NHS
Health Education England

St George's University Hospitals NHS Trust

Plastic Surgery

Urgent concern review (focus group)

Quality Review report

10 December 2019

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	The review was planned to obtain feedback from current core surgical trainees and higher trainees in plastic surgery, following concerns raised by trainees through various sources, including the General Medical Council National Training Survey (GMC NTS) 2019. The GMC NTS 2019 results showed one red outlier for rota design and one pink outlier for feedback, representing a deterioration since 2017. The results of the trainer survey returned red outlier results against all indicators.
Training programme / learner group reviewed	Plastic surgery, including core and higher trainees
Quality review summary	The review team met with four core surgical trainees and four higher trainees at specialty training levels three to seven (ST3-7).

Quality Review Team			
HEE Review Lead	Anand Mehta Deputy Postgraduate Dean Health Education England, South London	**Head of School Representative**	John Brecknell Head of School, London Postgraduate School of Surgery Health Education England, London
Learner Representative	Vicky Twigg Specialty Trainee in Otolaryngology, North London Medical Education Fellow, Health Education England	**HEE Representative**	Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London
HEE Representative	Gemma Berry Learning Environment Quality Coordinator Health Education England, London	**Lay Member**	Robert Hawker Lay Representative
Shadow Lay Member	Sarah Pluckrose Lay Representative		

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
PS1.1	**Patient safety** The higher trainees that the review team met all agreed that the service was safe for patients and that they would be content for their friends and family members to be treated in the department.	
PS1.2	**Appropriate level of clinical supervision** The review team heard that the 'hot' clinic was run by a core surgical trainee (CST) supported by an advanced nurse practitioner, with a consultant and a more senior trainee in a second clinic nearby. Trainees felt able to discuss patients with senior doctors, but advised that if the clinics were busy this could create delays while they waited for the consultant to be available. The CSTs reported that they saw 18 patients per session in the hot clinic and that clinics frequently overran. Patients were primarily referred to the clinic overnight via the surgical advanced nurse practitioners (SNAPs) or via the emergency department (ED) but referrals were not monitored or approved by a consultant or other senior doctor. During on call shifts, the CSTs were responsible for taking referrals from the ED and from other units. The CSTs advised that they were only on call on weekdays or during the day at weekends, with SNAPs covering the nights on call. Supervision during on calls was described as variable. CSTs were rostered on call with a higher trainee or middle grade locally employed doctor. The review team heard of instances where CSTs had experienced delays in accessing senior support as the higher trainee was often in theatre. The higher trainees explained that the on call consultant was available by telephone but was often at an off-site clinic. The CSTs did not raise any patient safety concerns but noted that they were often under pressure to make quick decisions regarding patient referrals and transfers, but were not always able to seek advice from seniors. The higher trainees described good support from the consultants during on calls even when the consultants were working at a different site. The review team heard that the department had a 'consultant of the week' model, where a named consultant provided on-site cover from 08:00 to 12:00, when the on call consultant took over. The higher trainees reported that the consultants were supportive, approachable and were contactable during on call shifts. Occasionally, trainees had been unsure of which consultant was nominally in charge of the trainee-led trauma or skin lists, but all higher trainees felt able to approach seniors for support when needed.	Yes, please see action PS1.2a Yes, please see action PS1.2b
PS1.3	**Rotas** The higher trainees advised that the rota structure in general was good as having a fixed zero day each week made it easier to maintain their work-life balance and plan their time. However, it was indicated that the rota did not include allocated time for	

	administrative tasks, such as completing individualised funding requests, which could be time consuming. Some trainees had experienced difficulty in obtaining annual leave or study leave despite having approval from their ESs to attend teaching or conferences. Trainees described poor and delayed communication around study leave requests, with some waiting until a week before the requested leave date before receiving confirmation from the rota coordinator and others reporting that study leave for conferences was only granted if trainees were presenting. Others reported that they had had to arrange to swap shifts in order to have annual leave or study leave approved by the rota coordinator, particularly if they were rostered to be on-call. In some cases, trainees had queried the records of their hours worked or time owed in lieu but had not received responses from the rota coordinator.	Yes, please see action PS1.3
PS1.4	**Induction** The CSTs reported that their induction was not sufficiently thorough and did not prepare them for on call shifts where they were expected to make decisions about patient referrals.	Yes, please see action PS1.4
PS1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** Some trainees were concerned that they would not be able to gain the level of operative experience required by the curriculum while at the Trust. This had led to a perception that trainees needed to work additional hours in order to spend additional time in theatre. The department held teaching sessions on Friday afternoons, when some higher trainees had clinical commitments which prevented them from attending. However, the higher trainees felt that their roles overall offered good learning opportunities.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

PS2.1	**Effective, transparent and clearly understood educational governance systems and processes** It was indicated that exception reporting was not encouraged in the department. On occasion trainees had felt discouraged from exception reporting due to an implication that this reflected on their inefficiency rather than the workload or service design. Some trainees reported that they did not have contracts with the Trust, despite raising this issue through human resources and managers, and some had experienced issues with being incorrectly paid and with delays in payments for locum shifts. The higher trainees were not aware of a local faculty group (LFG) for plastic surgery.	Yes, please see action PS2.1a Yes, please see action PS2.1b

PS2.2	**Impact of service design on learners** The review team heard that there was no dedicated trauma surgery list during the day, so trauma cases were usually included in the evening theatre list run by the higher trainees and elective cases were postponed to accommodate this. The trainees advised that there was often not a trauma coordinator present. The trainees suggested that the disorganised nature of the trauma work generated delays and significant administrative work in rearranging lists and re-booking elective cases at short notice. The evening list was supervised by a consultant, although this individual might be on or off-site. None of the higher trainees at the review had been allocated cases beyond their competency on the evening list. The higher trainees described good working relationships with the Trust-employed doctors and did not feel that they were put in competition for lists or other learning opportunities as there was a good range of experience available.	
PS2.3	**Organisation to ensure access to a named educational supervisor** All of the higher trainees reported that they had educational supervisors (ESs) and had met with them. The CSTs reported that there had been some delays in assigning ESs and one trainee had had to arrange for an ES from a previous placement at another Trust to supervise them. The Head of School noted that this would prevent the trainee from exception reporting.	

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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

PS3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The higher trainees indicated that the majority of consultants in the department were supportive and committed to training. It was noted that some consultants were less approachable than others, but the higher trainees felt that they were able to contact any of the consultants to raise queries or concerns if needed.	
PS3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The CSTs were aware that trainees had raised concerns around hostility or intimidation at the morning handover meetings but reported that this was no longer an issue. Some trainees had noted tension between consultants, but it was generally felt that the consultants were more aware of their communication style in the presence of trainees than they had been in the past. The higher trainees agreed that handover meetings were constructive and described them as a good learning opportunity. The review team heard that there were frequently differing opinions on treatment plans but that if trainees explained that a plan had been developed with another consultant they were usually not challenged. It was reported that most consultants were supportive of trainees but that some individuals in the department had a more direct or confrontational communication style. The review team heard examples of such interactions with SNAPs or on call doctors	

	during evening handover. This had led some trainees to feel that they had to see as many patients as possible during the shift and work late to complete administrative tasks in order to avoid receiving criticism for handing over too many patients. Trainees also described instances where consultants had questioned them about treatment plans or given feedback in an abrupt or aggressive way. The higher trainees suggested that this behaviour was due to workloads and service pressures but did not think that it was acceptable, and were concerned about the potential impact on more junior trainees or those who were new to the department.	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriate supported to undertake their roles.

	Not discussed at this review	

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

PS5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The higher trainees reported that their roles offered exposure to a good range of clinical experience and covered the majority of the curriculum. The high number of trauma cases meant that elective cases were often cancelled or postponed, which could impact on access to learning opportunities, but all of the higher trainees were satisfied that they would achieve the operative numbers needed to pass their annual reviews of competency progression (ARCPs). The CSTs were less confident about this and advised that they usually spent two to three sessions per week in theatre as opposed to the three to four recommended by the curriculum. The CSTs suggested that the high workload in the unit overall and the frequency of on calls restricted their ability to access clinics and theatre lists. When in theatre, the CSTs found the consultants and higher trainees willing to teach and ensure they had operative experience, but found that if lists were full there was a reluctance to allow CSTs to operate due to time pressures. Additionally, CSTs were required to leave theatre to provide ward cover if there was no physician associate (PA) available. The department had two PAs and the CSTs felt that these roles were beneficial in providing continuity of care to patients, but noted that they could not order investigations or prescribe medication so these tasks still fell to the CST on call. The CSTs were complimentary about the formal departmental teaching and opportunity to discuss cases with the consultants.	
PS5.2	**Opportunities for interprofessional multidisciplinary working**	

	The higher trainees spoke highly of the SNAPs who worked at night and felt that these colleagues improved their experience of on-call working.	

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.

PS6.1	**Learner retention** The higher trainees reported that they would recommend their posts to colleagues and noted that there was scope to request which consultant or firm they would prefer to work with depending on their training needs.	

Good Practice and Requirements

Good Practice
All higher trainees who met with the review team would recommend their posts to colleagues.
The review team noted that feedback around the morning handover meetings had improved significantly and that trainees now found these meetings to be educationally beneficial.
The higher trainees described positive working relationships with the SNAPs.

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.
PS1.2a	The hot clinic list requires consultant oversight to ensure that patients are appropriately referred to the clinic and CSTs are not expected to deal with cases beyond their clinical competence.	Please demonstrate that there is a robust system in place for ensuring consultant oversight of the hot clinic list.	R1.9
PS1.2b	The Trust should provide clarity around which consultant is in charge of each clinic	Please provide copies of clinic rotas which clearly state which consultant is responsible for oversight and supervision.	R1.8

	to ensure that trainees have an appropriate escalation route.		
PS1.3	The processes around leave requests and approval require review. If a trainee's ES has approved study leave then this should not require further approval by the rota coordinator, nor should trainees have to arrange shift swaps for study leave or annual leave requested prior to the rota being set.	Please provide evidence of a clear process for requesting study leave and annual leave which meets these requirements and confirmation that this has been communicated to trainees, supervisors and staff involved in compiling the rota.	R1.16
PS1.4	Trainees starting in the department require an induction which outlines their role, responsibilities and relevant local processes or policies around escalation, supervision, treatment pathways and referrals.	Please provide a copy of a detailed induction programme which includes the relevant areas and confirmation from trainees that this is followed and meets their needs.	R1.13
PS2.1a	Trainees should be encouraged to exception report where they have worked additional hours or missed learning opportunities.	Please provide evidence that trainees have been made aware of the exception reporting process and encouraged to submit exception reports where appropriate.	R2.1
PS2.1b	The department requires a local faculty group with formalised, minuted meetings that include representatives from each trainee group.	Please provide a terms of reference for the LFG and minutes of the first two meetings.	R2.1

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.
	None		

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	GMC Req. No.
	None	

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
HEE will plan an education leads conversation to discuss the issues raised and to consider how the Trust can be supported to make the improvements outlined above. This review should include discussion of departmental culture and relationships between consultants.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Anand Mehta, Deputy Postgraduate Dean
Date:	13 February 2020

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.