

St George's University Hospitals NHS Foundation Trust

Plastic Surgery

Risk-based Review (education lead conversation)



Quality Review report

4 February 2020

Final Report

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Quality Review details

Training programme	Plastic Surgery
Background to review	<p>In December 2019, Health Education England (HEE) arranged an Urgent Concern Review (focus group) of plastic surgery training at St George's University Hospitals NHS Foundation Trust, St George's University Hospital (SGH). The purpose of the focus group was to obtain feedback from current core surgical trainees and higher trainees in plastic surgery, following the removal of a trainee from the clinical environment in the department in November 2019 due to reports of bullying, and concerns about the learning environment from various sources.</p> <p>This Risk-based Review (education lead conversation) was subsequently requested to discuss the findings of the focus group and other relevant data with the educational leads in plastic surgery at SGH, and to assess the impact of work practices on the training environment.</p> <p>NB. The General Medical Council (GMC) National Training Survey (NTS) 2019 results for plastic surgery at SGH showed one red outlier for rota design and one pink outlier for feedback.</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>Clinical Director (surgery)</p> <p>Director of Medical Education</p> <p>Medical Education Manager</p> <p>General Manager (plastic surgery)</p> <p>Divisional Director of Operations (plastic surgery)</p> <p>Care Group Lead</p> <p>Surgical Tutor</p> <p>Educational leads in plastic surgery</p>

Conversation details

	Summary of discussion	Action to be taken? Y/N
PS1	<p>Learning environment and culture</p> <p>The review team opened the conversation with Trust attendees by advising that intelligence from various sources indicated there were some cultural issues in the plastic surgery team at St George's University Hospital (SGH), which made the learning environment difficult for some trainees. Trainees had reported that some members of the plastic surgery team had confrontational communication styles, which could be perceived as bullying, and one trainee had left the team in November 2019 as a result of these behaviours. The review team emphasised that the main purpose of</p>	

	<p>the education lead conversation was to support the Trust to identify and deliver sustainable improvements to this learning environment.</p> <p>The Care Group Lead (CGL) confirmed that the plastic surgery team was aware of these cultural issues and had been distressed to receive negative feedback from trainees. Overall, the CGL felt that the educational leads and consultants in the team had good intentions and a passion for training and any negative behaviour experienced by trainees was not deliberate or personal.</p> <p>The Clinical Director (CD) for surgery said that the Trust had a zero-tolerance policy on bullying, but the senior leadership team recognised it was an issue in a number of departments. The review team heard that significant work was being undertaken to address bullying and harassment across several care groups and a working party, involving Human Resources, had been established to understand the root causes. However, the CD felt that further work on this matter needed to be undertaken within surgical care groups specifically. The review team was reassured to hear that the Trust was taking action to deal with bullying and undermining in the organisation.</p> <p>The review team heard that, on receiving the General Medical Council (GMC) National Training Survey (NTS) results for 2019, the plastic surgery team at SGH organised various group meetings and discussions with individuals, to investigate areas of negative feedback. These included consultant meetings and conversations with trainees, to encourage as much transparency as possible. A course on bullying and harassment was also attended by the team. Some consultants were assigned to liaise with specific trainee groups, in particular higher trainees and junior trainees, to understand their concerns.</p>	
PS2	<p>Handover</p> <p>In reference to findings from a trainee focus group held at Health Education England (HEE) in December 2019, the review team highlighted that morning handover meetings had been a concern for trainees in the past but were reportedly improved. The CGL advised that these meetings were established several years ago and all members of the plastic surgery team (including those on-call) attended to discuss every patient in their care. The CGL felt the meetings offered good learning opportunities but acknowledged that, if consultants had differing opinions on a patient’s management plan, their discussions could appear confrontational. One of the educational leads said that since the GMC NTS 2019 results, consultants had modified their behaviour during handover and were trying to introduce more teaching to the meetings. The review team said it was important for consultants to be mindful of the way their communication styles could be received differently by trainees.</p>	
PS3	<p>Educational supervision</p> <p>The review team highlighted that the GMC National Trainer Survey results for 2019 had only shown negative outliers. The educational leads explained that SGH was a busy hospital which placed staff under pressure, so educational supervisors had to find a way to deliver training with the support of their team members. They felt that job planning for educational supervisors had been particularly challenging at SGH over the past two years, due to rota gaps and pressures on clinical services as a result of the Trust being in financial special measures.</p> <p>The CGL said that there was an appetite amongst the plastic surgery consultant body to teach and train and thought there was potential for excellence within the team in this respect.</p>	
PS4	<p>Rota design</p>	

	<p>The educational leads felt that having a fully staffed rota made a significant difference to delivery of training. They advised that the plastic surgery team had only reached full staffing complement in October 2019, after a long period with rota gaps at a higher trainee level, which had been filled by Locally Employed Doctors (LEDs). The surgical tutor (ST) told the review team that in the past, there had been negative feedback from year one core surgical trainees (CST1s) regarding the on-call rota and rota gaps in plastic surgery. However, on speaking with these same trainees as CST2s, the ST reported that trainees felt the rota arrangements had improved and they were being well-prepared and developed for specialty training.</p> <p>Whilst the review team was pleased to hear of these improvements, it was noted that gaps could arise again in the future and the review team recommended that the plastic surgery team developed a plan for how to build resilience into the rotas, particularly in view of the heavy workload. The review team also emphasised that the quality of training should not diminish if staffing reduced.</p> <p>The ST and educational leads advised that the plastic surgery team was already considering recruiting more non-medical roles to support the service, such as nurse practitioners, prescribing pharmacists and physician associates, as well as additional doctors at various levels (including Medical Training Initiative (MTI) trainees if funding allowed). The review team suggested non-medical roles could be a more financially sustainable and stable workforce solution, whilst also removing some of the administrative burden from trainees to allow them to focus on learning opportunities. The plastic surgery team was advised to explore East Sussex Healthcare NHS Trust, Conquest Hospital’s alternative workforce model, which included doctors’ assistants. The Divisional Director of Operations (DDO) for plastic surgery advised that although the Trust was in financial special measures, business cases for new workforce solutions and innovations were still encouraged.</p> <p>The educational leads said they worked with the rota coordinator to ensure quality indicators for surgery were built into CSTs’ weekly rotas. The review team heard that, overall, the current CSTs in plastic surgery were very positive about all aspects of their training and a number of previous CSTs had returned to the team as LEDs, which the consultants were proud of.</p>	<p>Yes, please see PS4a</p> <p>Yes, please see PS4b</p>
PS5	<p>Study leave</p> <p>The review team advised that some plastic surgery trainees had reported difficulties and unpleasant behaviour from colleagues when requesting leave. The educational leads explained that the plastic surgery team formally allowed two higher trainees and two junior trainees to be on leave at any one time, but in reality they tried to accommodate as many leave requests as possible. The educational leads acknowledged there were occasional delays approving or rejecting leave requests while they explored ways to facilitate them, but this was done with good intention and the situation had improved now the team was at full complement. One of the educational leads added that trainees were supported to attend The Royal College of Surgeons meetings every year, which were beyond their mandatory teaching requirements.</p> <p>Furthermore, the educational leads said they were considering re-introducing a paper system for leave requests, to replace the online system that had been established recently and which they thought had led to misunderstandings in the past. They hoped the paper system would improve communication between supervisors, trainees and rota coordinators from the start of the leave request process and remove some steps that trainees may have perceived as slow or obstructive. The educational leads also</p>	

	<p>advised that a flow chart had been developed to explain the leave request process and minimise trainees' confusion.</p> <p>The review team emphasised the importance of transparency and open communication around leave requests, so that trainees could understand the decision-making processes. It was suggested this topic could be raised at a Local Faculty Group (LFG) meeting.</p>	Yes, please see PS5
PS6	<p>Educational governance</p> <p>The educational leads confirmed that the plastic surgery team had held regular informal trainee forums in the past, and formal LFG meetings had recently been established on a quarterly basis, with the first meeting planned for 20 February 2020. The educational leads had used guidance on the National Association of Clinical Tutors website to decide upon the format of the LFG meetings, which were due to be attended by a trainee representative, supervisors, management, the ST and CGL. They said they had encouraged all trainees to attend the LFG meetings if they wanted to, as they were keen to promote a welcoming environment.</p> <p>The review team suggested it could be helpful to involve more trainees in the LFG meetings or to arrange other trainee-focussed meetings, to address some of the cultural issues within the team. It was also suggested that LFG meetings could be useful for raising and resolving any logistical issues that impacted upon training, but it was important to share an action log with trainees, to help them feel more involved in decision-making processes. The Director of Medical Education (DME) advised that the Postgraduate Medical Education Team would support the LFG meetings and help to keep minutes and update action logs.</p>	Yes, please see PS6
PS7	<p>Supportive environment</p> <p>The educational leads and ST told the review team that they hoped more of their trainees would feel empowered and comfortable to raise concerns in future. The ST said they had offered an open-door policy to the CSTs in plastic surgery if they wanted to share any issues and sometimes this had been taken up. They thought the CSTs felt more empowered to share feedback outside of a group setting and this view had already been passed on to the consultants in plastic surgery.</p> <p>The review team heard that in response to the GMC NTS 2019 results, the plastic surgery team had arranged a bullying and undermining training course, also attended by a member of Human Resources.</p> <p>To further improve the culture within the team, the CGL said their focus was to maintain transparency and encourage cohesion across the team. The CGL stated that the consultants were keen to ensure trainees were at the centre of future quality improvement work.</p>	
PS8	<p>Clinical supervision</p> <p>The review team highlighted that some trainees in plastic surgery had reported feeling inadequately supervised whilst working in the trauma triage 'hot clinic'. The CGL and educational leads explained that the trauma triage clinic was managed by two experienced advanced nurse practitioners (ANPs) and one trainee, with consultants available in the same clinical area should they be required. The clinic was predominantly designed to support the emergency medicine team with routine hand cases, and trainees tended to treat patients who had already been discussed at a morning meeting. The educational leads said that working in the trauma triage clinic gave trainees good learning opportunities, such as assessing patients and examining</p>	

	<p>wounds, and they could cover a lot of their curriculum requirements during that time. The CGL also thought that the trainees felt more confident working on-call once they had spent time in the trauma triage clinic. The CGL and educational leads recognised that there had been occasions in the past when there were no ANPs on duty to support trainees, but said consultants were always nearby in clinic and an additional ANP had been recruited in November 2020, so staffing and supervision had improved.</p> <p>The review team heard from the CD that one of the ANPs supervising in the trauma triage clinic was very experienced to almost nurse consultant level and both the ANPs and the consultants had good oversight of activity during the clinic. In this respect, the CD said that even if a trainee did not ask for help or necessarily feel they were being actively supervised, the ANPs monitored their work and could escalate any issues if necessary. The CD expressed confidence that any cases requiring consultant input received it. The review team suggested trainees were told explicitly (at induction for example) that the trauma triage clinic was a learning environment and they would receive supervision from ANPs as well as consultants.</p>	Yes, please see PS8
PS9	<p>Teaching</p> <p>The CGL told the review team that plastic surgery trainees at SGH received local teaching on Friday afternoons, which included careers advice. The educational leads also advised that they held in-house Fellowship of the Royal Colleges of Surgeons viva sessions for trainees, which had received good feedback, and mock annual review of competence progression assessments, to facilitate trainees' sign-off and provide constructive feedback. The latter also gave trainees the opportunity to discuss their future learning needs if they wanted to stay in the team.</p> <p>The review team heard that simulation sessions had been arranged for CSTs in plastic surgery and these were being rolled out to all CSTs in the Trust.</p>	

Next steps

Conclusion

Health Education England (HEE) continues to monitor the impact of work practices on the learning environment within plastic surgery at St George's University Hospital (SGH) through the HEE action plan process. The next set of action plan responses were due for submission by 1 March 2020.

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.
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	N/A		
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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.
PS4a	It is recommended that the plastic surgery team develops a plan for how to build resilience into rotas, should gaps arise again in the future. Quality of training should not diminish if staffing is reduced.	R1.12
PS4b	The review team recommends that the plastic surgery team explores alternative workforce models, including East Sussex Healthcare NHS Trust, Conquest Hospital's work with doctors' assistants. Health Education England (HEE) can also provide workforce transformation guidance and support to the Trust.	R2.3 & R2.8
PS5	It is recommended that the plastic surgery team obtains feedback from trainees on the leave request process. This topic could be raised at a Local Faculty Group (LFG) meeting.	R2.3
PS6	The plastic surgery team should continue to convene LFG meetings on a regular basis. The plastic surgery team is advised to involve more trainees in LFG meetings or arrange other trainee-focussed meetings, to obtain their feedback. Action logs should be shared with trainees, to help them feel more involved in decision-making processes.	R2.1
PS8	The review team recommends that trainees are told explicitly (at induction for example) that the trauma triage 'hot clinic' is a learning environment and they will receive supervision from advanced nurse practitioners (ANPs) as well as consultants. It is also recommended that the ANPs are formally included in the plastic surgery team's supervision structure and are developed and supported in this regard.	R1.8

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:	Dr Anand Mehta, Deputy Postgraduate Dean, South London
Date:	26 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.