Health Education England

HEE Quality Interventions Review Report

Kingston Hospital NHS Foundation Trust
Core Surgery
Learner and Educator review

South London

8 December 2021

7 February 2022

Final report

Review Overview

Background to the review:	A Learner and Educator Review was requested following the 2021 General Medical Council (GMC) National Training Survey (NTS) results which identified several areas of concern, including two red outlier results in Induction and Rota Design and nine pink outlier results in Overall Satisfaction, Clinical Supervision Out of Hours, Workload, Adequate Experience, Curriculum Coverage, Educational Governance, Educational Supervision, Regional Teaching and Study Leave (data for programme group by site). Previous HEE interventions include a Learner and Educator review (previously known as an on-site visit) on 6 September 2016 following the 2016 GMC NTS results and concerns raised about the educational environment.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Core surgery training
Who we met with:	18 trainees working in the department from the following programmes: • Foundation Programme • Core Surgical Training (CST) • Locally Employed Doctors (LEDs) The review panel also met with the following Trust Representatives and Educators: • Director of Medical Education • Deputy Director of Medical Education • Guardian of Safe Working Hours • Educational Lead/College Tutor • Foundation Training Programme Directors • Surgery Clinical Lead • Medical Director • Deputy Medical Director • Deputy Chief Executive Officer • Clinical and Educational Supervisors

Evidence utilised:	The review panel received the following information and documents from the Trust in advance of the review: • Core Surgery Training (CST) Health Education England's (HEE) visit internal action plan • Notes from a meeting with CST Trainees • Rota information The review panel also considered information from the GMC NTS 2017 to 2021 and HEE National Education and Training Survey (NETS) 2019 to 2021. This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Cleave Gass, Deputy Postgraduate Dean, Health Education England, South London
Specialty Expert	Celia Theodoreli-Riga, Head of School of Surgery, Health Education England, London
Specialty Expert	Mark Cottee, Associate Director of the South Thames Foundation School, Health Education England
Learner Representative	Michael Akadiri, Core Surgery Training Learner Representative
HEE Quality Representative(s)	Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England (London)
Lay Representative	Jane Chapman, Lay Representative, Health Education England
Supporting roles	Ummama Sheikh Quality, Patient Safety and Commissioning Officer Health Education England (London)
Observing	Kate Alley, Learning Environment Quality Coordinator, Health Education England (London)

Executive summary

The review panel thanked the Trust for accommodating the review. The review panel clarified that the review was intended to be a supportive intervention to prevent further decline in the General Medical Council (GMC) National Training Survey (NTS) results. The Trust representatives reported that the Trust had been working on generic action plans to make improvements to areas where issues had been identified by the 2021 GMC NTS results. The Trust representatives acknowledged that although the COVID-19 pandemic had been challenging for the departments, there had been existing concerns prior to this.

The review panel acknowledged that there was evidence of several areas of good practice to note including the consultants' focus and commitment to education and that the Trust had worked hard to recruit to ensure a well-staffed rota with no gaps reported. The review panel was also pleased to hear that the Trust was committed to respecting educational commitments and that all trainees had been allocated an educational and clinical supervisor and had met with them or had meetings scheduled.

The review panel noted that on weekdays during daytime hours the trainees were well supported across all specialties, however the review panel had serious concerns about the out of hours workload for trainees on-call and noted a difference in perceptions between consultants and junior doctors about workload out of hours. Trainees reported concerns about the potential for patient safety incidents due to the volume of work out of hours.

It was also consistently reported that trainees had witnessed and experienced instances of inappropriate behaviour from senior staff in the Emergency Department. Trainees reported experiencing hostile interactions particularly during the referral process.

The review panel was also concerned to hear that there was no representative for education at Trust board level.

This report includes some requirements and recommendations for the Trust to take forward, which will be reviewed by Health Education England (HEE) as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 March 2022.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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 **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
N/A	N/A	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
N/A	N/A	

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**
CST1.2	The review panel was concerned to hear consistent reports that trainees had witnessed and experienced instances of inappropriate behaviour from senior staff in the Emergency Department (ED). Trainees reported experiencing hostile interactions particularly during the referral process.	Please provide evidence that the inappropriate behaviour from senior staff in ED has been addressed and that the communication between the ED and surgical teams has improved. Please provide evidence of how this is being addressed, for example through training, workshops, or discussion forums. Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST1.4	Some trainees reported that out of hours the higher trainees on-call were not always in the hospital, therefore it could take some time for them to come in, if necessary, and trainees reported that this made them feel uncomfortable. The review panel was concerned about the educational value of the out of hours shifts for foundation and core trainees where there was not a higher trainee available to offer on-site supervision.	Please provide evidence that trainees are adequately supervised during the day and out of hours. Please provide a copy of the rota and staffing model. Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST1.5	Trainees advised the review panel that the doctors' office did not have sufficient Information Technology (IT) facilities and space for the number of trainees using the room. It was acknowledged that there were some computers in the doctors' mess, however trainees reported that the	Trainees must have access to sufficient IT equipment to carry out their work and access resources for training. Please provide evidence that the access to IT has improved and information about how this is being addressed.

	medical higher trainees often used these, so they were often unavailable to the CSTs.	Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST2.1a	The Trust representatives reported that there was an LFG for general surgery, but this was integrated into the clinical governance meetings. It was reported that there was not an established Trauma and Orthopaedics (T&O) LFG, but it was noted that the department was working towards this. The review panel was informed that there was a standing agenda item for the urology clinical governance meeting in which there was input from the consultants and the trainees, however there was not a stand-alone LFG. It was also noted that trainees felt there was not an appropriate forum for them to raise issues.	The Trust should ensure that there are regular LFG meetings which are distinct from other meetings. The LFG meetings should include trainee representatives and these meetings should generate attendance records, minutes, and an updated action log. Please provide evidence that these meetings are taking place with consistent engagement from the consultant body and junior doctor representatives. The Trust should ensure that junior doctors have access to a wide range of mechanisms to raise concerns and provide feedback. Please provide evidence that junior doctors are invited to, attend, and are supported to actively participate in LFG meetings and other relevant forums. Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST2.1c	It was noted that the ambulatory surgical care pathways were not well established and clearly defined. This caused significant delays and frustration for patients which the trainees had to deal with.	The Trust should ensure that these the ambulatory surgical care pathways are well established and clearly defined. Please provide evidence that this issue has been addressed. Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST2.1d	The review panel noted a difference in perceptions between consultants and junior doctors about workload out of hours. Trainees reported concerns about the potential for patient safety incidents due to the volume of work out of hours. The review panel was concerned about the out of hours workload for trainees on-call and the number of exceptions reports which has been submitted. The review panel was also concerned that Foundation Year two (FY2)	The Trust must ensure that trainees are not working above their level of competence, confidence, and experience. The Trust must conduct an urgent review of the staffing model to address the workload issues. Please provide HEE with the outcome of this review and evidence of improvement. Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.

	trainees were on the same on-call rota as the Core Surgery Training (CST) trainees for out of hours work. Some trainees raised concerns about this as the FY2s were expected to manage patients with very little surgical experience.	
CST3.4	It was noted that there were some gaps in the information included in the general surgery induction, therefore it would have been beneficial to include trainees in the design of the induction and induction materials. It was also noted that it would have been helpful for trainees to receive an appropriate handover of patients when they first started. Trainees also reported that there were a number of Trust services they had not been aware of, for example the Critical Outreach Team. The review panel was also informed that trainees had not been told the process for attending teaching at their local induction.	The Trust must ensure trainees receive a thorough induction prior to starting clinical activity. The Trust should include input from trainees in designing the induction and induction materials. Please provide evidence that improvements have been made to the local inductions and induction materials including ensuring a core surgery handbook is provided to trainees. Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST5.1a	Some foundation trainees reported difficulty in attending foundation teaching due to lack of cover for their workload whilst at teaching.	The Trust must support trainees to attend programme specific education activities as necessary and this time should be adequately covered and protected. Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
CST5.1b	Some trainees reported they had not been provided enough training opportunities to satisfy the curriculum requirements, in particular access to theatre. The review panel was informed that there were a lot of trainees therefore there was competition for theatre experience.	Trainees must be enabled to complete curriculum requirements. The Trust must ensure theatre opportunities are balanced between the different groups of trainees to enable sufficient training opportunities to fulfil the curriculum requirements. Please provide evidence that this issue has been addressed. Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	**Recommendation**
CST2.1b	The review panel was concerned to hear that there was no representative for education at board level. The review panel recommends that the Trust considers inclusion of an education representative on the board to ensure there is continued consideration of education in Trust strategy and that there is a robust process for escalation of concerns.
CST1.6	The review panel strongly recommends that the Trust Trust explores alternative workforce solutions such as, Physician Associates and Advanced Nurse Practitioners, to address the workload issues and ensure improvements are sustainable.
CST3.1	Given the limited duration of training posts and the length of time taken to obtain parking permits the trainees suggested that the Trust offers a specified number of trainee parking permits that could be recycled between the trainees. The review panel supported this recommendation and suggested the Trust explores this.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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)
Surgical consultants	The review panel commended the consultants on their focus and commitment to education. There was evidence of interest and enthusiasm for education. It was reported that the specialties had responded proactively to trainee feedback and were looking to make improvements based on this.	2.1

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive 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 interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.2	**Bullying and undermining** Trainees reported that the surgical teams were supportive, friendly, and approachable, and that there was a good culture of teamworking in the department. However, trainees reported that their experience of interacting with the Emergency Department (ED) was varied. It was noted that sometimes the communications around referrals were friendly however the majority of the trainees' experiences had been negative, and trainees advised that they frequently experienced hostile behaviour from senior ED staff. The review panel was informed that trainees felt that the referring clinicians had no interest in their clinical opinion and felt that they were not listened to. Trainees reported that this was particularly the case when they refused referrals and described this as a common trigger for inappropriate behaviour from senior ED staff. Some trainees informed the panel that they had experienced behaviour which they found intimidating and often felt pressurised to accept referrals which did not fit the relevant criteria. The review panel was concerned to hear that trainees felt that they were placed in a difficult position when challenging referrals from senior clinicians in ED and trainees found this very uncomfortable. Trainees also advised the review panel that they did not feel able to raise these issues to the higher trainees or consultants on-call during night shifts as they did not feel it was appropriate given the issue was not clinical or urgent. It was noted that these issues had been raised with the surgical consultants, but trainees believed that the issues had not been addressed. The consultants confirmed that there had been longstanding issues with the interaction with ED. It was noted that there were plans to strengthen the referral pathway, but the COVID-19 pandemic had disrupted the implementation. It was not clear from the discussions during the review what these planned interventions were. The consultants also reported that there were plans to host a number of joint meeting and training sessions to improve the relationships between the ED and surgical departments.	Yes, please see CST1.2
1.4	**Appropriate levels of Clinical Supervision** The Trust representatives reported that the trainees were adequately supervised, and trainees were able to contact supervisors when they were in theatre. It was noted that as a result the Trust representatives were not concerned about this area. Trainees reported that they felt comfortable raising	

	concerns to peers, senior trainees, and consultants. The foundation trainees reported that they felt well supported by the higher trainees during the day. Some trainees reported that out of hours the higher trainees on-call were not always in the hospital, therefore it could take some time for them to come in, if necessary, and trainees reported that this made them feel uncomfortable. The review panel was concerned about the educational value of the out of hours shifts for foundation and core trainees where there was not a higher trainee available to offer on-site supervision. The consultants informed the review panel that trainees had had fed back that there was no issue with this. The consultants reported that the higher trainee on-call would often stay in the hospital longer if the workload was high and that they were responsive and supportive of trainees escalating issues when they were at home. The review panel was informed that there was no urology higher trainee covering the on-call at night, it was noted that the consultant on-call was the escalation point for this specialty out of hours. The consultants reported that it was rare for urgent urology surgery to be required, but that the consultants did come into the hospital if needed. The review panel was also informed that if there was an urgent urology surgical case the consultant would offer this opportunity to the Core Surgical Training (CST) trainees, however it was acknowledged that they were often too busy out of hours to attend. It was reported that in Trauma and Orthopaedics (T&O) there was a trauma meeting which took place every morning to discuss new patients, after which the consultant would review post-take patients and any relevant post-operative patients before going to theatre. It was noted that the foundation trainees and the Locally Employed Doctors (LEDs) would review the remainder of the patients, sometimes with the support of the higher trainee who was assigned to support that day. It was reported that the matron and physiotherapist also attended the ward round. Trainees reported that in Emergency Surgery (EMS) there was a morning handover, and the department utilised a consultant of the week model, with a specific consultant for the weekends. It was reported that the on-call higher trainee reviewed the post-take patients with the consultants and foundation year one trainee (FY1), with one or two higher trainees supporting the ward round. It was noted if there was any shortage of higher trainees the foundation trainees did the ward round with the LED or middle grade doctor. The review panel was informed that there was a higher trainee assigned to ward cover and supported the foundation trainee.	Yes, please see CST1.4
1.4	**Appropriate levels of Educational Supervision** All trainees reported that they had been allocated an educational and clinical supervisor and had met with them or had meetings scheduled.	
1.6	**Multi-professional learning** Some Trust representatives reported that they did not believe the Trust had been proactive with developing the workforce model and utilising non-medical roles, for example Physician Associates and ward support workers. It was noted that the Trust had intentions to do this to reduce the foundation trainee workload but had not implemented anything yet. Trainees also informed the review panel that the ED flow coordinators had been very helpful.	Yes, please see CST1.6

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
2.1	**Effective, transparent and clearly understood educational governance systems and processes** The Trust representatives reported that there was a Local Faculty Group (LFG) for general surgery, but this was integrated into the clinical governance meetings. It was reported that there was not an established T&O LFG, but it was noted the department was working towards this. The review panel was informed that there was a standing agenda item for the urology clinical governance meeting in which there was input from the consultants and the trainees, however there was not a stand-alone LFG. The review panel was advised that previous trainees had raised issues about workload out of hours and therefore the Trust was aware. However, it was also noted that trainees did not feel there had been an appropriate forum for them to raise these issues. Some trainees advised that they had discussed concerns with individual consultants before but had found it challenging as openness to feedback was variable across the consultant body. Trainees informed the review panel that the College Tutor (CT) was approachable, and trainees had provided feedback via the CT, however trainees felt that some consultants had not been open to the feedback. The review panel was concerned to hear that there was no representative for education at Trust Board level. The Trust representatives noted that this was something they were working towards but had not yet managed to do. The review panel was informed that the Director of Medical Education (DME) had reported to the Board and had met with the Medical Director monthly. It was reported that the Postgraduate Medical Education Department had met with the Executive Team to discuss the 2021 General Medical Council (GMC) National Training Survey (NTS) results. It was noted that this had helped remove obstacles to some improvement actions. The Trust representatives reported that prior to the COVID-19 pandemic there had been plans to implement an education and training committee which would have reported directly to the Trust Board. The review panel was informed that this meeting was key in removing barriers and resolving issues. However, it was noted that there had not been any meetings since the COVID-19 pandemic, and it had been challenging to re-establish the committee.	Yes, please see CST2.1a Yes, please see CST2.1b
2.1	**Impact of service design on users**	

	Some trainees reported that there were not aware of how the surgical lists were organised when they first started. Trainees reported that there was not sufficient organisation of the areas they were due to cover when on shift, so they usually organised this amongst themselves. The review panel was informed that there was no consultant or registrar of the week model outside EMS and the higher trainee on shift in most areas varied from day to day, but there was a consistent team at weekends. It was reported that for the EMS list the consultant reviewed the post-take patients and remainder of the ward round was led by a higher trainee or a senior LED. Trainees informed the review panel that other healthcare professionals did not join the ward round. The trainees reported that the general surgery ward round usually included the foundation trainees, the higher trainee, and the consultants. However, it was noted that when there was consenting to do or a multi-disciplinary team (MDT) meeting the higher trainee carried out the consenting and the foundation trainee and the LED started the ward round, with the higher trainee joining afterwards. It was noted that if issues needed to be escalated the junior trainee would contact the higher trainees for support. Trainees also reported that they sometimes sought support from other specialties including care of the elderly and the nutrition team. It was noted that the ambulatory surgical care pathways were not well established and clearly defined. This caused significant delays and frustration for patients which the trainees had to deal with. Some trainees reported that the on-call bleep was not screened which contributed to the high workload. The consultants advised the review panel that they believed the trainees should be engaging with the Hospital at Night handover to help with their workload. However, trainees noted that when on-call out of hours there were too busy to attend the Hospital at Night huddles. The review panel noted that the Hospital at Night programme was not sufficient to reduce the trainees' workload significantly. All trainee groups reported that the on-call and out of hours workload was too high and that the trainees found this extremely challenging. It was noted that trainees were unable to complete tasks and were not able to see patients in a timely manner. Trainees reported concerns about the potential for patient safety incidents due to the volume of work. It was reported that the general surgery, urology, and EMS on-call was covered by one CST. The foundation and core trainees advised that the higher trainee was often unavailable during the shift therefore trainees did not feel adequately supported and noted that they did not feel the staffing out of hours was safe. Trainees reported that the on-call work during the day was more manageable. The review panel discussed the on-call arrangements with the consultants, and it was reported that the consultants believed the current structure was appropriate. Some consultants reported that there was not a high workload for trainees at night and that there was adequate supervision for the trainees. The review panel noted a difference in perceptions between consultants and junior doctors about workload out of hours. Trainees informed the review panel that they needed more support and better staffing out of hours to allow the workload to be shared, particularly at the junior level. The review panel was impressed that there were no reports of rota gaps and that the Trust had worked hard to recruit to ensure a well-staffed rota.	Yes, please see CST2.1c Yes, please see CST2.1d

	However, trainees reported that despite a full rota they felt the teams were still understaffed considering the high workload. Trainees confirmed that they believed inadequate staffing was the cause of many of the issues. It was also noted that trainees felt there was not enough flexibility in the rota to allow for sick leave. Trainees reported concerns about taking on additional workload if there were staff absences due to sick leave. Trainees working in T&O reported that they had raised concerns about their rota and amount of theatre time which were being addressed by the department. Trainees had been involved in the process to make improvements and changes were expected to be implemented in February 2022. It was reported that the department intended to recruit more staff to ensure access to training opportunities was equal. The consultants reported that the new rota had been approved by human resources and would be implemented providing there was agreement from all trainees. The consultants informed the review panel that they hoped this new rota would enable the CSTs to access more theatre experience and noted that the rota would free up the foundation trainees to cover more ward work to support the CSTs. The review panel noted concerns that foundation trainees would take on a disproportionate amount of ward work and their opportunities for surgical experiences would be significantly limited. The consultants advised the review panel that foundation trainees had been provided varied experiences of both ward work and surgery experience. It was reported that although some foundation trainees did not have a special interest in surgery, they were still offered opportunities to ensure they covered their curriculum.	
2.2	**Appropriate systems for raising concerns about education and training** The Trust representatives reported that there had been 128 exception reports for surgery in 2020. It was reported that the majority (98) had been from foundation year one (FY1) trainees and there were also 11 from foundation year two (FY2) trainees, 14 from CST trainees and 5 from higher trainees. The Trust representatives advised that the number of exception reports had reduced in 2021, with 77 reports in total from FY1s and FY2s. The review panel was informed that the majority of the exception reports had been related to working hours and that there had been a slight increase in the number of reports relating to breaches of rest patterns. The Trust representatives confirmed that most of the exception reports had resulted in trainees being paid for additional hours worked. The review panel was pleased to hear that the trainees had been paid for the additional hours however the review panel was concerned about the high number of reports, particularly at the junior level. The Trust representatives informed the review panel that when the EMS service became a distinct department the workload increased significantly. It was noted that the increase in workload did not allow enough time for trainees to complete their work on time, which may have caused the increase in exception reports. Trainees also cited a high workload as the cause of the exception reports as the workload often resulted in trainees staying late. Some trainees reported that general surgery had been very busy, particularly at the start of the post when trainees were still adjusting which had also caused trainees to stay late. Some trainees noted during this initial period they did not feel very supported. However, trainees in T&O reported that their experience had been different, and they did not have to stay late to manage their workload.	Yes, please see CST2.1d

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**
3.1	**Learners being asked to work above their level of competence, confidence and experience** Given the high workload and support issues raised the review panel was concerned to hear that FY2 trainees were on the same on-call rota as CSTs for out of hours work. Some trainees raised concerns about this as the FY2s were expected to manage patients with very little surgical experience. The review panel noted that foundation trainees were permitted to work on the same on-call rota as the CSTs, providing that they were working within their competencies. The consultants informed the review panel that they believed it was appropriate for the FY2s to do this work as the hospital was not a major trauma centre and therefore did not do a lot of emergency surgery at night. The consultants clarified that FY2s were required to discuss all cases with the on-call higher trainee. It was noted that trainees had not raised these issues with the consultants and had provided feedback which indicated that the trainees had appreciated the opportunity as it had helped develop confidence and skills.	Yes, please see CST2.1d
3.4	**Induction (organisational and placement)** Some trainees reported that their induction had been delivered virtually by the rota coordinator. It was reported that this was very informative and helpful. Trainees noted that virtual inductions were not the preferred format as they felt it was more difficult to ask questions however, they acknowledged that it had been necessary. Trainees in T&O reported that they had been offered shadowing opportunities as part of their induction which they had found helpful. Trainees in T&O also reported that the handover document produced by previous trainees had been very useful, it was also noted that this was updated by each cohort of trainees every year which offered a good opportunity to contribute. Some trainees informed the review panel that they would have found it helpful to have a handover session with or materials produced by the previous trainees in the post. It was also noted that some trainees did not have a handover of patients when they started their first shift; they confirmed it would have been helpful to receive an appropriate handover. Trainees reported that there were some gaps in the information included in the general surgery induction, therefore it would have been beneficial to include trainees in the design of the induction and induction materials. The review panel was informed by some trainees that they had not been aware of the Hospital at Night programme, the Critical Care Outreach team or the Site Practitioners and suggested that the department should include this	Yes, please see CST3.4

	information in the induction. Trainees reported that the Critical Care Outreach team was very helpful out of hours but noted the team was often very busy. It was also noted that the Site Practitioners had been very supportive and had helped with some ward work at night.	
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** Some trainees reported that the staff parking facilities were not very accessible, and trainees had found this stressful. It was noted that it had taken a number of months for trainees to receive a parking permit by which time the trainees had almost completed their training post at the hospital. The trainees suggested that the Trust offers a specified number of trainee parking permits that could be passed on between trainee cohorts.	Yes, please see CST3.1

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
4.1	**Access to appropriately funded professional development, training and appraisal for educators** The Trust representatives confirmed that they offered a comprehensive programme for supervisor training and a wide range of training courses which were free to supervisors. It was reported that there was a robust system for appraisals and the Trust had a system to ensure that all educational supervisors were accredited every three years in additional to their annual appraisal. The Trust representatives reported that the biggest challenge had been getting some of the supervisors to attend and engage with the process. The consultants reported that the Postgraduate Medical Education team (PGME) had been very supportive with appraisals.	
4.2	**Educators are familiar with the learners' programme/curriculum** The Trust representatives reported that they had completed some work to ensure supervisors had clarity regarding the roles and responsibilities of clinical supervisors.	
4.4	**Appropriate allocated time in educators job plans to meet educational responsibilities** The review panel was pleased to hear that the Trust was committed to consultant job planning and had ensured sufficient time was allocated for supervision. Some consultants raised concerns about the limit to the Programmed Activities (PAs) where supervisors had four or more trainees to supervise. The Trust representatives reported that they had found it challenging to recruit new supervisors as newly qualified consultants had been reluctant to start the process.	

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	**Placements must enable learners to meet their required learning outcomes** The Trust representatives confirmed that face-to-face teaching had been re-started and that the Trust had allocated space for a surgical skills training room and equipment. Some of the Trust representatives reported that trainees had fed back that some of the consultants were not engaging with education and training. Several junior doctors reported that some of the consultants had not been proactive in offering educational opportunities, with some junior doctors reporting they had to seek all of the opportunities themselves. The review panel was advised that the consultants were very good with their patients and trainees reported that there were plenty of educational opportunities within the surgery department. Some trainees commented that it would be helpful for foundation trainees to be offered more opportunities to participate in surgical tasks or procedures. The foundation trainees reported that the balance between ward work and surgical experience was somewhat disproportionate, and they would have found it helpful to have some more surgical skills training and theatre exposure as part of their post. Some foundation trainees reported that they had been able to arrange to be released for full day teaching if they informed the rota coordinator in advance. However, some foundation trainees reported that they had to manage their workload around the foundation teaching as there was not anyone to handover tasks to. Trainees reported that they would leave work later if they attended teaching. The review panel was also informed that trainees had not been told the process for attending teaching at their local induction. Some trainees reported that there had been efforts in general surgery to ensure CST trainees had more theatre time, however it was noted that the trainees had not been provided enough training opportunities to satisfy the curriculum requirements. The consultants and trainees both reported that there were a lot of level three speciality trainees (ST3s) junior higher trainees therefore there was competition for theatre experience. Some consultants acknowledged that the EMS workload was very high and noted that this had made it challenging to offer the standard or training and supervision that they wanted to provide. The consultants informed the review panel that the EMS workload had increased exponentially over the last few years which contributed significantly to the CST trainee workload on the ward and therefore prevented them from attending theatre and clinic opportunities.	Yes, please see CST5.1a Yes, please see CST3.4 Yes, please see CST5.1b

	The consultants informed the review panel that the trainees' training preferences were considered in the rotas. It was also noted that the T&O department had aimed to ensure all trainees had experience of planned care.	
5.1	**Appropriate balance between providing services and accessing educational and training opportunities** When asked about the plans for the high volume, low complexity hub the Trust representatives acknowledged that taking on additional work could make the existing issues more challenging. The Trust representatives reported that the workload covered upper and lower gastrointestinal (GI) cases. It was noted that the Trust wanted to utilise foundation trainees in urology to help with the workload, but this had not been implemented. However, Trust representatives reported that they believed these issues would not be an ongoing problem due to governance improvements that the Trust were planning to implement. It was reported to the review panel that the Trust representatives believed training would improve with this development and being able to host more trainees as a result would provide greater training opportunities for all trainees. The COVID-19 recovery funding was discussed, the review panel confirmed that there was funding available to support trainees and advised that the departments contact the DME for further information. The consultants also enquired about the additional COVID-19 recovery lists and whether trainees were able to participate in these activities The review panel confirmed that these sessions could be offered to trainees and advised the consultants to liaise with the DME for support with this. Given the high numbers of foundation trainee exception reports the review panel was concerned about the foundation workload. The Trust representatives reported that the workload in T&O was very different to general surgery. Trust representatives reported that T&O regularly asked the trainees for feedback and involved them when deciding improvement action. It was reported that trainees confirmed they had found the higher workload helpful as they had learned a lot and it had allowed the opportunity to take part in decision making. The Trust representatives also confirmed that trainees had reported that senior support had been good.	

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
6.1	**Retention and attrition of learners** The trainees reported that they would be happy for their friends and family to be treated by the surgical departments, some trainees noted that they had	

	been impressed with the consultants' communication skills and reported that patient feedback was good. However, trainees informed the review panel that they would not be comfortable with their friends and family being treated in ED. Some trainees reported that they would be concerned if their friends and family were treated in the hospital due to issues with workload and understaffing.	

Report sign off

Quality Review Report completed by *(name(s) / role(s))*:	Rebecca Bennett, Learning Environment Quality Coordinator
Review Lead name and signature:	Cleave Gass, Deputy Postgraduate Dean, South West London, Health Education England
Date signed:	31/01/2022

HEE authorised signature:	Geeta Menon, Postgraduate Dean, South London, Health Education England
Date signed:	07/02/2022

Date final report submitted to organisation:	07/02/2022

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 development 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups