QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

St George's Hospitals NHS Foundation Trust

Otolaryngology (including GP)

Risk-based Review (onsite visit)

Quality Review report

16 October 2018

Final Report

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Quality Review details

Background to review	Health Education England (HEE) were made aware of trainee feedback through a letter sent directly with concerns around training, workload, supervision and induction regarding the Otolaryngology (ENT) and General Practice (GP) trainees. Following the release of the 2018 General Medical Councils (GMC) National Training Survey (NTS) results and an Educational Leads Conversation ELC which took place in September, it was felt that a conversation with the trainees in both ENT and GP was required.
Training programme / learner group reviewed	Otolaryngology (including General Practice trainees)
Number of learners and educators from each training programme	The review team met with a number of trainees from the Otolaryngology department, including Foundation, Core, Higher and GP trainees. As well as meeting with the trainees, the review team also met with a number of the senior management within the department, including the Director of Medical Education, Postgraduate Centre Manager, Divisional Chief for Surgery, Care Group Lead, the Guardian of Safe Working, Clinical Leads and Educational Supervisors.
Review summary and outcomes	The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well: • The review team recognised the significant improvements the Trust and the department had made to the workload and service commitments of junior trainees within the department by allocating the external referrals bleep to the registrar level trainees. • The review team felt that all junior trainees were experiencing a more manageable workload and improved access to supervision and training whilst working within the department. This was particularly noticeable around the SOS clinics. • The review team felt that through the implementation of the 'Registrar of the Week' and 'Consultant of the Week' rota model the Trust had improved the clinical supervision of junior trainees both on the wards and in SOS clinics. The review team noted the positive impact on patient flow that these changes had delivered. • The review team felt that Ear, Nose and Throat essentials course offered by the department was well received by all junior trainees seen by the review team as was the most recent departmental induction offering. However, the quality review team also noted a number of areas that still required improvement: • The review team were disappointed to hear that the trainees were still being frequently pulled away from educational opportunities such as clinics or theatre lists to cover service requirements within the department due to rota gaps and staff shortages. • The review team noted that whilst there was a local faculty group, this was a meeting attended by all trainers and only a single trainee rep. The

	review team heard about other mechanisms for feedback from trainees to the departmental leadership, including an online chat group and a rota review meeting. The review team felt that a modified LFG in which all trainees met a smaller group of trainers would be useful for real time feedback of shop-floor experience and beneficial for consolidating the positive changes already introduced within the training environment in the department. • The review team felt that the department should look at ways to improve the educational and training opportunities offered through theatre lists by providing suitable theatre lists to core trainees based on their required training needs and ensure that lists were of the appropriate training level. This might include access to spoke site lists. • The review team felt that the Trust should ensure that alternative educational opportunities or clinics were offered to trainees if clinics within the department were cancelled.

Quality Review Team			
HEE Review Lead	Anand Mehta, Deputy Postgraduate Dean for South London	**Associate Dean for GP**	Judy Roberts, Associate Dean, South West London
HEE Review Lead for GP	Rebecca Torry, Head of Specialty Training, General Practice	**Trainee Representative**	Maryem George, ST3 Trainee Representative
HEE Review Lead for Surgery	John Brecknell, Head of London Specialty School of Surgery	**HEE Representative**	Ed Praeger, Learning Environment Quality Coordinator, HEE London and Kent, Surrey and Sussex
Lay Member	Robert Hawker, Lay Representative	**HEE Representative**	Bindiya Dhanak, Learning Environment Quality Coordinator, HEE London and Kent, Surrey and Sussex

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users. **1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.** **1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**		
Ref	**Findings**	**Action required? Requirement Reference Number**
ENT GP1.1	**Patient safety** The review team were pleased to hear that no trainees spoken to on the day indicated that they had issues that related to patient safety being directly compromised.	
ENT GP1.2	**Appropriate level of clinical supervision** The Care Group Lead (CGL) indicted to the review team that clinics would not run if there was not a supervisor present to supervise the trainees. The CGL also highlighted that clinics had been reduced to a maximum of six patients per clinic to allow for a better management of workload and training opportunities for the trainees. The CGL highlighted that the GP lead's clinic was also reduced to allow a more comprehensive supervision of the junior trainees whilst in clinics. The junior trainees informed the review team that although they did not have trouble in accessing a consultant whilst in clinic, that it could often take up to ten minutes for the consultant to become free. The junior trainees indicated that this was not generally a problem. When asked about the implemented pre-clinic brief and post clinic debrief, recently introduced to the department, the junior trainees informed the review team that this may not have been fully explained and highlighted to all trainees, with one trainee indicating that they had missed the pre-clinic brief as they were unaware of what the extra time had been allocated for. The higher trainees informed the review team that there were always consultants available on the wards but indicated that the higher trainees would often support the junior trainees between 2pm and 5pm, as this was generally a busy period for the junior trainees. The higher trainees indicated that during these times they would engage with the junior trainees and use the opportunities to teach. The higher trainees also highlighted that since the recent introduction of all external referrals going through the higher trainees, the workload and stress on the junior trainees caused by incessant bleeps had eased.	
ENT GP1.3	**Responsibilities for patient care appropriate for stage of education and training** When asked about the restriction of clinics to a maximum of six patients, the junior trainees informed the review team that this was a positive step by the department, with six patients often being the maximum number a junior trainee was comfortable to see. The junior trainees highlighted the benefits though of doing a joint clinic with a consultant, where patient numbers would typically be twelve, as the trainees felt that this was a valuable training opportunity. The junior trainees indicated to the review team that they often felt well supported by the higher trainees whilst on call but highlighted that due to the workload of the higher trainee, training opportunities for the junior trainees could be missed.	

	The junior trainees highlighted that they would often not know what referrals would be coming in to the department due to the higher trainees holding the external and General Practice (GP) bleeps but felt that the trade off against the reduced number of patients requiring to be admitted was a good one. The junior trainees did indicate that they thought that the higher trainees may be being pulled away from other, important issues to answer the bleeps.	
ENT GP1.4	**Rotas** The CGL informed the review team that the department currently had 15 consultants and that having the higher trainees available in the mornings was advantageous. The CGL highlighted that the department would like to have two junior grade trainees to aid the higher trainees in the afternoons, but indicated that presently, this was not possible. The CGL highlighted that all of the consultants worked well together and that with the high number of consultants with specialisms in each sub specialties, that the junior and higher trainees were more than happy to ask different consultants for information and help. When asked about the Consultant of the Week (COTW) rota model the department had recently introduced, the CGL indicted that the COTW would start on Mondays and stay on call for seven days. The CGL further explained that patients would typically stay under the care of that consultant for an extra week after (totalling two weeks) before the possibility of transferring the patient to another consultant. The CGL indicated that this was uncommon. In regard to the consultant rota, the CGL highlighted that the department tried to have a consultant for each of the sub specialties available for each day of the year. When asked about issues that had been raised in the past regarding junior trainees being able to request leave, the CGL indicated that there had been a change in service manager and that all short notice leave requests now went through one person. The CGL highlighted that the consultants would meet with this person alongside trainees to make sure that all areas of the rota were covered. The CGL also indicated that there was a monthly rota meeting between the consultant lead for rota and all junior trainees to look at the staffing arrangements for the month ahead. When asked about exception reporting, the Guardian of Safe Working (GoSW) informed the review team that there had been over thirty reports submitted during the period December 2017 to March 2018. The GoSW indicated that a majority of these reports were based on rota gaps and late changes to the rota's. The GoSW indicated to the review team that with the changes made to the working commitments of the higher-grade trainees, this number had dropped considerably to six exception reports from March 2018 to October 2018. When asked about the rota design, the CGL informed the review team that with the inclusion of the Post Certificate of Completion of Training (CCT) trainees in the rota, this had reduced the higher trainees from a one in seven rota model to a one in nine, whilst increasing the elective work available. The CGL assured the review team that the higher trainee training experience had not been diluted in the process. The junior trainees indicated to the review team that the SOS clinic was better run then previously and that this was mainly down to a new coordinator of the clinic. When asked about the on call, the junior trainees indicated that with the same higher trainee supervising in the morning as well as the afternoon made it easier to contact them when required. The junior trainees highlighted that the higher trainees tended to stay back longer after 5pm, which again, they found to be beneficial. When asked about the numbers of trainees in the department, the junior trainees informed the review team that there were three Core Trainees (CT) with one-part time, two GP trainees, (one full time and one-part time), one Fellow and one Trust grade.	

	The junior trainees indicated that they thought there was a full quota of higher trainees in the department. The junior trainees highlighted the benefits of having two junior trainees on the ward and one on call, highlighting that one trainee could answer bleeps if required whilst on the wards. When asked about the operative training the trainees received, the junior trainees informed the review team that they received two to two and half days of theatre time a week. The junior trainees felt that the theatre sessions allocated to them did not always match their current training needs and felt that attending lists at spoke hospitals such as Croydon Health Services NHS Trust and Kingston Hospital NHS Foundation Trust would be beneficial. When asked how the consultants would decide on theatre lists that trainees should attend to further their training, the ES's informed the review team that they would direct the junior and core trainees towards theatre sessions that would be beneficial in terms of educational and training opportunities but ultimately allowed the trainees themselves to decide. The ESs indicated to the review team that due to staff shortages in the department and the need to cover ward and clinics, that shadowing at other outpatient clinics was not currently viable. An ES highlighted that they would often have a junior trainee attend their clinic but would often find the trainee bleeped out during the clinic to cover the service requirements. The junior trainees highlighted that much of the stress encountered in the post was centred around the rota issues and the frequent changes made to the rota. The junior trainees highlighted that the rota was based more around the service provision of the department with little consideration given to their training and education needs. When asked about exception reporting, the junior trainees all indicated that they knew how to complete exception reports but felt that with the almost daily overrunning of shifts, that it was not worth doing and that they just tolerated the overruns. When asked about the impact that the 'Hot week' and other changes to the higher trainees working patterns had made, the higher trainees indicated that with a one in seven rota that they were missing more elective operating opportunities. As a result of these changes the higher trainees felt that they were getting slightly less elective operating but were seeing more emergency operating with the consultants in the day. The higher trainees indicated to the review team that the department was working towards a one in nine rota and that this would be implemented from December onwards. When asked about the workload seen in the department, the higher trainees informed the review team that with the number of bleeps that they would have to answer, it was sometimes possible not to see a patient, and that the period from 5pm to 8pm was the busiest period within the department. The higher trainees indicated that from 8pm onwards the on-call bleep was covered by the Surgical Advanced Nurse Practitioners SNPs. The relationship between SNPs and doctors in training was reported to be excellent. When asked about the SOS and emergency clinics, the Educational Supervisors (ES) indicated that there were not enough clinics to go around between the trainees, but that they would try and share them fairly. The ES's highlighted that there were odd occasions that when clinics were cancelled and trainees moved, indicating that there was not currently a formal monitoring method in place to record these occurrences. When asked about the feasibility of using operating facilities at spoke hospitals, the ENT Consultants indicated that this would be greatly beneficial to the trainee's education and training but that without an increase in staff, this would be difficult to maintain. The ES's informed the review team that the department was currently interviewing for another Trust grade doctor. The ES's outlined the long-term plan for the department was to provide more learning opportunities for the trainees with a reduction in service requirements. The ES's indicated that the Trust was looking at employing more Advanced Nurse Practitioners (ANP) during the day shifts to help with this transition. In	Yes, please see ENTGP 1.4a below Yes, please see ENTGP 1.4b below Yes, please see ENTGP 1.4c below Yes, please see ENTGP 1.4d below

	regard to medium term plans, the ES's indicated that the Trust was looking at Doctors Assistants (DA) to help relieve some of the administrative work from the trainees. The ES's indicated that there was currently one DA in post, but the department was finding it difficult to fill more DA roles after four rounds of advertising. The ES's also indicated that the department was looking at prescribing pharmacists to cover the wards and help to ease the workload.	
ENT GP1.5	**Induction** The CGL indicated to the review team that the department ran two ENT essentials study day in the summer and autumn, to which all trainees who were going through the department in the year were invited. The trainees were expected to apply for study leave for this course. This was in addition to the regular departmental induction which was offered to all new starters in the department. The CGL informed the review team that the basics required by the trainees were covered at the induction. The CGL indicated that if trainees were unable to attend either of the two courses, that they would have further time with the trainee once in post to cover the necessities required. The ENT consultants indicated that they would be open to including a further training day at the mid-point of the post to ensure that all trainees were able to attend a session. The junior trainees informed the review team that they had received a good induction including a ENT essentials course and handbook. The junior trainees indicated that they had also been shown around the department on the same day. The review team felt that the arrangements for induction were reformed and robust and taken together with new arrangements for clinical supervision provided for a safe and supported learning environment.	
ENT GP1.6	**Handover** The higher trainees indicated to the review team that they would often handover some of the more difficult cases to the core trainees, whilst handing over some of the easier cases to the junior trainees.	
ENT GP1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The CGL indicated to the review team that the department had more educational opportunities now with the introduction of the higher trainees carrying the external referral bleep.	
ENT GP1.8	**Protected time for learning and organised educational sessions** The junior trainees indicated to the review team that they were able to attend the Friday morning training sessions, although due to the difficulty for some trainees to attend, the department was looking at moving this training session to another time. The junior trainees highlighted the benefit of this training session, which was both consultant and higher trainee led.	
ENT GP1.9	**Adequate time and resources to complete assessments required by the curriculum** When asked if the consultants on the ward were actively engaged in the trainees work-based assessments (WBA), the junior trainees informed the review team that the trainees did not have much contact with the consultants and that most of the training and teaching opportunities came through the higher trainees. The junior trainees highlighted that they would often have to ask for WBA's to occur.	

	The higher trainees indicated to the review team that they were actively involved in the junior trainee WBA's but did feel that consultants were very open to undertaking WBA's with the trainees if asked. When asked if the higher trainees had the required numbers of operations to complete the curriculum, the higher trainees indicated that they were probably a little light but understood that they could get numbers required at other posts where cases were less complex but more frequent. The DCS informed the review team that trainees knew how to fill in the online forms detailing interesting cases and that all consultants in the department were open and approachable to all trainees. The DCS did not feel that any trainees would be afraid to approach a consultant regarding completing WBA's.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

ENT GP2.1	**Appropriate system for raising concerns about education and training within the organisation** The higher trainees informed the review team that there was a trainee representative that attended the care group meetings and that there were regular meetings with the senior management as well as clinical governance meetings within the department to discuss the improvements to changes made within the department.	
ENT GP2.2	**Organisation to ensure time in trainers' job plans** When asked about the time set out in the ES's job plans for their educational responsibilities, the ES's explained that each ES received 0.5pa for educational supervision and an extra 0.25pa for clinical training. The GP lead indicated that the Pas in the job plan were increased to account for the addition clinical supervision time set aside on a Wednesday morning SOS clinic pa's in their job plan.	

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

ENT GP3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The ES's indicated to the review team that other than the contact that the 'Consultant of the Week' had with the trainees, that there was regular text and phone call contact as well as a number of consultants would drop in to speak to the trainees in their office on the way into the department.	
ENT GP3.2	**Regular, constructive and meaningful feedback** The CGL indicated to the review team that although there was no formal local faculty group (LFG) meetings within the department, there were many informal opportunities for trainees to give feedback. The CGL explained that there was a higher trainee representative at the Care Group meeting who was able to provide feedback from other trainees. The review team suggested to the Trust that the department look into inviting all trainees to the LFG meetings and reducing the senior staff membership to educational and clinical leads, so that trainees could report within a safe and inclusive forum, and in real time, issues affecting their training.	Yes, please see ENTGP 3.2 below

4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

	N/A	

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

	N/A	

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.
6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.
6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.
6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.
6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

	N/A	

Good Practice and Requirements

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
ENTGP 1.4d	The Trust is to provide a robust monitoring method of cancelled clinics and show suitable alternative clinics attended to by the trainees.	The Trust is to provide HEE with evidence of suitable alternative clinics that trainees are attending when clinics are cancelled due to lack of supervisors, with feedback through LFG meetings indicating that trainees find these criteria are being met. Please provide an update on this action in two months.	R1.15
ENTGP 3.2	The Trust is to review its format of formal feedback sessions between consultants and all grades of trainees to ensure an inclusive, risk-free and rewarding environment for trainee feedback is created.	The Trust is to provide minutes of these forums and trainee feedback indicating that the criteria for these forums as outlined are achieved. This could also be evidenced through modifying the membership of the existing LFG. Please provide an update to this action within two months.	R2.7

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
ENTGP 1.4a	The review team recommends that the Trust should work towards better matching theatre sessions to the training needs of the core trainees.	The Trust is to provide HEE with details of considerations based on trainees attending lists in spoke hospitals. Please provide an update within three months.	R1.15
ENTGP 1.4b	The review team recommends continuing to look into ways to reduce administrative duties and further the educational opportunities for trainees through the expansion of the Healthcare Assistant workforce.	The Trust is to provide HEE with evidence of plans and recruitment pathways for Doctors Assistants and Advanced Nurse Practitioners in to the department. Please provide an update within three months.	R1.7
ENTGP 1.4c	The review team recommends the move from a one in seven to a one in nine frequency for the higher surgical trainees' involvement in the 'hot registrar' duty allocation.	The Trust is to provide HEE with evidence of the plans for the 'hot registrar' duty allocation. Please provide an update within three months.	

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:	
Date:	

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.