Health Education England

Guy's and St Thomas' NHS Foundation Trust

Anaesthetics and Intensive Care Medicine

Risk-based Review (Focus Group)

Quality Review report

11 April 2019

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	The General Medical Council National Training Survey (GMC NTS) 2018 results for core trainees in anaesthetics generated seven red outlier results in workload, supportive environment, adequate experience, curriculum coverage, educational governance, educational supervision and feedback. The survey results for intensive care medicine (ICM) generated five red outliers at the St Thomas' site in induction, curriculum coverage, educational supervision, feedback and regional teaching. It was felt by Health Education England (HEE) that a conversation with core and higher anaesthetics trainees and higher ICM trainees was required.
Training programme / learner group reviewed	Core Training in Anaesthetics, higher Anaesthetics and Intensive Care Medicine
Quality review summary	The review team met with six core anaesthetics trainees, nine higher anaesthetics trainees at specialty training levels four to seven (ST4-7) and five ICM trainees at ST7. The review team identified several areas of good practice, including the supportive supervision of trainees at all levels, the effort made to prepare higher trainees in ICM for consultant posts and the thorough departmental induction. The review team also identified some areas for improvement: • The higher anaesthetics trainees reported that there was sometimes only one anaesthetist to cover the labour ward on a night shift which created difficulties at peak times. The trainees felt that having two anaesthetists on the ward was safer and allowed them to be more responsive at times of high demand or when a second theatre team was required • The core anaesthetics trainees found the weekend day shifts at Guy's Hospital of little educational value as there were few cases that were appropriate for their training level. The trainees advised that there were more learning opportunities available at the St Thomas' Hospital site at weekends • Some anaesthetics trainees had not received logins for computer systems or been granted swipe card access to the relevant clinical areas during their inductions • The Trust was advised to involve the College Tutors in the process of both rota planning and list allocation, to ensure that trainees were allocated the appropriate lists for their curricula and have equitable access to teaching sessions • The review team heard that some consultants were not engaged with training. Trainees suggested that this could be taken into consideration when allocating theatre lists and clinical supervision responsibilities.

Quality Review Team

HEE Review Lead	Dr Jo Szram Deputy Postgraduate Dean for South London Health Education England (London and South East)	**Head of School**	Dr Cleave Gass Head of the London Academy of Anaesthesia Health Education England (London and South East)
Training Programme Director	Dr Gary Wares ICM Training Programme Director North West London	**Training Programme Director**	Dr Oliver Rose Training Programme Director South East School of Anaesthesia
Trainee/Learner Representative	Dr Douglas Blackwood Higher Trainee Representative Central London School of Anaesthesia	**Lay Member**	Kate Rivett Lay Representative
HEE Representative	Louise Brooker Learning Environment Quality Co-ordinator Health Education England (London)		

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
AI1.1	**Appropriate level of clinical supervision**	

	The core trainees (CTs) advised that they were well-supported while working out of hours and were never allocated to work without a consultant or senior trainee.	
AI1.2	**Responsibilities for patient care appropriate for stage of education and training** The core trainees at levels two and three (CT2s and CT3s) reported that they had had the opportunity to spend additional time on labour ward and to hold the bleep during on-call shifts for brief periods in order to prepare them to progress to the next training level. The CTs felt that this had increased their confidence.	
AI1.3	**Rotas** The review team heard that the CT rota involved a mix of long days, short days and long nights, with a commitment to work one weekend in four. Most modules were two months long, with some lasting one month or three months. None of the CTs reported problems with rotas being distributed late or difficulty booking annual leave. The CT weekday shifts were arranged in three-month blocks, alternating between the Guy's and St Thomas' sites. The CT weekend day shifts took place at the Guy's site and all CT night shifts were at St Thomas'. The higher anaesthetics rotas varied for the three specialty training level four (ST4) trainees and three ST6 trainees and there was a separate rota for intensive care medicine (ICM). The anaesthetics trainees at ST4 were allocated to the obstetric unit and cardiac overnight intensive recovery (OIR) unit. The trainees at ST6 and ST7 provided cover for emergency theatres, paediatrics and general cover at both the St Thomas' Hospital and Guy's Hospital sites. There was also a two-month higher training module on the neurosurgery unit at King's College Hospital. The ICM trainees reported that they spent most of their time at St Thomas' Hospital, with a one-month block at Guy's Hospital. The ICM trainees reported that the St Thomas' site had several intensive care units (ICUs) but these were usually well-staffed. The Trust had introduced a short-day rota for non-training grade doctors, which the ICM trainees advised had made it easier to book in annual leave and study leave. The review team heard that the department was working to increase the anaesthetics cover on labour ward from one to two anaesthetists overnight, as the workload was unpredictable and there were instances where two obstetric theatre teams were required or a second anaesthetist was needed to administer epidurals while the first was in theatre. The trainees estimated that there were two higher trainees on labour ward for half of night shifts. When there was a single trainee covering labour ward and workload was high, this trainee could seek assistance from the higher trainee on-call for the St Thomas's site or request that the on-call consultant attend. However, the consultants were non-resident, so it took time for them to travel to the hospital and the site on-call trainee was not always immediately available. The trainees did not relate any cases where patient safety had been compromised, but acknowledged that there was potential for procedures to be delayed and that the 30-minute nationally recommended target for response to a request for epidural during labour was often missed. Some trainees were aware of discussions around implementing a resident on-call consultant rota, but were unsure whether these plans would be progressed. The CTs advised that when working on labour ward they always worked with a higher anaesthetics trainee who held the bleep. The CT2s described this as a valuable learning opportunity and suggested that CTs who had completed their obstetric competencies could be included in the labour ward rota in order to build their skills and reduce the higher trainees' workloads.	Yes, please see AI1.3
AI1.4	**Induction** All trainees reported that they had received a comprehensive departmental induction and were allocated time to complete the online statutory and mandatory training modules. The Trust induction was only run at certain times of year but trainees who had rotated outside these times advised that they had still received the necessary	Yes, please see action AI1.4

	information. Some higher anaesthetics trainees had not been given computer logins or been granted security access to all the relevant wards at induction.	
AI1.5	**Handover** The higher anaesthetics trainees described handover as comprehensive in most areas, particularly in paediatrics and on the OIR unit. However, the trainees found that the day team on labour ward was often in theatre at the end of shift, meaning that the night team were required to take over the patients in theatre until the case was complete. The trainees reported that this sometimes meant that they missed the full board handover with the consultant and that it would be helpful for the consultants to stay until the theatre case was completed.	
AI1.6	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The review team heard that CTs working at the Guy's site were limited to working in certain areas such as orthopaedics, thoracics, urology and dentistry due to the complex case mix in other specialties, which required skills above their competency level. The CTs suggested that there were more appropriate learning opportunities available at the St Thomas' site but that their cohort was too large for St Thomas' to accommodate them all. The CTs acknowledged that some exposure to complex cases was useful even if they were unable to participate in treatment, but that while working at Guy's Hospital they were often required to leave theatre to conduct pre-assessments while the senior trainees stayed in theatre with the patients. It was noted that there was one CT on the weekend day shift rota at Guy's Hospital but none on the night rota. There was one CT on the weekend day shift rota at St Thomas' Hospital and two on the night rota. The higher anaesthetics trainees agreed that there were few cases that were appropriate for CTs at the Guy's site and indicated that their role during the day was partly to provide airway cover for the ICU and critical care unit (CCU). Some of the CTs had worked in the ICU and felt that they had had good opportunities to assess and present patients during ward rounds there, despite not being able to participate in clinical decision-making due to the complexity of the patients and number of senior doctors present. The higher anaesthetics trainees also described the ICU module as providing good learning opportunities. When covering the site-wide anaesthetics bleep during on-call shifts, the specialty trainees at levels six and seven (ST6s and ST7s) managed ICU patients who required interventional radiology treatment and responded to resuscitation calls from the ICU. The ICM trainees suggested that it could be difficult for anaesthetics trainees to gain the required competencies in ICU during the three-month module, for example some had found it difficult to build experience in managing chest drains. There were four physician associates (PAs) employed in the ICM team who carried out some administrative tasks as well as being trained to insert central lines and arterial lines and to assist with patient transfers. The ICM trainees felt that this assisted with their workloads and that the PAs were a good source of support for more junior trainees. Both the anaesthetics and ICM trainees acknowledged that there was some tension between the two teams over whose responsibility it was to accompany patients during transfers and to attend cardiac arrest calls in the emergency department, particularly at the St Thomas' site. The review team heard that this often depended on workloads and staffing in the respective teams. At the Guy's site, the trainees advised that the anaesthetics and ICM teams worked together more closely through shared care of complex head and neck patients and participation in the multidisciplinary hospital at night team. The review lead enquired whether a similar multidisciplinary model could be implemented at the St Thomas' site but the trainees reported that the teams had different handover times and the anaesthetists were often still in theatre during the ICU handover. The ICM trainees described the consultants as being proactive in encouraging them to take on senior decision-making responsibilities and lead for parts of the ward round in order to prepare them for taking on consultant roles in future. The ICM trainees felt that this improved their experience and increased their confidence.	Yes, please see action AI1.6

	In general, the trainees reported that the Trust provided good exposure to a range of cases and sufficient experience for trainees to achieve their competencies, particularly in transplant, obstetrics and paediatrics.	
AI1.7	**Protected time for learning and organised educational sessions** The CTs reported that they were able to attend departmental teaching every two weeks and that this time was included in the rota. The CTs were complimentary about the teaching offered, particularly in ICM.	
AI1.8	**Adequate time and resources to complete assessments required by the curriculum** The higher anaesthetics trainees advised that it could be difficult to complete all the necessary assessments during one-month modules, although the Trust was flexible and had accommodated some trainees who required more time. One challenge was the number of trainees at CT1 to ST4 and clinical fellows competing for the same training lists, which resulted in two or more junior doctors being assigned to some lists. At ST6 and ST7 the trainees advised that it was easier for the rota coordinators to alter training list allocations to ensure that the trainees obtained the necessary competencies.	

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.

AI2.1	**Effective, transparent and clearly understood educational governance systems and processes** None of the trainees at the review had submitted exception reports for working additional hours or for missed educational opportunities. The review team heard that all trainees were taught how to exception report at induction but that trainees rarely felt the need to do so as they were usually able to leave work on time and take breaks. The higher anaesthetics trainees indicated that they occasionally worked late if theatre lists overran but that they did not mind this and sometimes lists finished early which counterbalanced the additional hours worked.	
AI2.2	**Appropriate system for raising concerns about education and training within the organisation** The Trust had recently produced a poster detailing the names and photographs of senior members of the department and postgraduate medical education team so that trainees were aware of who to approach to raise concerns. The trainees advised that they felt comfortable to speak to consultants and to query treatment plans if needed.	

	The department held local faculty group (LFG) and trainee forum meetings. The higher anaesthetics trainees gave examples of issues which had been addressed as a result of discussion at these meetings, such as increasing out of hours anaesthetics cover on labour ward and rota arrangements following weekend working.	
AI2.3	**Organisation to ensure access to a named educational supervisor** The trainees reported that they all had educational supervisors (ESs) and were able to meet with them. The ICM trainees noted that it was difficult to find private spaces for these meetings due to refurbishment work in the department which had temporarily reduced the amount of office space. The CTs advised that there were posters around the department which gave prompts for ESs and clinical supervisors (CSs) to carry out assessments and discuss educational needs with trainees.	

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.

AI3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** Several consultants were described by the trainees as being very supportive of their educational and pastoral needs. The review team heard examples of consultants proactively discussing teaching and assessment at the start of each list, encouraging trainees to work semi-independently to build skills where appropriate and ensuring that trainees had safe means of getting home after long shifts. The higher ICM trainees noted that there had been a move towards discussing and protecting trainee welfare in the department, including regular emails on topics such as workloads and fatigue.	
AI3.2	**Access to study leave** Trainees at all levels reported that they were able to access leave and funding for study days and that the reimbursement process for study days had been streamlined to ensure faster payments. The higher anaesthetics and ICM trainees had encountered some difficulties with swapping long day or night shifts for regional teaching days. The anaesthetics trainees described variations in the rota which meant that trainees on certain rota lines were more easily able to attend teaching while others were consistently allocated to on-calls and night shifts on regional teaching dates. The ICM trainees noted that different rota models were being tested to try and avoid this issue for trainees in the future.	Yes, please see action AI3.2
AI3.3	**Regular, constructive and meaningful feedback** The CTs found the supervisors variable in terms of the amount of feedback given when completing assessments and advised that they knew which supervisors to seek out if they wanted more feedback. The higher anaesthetics trainees reported that the Trust email system blocked messages from the e-portfolio system and some consultants did not have access to the new Lifelong Learning online system, leading to delays in sign-off for certain modules. The ICM trainees felt that there was a positive culture around giving informal, constructive feedback in the team.	

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.

AI6.1	**Learner retention** The CTs advised that the Trust was a good place to train but that it was challenging to work between two sites and multiple teams and consultants as a new CT1 and for some this made it difficult to recommend the programme to their peers. The higher anaesthetics and ICM trainees reported that the Trust offered good opportunities and a positive training culture.	

Good Practice and Requirements

Good Practice
All trainees had received departmental inductions which they described as comprehensive and useful.
All trainees had been allocated educational supervisors and were able to meet with them when needed.
The trainees named several consultants who they described as being very supportive and providing excellent training.
The intensive care medicine (ICM) trainees commended the department's efforts to prepare senior trainees for consultant posts by encouraging them to act up and take on senior decision making responsibilities.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	None		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
AI1.3	The Trust should continue with the work to increase the out of hours anaesthetics presence on labour ward.	Please provide evidence that the out of hours labour ward cover has been discussed at senior leadership level and a response to the suggestion of two anaesthetists being rostered on at all times has been documented. Please provide this within one month of the issue date of this report.	R1.7
AI1.4	The Trust should ensure that trainees receive logins for the Trust computer systems and are granted swipe card access to the relevant clinical areas during their inductions.	Please provide trainee feedback following the next rotation date which confirms that trainees have received logins and been granted access to the relevant areas of each Trust site. Please provide this by the end of September 2019.	R1.13
AI3.2	The Trust should review the list allocation process to ensure that trainees are allocated the appropriate lists for their curricula and have equitable access to teaching sessions. The Trust is advised to give the College Tutors or other senior clinician oversight of the trainee rotas to assist with this.	Please provide LFG minutes showing that this has been discussed with trainees and consultants and advise which senior clinician will be responsible for overseeing the trainees' rotas and list allocations. Please provide copies of the July and August rotas and a summary demonstrating that trainees have equitable access to local and regional teaching.	R1.16

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
AI1.6	The Trust is advised to consider reallocating the CTs to the St Thomas' site for day shifts at weekends, due to the greater availability of suitable training opportunities.	The Trust is advised to review the rotas and determine whether it is possible to reallocate CT shifts to better meet the needs of the trainees and the demands of the service as soon as possible. Please provide evidence that this issue has been discussed by members of Trust and department management, including consideration of how continuity of supervision can be maintained. Please provide an update regarding this within one month of the issue date of this report.	R1.12

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
None	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Jo Szram
Date:	30 May 2019

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.