

# HEE Quality Interventions Review Report

## London North West University Healthcare NHS Trust (Central Middlesex Hospital)

Ophthalmology

Risk-based Review (Educator Review)



## Review Overview

<p><b>Background to the Review:</b></p>	<p>This review was organised following a decline of results in the 2019 General Medical Council (GMC) National Training Survey (NTS).</p> <p>In the 2018 GMC NTS Central Middlesex Hospital generated one pink outlier (for clinical supervision) and two green outliers (for local teaching and rota design). In the 2019 GMC NTS three red outliers and six pink outliers were generated. The red outliers were in Overall Satisfaction, Workload and Supportive Environment. The pink outliers were for clinical supervision out of hours, reporting systems, team work, adequate experience, educational governance and study leave.</p>
<p><b>Training Programme/Learner Groups Reviewed:</b></p>	<p>Ophthalmology</p>
<p><b>Who we met with:</b></p>	<p>Director of Medical Education          Medical Education Manager          College Tutor          Clinical Lead for Ophthalmology          Higher Trainee Representative          Lead for Ophthalmology Nursing</p>
<p><b>Evidence utilised:</b></p>	<p>Local Faculty Group Minutes from July 2019 to October 2020          GMC Survey results          Trainee logbooks          Trainee ARCP results</p>

## Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
Specialty Expert	Dr Emma Jones Head of School of Ophthalmology
Specialty Expert	Dr Cordelia McKechnie Deputy Head of School of Ophthalmology
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)

## Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas that were working well:

- The review team commended the department on the progress made following the 2019 GMC NTS results.
- The department was felt to be well led and had a good focus on education and training.
- The review team recognised the high level of complex cases seen by the department and commended the department's leadership in ensuring trainees were seeing appropriate cases and meeting competencies.
- The department demonstrated good examples of multidisciplinary teamwork.
- The local faculty group (LFG) was felt to be well established and minuted, with clear action plans that enabled the positive progression.

The review team also noted the following areas requiring improvement:

- The review team acknowledged that a review of admin and IT support was required to ensure sustainability of training and service delivery

## Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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&amp;I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.4	<p><b>Appropriate levels of Clinical Supervision</b></p> <p>Clinical supervision generated a pink outlier in the 2019 General Medical Council (GMC) National Training Survey (NTS). Trust representatives advised that a local faculty group (LFG) had taken place in July 2019, to discuss the results in further detail.</p> <p>The review team heard that Specialty Training Level One (ST1) trainees had reported feeling unable to approach consultants for supervision when the designated clinic consultant was on leave. Trust representatives advised that changes had been made and an escalation policy put in place to ensure trainees knew who to approach for clinical supervision.</p> <p>Trust representatives advised that trainees had reported issues in accessing supervision out of hours at the Western Eye Hospital (WEH). It was discussed how Trust representatives had worked with the College Tutor at the WEH to ensure reminders were sent detailing who the consultant on call was.</p> <p>Trust representatives advised how consultants were approachable and available for advice if required.</p>	
1.4	<p><b>Appropriate levels of Educational Supervision</b></p> <p>Trust representatives advised how previously one educational supervisor (ES) had been assigned to all four trainees. It was discussed that there were now two ES, each supervising two trainees. Trust representatives reported that trainees met with their ES regularly and that a personal development plan (PDP) was completed and reviewed throughout the post.</p>	

<b>1.6</b>	<b>Multi-professional learning</b>	
	Trust representatives discussed that multi-professional learning was encouraged within the department. It was advised that the team worked well as a multidisciplinary team, with regular consultant and trainee led training. Trust representatives reported how the streamlining of clinics had allowed time for the teaching.	

## Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
<b>2.1</b>	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>Trust representatives advised how reporting systems had generated a pink outlier in the 2019 GMC NTS. Through a deep dive with trainees, it was reported that Trust mandatory online modules had not been completed before the start of the clinical rotation. Trust representatives advised that an induction checklist was in place to ensure trainees were sent their online modules within the first two weeks of their rotation commencing.</p>	
<b>2.1</b>	<p><b>Impact of service design on users</b></p> <p>Trust representatives advised how workload had generated a red flag on the GMC NTS 2019 survey. The review team heard that trainees had reported workload issues that included overbooked clinics, a high night shift workload at the WEH, a slow theatre turn-around and issues with advance guard triage.</p> <p>Trust representatives discussed the changes made to reduce workload within the department. Two changes had been made to streamline clinics; a review of profiles had occurred for both consultants and trainees, and the glaucoma diagnostic clinic had been organised to a separate day. To reduce the night shift workload Trust representatives reported how they had liaised with the WEH to increase evening cover. It was advised that a new theatre lead had been appointed in 2019 and had increased theatre efficiency. Trust representatives further reported that trainees had conducted teaching sessions with the departmental nurses to improve advance guard triage and this had also resulted in improvements in working as a departmental team.</p> <p>Trust representatives reported how cataracts treatment had been outsourced to an independent company, who did not provide training. The complications this had caused training was discussed. It was advised that in the last year Central Middlesex Hospital had been signed off as a cataract surgical hub</p>	

	<p>and as a result treated cataract cases from Hillingdon Hospital. This had allowed trainees to continue cataract training opportunities.</p> <p>Trust representatives advised how the department had challenges around operational support. It was advised that further IT and admin support was required to ensure sustainability of both training and service delivery.</p>	Yes, please see action O2.1
<b>2.2</b>	<p><b>Appropriate systems for raising concerns about education and training</b></p> <p>Trust representatives reported that there had been reports of consultants criticising colleagues. It was advised how a reflective exercise had taken place and consultants had been reminded to be mindful of what they discussed in front of trainees.</p> <p>Trust representatives reported that the department's educational leads had been well supported and had provided excellent leadership. Trust representatives spoke highly of the support received from the postgraduate medical education team.</p> <p>Trust representatives advised that LFG meetings took place, noting that trainees and most consultants were reported to attend the meetings. It was discussed how the LFG was a supportive forum where concerns and solutions could be discussed openly.</p>	

### Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
<b>3.1</b>	<p><b>Learners being asked to work above their level of competence, confidence and experience</b></p> <p>Trust representatives discussed that Central Middlesex Hospital had a high proportion of complex cases on the surgical lists. It was advised that case stratification had been introduced to ensure that there were appropriate cases commensurate with trainees training requirements. It was reported that ST1 trainees had been able to complete more than 20 Phaco surgeries.</p> <p>Trust representatives reported that some trainees had no or minimal prior laser experience before starting in post. It was advised that trainees would complete a PDP and timetables changed to match the PDP.</p>	



## Domain 4 – Supporting and empowering educators

- 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 appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.4	<p><b>Appropriate allocated time in educators job plans to meet educational responsibilities</b></p> <p>Trust representatives advised how clinical supervisors were allocated 0.25 protected allowance per allocated trainee.</p>	

## Domain 5 – Delivering curricula and assessments

- 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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p><b>Placements must enable learners to meet their required learning outcomes</b></p> <p>Trust representatives reported that efforts had been made to increase the frequency of local teaching. A teaching timetable had been created; however, it was advised that attendance had been low due to zero days and annual leave. Trust representatives discussed how teaching had moved to more one on one interactions between trainees and their supervisors teaching.</p> <p>Trust representatives reported that three trainees had been redeployed during the COVID-19 response. It was advised that local teaching had continued online during the pandemic.</p> <p>Trust representatives advised that trainees had not raised concerns about the regional teaching.</p>	

## Domain 6 – Developing a sustainable workforce

- 6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
- 6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

### Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider



### Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales

Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
No Immediate Mandatory Requirements were identified at the review.		

### Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
O2.1	Trust representatives advised how the department had challenges around operational support. It was advised that further IT and admin support was required to ensure sustainability of both training and service delivery.	The Trust to support the department to review and implement any necessary IT or admin support requirements identified.

### Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Ophthalmology Department	The review team recognised the high level of complex cases seen by the department and commended the department's leadership in ensuring trainees were seeing appropriate cases and meeting competencies.	HEE Quality Domain 3 – Supporting and empowering learners

## Report sign off

<b>Outcome report completed by (name):</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Review Lead signature:</b>	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
<b>Date signed:</b>	31 December 2020

<b>HEE authorised signature:</b>	Dr Gary Wares Postgraduate Dean Health Education England (London)
<b>Date signed:</b>	09 February 2021

<b>Date final report submitted to organisation:</b>	09 February 2021
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### What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups