgeon.	
ENT2	**Staffing** The ELs stated that they were hopeful that there would be significant improvements with the quality of learning environment provided to the trainees in the department, since the changes made from March 2018 onwards, such as the changes in the working patterns of the ST3+ trainees described above. The Trust acknowledged that issues in relation to rota gaps had become more frequent. The quality review team heard that one of the strategies that the ENT department had, was to recruit to Trust and locum consultant posts to fill the rota gaps, but stated that the department had challenges with the availability and quality of the candidates for these posts. Additionally, the ELs stated that the department had tried recruiting from abroad but there were issues with obtaining work visas for the applicants. The quality review team suggested that the Trust explore the Medical Training Initiative (MTI) scheme to help with this visa issue. Additionally, the ELs reported that they had recruited four physician's associates (PAs) to the department. The ELs found that in a highly specialised department such as ENT, PAs required four months of training to fully develop the required skills and knowledge. However, the ELs stated that the PAs worked in the department for a year, but that these PAs had subsequently moved on to different roles. The ELs stated that the PAs in the team did not see themselves on a clear career trajectory; consequently, the ENT department had issues with retaining PAs in the team. There was a plan to	Yes, please see ENT2a below

	evaluate the place of doctor's assistants within the department. The introduction of Advanced Clinical Practitioners had not been considered. The quality review team heard that the junior trainees were no longer on duty overnight, with care being provided at that time by a hospital at night team who also covered plastics and oral & maxillofacial surgery. It was reported that the ENT department planned to recruit additional site nurse practitioners as a long-term strategy to further support the intensity of workload. The ELs stated that they had utilised exception reporting and HEE's previous ENT quality review report in order to support the business case for these posts.	Yes, please see ENT2b below
ENT3	**Clinical supervision** The ELs reported that junior trainees within the department, foundation year two (F2), GP trainees and core surgical trainees, ran an emergency clinic with their own template – this means that there is a list of patients allocated in advance to be seen by these junior trainees. There was always an adjacent consultant clinic and often available registrars. Only patients with predefined, basic and limited conditions were assigned to this list and a handbook was provided on induction providing guidance on how to manage these conditions. An open-door policy was described by the consultant staff for discussion. The ELs also stated that they had implemented a buddy system depending on the trainees' previous experience to provide an extended induction with more senior trainees sitting with junior trainees at the beginning of their placements. It seemed to the quality review team that while supervision was clearly available, there was no robust mechanism for ensuring that every patient reviewed by these very junior doctors was discussed with or reviewed by a more senior doctor. Without this the educational value of the exercise was also in doubt. The ELs acknowledged that there was a need to provide trainees with opportunities to allow a discussion of each patient formally with the trainees. The quality review team was informed that this could be formalised as an educational debriefing session at the end of the clinic where the junior trainees had the opportunity to discuss each patient with an ST3+ trainee. Another model to consider would be that instead of having their own list, junior trainees in clinic were allocated patients on a case by case basis from the consultant list so that clinical and educational governance was assured.	Yes, please see ENT3 below
ENT4	**Teaching Session** The ELs reported that they had reviewed the teaching schedules and identified that every Friday morning at 08:30 was the most suitable time for the trainees and the department. It was reported that the teaching session was a protected time, was always consultant-led and had been implemented since the beginning of 2018 on a weekly basis. Although the review team saw no evaluation data from the sessions, the impression was of a high quality product. The quality review team heard that the Friday teaching session was accessible to most of the training groups including general practice and core trainees. The ELs reported that the foundation year trainees within the department were rostered for 09:00 – 17:00 usually, but came in at 08:30 on Friday in order to attend the teaching session.	Yes, please see ENT 4 below
ENT5	**Managing referrals**	

	The quality review team heard that junior trainees were still receiving tertiary referrals in the department. The ELs stated that they were confident that junior trainees always knew how and where to contact the consultants and ST3+ trainees where necessary to discuss the incoming specialty referrals. The ELs reported that ST3+ trainees had spent time with the junior trainees during the first two weeks from 08:00 – 14:00 as part of induction to manage referrals. The ELs also reported that every morning at 08:30, a consultant was always present alongside the team which had provided another level of support with the incoming referrals. The quality review team was informed that junior trainees were no longer on-call at night and so no longer received referrals at night. However, it was reported that junior trainees were still the first point of contact for incoming referrals during the day – where trainees then had to contact either the consultant or an ST3+ trainee. The quality review team was persuaded that arrangements for the clinical supervision of junior trainees taking emergency calls was sound. There may well be occasions when working side by side with a registrar, the inclusion of these trainees in the emergency service can generate valuable learning. However, putting the point of access to the service further away from the decision maker (consultant) and placing the most junior member of the team at the outward face of the service, may well decrease the efficiency and reliability of the referral process. It was noted that there seemed to be an administrative burden associated with the role of go between in the chain of referral and as information can be lost in such a chain. The quality review team challenged the ELs to re-examine this area of their practice.	Yes, please see ENT5 below

Next steps

Conclusion
The quality review team found that the educational leads in the otolaryngology (ENT) department were dedicated and willing to trial different approaches to improve the training experience and learning environment for the ENT trainees. Tangible progress was evidenced around induction and the departmental teaching programme. As a result, the two outstanding actions points from the January 2017 visit had been closed. However, other training issues highlighted by junior trainees by letter in advance of the visit had not been fully resolved and these concerned staffing, and the model of supervision used in the emergency clinic and with emergency referrals. HEE indicated looking forward to working with the Trust through the action plan process which will include the mandatory requirements and recommendations below.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
ENT 3	Please change the arrangements for ENT outpatient services to assure clinical and educational governance of all the junior trainees work. This might best be achieved by assigning patients on a case by case basis from the consultant's list. It is important that the opportunity for trainees to learn in an outpatient setting is not lost in the process	Please provide a report on changes to clinic working, spelling out the educational and clinical supervision and governance implications	R1.8

ENT 4	Please adjust the work schedule of the F2 in ENT to allow full attendance at the departmental teaching schedule	Please provide a copy of the work schedule once adjusted	R1.16

Recommendations			
Ref. No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
ENT 2a	Regarding the staffing difficulties reported by trainees and acknowledged by the ELs, the Trust should feel welcome to draw on the HEE workforce transformation team to strengthen their development in this area	Please respond to this invitation to work together on the staffing in ENT	R1.7
ENT 2b	Please consider sharing a copy of, or extract from, the business case for site practitioners with HEE to illustrate how exception reporting had been deployed to introduce change.	We look forward to seeing this material	R1.7
ENT 5	The education leaders within the ENT department are challenged to re-examine the working model by which they handle incoming emergency referrals, taking into account the educational content, the point of decision making and the administrative burden on medical staff.	We look forward to seeing the outcome of this work	R2.3

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:	Mr John Brecknell
Date:	1 May 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.