

St George's University Hospitals NHS Foundation Trust

General Surgery

Risk-based Review (education lead conversation)



Quality Review report

4 February 2020

Final Report

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Quality Review details

Training programme	General surgery
Background to review	<p>This Risk-based Review was arranged to discuss the General Medical Council (GMC) National Training Survey (NTS) results for 2019 relating to general surgery at St George's University Hospital (SGH)</p> <p>General surgery at SGH received 11 pink outlier results in the GMC NTS for 2019 (compared with one pink outlier result in 2018). The pink outliers related to overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, supportive environment, induction, adequate experience, curriculum coverage, educational governance, educational supervision and rota design.</p>
HEE quality review team	<p>Anand Mehta, Deputy Postgraduate Dean, South London</p> <p>John Brecknell, Head of School for Surgery, London</p> <p>Vicky Twigg, Trainee Representative</p> <p>Gemma Berry, Learning Environment Quality Coordinator, London</p>
Trust attendees	<p>Divisional Chair</p> <p>Director of Medical Education</p> <p>Associate Director of Medical Education</p> <p>Medical Education Manager</p> <p>General Manager (general surgery)</p> <p>Training Programme Director (general surgery)</p> <p>Surgical Tutor</p> <p>Educational leads in general surgery</p>

Conversation details

	Summary of discussion	Action to be taken? Y/N
GS1	<p>General Medical Council (GMC) National Training Survey (NTS) results</p> <p>The review team opened the meeting by describing how the GMC NTS results for 2019 had shown an increased number of negative (pink) outliers for general surgery at St George's University Hospital (SGH), compared with the previous two years. The review team asked the educational leads in general surgery to outline the activity they had undertaken to address these results.</p> <p>The Training Programme Director (TPD) for general surgery explained that the educational leads in general surgery were not sure why the GMC NTS results for 2019 had shown more negative outliers than previous years, as they had not changed any training or work processes approaching or during the survey period and their firm structures were well-established. They also recalled that the team was well-staffed during the time the survey was open, particularly at a higher trainee level (including Locally Employed Doctors (LEDs)), and there were no significant rota gaps. The on-call rota was said to be currently one in 12, including night shifts, which the TPD felt was reasonable and the departmental policy stated that unfilled rota gaps were offered to locum doctors rather than existing team members.</p>	

	Despite this uncertainty, the TPD advised that the GMC NTS 2019 results had acted as a stimulus for the team to implement positive change and had helped them to focus on improving delivery of training.	
GS2	<p>Educational governance</p> <p>The educational leads told the review team that they had just established quarterly Local Faculty Group (LFG) meetings, led by one of the colorectal surgeons. The first meeting was held in January 2020 and, at the trainees' request, this was attended only by trainees and the consultant chair. The educational leads said they had reassured the trainees that these meetings would be confidential in nature and the trainees appeared to be happy with the arrangements. After the first meeting, the trainees reportedly said that it had been the first time they had felt able to speak freely during their training at SGH.</p> <p>The review team heard that the aim of these LFG meetings was to discuss themes linked to the GMC NTS indicators and potential improvements to the learning environment. The team was using a generic LFG meeting template and minutes were shared with trainees afterwards, to demonstrate a 'you said, we heard' culture and ensure any actions from the meetings were formalised. The educational leads advised that in the past, trainees suggested improvements but did not always see any subsequent tangible changes for a long period of time, so it was hoped LFG meetings would address issues more effectively.</p> <p>The review team was pleased to hear that the trainees in general surgery had a forum to share feedback but suggested other forums with more varied attendees could also be beneficial. Furthermore, it was recommended that each year, LFG meetings were used to discuss GMC NTS results with the trainees who had completed the survey whilst working in that particular team, to understand the issues underpinning any negatively outlying results and how these could be resolved. The educational leads explained this was not possible for the 2019 survey, as the cohort of trainees had changed since the results were released. However, they said they were keen to involve trainees in decision-making processes and to obtain early feedback on changes that were implemented in the team, to maintain a focus on training needs in the future.</p>	Yes, please see GS2
GS3	<p>Educational and clinical supervision</p> <p>The TPD told the review team that implementing upcoming changes to the trainees' curriculum and compiling multi-consultant reports on individual trainees' progress would require additional time in educational and clinical supervisors' (ESs and CSs) job plans, including more meetings between the supervisors in the general surgery team. However, the TPD felt that multi-consultant reports would be invaluable for obtaining more holistic, accurate and unbiased feedback on trainees' overall development and capabilities, and multi-consultant meetings would offer greater support to supervisors than previously.</p> <p>The surgical tutor (ST) advised that each of the general surgery teams were exploring ways to coordinate multi-consultant reports, whilst being mindful not to sub-specialise too extensively. Several surgical care groups held regular consultant meetings on a weekly or fortnightly basis and the ST thought that, in future, the focus of these meetings should turn to training and multi-consultant reports rather than service delivery. The review team suggested testing this approach initially as a means of informing consultants of impending curriculum changes.</p> <p>The review team also advised that there was now a framework available for producing multi-consultant reports and that it was important to capture trainees' supervision</p>	Yes, please see GS3

	<p>across all sub-specialties of general surgery. Furthermore, the educational leads were advised that a new online system was due to become available in February 2020, for recording summative opinions on trainees' capabilities as a new form of workplace-based assessment.</p> <p>It was highlighted by the review team that the GMC National Trainer Survey for 2019 had shown a number of negative (pink and red) outlier results for general surgery at SGH, including the 'resources for trainers' and 'trainer development' indicators. The TPD suggested these results may have been a reflection of supervisors' morale working at the Trust in general, rather than their experiences as trainers in the general surgery team specifically. The Divisional Chair (DC) and Associate Director of Medical Education (ADME) agreed that the Trust's latest staff survey results had not been positive overall for the surgical teams and potentially represented dissatisfaction with certain aspects of the wider organisation, but surgical care groups appeared content at a local level. The TPD felt sure that the supervisors in general surgery were happy to train.</p>	
GS4	<p>Induction</p> <p>The educational leads asked the review team for advice on delivering an effective induction to trainees. The review team said that it was inadvisable to roster a new trainee onto a night shift on their first day and it was important to ensure trainees understood the rota arrangements for their team from the outset. It was also recommended that trainees were made to feel welcome, that they were introduced to all members of the team, including management and secretarial staff, and they were informed of how to contact and utilise various services within the Trust, such as radiology.</p> <p>The educational leads advised that they had developed a standardised induction programme across all of the sub-specialties of general surgery. The review team suggested it could be useful for induction resources to be shared with trainees before they started in post. The educational leads were also recommended to forward-plan adjustments to the team's services during induction, so the induction programme was not compromised by service delivery.</p>	Yes, please see GS4

Next steps

Conclusion

The review team was pleased to note the positive action being taken by the educational leads in general surgery, in response to the GMC NTS results for 2019. The review team recommended that engagement with trainees was maintained to ensure sustainable improvements to the learning environment. No mandatory requirements were issued at the review.

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	GMC Req. No.
GS2	<p>The newly established Local Faculty Group (LFG) meetings should continue to be convened on a regular basis. Whilst the review team was pleased to hear that trainees in general surgery had this forum to share feedback, other forums with more varied attendees could also be beneficial.</p> <p>The review team also recommends that LFG meetings are used to discuss General Medical Council (GMC) National Training Survey (NTS) results with trainees who completed the survey whilst working in general surgery.</p>	R2.1
GS3	It is recommended that the general surgery team take a proactive approach towards implementing multi-consultant reports, in readiness for upcoming changes to the training curriculum.	R5.10
GS4	<p>On induction, the review team recommends that trainees; understand rota arrangements for their team from the outset; are made to feel welcome; are introduced to all members of the team, including management and secretarial staff; and, are informed of how to contact and utilise various services within the Trust, such as radiology.</p> <p>Educational leads are also recommended to forward-plan adjustments to the team's services during induction, so the induction programme is not compromised by service delivery.</p>	R1.13

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

Requirement	Responsibility
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N/A	
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Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Anand Mehta, Deputy Postgraduate Dean, South London
Date:	23 March 2020

What happens next?

We will add any requirements or recommendations generated during this review to the Quality Management Portal. These actions will be monitored via our usual action planning process.