

Epsom & St Helier University Hospitals NHS Trust

Anaesthetics and Trauma & Orthopaedic Surgery
Risk-based Review (education lead conversation)



Quality Review report

18 October 2019

Final Report

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Quality Review details

Training programme	Anaesthetics; and Trauma & Orthopaedic Surgery
Background to review	<p>Health Education England (HEE) conducted a Risk-based Review (education lead conversation) of Anaesthetics and Trauma & Orthopaedic Surgery following the results of the General Medical Council (GMC) National Training Survey (NTS) for 2019.</p> <p>Anaesthetics The GMC NTS 2019 results for the St Helier Hospital site showed red outliers for curriculum coverage and educational governance, and pink outliers for clinical supervision, reporting systems, adequate experience, educational supervision and feedback.</p> <p>There were an insufficient number of Anaesthetics trainees at the Epsom Hospital site to generate GMC NTS data for 2019. However, when the data was analysed at a Trust level (both St Helier and Epsom Hospitals), red outlier actions were generated for adequate experience, curriculum coverage, educational governance and teamwork.</p> <p>Trauma & Orthopaedic Surgery The GMC NTS 2019 results for St Helier Hospital showed red outliers for teamwork and induction, and pink outliers for reporting systems, curriculum coverage and local teaching.</p> <p>The GMC NTS 2019 results for Epsom Hospital showed one red outlier for educational governance and pink outliers for overall satisfaction, clinical supervision, reporting systems, induction, curriculum coverage and local teaching and rota design.</p> <p>There were no Trust-wide red outlier actions generated for this programme by the GMC NTS 2019. HEE's concerns centred around the negative trend in data between 2018 and 2019, particularly for the St Helier Hospital site.</p>
HEE quality review team	<p>HEE Review Lead: Anand Mehta, Deputy Postgraduate Dean, South London</p> <p>HEE Representative: Gemma Berry, Learning Environment Quality Coordinator, South London</p> <p>HEE Representative: Ed Praeger, Deputy Quality, Patient Safety and Commissioning Manager, London</p>
Trust attendees	<p>Director of Medical Education</p> <p>Medical Education Manager</p> <p>Anaesthetics College Tutor</p> <p>Surgical Specialties College Tutor</p>

Conversation details

	Summary of discussions	Action to be taken? Y/N
A1	Anaesthetics	

Curriculum coverage and educational governance

When asked about the red outliers generated for curriculum coverage and educational governance through the General Medical Council (GMC) National Training Survey (NTS) for 2019, the College Tutor (CT) for Anaesthetics explained that since August 2018, the department has recognised that learning opportunities for trainees have been limited. The department attributed this problem to a reduction in the number of surgical lists at the St Helier Hospital site, where trainees were predominantly allocated for their first three months (elective surgery cases were all moved to the Epsom Hospital site in 2017, and a day case theatre at St Helier Hospital was closed at the time of the review, potentially re-opening in 2020).

Furthermore, the CT for Anaesthetics told the review team that the department's priority list had been continually oversubscribed. The list was comprised of four people – one consultant, one staff grade doctor, one core training level one (CT1) trainee and one CT level two trainee (CT2) who held the bleep. It was reported that there was always competition between the CT1 and CT2 trainees within the department to be placed on the list.

The review team heard that from October 2018 onwards, quarterly trainee surveys were implemented within the department in an attempt to identify and address the curriculum coverage issues. In the February 2019 survey, concerns were raised regarding exposure to learning opportunities for CT2 trainees. In the April 2019 survey, concerns were again raised by trainees that there were too few surgical lists and their training experience was lacking. At this time, a regional survey was conducted and when compared to other Trusts in the region, there were fewer surgical cases at Epsom and St Helier Hospitals.

The CT for Anaesthetics told the review team that a subsequent Local Faculty Group (LFG) meeting was held in April 2019 (during the period of the GMC NTS 2019) and was attended by trainees and members of the Post-Graduate Medical Education team. As a result of this meeting, it was agreed that all Anaesthetics training would become Trust-wide (across both Epsom and St Helier Hospital sites) from the outset and trainees would be allocated to different departments, such as Obstetrics and Gynaecology, to allow them to attend more surgical lists and get exposure to more educational opportunities. New training blocks were created, and new rotas were put in place from April 2019 (developed with trainee input). The CT for Anaesthetics expressed confidence that trainees were receiving appropriate supervision at both Trust sites.

To address the oversubscribed priority list, the CT for Anaesthetics hoped that if CT1 trainees were placed at the Epsom Hospital site during their first three months, they could be reallocated to different surgical lists to reduce competition.

The CT for Anaesthetics explained that these changes were put in place after the trainees had completed the GMC NTS for 2019 and therefore would not have been represented in the survey results this year.

The review team heard from the CT for Anaesthetics that LFG meetings were held regularly and educational governance was a standing item on the agenda. Another trainee survey was due to be conducted shortly after the review date to obtain feedback on the changes since April 2019 and there was a trainee forum held every other Wednesday morning without consultants present, the key points of which were fed back to the CT.

	<p>It was suggested by the Health Education England (HEE) review lead that more signposting of educational governance to trainees, including LFG meetings, may increase this score for the GMC NTS in 2020. The HEE review lead also recognised that the GMC NTS results for this specialty should be reviewed at a Trust-wide level in future, in light of trainees working cross-site.</p> <p>The Trust's Director of Medical Education (DME) expressed confidence that the work being undertaken by the department would solve the curriculum coverage and educational governance issues outlined above.</p>	
TO1	<p>Trauma & Orthopaedic Surgery</p> <p>The CT for Trauma & Orthopaedic Surgery (T&O) told the review team that there had been surprise amongst consultants within the department regarding the low scores in the GMC NTS for 2019. According to the CT, the department had a good reputation and the training posts were in demand, so the supervisors had not felt it necessary to conduct any internal trainee surveys recently.</p> <p>The CT for T&O explained to the review team that with the number of trainees assigned to each site within the Trust and the fact that the department operates cross-site working for all T&O trainees, results generated through the GMC NTS could easily hide issues within the department, or even produce low scores based on single trainee experiences, which may not reflect the department as a whole. The CT suggested to the review team that the NTS results for T&O should be set out at a Trust level, rather than by site. The DME suggested that each T&O training post should be re-coded to make them either Trust-wide or site-specific ahead of the next GMC NTS.</p> <p>The CT for T&O advised that local feedback suggested trainees did not believe completing the NTS would have an impact upon their training experiences, which could explain why neutral answers were given by some trainees in 2019.</p> <p>The CT for T&O told the review team that a meeting had been arranged between consultants in November 2019 to discuss how the results of the latest NTS should be addressed. A meeting between consultants, trainees and supervisors in T&O was also planned for 15 November 2019. An internal trainee survey was scheduled for December 2019 for General Surgery, Foundation years one (F1) and two (F2) and T&O trainees.</p> <p>Educational supervision</p> <p>The CT for T&O advised that changes had been made to T&O and surgical job plans since the beginning of 2019, which impacted upon higher trainees and foundation trainees (F1 and F2). Educational supervision had been regrouped for the higher trainees so there were now four (instead of nine) educational supervisors to nine trainees. It was hoped this would lead to more robust and frequent conversations regarding the educational supervision of the trainees and sharing of knowledge across the four consultants, as well as reducing the administrative burden of arranging supervision meetings for a group of nine. The department had also created a 'consultant of the week' rota for educational purposes.</p> <p>Induction</p> <p>With regards to the GMC NTS 2019 red outlier for induction at St Helier Hospital, the CT for T&O told the review team that on further discussion with trainees, their concerns were related to the Trust-level induction rather than the local T&O induction. Trainees reported that the IT systems element of their Trust-level induction was poor, and so the CT delivered this information to the trainees locally. The review team also</p>	

	<p>heard that the departmental induction for foundation trainees had recently been revised and feedback from the trainees was awaited.</p> <p>Educational governance</p> <p>The CT for T&O advised the review team that, to date, LFG meetings had been poorly attended by trainees and consultants, despite all parties receiving invitations, and meetings being well advertised and held early in the morning before theatre lists started. However, the CT acknowledged that the LFG encompassed a large department involving several different specialties, including Anaesthetics and General Surgery, and did not focus down into subspecialties in order to address key issues. The DME suggested organising LFG meetings for each surgical specialty, which may improve engagement. The CT for T&O reiterated that the reduction in the number of educational supervisors for higher trainees should enable meetings to be convened more easily.</p> <p>The review team heard that a surgical LFG was planned for November 2019.</p> <p>Regional and local teaching</p> <p>The CT for T&O explained that local teaching had petered out recently because one of the consultants used to teach every Monday morning and this session has not been replaced. The CT recognised, however, that other meetings within the department could be branded more effectively as educational episodes.</p> <p>Rota design</p> <p>The review team heard that the rota had been sent out to trainees a little later than normal due to the changes that the department had made and that this may have affected the NTS results.</p> <p>The CT for T&O concluded that the NTS results provided an opportunity to make positive changes in the department.</p>	
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Next steps

Conclusion

The review team requested that the Anaesthetics and Trauma & Orthopaedic Surgery departments made available any feedback relating to changes made, the next LFG meeting minutes and findings from trainee forums to HEE via the action plan process, in order to demonstrate sustainable change. The next evidence submission was due by 1 December 2019. The Trust was required to provide an update to all open actions generated through the GMC NTS by this date, including any Patient Safety, Bullying and Undermining comments. Upon review of the evidence, HEE would decide whether to close actions or to ask for further evidence.

Good Practice and Requirements

Good Practice	
N/A	

Mandatory Requirements			
The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Minor Concerns			
Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Recommendations		
These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.		
Rec. Ref No.	Recommendation	GM C Req. No.
	N/A	

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:	Anand Mehta, Deputy Postgraduate Dean, Health Education England, South London
Date:	13 November 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.