NHS
Health Education England

HEE Quality Interventions Review Report

Barking, Havering and Redbridge University Hospitals NHS Trust (Trust-wide)
Core surgical training, general surgery and trauma and orthopaedic surgery
Learner and Educator Review

London – North East London
Date of Review: 21 February 2022
Date of Final Report: 31 March 2022

Review Overview

Background to the review

A learner and educator review was requested following the 2021 GMC NTS results which showed a significant deterioration since the 2019 survey. The results by programme group and Trust showed eight red outliers for core surgical training in workload, teamwork, handover, induction, local teaching, regional teaching, study leave and rota design, and three pink outliers in clinical supervision, supportive environment, and educational governance. General surgery had three red outliers in regional teaching, study leave, and rota design, and a further 14 pink outliers including overall satisfaction, clinical supervision, clinical supervision out of hours, supportive environment, adequate experience, and educational supervision. In trauma and orthopaedic surgery there were 11 pink outliers including clinical supervision, supportive environment, and educational supervision.

Subject of the review: core surgical training, general surgery and trauma and orthopaedic training

Who we met with

Chief Medical Officer
Director of Medical Education
Associate Director Chief Medical Director's Services & Research and Development
Head of Medical Education
Deputy Medical Education Manager
Divisional Director
Royal College of Surgeons Tutor
Deputy Royal College of Surgeons Tutor
Clinical Lead, General Surgery
Clinical Lead, Trauma and Orthopaedic Surgery
Service Manager, Trauma and Orthopaedic Surgery
Eleven foundation trainees in general surgery
Six core trainees in general surgery
Five higher trainees in general surgery
Seven higher trainees in trauma and orthopaedic surgery
Clinical and educational supervisors in general surgery and trauma and orthopaedic surgery

Evidence utilised

Local Faculty Group minutes
Summary of relevant Datix reports (including SIs and Never Events)
Most recent Medical Education Committee minutes
Details of the number of exception reports
Rota including fill rate
Breakdown of learner groups within the department
Summary of relevant complaints related to learners
Any internal action plans
Evidence of organisation-wide and departmental induction feedback
Breakdown of educational and clinical supervisors within the department

Review Panel

Role	Name, Job Title
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Celia Theodoreli-Riga HEE Head of Specialty School of Surgery
Specialty Expert	Keren Davies Foundation School Director (North Central and East London)
Lay Representative	Saira Tamboo
Learner Representative	Alice Baggaley
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London) Sebastian Bowen Quality, Patient Safety and Commissioning Officer Health Education England (North East London)

Executive Summary

The review team thanked the Trust for facilitating the learner and educator review and for ensuring good attendance at all sessions.

The review team were pleased to hear that all of the trainees would recommend their placements to a colleague. In both the general surgery and trauma and orthopaedic (T&O) surgery departments, the core and higher trainees said that their supervisors provided good training and were happy to teach, and they were able to attend regional and local teaching. The foundation trainees in general surgery told the review team that they enjoyed their dedicated elective operating days.

The review team heard about some areas where improvement was required. The review team heard from trainees in both departments that the transfer of patients from King George Hospital (KGH) to Queen's Hospital (QH) resulted in delays to patient care. In general surgery, the trainees indicated to the review team that the core and higher trainee rotas meant there was a lack of continuity in care for patients. The foundation trainees in general surgery also highlighted to the review team that they often had to take part in several ward rounds a day with different consultants which sometimes generated a large amount of work late in the day. In general surgery, the review team heard from the trainees that there was no formal system for ward handovers, and this meant that the handover of sick patients between night and day teams relied on individuals informally highlighting sick patients to the team taking over. The review team heard from higher trainees (particularly in the trauma and orthopaedic department) that there was not much flexibility in their rotas and some trainees had more access to theatre than others. The higher trainees highlighted that they did not have many opportunities to provide post operative care to patients they had operated on because of the way their rotas were set up.

Review findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
GS1.5a	In general surgery, the review team heard from the foundation trainees that there was no formal system for ward handovers, and this meant that the handover of sick patients between night and day teams relied on individuals informally highlighting sick patients to the team taking over.	Please ensure that there is a robust system for handing over sick ward patients between night and day teams. Please provide evidence that the system is in place, and feedback from foundation trainees that it is effective by 01 June 2022
GS1.5b	The trainees in both general surgery and trauma and orthopaedic surgery told the review team that they worried about patients who were	Please review the SOP for transferring general surgery patients from KGH to QH. Please provide evidence that the SOP has been audited and changes

	transferred from King George Hospital to Queen's Hospital as the receiving team were not sure when the patient was arriving and the team at King George Hospital were worried about delays to patient care.	have been made where necessary. Please provide this evidence by 01 June 2022
TO1.5	The trainees in both general surgery and trauma and orthopaedic surgery told the review team that they worried about patients who were transferred from King George Hospital to Queen's Hospital as the receiving team were not sure when the patient was arriving and the team at King George Hospital were worried about delays to patient care.	Please review the SOP for transferring trauma and orthopaedic surgery patients from KGH to QH. Please provide evidence that the SOP has been audited and changes have been made where necessary. Please provide this evidence by 01 June 2022
GS1.11	The core trainees in general surgery highlighted to the review team that the IT system and logistical structures in the Trust negatively impacted their day-to-day work and had much room for improvement. The core trainees said that the IT team had reviewed the computers in the department on multiple occasions, but they were still incredibly slow.	Please provide HEE with detailed plans as to the improvement of the IT facilities for trainees within the department. Please provide this evidence by 01 June 2022.
GS2.4b	The foundation trainees in general surgery told the review team that they did not receive any feedback from local faculty group (LFG) meetings.	General surgery department to provide evidence that minutes and actions from LFG meetings are being shared with all trainees in the department. Please provide this evidence by 01 June 2022.
TO2.4	The review team heard that the trauma and orthopaedic (T&O) surgery department did not have LFG meetings.	Evidence that the T&O surgery department is running LFG meetings with trainee representation and minutes and action from these meetings are being shared with all trainees in the department. Please provide this evidence by 01 June 2022.
TO3.2	The review team heard from higher trainees in the T&O surgery department that there was not much flexibility in their rotas and some trainees had more access to theatre than others.	Provide evidence that a review of the balance in access to clinics and theatres across higher trainee schedules in T&O has been undertaken and an action plan to ensure more equal access is offered and maintained. Please

		provide this evidence by 01 June 2022.
GS3.5a	The foundation trainees confirmed they had all been assigned a clinical supervisor (CS) but the frequency with which they were meeting varied.	Please provide feedback from foundation trainees through LFG minutes as to the frequency of CS meetings and plans to ensure all trainees meet with their CS on a regular basis (at least at the beginning, middle and end of their placements). Please provide this evidence by 01 June 2022.
GS3.5c	The review team heard from the foundation trainees in general surgery that they were sometimes expected to attend multiple ward rounds in the afternoon when individual consultants came to review their patients separately.	Please review the frequency and timing of consultant ward rounds to ensure that they do not unduly add to trainee workload. Consideration of a consultant of the week model may be necessary. Please provide feedback from foundation doctors that the review has taken place and the situation has improved. Please provide this evidence by 01 June 2022.
GS3.5d	The foundation trainees in general surgery informed the review team that there was a lack of consistency in what was expected of them from higher trainees when working an on-call shift. In particular, there was variation on whether they were given the opportunity to clerk and assess emergency admissions.	Evidence that all junior doctors in the general surgery department have been provided with guidance about the foundation trainee role and tasks during an on call shift, and where possible are given the opportunity to clerk emergency admissions. Also provide foundation trainee feedback that the situation has improved. Please provide this evidence by 01 June 2022.
T&O3.6	The higher trainees highlighted that there was only one assigned educational supervisor in the department and suggested that having more than one might be better.	Please review the number of educational supervisors available in the Trauma and Orthopaedic department for higher trainees and ensure that no Educational Supervisor has more that the recommended four trainees at a time. Please provide evidence of the number of educational supervisors, or a plan to increase the number, and their job plans by 01 June 2022.
GS5.1b	The higher trainees in general surgery highlighted that endoscopy was not rostered in for them.	Provide evidence that a review of the higher trainee rotas in general surgery has taken place to understand if endoscopy has

		been included as part of the rota. Please provide this evidence by 01 June 2022.
GS5.1c	The higher trainees in general surgery told the review team that they did not have many opportunities to provide post operative care to the patients they operated on electively.	Provide evidence that a review of the higher trainee rotas in general surgery has taken place to understand if more post operative care has been included. Please provide this evidence by 01 June 2022.
GS5.6a	The foundation trainees in general surgery highlighted to the review team that the departmental teaching was happening less frequently than once a week as was scheduled.	Provide evidence that departmental teaching is going ahead as planned each week (this can include activities such as X-ray meetings and audit meetings) and provide foundation trainee feedback to demonstrate this is happening. Please provide this evidence by 01 June 2022.
GS5.6b	The foundation trainees in general surgery told the review team they were receiving the equivalent of one hour of self-development time per week (as opposed to the expected two hours).	Provide evidence that foundation trainee rotas have been updated to include the required self-development time per week, as well as foundation trainee feedback that they are able to access this time. Please provide this evidence by 01 June 2022.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	
Requirement Reference Number	**Progress on Immediate Actions**	**Required Action, Timeline and Evidence**
	N/A	

Recommendations

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
GS2.4a	The review team recommends the general surgery department reviews whether it runs some local faculty group meetings with trainees of all grades (instead of running separate meetings with foundation trainees and core and higher trainees) as this will allow trainees to understand training issues across the board.
GS3.5b	The review team heard from the foundation trainees in general surgery that they did not think the higher trainee rota provided good continuity of patient care. The review team heard that the

	higher trainee rota in general surgery was being changed in April 2022 and a 'registrar of the week' model would be part of this. The review team highly recommends the department introduces the 'registrar of the week' model and recommends it also considers a 'consultant of the week' model.
GS5.1a	The review team recommends that the Trust ensures that there are sufficient clinic rooms available in general surgery to provide adequate clinic numbers for trainees, and there is the opportunity for trainees to see and assess patients on their own.

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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
General Surgery (foundation)	The review team felt that foundation trainees receiving dedicated theatre days at King George Hospital during their rotation was of great benefit to their education and training.	Delivering Programmes and Curricula

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	**The learning environment is one in which education and training is valued and championed.** <u>General surgery</u> The review team received a presentation from the general surgery department. The Royal College of Surgeons (RCS)Tutor gave the general surgery presentation and said the department recognised the drop in General Medical Council (GMC) National Training Survey (NTS) results in 2021 (as compared to previous years). The RCS Tutor said the department had been expecting poorer GMC NTS results in 2021 because of the results of the Health Education England (HEE) National Education and Training Survey (NETS) which had been released prior. The RCS Tutor said the general surgery department was pleased that the most recent HEE NETS results had improved. The RCS Tutor explained that the department had placed a lot of emphasis on training recently and was committed to providing good training at both hospital sites in the Trust. The RCS Tutor told the review team that general surgery at the Trust was a sought-after placement for core and higher trainees due to the high volume of patients and procedures. The RCS Tutor said that the general surgery department had learnt lessons from the past, including Covid-19 and from the removal and reinstatement of foundation trainees in the department a few years ago. The Trust representatives said that the consultants in the department were committed to training and ensuring trainees felt heard. The Trust representatives told the review team that various training opportunities were available to trainees in the department, including human factors training. The foundation trainees told the review team that they found the general surgery department to be a welcoming and friendly environment and said all of the foundation trainees got on well. The foundation trainees said that the rota was good as they worked 8:00 to 17:00 and this meant they got a zero-hour week (because they worked an extra hour each shift). The foundation trainees said they thought it was good that they had one on call a week. The core trainees in general surgery told the review team that the consultants in the department were supportive of training and that the department had a high volume of patients which meant they had good numbers in their logbooks (compared to trainees in other Trusts). The core trainees said that from October 2021 to February 2022, they had got between 120 and 130 cases in their logbooks each and about 30 of these were appendectomies.	

The higher trainees in general surgery told the review team that they had gained good surgical experience in their placements at the Trust, had built confidence and felt the consultant body were engaged and happy to train. Some of the higher trainees told the review team that this was the best department they had worked in.

The general surgery educational supervisors (ESs) and clinical supervisors (CSs) told the review team that being a trainer in the department was great and they were proud to work in it. The ESs and CSs said the department had provided a lot of support for trainees' training during Covid-19, and during Covid-19 recovery, a renewed concentration had been placed on training. The ESs and CSs said that trainees came to the department keen to learn. The ESs and CSs told the review team they wanted the department to be a centre of excellence for training. The ESs and CSs said that the department had twice as many non-training doctors as trainees and would like to have more trainees so that they had more funding for education.

Trauma and Orthopaedic surgery

The review team received a presentation from the trauma and orthopaedic (T&O) surgery department. The Clinical Lead for T&O gave the presentation and explained the structure of the department to the review team. The Clinical Lead for T&O indicated that there were 14 consultants, 10 staff grade doctors, eight higher trainees, 15 middle grade doctors, and at times one core trainee and one General Practitioner Vocational Training Scheme trainee in the department. The Clinical Lead for T&O explained the department also had three trauma coordinators and one physician assistant. The Clinical Lead for T&O said the department was a very busy trauma centre and saw a very high volume of fractured neck of femurs. The Clinical Lead for T&O explained this made the department a popular place for trainees to train. The Clinical Lead for T&O said that during Covid-19, the department had not compromised its elective surgery lists. The Clinical Lead for T&O explained that two days of paediatrics lists ran every month.

The Clinical Lead for T&O informed the review team that the higher trainees were on a one in 14 rota for trauma weeks, were on call from Monday to Monday during a trauma week, and normally had nine theatre sessions during that week. The Clinical Lead for T&O said that during non-trauma weeks, it was expected that higher trainees had one trauma operating day and one elective operating day.

The Clinical Lead for T&O told the review team the department had won training hospital of the year in 2014 and had been runner up in recent years. The Clinical Lead for T&O said that in house

	training courses were due to start up again now that Covid-19 was easing and there were various teaching sessions available to trainees. The higher trainees said that of 15 doctors on their rota, about half were non-training doctors. The higher trainees in T&O surgery told the review team that overall, they enjoyed their placements. The higher trainees said there were a lot of learning opportunities, good teaching, and good training when in theatre. The higher trainees said that the consultants were enthusiastic, willing to teach, and supportive when trainees raised issues. The higher trainees also highlighted the large number of senior associate specialists in the department who trainees were able to operate with and who were often happy to let trainees act as lead surgeon. The T&O ESs and CSs said that teaching was good in the department and had remained so during Covid-19. The T&O ESs and CSs said they would like to have more HEE trainees working in the department.	
1.2	**The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.** Not discussed at the review.	
1.3	**The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.** <u>General surgery</u> The review team heard of some examples where foundation trainees had been spoken to rudely by other doctors in the department and said when this happened, it impacted the mood of the whole team on those days. The foundation trainees said that they did not think there was a culture of bullying in the department and recognised that the busy nature of the department was stressful. The review team asked who the foundation trainees would go to if they wanted to raise a concern such as bullying or undermining and heard that the foundation trainees would approach a higher trainee who they had a relationship with, not a consultant. The core trainees in general surgery said that the relationship between the emergency department (ED) and the general surgery department was not good. The core trainees said they found the way the ED was operated and the manner of referrals difficult to interact with. The core trainees explained that the ED often made incorrect referrals to the department, and this delayed patient care and wasted time. The core trainees said that the incorrect referrals tended to come more often from locum doctors. The core trainees said they had not experienced any bullying or	

	undermining behaviours. The higher trainees in general surgery told the review team that they had not experienced any bullying or undermining behaviours. Trauma and Orthopaedic Surgery The T&O surgery higher trainees informed the review team that the ED was understaffed and overstretched, and this meant the staff were rude. The higher trainees said the ED staff could be rude when making referrals and refused to do tasks which were ED responsibilities. The higher trainees told the review team that when they were on call at Queen's Hospital (QH), they had to cover queries from the ward, the GP out of hours, urgent care centres and community GP, as well as the ED. The higher trainees said this generated a high number of calls, so they asked the referrer in the ED to do basic tasks such take bloods, but this was sometimes met with a lot of resistance. However, some of the higher trainees said that the ED staff were better than ED staff in other Trusts and did generally try to work with the T&O trainees. Some of the T&O surgery higher trainees told the review team that they had either witnessed or experienced aggressive behaviour from staff members in the ED and said this was a recurring problem. The higher trainees said that these incidents were raised to their consultants and had sometimes resulted in apologies from the ED staff responsible.	
1.4	**There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.** Not discussed at the review.	
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.** General surgery The RCS Tutor explained to the review team that the general surgery department was operating a hybrid handover model. The RCS Tutor said a consultant was available 24 hours a day at King George Hospital (KGH), separate to consultant cover at QH. The foundation trainees in general surgery told the review team that the department tried to do on call handover cross-site using Microsoft Teams but due to technical issues, this was not always successful. The foundation trainees highlighted to the review team that while a higher trainee to higher trainee handover took place between on call teams, there was no in person handover of patients on the wards. The foundation trainees said that an e-handover system was used instead. The foundation trainees told the review team that if they were concerned about a patient, they	GS1.5a

	had to communicate this to the foundation trainee taking over via WhatsApp or speaking with them separately. The foundation trainees said there had been incidences where unwell patients on the wards had not been handed over and it was only when looking through the notes or when the patient was highlighted by a nurse that they became aware. The foundation trainees told the review team that a board round wasn't feasible due to the number of patients who were in different wards around the hospital. The foundation trainees told the review team that the two surgical wards were on the same floor but about 50% of the general surgery patients were on other wards. The review team heard about a patient who was missed off the ward patient list for three days and that the trainees who raised this as a risk found they encountered resistance. The general surgery ESs and CSs explained to the review team that the whole team (of which there were four) were kept up to date about patients through a WhatsApp group. The ESs and CSs in general surgery highlighted to the review team that the advanced nurse practitioners provided good continuity of care on the wards. The foundation trainees in general surgery highlighted that KGH did not accept acute general surgical admissions, and this meant that patients arriving at the ED at KGH who needed to be admitted were transferred to QH. The foundation trainees said there were multiple issues with this which centred around communication between the two sites. The foundation trainees said that there was no formal pathway for the transfer of these patients, and this meant that the team at QH did not know when the patients were arriving. The foundation trainees said they thought this impacted on patient care as it caused delays. The foundation trainees explained that this had been a recurring problem which the department had been trying to address but still existed. The core trainees in general surgery told the review team that the process of transferring patients who needed acute general surgical care from KGH to QH was difficult. The core trainees told the review team that patients sometimes waited in the ED for a long time and that if you were working at QH, you did not know when a patient had arrived. The core trainees said this was frustrating and meant they were consistently chasing where the patient was. The core trainees confirmed that patients were seen by a consultant within 24 hours of arriving at the Trust. The higher trainees in general surgery said to the review team that the longer the transfer pathway between KGH and QH had	GS1.5b

	been operating, the better the process had become. However, the higher trainees said they were concerned for patient care when patients had to be transferred as they had seen patients deteriorate while waiting. The higher trainees told the review team that there were often delays in the London Ambulance Service arriving to transfer patients between the hospital sites. The higher trainees said that the ED management at KGH were good and knew to have patients ready for transfer so that as soon as the trainees asked for this, they arranged for the transfer to happen. The higher trainees explained that when they were at KGH, they spoke to a range of people at QH to ensure that the QH team knew a patient was arriving, including the core and higher trainees. The higher trainees said they would not immediately notify the consultant unless they were relatively certain the patient would need to go to surgery quickly upon arrival. The ESs and CSs in general surgery told the review team that there was a standard operating procedure for patient transfer from KGH to QH and this was currently being updated. Some of the foundation trainees in general surgery told the review team that they thought some of the middle grade locum doctors did not practice safe medicine and the foundation trainees said they felt they had to check and correct the work of those locum doctors. The foundation trainees said that the locum middle grade doctors did not want to change patient care on the wards as they knew they were only working there for one day at a time. The foundation trainees said this meant the locums spent little time reviewing patients and just instructed a continuation of the care already being provided, rather than reviewing patients properly. The higher trainees in general surgery told the review team that there were quite a lot of locum doctors who had been working in the department for a long time and were generally good. The higher trainees said that when they raised concerns about locum doctors, these concerns were listened to, and they were not invited back to the department. The core trainees in general surgery told the review team that if they had a concern about a patient, the consultant would come (to either hospital site) and they felt supported by the consultants. The core trainees said that before being discharged, the higher trainee discussed patients with the consultant. The foundation trainees in general surgery said they were not sure if they would be happy for friends and family to be treated in the department, mostly because they thought the lack of communication around patients being transferred from KGH to QH potentially put patients at risk.	

	The general surgery core trainees the review team met with confirmed they had not been involved in any serious incidents. The core trainees told the review team that whether they would be happy to have friends and family treated in the department was a complex question. The core trainees said they would be comfortable with friends or family receiving elective care at the KGH site or being operated on at QH but would be wary about them having to pass through the ED. Most of the general surgery higher trainees confirmed to the review team that they had not yet been involved in a serious incident. The trainees who had been involved in serious incidents said that the resulting investigations had seen improvements to documentation, and they had been informed of this. The higher trainees in general surgery said they would be happy for friends and family to be treated by the department, but they did have concerns for those patients who experienced delays in care when being transferred from KGH to QH. <u>Trauma and Orthopaedic Surgery</u> The ESs and CSs in T&O told the review team that every patient was admitted under the care of one consultant, and that they were seen by that consultant two to three times a week. The ESs and CSs said that junior doctors could always contact them in relation to their patients and did so. The higher trainees in T&O surgery informed the review team that the ED at KGH could not do basic orthopaedic tasks and this meant patients requiring this care were brought across to QH. The higher trainees told the review team they struggled to understand the point of the KGH ED taking in T&O patients for this reason. The higher trainees said they thought that ambulance crews did generally bring patients straight to QH if they thought they needed T&O care. The higher trainees said that the ED at KGH often sent patients across to QH who did not need to be, or it took a very long time for patients who did need to be transferred to arrive at QH and this delayed patient care. The higher trainees in T&O surgery told the review team they would be happy for friends and family to be treated in the T&O surgery department but not in the ED at the Trust.	TO1.5
1.6	**The environment is one that ensures the safety of all staff, including learners on placement.** Not discussed at the review.	

1.7	**All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.** <u>General surgery</u> The core trainees in general surgery told the review team that core trainees had raised issues in the department last year and these were listened to, and changes made.	
1.8	**The environment is sensitive to both the diversity of learners and the population the organisation serves.** Not discussed at the review.	
1.9	**There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.** <u>General surgery</u> The Trust representatives told the review team that the general surgery department worked to help trainees evolve skills in research and audit by providing opportunities to be involved in such projects. <u>Trauma and Orthopaedic surgery</u> The Trust representatives explained to the review team that the T&O surgery department had published 11 papers in the past two years.	
1.10	**There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.** Not discussed at the review.	
1.11	**The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.** <u>General surgery</u> The core trainees in general surgery highlighted to the review team that the IT system and logistical structures in the Trust negatively impacted their day-to-day work and had much room for improvement. The core trainees said that the IT team had reviewed the computers in the department on multiple occasions but they were still incredibly slow. The core trainees said that	GS1.11

	having a paper patient notes system in a department with a high turnover of patients was difficult. The higher trainees in general surgery told the review team that the paper notes and referral system and the IT infrastructure in the Trust were "archaic". The higher trainees said they struggled to read handwriting in the notes and struggled to find the pages they needed in very bulky sets of notes. The higher trainees said the Trust should look to improve this system.	
1.12	**The learning environment promotes multi-professional learning opportunities.** General Surgery The RCS Tutor told the review team that the general surgery department was part of the HEE extended surgical team pilot. The Trust representatives said the department had many advanced nurse practitioners which helped to free up trainee time. The foundation trainees in general surgery said to the review team that the advanced nurse practitioners and physician associates were very helpful on the ward and were good at their jobs.	
1.13	**The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.** Trauma and Orthopaedic Surgery The higher trainees in T&O surgery said that in general (not specific to this Trust), the onus on training was placed heavily on trainees and they would appreciate if supervisors facilitated trainee training more.	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	**There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.** General Surgery The Trust representatives told the review team that the general surgery department had strong links with the Postgraduate Medical Education Team (PGME).	

2.2	**There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.** Not discussed at the review.	
2.3	**The governance arrangements promote fairness in education and training and challenge discrimination** Not discussed at the review.	
2.4	**Education and training issues are fed into, considered and represented at the most senior level of decision making.** <u>Trust-wide</u> The Director of Medical Education (DME) told the review team that the PGME team attended Trust Executive Board meetings quarterly, provided quarterly reports to the Trust Executive Board, and fed into the People and Culture Committee. The DME said the PGME team had made the 2021 results of the GMC NTS well known to the Trust Executive Board. <u>General Surgery</u> The Trust representatives told the review team that the general surgery department used local faculty group (LFG) meetings to understand trainee concerns, learn lessons, and make changes. The review team heard that recent changes had been made based on feedback from LFG meetings. The RCS Tutor said that LFG meetings were monthly, and minutes were taken and sent to trainees to demonstrate the department was listening to concerns. The RCS Tutor told the review team that LFG meetings were now split by training grade (one group for foundation trainees and another for core and higher trainees). The review team heard that each training grade had a trainee representative who attended the LFG meetings to represent the trainee voice. The Trust representatives told the review team that the RCS Tutor was responsible for ensuring that issues raised in the LFG meetings were highlighted to management in the department. The foundation trainees in general surgery confirmed to the review team that there was a foundation trainee representative who attended LFG meetings. Some of the foundation trainees said that they were not aware what happened at an LFG meeting and did not receive feedback following the meetings. <u>Trauma and Orthopaedic Surgery</u> The review team heard that the T&O surgery department did not have LFG meetings however regular meetings with trainees when trainees were able to provide feedback were held. The Trust representatives told the review team that a trainee	GS2.4a GS2.4b TO2.4

	representative was invited to meetings with consultants to provide the trainee voice.	
2.5	**The provider can demonstrate how educational resources (including financial) are allocated and used.** Not discussed at the review.	
2.6	**Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.** Not discussed at the review.	
2.7	**There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.** Not discussed at the review.	
2.8	**Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).** <u>General Surgery</u> The RCS Tutor said that there was a time at the peak of Covid-19 cases when no trainees were operating in general surgery at the Trust. The RCS Tutor said that during Covid-19, general surgery operating was happening at private hospitals. The Trust representatives said that there had not been any governance issues taking trainees to the private hospitals to operate with consultants and the trainees had enjoyed the experience. The Trust representatives confirmed that there was now almost no general surgery operating happening at private hospitals. The Trust representatives explained that the Trust was now working with KGH as a green site (Covid-19 free) where only elective surgery was carried out and QH hosted the emergency surgery lists and acute admissions wards. The RCS Tutor explained that this new way of cross-site working meant the consultants had had to change their way of working so that all consultants now covered both sites. The review team heard that five additional non-training junior doctors had been recruited to work on the KGH site. The ESs and CSs in general surgery told the review team that when they had to operate elsewhere during Covid-19, they made	

	arrangements to take trainees with them. The ESs and CSs said that when Covid-19 eased, the department tried to bring back normality for trainees as quickly as possible. The higher trainees in general surgery confirmed to the review team that, as far as they were aware, no Trust general surgery operating was currently taking place at private hospitals. The foundation trainees in general surgery said that they worked at QH almost exclusively, only attending KGH for their dedicated elective theatre days. The foundation trainees told the review team that during the week there was one foundation year one (FY1) trainee on call, one covering post take, one for the surgical wards and one covering outlier patients on other wards. The foundation trainees said that at the weekend there was one FY1 trainee for the outlier patients, one for the surgical wards and one covering post take and on call. The foundation trainees said that they did not look forward to a weekend where they were the FY1 trainee covering post take and on call because the workload was very high. The RCS Tutor told the review team that the core trainee rota which linked trainees to a supervisor had recently been implemented in direct response to trainee feedback and a new rota for higher trainees was planned to be implemented in April 2022. The RCS Tutor said feedback on this new rota would be monitored. The core trainees in general surgery told the review team that there were 18 doctors at their grade in the department and six were trainees. The core trainees told the review team that following trainee feedback in 2021, the department had implemented a new core trainee rota which meant trainees were now assigned to a named consultant who they followed to theatre. The core trainees explained that attempts were made to allow for them to attend the clinics of, and do post take for, the same consultant but due to the volume of on calls, this was not always possible. The core trainees told the review team that their on-call rota was one in nine for QH. The core trainees said they did not do night shifts at KGH. The core trainees said that they were not on the wards as often as they would like to be, and this made it difficult to have continuity of care for the patients on the ward. The core trainees said that this was because of a high volume of on calls. The core trainees highlighted that this was different at KGH where the doctors on the ward were non-trainees and spent a lot of time on the ward. The core trainees said that the higher trainees led ward rounds and tended to have more consecutive days on the ward than they did as core trainees. The core trainees said the new rota was a positive change overall. The higher trainees in general surgery told the review team that	

	their rotas used to mean they worked on the ward for one day at a time and were only allocated to work on the ward late the night before. The higher trainees explained they would also be working with a core trainee who was only rostered onto the ward for that one day which meant between them, they did not have knowledge of the patients on the ward. The higher trainees said that they provided feedback to the management in the department that this was a patient safety issue, and that it took four hours to do a ward round. This was changed so that higher trainees now worked on the ward for three or four days in a row. The higher trainees in general surgery informed the review team that they had been informed that a new higher trainee rota was being planned and that they would be consulted before it was implemented. The higher trainees said they had recently been told that the new rota was going to be implemented in April 2022 without consultation with the trainees. The core trainees in general surgery told the review team that because foundation trainees did not work nights, this increased the number of nights they had to do. The core trainees said they thought instead of having two core trainees at night, the department could have one foundation trainee and one core trainee. The core trainees said at night they were often asked to do tasks such as prescribing paracetamol and putting in urinary catheters which foundation trainees could do. The core trainees also said that maybe the advanced nurse practitioners could work nights to both support and help free up core trainee time. The higher trainees in general surgery told the review team that the cross-site working model was difficult. The higher trainees said they recognised that having KGH as a green Covid-19 free site where they could carry out elective operating had been a benefit which other Trusts did not have. The higher trainees said that when they were at KGH but not operating, they did not have much to do. However, some of the trainees said they did not mind this as they used the opportunity to get administrative tasks done. Some of the higher trainees said they were aware that other specialities had direct onwards referral to QH and thought the department should consider this. Other higher trainees said they thought it was important for patient safety that patients were seen by a general surgery trainee at KGH. The ES and CSs in general surgery informed the review team that trainees were based at KGH in order to reduce avoidable admissions and ensure patient safety. The ESs and CSs said that trainees had provided feedback that their workload was a lot less at KGH and so the ESs and CSs had encouraged them to use this time for administrative tasks and promoted it as an opportunity to act up and develop leadership skills.	

	Trauma and Orthopaedic Surgery The higher trainees in T&O surgery told the review team that they did not provide acute care at KGH, only at QH which reduced the on-call burden. However, the higher trainees said that at the weekend, they provided on call cover for KGH as well as QH. The higher trainees said two higher trainees worked at the weekend and one was required to go to KGH to conduct a ward round. The higher trainees highlighted that although a more junior doctor worked at KGH at the weekend, they were not always present for the ward round, and this meant the higher trainee had to do the ward round and all the tasks following on their own. The higher trainees explained that all elective operating was done at KGH and this made their schedules more manageable as they knew where they needed to be according to activity. The higher trainees said there had been times when they were operating at KGH that they had been pulled out of theatre to provide emergency cover or had been asked to review patients on the ward at 18:00 after they had finished their operating list for the day. The T&O higher trainees said to the review team that the consultants only went to KGH to do their elective lists and it was the associate specialists who ran the ward rounds there during the week. The higher trainees said that at QH, they were rostered to attend ward rounds but after this, were not rostered to spend any time on the ward and so any ward work was done in between clinics and other tasks. The T&O ESs and CSs told the review team that the department was fortunate to have two hospital sites, and this had allowed elective surgery to continue almost throughout Covid-19, and this was not the case in other Trusts. The T&O ESs and CSs said that moving forwards the department needed support to expand elective operating at KGH. The T&O ESs and CSs informed the review team that the higher trainees did not have to do ward rounds at KGH during the week, only at weekends. The ESs and CSs said there were two handovers a day at QH (at 08:00 and 20:00) and a consultant attended these (either on site or online). The review team heard that all patients going to theatre and all patients who had been operated on the day before were seen during ward rounds. The ESs and CSs said that there was a robust escalation pathway as trainees could escalate directly to the consultant on call. The ESs and CSs said the on-call consultant was on call all week.	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	**Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.** <u>General Surgery</u> The core trainees in general surgery told the review team that if they had a pastoral concern, they would be happy to raise this with their supervisors. <u>Trauma and Orthopaedic Surgery</u> The review team heard that one of the new consultants in the T&O surgery department had been made pastoral lead and it was hoped that as the consultant was not long out of training themselves, this made them more approachable to trainees.	
3.2	**There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.** <u>Trauma and Orthopaedic Surgery</u> The higher trainees in T&O surgery highlighted to the review team that as trainees were assigned to a CS and followed that CS to theatre, it depended on how often the CS was in theatre as to how often they were in theatre too. The higher trainees said that if their CS only operated two or three weeks out of four, this impacted trainee operating time considerably. Some of the higher trainees told the review team that these differences meant they had some weeks where they did not operate at all and were instead asked to run up to six clinics. The higher trainees said that even when they had one elective list in a week, they could be asked to fill the rest of their week with up to six clinics. The higher trainees said this made them feel like they were purely doing service provision and not learning. Some of the trainees said that they had raised this in the department and had been told to come in on days off in order to operate. The higher trainees said that trainees moved to shadow a different consultant after six months which might allow for more operating but also highlighted that some trainees were only in the department for a six-month rotation so did not have this opportunity. The higher trainees confirmed that they did not have any input into the design of the rota although trainees in the last rotation had been asked for their opinions. The T&O ESs and CSs told the review team that the consultants in the department sat down with every trainee when they were approaching an annual review of competency progression (ARCP) meeting and gave them guidance. The ESs and CSs said that the department was lucky to have a number of senior associate specialists and trainees who needed additional training	TO3.2

	time, could work with them.	
3.3	**The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.** Not discussed at the review.	
3.4	**Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.** Not discussed at the review.	
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** <u>General Surgery</u> The Trust representatives told the review team that consultant contact time in general surgery had decreased during Covid-19 peaks due to there only being one consultant on the ward at a time, but that this had now changed and trainee feedback on consultant interaction had been more positive recently. The foundation trainees in general surgery told the review team that it varied consultant to consultant how present they were on the wards, but the trainees said they knew they would be able to contact consultants easily if they needed to. The foundation trainees said that some consultants came to review their patients daily whereas others came infrequently. The foundation trainees confirmed they had all been assigned a clinical supervisor (CS) but the frequency with which they were meeting varied. The foundation trainees in general surgery explained that a higher trainee led the ward round each morning and from this, jobs were allocated for the rest of the day. The foundation trainees explained that the higher trainee interacted with the consultants about patients as needed. The foundation trainees said it was rare for the higher trainee to remain on the ward all day. The foundation trainees said when they were on the ward, the higher trainees were helpful. The foundation trainees explained that if they needed to escalate a patient, they called the higher trainee who had the Digital Enhanced Cordless Technology (DECT) phone and they did come to provide support. The foundation trainees said that the higher trainee on the ward was not always timetabled to be on the ward for the entire day and was also sometimes pulled into emergency surgery or other tasks. The foundation trainees also highlighted that if the higher trainee on the ward was scrubbed in for theatre, they did not respond to their phone.	GS3.5a

	The foundation trainees in general surgery explained that the higher trainee on the ward changed daily and a 'registrar of the week' rota was not in place. The foundation trainees told the review team that this meant there was a lack of continuity in care and the higher trainees often asked the foundation trainees for background information on patients (as the foundation trainees were based on the ward for more days in a row).The review panel heard that higher trainees could be reluctant to change treatment plans as they did not know the patients. Conversely, the treatment plan could be changed on a daily basis. The foundation trainees said it would be beneficial for patient care, and their learning, if higher trainee presence on the ward was more consistent and that this had been raised. The foundation trainees said that the higher trainee rota was planned to change and would introduce a 'registrar of the week' model. The core trainees also informed the review team that a new higher trainee rota was due to come in soon which would feature a 'registrar of the week' model.	GS3.5b
	The foundation trainees in general surgery confirmed to the review team that consultants remained responsible for their patients on the wards (instead of operating a 'consultant of the week' model) and this meant that several consultants could run a ward round for their own patients in the afternoons. The foundation trainees told the review team that when this happened, it generated more work for them in the afternoons, that they had to work quickly to get it done and that it could make it difficult to establish which consultant to discuss a patient with. The review team heard of occasions when consultant had told the trainees to call them when they were on leave. The ESs and CSs in general surgery explained that there was a consultant assigned to cover KGH who was separate to the QH consultant cover and an on-call consultant provided 24 hour support to the KGH site. The ESs and CSs in general surgery told the review team that at QH, the trainees ran the ward rounds and patients were flagged to consultants as needed. The ESs and CSs explained that if a patient needed to be seen at QH and the consultant was at KGH, they arranged for another consultant to review the patient. The ESs and CSs said weekday and weekend ward rounds at KGH were consultant-led. The core trainees in general surgery told the review team that on the days they were on the ward, they were available to help with tasks on the ward. The core trainees said that generally, the foundation trainees went to the higher trainees if they had questions or needed advice. The core trainees told the review team that they did long day shifts at KGH and were supervised by a middle grade doctor. The core trainees said the middle grade doctors were generally good and came to help when required. The core trainees told the review team that the department was starting to introduce consultant rounds at KGH in the mornings.	GS3.5c

	The foundation trainees in general surgery explained to the review team that their weekly on call day was confusing as it varied depending on the higher trainee they were working with what was expected of them and a clarification of their role and tasks when on call would be helpful. The review team heard that the foundation trainees often did not have the opportunity to clerk emergency admissions, and instead were used to scribe notes while the registrar did the assessment. The core trainees confirmed they had a CS and an ES who they met with regularly. The core trainees said the consultants were very approachable and provided lots of training. The higher trainees in general surgery said that supervision and 1:1 support was excellent. The higher trainees in general surgery informed the review team that consultants were quick to assess where they were in their training and to help them to ensure they met the training needs they had. The higher trainees said the consultants were very approachable. <u>Trauma and Orthopaedic surgery</u> The Trust representatives explained to the review team that each higher trainee was allocated to a consultant and worked closely with that consultant, attending their theatre lists and clinics. The higher trainees in T&O surgery told the review team that if their CS was not around (for example, if they were on annual leave), they were assigned to another consultant's operating lists.	GS3.5d
3.6	**Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.** <u>General Surgery</u> The higher trainees in general surgery confirmed to the review team that they had met with their ESs and had produced an education plan with them. <u>Trauma and Orthopaedic Surgery</u> The higher trainees in T&O surgery confirmed to the review team that they had been assigned an ES and had met with them to set learning targets. The higher trainees highlighted that there was only one assigned ES in the department and suggested that having more than one might be better.	T&O3.6

3.7	**Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.** Trauma and Orthopaedic Surgery The higher trainees in T&O surgery told the review team that about 80% of their procedure-based assessments were completed by consultants.	
3.8	**Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.** Not discussed at the review.	
3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** Not discussed at the review.	
3.10	**Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.** Not discussed at the review.	
3.11	**Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.** Not discussed at the review.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	**Supervisors can easily access resources to support their physical and mental health and wellbeing.** Not discussed at the review.	
4.2	**Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.** Not discussed at the review.	

4.3	**Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).** Not discussed at the review.	
4.4	**Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.** General Surgery The Trust representatives told the review team that the consultants in general surgery discussed all trainees and their education needs during consultant meetings as this was a standing agenda item.	
4.5	**Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of leaners' programmes and career pathways, enhancing their ability to support learners' progression.** General Surgery The ESs in general surgery confirmed they received the correct time in their job plans for supervision. Trauma and Orthopaedic Surgery The Trust representatives told the review team that supervisors in the T&O surgery department had received several 'trainer of the year' nominations. The ESs confirmed they received the correct time in their job plans for supervision.	
4.6	**Clinical supervisors are supported to understand the education, training and any other support needs of their learners.** Not discussed at the review.	
4.7	**Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.** Not discussed at the review.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	**Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.** <u>General Surgery</u> The Trust representatives told the review team that in general surgery there were two emergency surgery lists every day, including weekends which offered many opportunities for theatre time for trainees. The Trust representatives said that recent feedback from core and higher trainees was that they were happy with their access to theatre. The RCS Tutor said that foundation trainees in general surgery had protected theatre training days at KGH which were bleep free and focused entirely on training. The review team heard that the department had been told by the Training Programme Directors that trainees were providing good feedback about the level of exposure they got in their placements in the department. The RCS Tutor told the review team that the general surgery department was operating a hybrid model for clinics with some done on the phone and some in person and trainees were able to support both of these. The review team heard that access to clinics had been an issue because of Covid-19 leading to a decrease in the number of clinic rooms available to the department as some rooms had been converted to other uses such as phlebotomy. The review team heard that the department had been told they would be given more clinic rooms again soon which would help with trainee attendance in clinics. The ESs and CSs told the review team that because of Covid-19, trainees had not been able to get to breast clinics for six months, but it was hoped this would change soon. The ESs and CSs in general surgery informed the review team that they were able to alter rotas to ensure trainees education needs were being met and they did act on trainee feedback about the rotas. The ESs and CSs said that during Covid-19, the priorities for the department had been ensuring patient safety and ensuring supervision and training had fallen behind but this was now changing. The ESs and CSs said that if a consultant had more appropriate cases for a trainee's training needs than their assigned consultant, the trainee could swap lists. The general surgery ESs and CSs told the review team that as with the whole country, recovery after Covid-19 was a huge challenge and there were trainees with gaps in their competencies which needed to be addressed. The ESs and CSs said there needed to be incentive funding for training lists to ensure that every surgical and endoscopy list counted for trainees.	GS5.1a

	The core trainees in general surgery said to the review team that the trainees in specialty training year one (ST1) were able to attend fewer clinics (about one in four weeks) than ST2 trainees (one a week) because they attended the regional anatomy teaching. The core trainees told the review team that they had access to about one emergency operating list and two elective lists per week, provided they were not on nights. Some of the foundation trainees in general surgery said that they were able to clerk patients in the ED but others said that this depended on the higher trainee they were working with. The foundation trainees said that some of the higher trainees asked them to scribe for them, rather than letting them clerk patients on their own. The core trainees told the review team that during day shifts, they clerked patients in the ED but during night shifts, the higher trainee tended to clerk. The core trainees said that if they asked to clerk patients at night, the higher trainee would likely allow them to. The higher trainees in general surgery said they liked their rotas overall as they provided good access to elective and emergency theatre. The review team heard that the number of cases the higher trainees had in their log books varied depending on their area of training. The higher trainees said they were lucky as they had access to a lot of elective surgery at the KGH site. The higher trainees said that clinics were not currently included on their rotas but thought that as Covid-19 eased, this would change. Some of the higher trainees said they were able to do clinics on their own, others said they had less access to clinics. The higher trainees told the review team that while there were opportunities to access endoscopy training, this was not protected time and the trainees said they felt it should be. The ESs and CSs in general surgery told the review team that endoscopies cover was planned six weeks in advance so trainees were allocated a list and if they were unable to do this, it was opened up to all trainees. The review team heard that if no trainee took the list up, it then became a clinical list.	GS5.1b
	The higher trainees in general surgery told the review team they received three teaching sessions a month and attended the morbidity and mortality meetings, as well as receiving great training in theatre. The higher trainees also said that there was an hour of colorectal teaching a week and a colorectal journal club had restarted recently (although this was not ringfenced time). The higher trainees in general surgery highlighted to the review team that they did not get many opportunities to provide post operative care to the elective patients they operated on at KGH and would like their rotas to allow for this more often. The higher trainees explained that the ward rounds at KGH were covered by those trainees operating on site that day instead of the trainees	GS5.1c

	who had operated. The ESs and CSs highlighted to the review team the protected elective operating days foundation trainees received at KGH. The ESs and CSs said that colorectal numbers needed for certificate of completion of training (CCT) could be gained in the department in two to two and a half years. <u>Trauma and Orthopaedic Surgery</u> The higher trainees in T&O surgery said to the review team that they had mostly been doing elective surgery in recent months but had been doing more emergency surgery in the last few weeks. The higher trainees confirmed that they had a trauma week which was rostered so that they received two and a half weeks in every six-month block. The higher trainees said they also generally got half a day in trauma during non-trauma weeks. The higher trainees said they used to get a full day trauma list each week but this was now every other week. The higher trainees said that in the last six months, they had been struggling to reach the numbers they needed in their log books (numbers from October 2021 to February 2022 varied from 93 to 127). Some of the trainees highlighted that they had come in on up to 10 of their days off in order to gain higher numbers. The higher trainees said that they thought this was because of the increase in consultants and higher trainees in the department which had moved the rota from one in 12 to one in 14.	
5.2	**Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.** Not discussed at the review.	
5.3	**Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.** <u>General Surgery</u> The RCS Tutor said the general surgery department provided trauma and essential surgical skills training courses which had received good trainee feedback.	
5.4	**Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.** Not discussed at the review.	

5.5	**The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.** Not discussed at the review.	
5.6	**Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.** <u>General surgery</u> The review team heard that general surgery department teaching was provided on Tuesdays and was available to trainees on both sites because of an online hybrid model. The Trust representatives told the review team that the foundation trainees in the department received additional teaching on Fridays. The Trust representatives explained that trainees were freed up to ensure they could attend regional teaching. The Trust representatives said that trainees had provided feedback that there were issues with trainees getting study leave approved in a timely manner, so a five-day turnaround time had been introduced for study leave requests. The foundation trainees confirmed to the review team that they received dedicated theatre days at KGH. The foundation trainees told the review team that the departmental teaching on a Tuesday did not happen every week and estimated it was actually occurring once every three weeks. The foundation trainees said there was FY1 teaching weekly on a Wednesday and this tended to be FY1 led, although consultants did also teach at these sessions. The foundation trainees said they did not have teaching on Fridays. The foundation trainees said to the review team that they did not think there was much of a teaching culture in the department compared to other Trusts and they thought this was because of the high volume of work. The foundation trainees told the review team that they only received an afternoon a month (the equivalent of one hour a week) for self-development time and asked the review team to confirm whether this should be two hours a week. The review team confirmed they should have two hours per week. The core trainees in general surgery said there was higher trainee led departmental teaching on Tuesdays which they had access to, but sometimes found it difficult to attend depending on what they were scheduled to do that day. The core trainees told the review team they were able to get time off for regional teaching but didn't like taking time off as they felt like they were missing out on training opportunities in the hospital. The core trainees said there had been problems getting study leave approved for exams last year, but this had been fine so far this year. The higher trainees in general surgery said they had not had any problems in attending	GS5.6a GS5.6b

	regional teaching although there had been issues with getting study leave and annual approved in the past. The higher trainees said that this was no longer an issue. The foundation trainees in general surgery indicated to the review team that allocation of tasks on the ward was sometimes unfair as some of the middle grade trainees left the ward early in the afternoon to complete other work such as audits and refused to help with tasks still to be done. The foundation trainees said that this was particularly the case at the weekend as often the core trainee went to theatre, leaving the foundation trainee to do the ward round and all of the tasks following this. Some of the foundation trainees said they felt locum middle grade doctors were lazy and this made their workload higher. The foundation trainees said there was typically one or two locum middle grade doctors on the rota every day. The core trainees confirmed to the review team that they had been given parking permits and that there was also a shuttle bus between the two hospital sites which meant they could easily get between the sites on the same day if this was ever needed (although it rarely was). <u>Trauma and Orthopaedic Surgery</u> The higher trainees in T&O surgery said to the review team they thought their rotas could be adjusted to ensure they time was maximised 100%. The higher trainees said they did not generally have problems booking study leave.	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	**Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.** <u>General surgery</u> The RCS Tutor told the review team that the general surgery core surgical training rota had one of the lowest gap rates among comparable nearby hospitals. The foundation trainees said they would recommend their posts in the general surgery department to colleagues as they had gained a lot of knowledge. The core trainees in general surgery told the review team that QH had a reputation for being chaotic, but they were glad they had done placements in the department as they had learnt a lot. The core trainees said that they would definitely recommend their posts to colleagues and some of the trainees said the reason they had opted to work in the department was because of conversations with previous core trainees. The higher trainees in general surgery told the review team that they would	

	recommend their placements to colleagues as there were lots of learning opportunities and the department actively worked to address any issues trainees raised. The ESs and CSs in general surgery told the review team that some of the consultants had worked in the department as trainees and had chosen to return as consultants. The ESs and CSs said the trainees wanted to come to the department because of the high volume of work and thus training opportunities. <u>Trauma and Orthopaedic Surgery</u> The higher trainees in T&O said they would recommend their placements to colleagues if they were able to be in post for a year. The higher trainees explained that for a six-month placement, if you were placed with a consultant who did not operate very frequently, this was not such a great experience. The higher trainees said that while the department was happy to address these issues, it could take longer than the six-month placement for it to be done. The ESs and CSs in T&O surgery told the review team that the department was popular among trainees and consultants because the Trust did more elective operating than neighbouring Trusts.	
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.** Not discussed at the review.	
6.3	**The provider 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.** Not discussed at the review.	
6.4	**Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.** Not discussed at the review.	

Report Approval

Quality Review Report completed by	Chloe Snowdon Learning Environment Quality Coordinator
Review Lead	Louise Schofield Deputy Postgraduate Dean
Date signed	24 March 2022

HEE Authorised Signature	Gary Wares Postgraduate Dean
Date signed	28 March 2022

Final Report submitted to organisation	31 March 2022