

HEE Quality Interventions Review Report



**St George's University Hospitals NHS Foundation Trust (St
George's Hospital)
Foundation Surgery
Learner and Educator Review**

**London - South West London
Date of Review: 8 March 2022
Date of Final Report: 12 May 2022**

Review Overview

Following the 2021 General Medical Council (GMC) National Training Survey (NTS) results, a Risk-based Learner and Educator Review was requested by Health Education England (HEE) to review foundation surgery training, including all surgical specialties which have foundation training posts, at St George's University Hospitals NHS Foundation Trust (SGUHT) (St George's Hospital).

Outlier results were generated in the NTS across several surgical specialties at SGUHT, including vascular surgery, plastic surgery, neurosurgery, otolaryngology, trauma and orthopaedic surgery and urology. Foundation trainees in surgery also raised concerns via the NTS. Areas which were highlighted included overall satisfaction, teaching, educational supervision, induction and facilities.

Subject of the review i.e. programme, specialty, level of training, learner group

Foundation surgery, across all surgical specialties with foundation training posts

Who we met with

Five foundation year one (F1) trainees, working across a range of surgical sub-specialties, and a trainee representative for the foundation year two (F2) trainees who was based in renal medicine.

The review panel also met with the following Trust representatives and educators:

- Managing Director
- Director of Medical Education
- Medical Education Manager
- Training Programme Director
- Clinical Director for Surgery
- Associate Directors of Medical Education
- General Manager for Surgery
- College and Surgical Tutors
- Educational and Foundation Leads
- Care Group Lead for General Surgery
- Educational and Clinical Supervisors

Evidence utilised

The review panel received the following information and documents from the Trust in advance of the review:

- Foundation Surgery Progress Report

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- Service Review Final Report
- Action Plan in response to the Royal College of Surgeons Report
- Exception reports
- Learner groups and posts for educational and clinical supervision
- Guardian of Safe Working Hours Board Report – quarter four
- Feedback on F1 teaching
- Feedback on F2 teaching
- Local faculty group (LFG) minutes and reports for 2021

The review panel also considered information from the GMC NTS 2017 to 2021 and HEE National Education and Training Survey (NETS) 2019 – 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
Quality Review Lead	Anand Mehta Deputy Postgraduate Dean Health Education England, South London
Head of School for Surgery	Celia Theodoreli-Riga Head of School for Surgery Health Education England, South London
Specialty Expert	Jan Welch Director, South Thames Foundation School Health Education England
Lay Representative	Sarah-Jane Pluckrose Lay Representative Health Education England
HEE Quality Representative(s)	Kate Alley Learning Environment Quality Coordinator Health Education England, London
HEE Representative	Ummama Sheikh Quality, Patient Safety and Commissioning Officer Health Education England, London

Executive Summary

The review panel thanked the Trust for accommodating the review but was disappointed that F2 trainees had sent a trainee representative to answer the panel's questions on their behalf. It was noted that the review was arranged as a follow up to a previous review of foundation surgery in the Trust and as a result of concerns raised in a number of areas in the 2021 GMC NTS..

Trust representatives reported that the surgical division had been working hard to address long-standing concerns about workplace culture and staff behaviour, and that the Trust had recently hosted a review by the Royal College of Surgeons. The Trust staff noted that pressures of managing the COVID-19 pandemic had delayed plans for workforce transformation and impacted opportunities available to surgical trainees as a result of surgical lists being cancelled during the first and second waves of the pandemic.

The review panel was impressed to hear that an internal review of workplace culture conducted by the plastic surgery department had led to significant improvements for trainees and that trainees were happy and felt supported in their sub-specialty departments. However, the review panel also heard that trainees continued to report instances of unacceptable behaviour in the general surgery department. Trust staff acknowledged that more work needed to be done to improve the trainee experience.

The review panel was extremely concerned to hear that the trainees had not received an induction to the general surgery department prior to commencing work in the department and that some trainees had commenced their first shift as foundation doctors on a shift for the general surgery department without receiving any induction to the department at all. An immediate mandatory requirement (IMR) was issued to ensure that a robust induction process is in place before the next rotation of foundation trainees and that all trainees receive an induction to the general surgery department prior to their first shift.

This report includes some additional requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. A response to the IMR was required five working days from the date of the review and a response was submitted within that time. Initial responses to the remaining requirements below will be due on 1 June 2022.

Review findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

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 clinical 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 Review Findings section. Requirements identified should be succinct and not include the full narrative from the Review Findings.

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
FS5.1a	The review panel heard that trainees found it difficult to arrange leave as a result of inflexible rota structures.	<p>The Trust must provide evidence that trainee rotas are able to accommodate leave for trainees and that requests for leave which are made in good time are approved.</p> <p>Please provide feedback from trainees on this topic via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>
FS5.1b	The review panel heard that F2 trainees needed more support with developing their portfolios. The trainees suggested an increase in generic skills-based teaching would be helpful in building a portfolio.	<p>Trainees must be supported to complete their portfolios.</p> <p>Please provide schedules for dedicated teaching days and feedback from F2 trainees on this topic via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>
FS5.1c	The review panel heard that F2 trainees shared rotas with core and higher trainees and that this reduced the opportunities for the F2 trainees to obtain surgical experience.	<p>Trainees must be enabled to complete curriculum requirements. The Trust must ensure theatre opportunities are balanced between different groups of trainees to enable them all to fulfil curriculum requirements.</p>

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		<p>Please provide feedback from F2 trainees on this topic via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>
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Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
FS3.9a	The review panel heard that F1 trainees working in emergency general surgery out of hours had not received an adequate induction to the general surgery department. There were occasions where trainees had commenced their first rotation at the Trust in general surgery on an out of hours or weekend shift without receiving any induction at all.	The Trust is required to share a robust induction plan for all foundation doctors covering general surgery with Health Education England within the next five days and to ensure that this is implemented and delivered to next rotation of F1 doctors commencing their placement in surgery from April onwards. The Trust should ensure that all foundation doctors working their first shift in a department or clinical area receive a rigorous induction, in particular those whose first shift is out of hours or on the weekend.
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
FS3.9a	Trust response: An induction programme has been developed which will be delivered to the F1 doctors working in surgery on 16th March 2-4 p.m. via MS teams. The session will cover the "General surgery induction (out of hours & weekend)". The induction has been supported by PGME and invitations to all FY doctors have already been sent. General Surgery Care Group Lead (Mr R Hagger) and Clinical Director for Surgery (Miss S Umarji) will deliver	HEE response: Thank you for outlining the induction for FY doctors in Emergency General Surgery. Please provide trainee feedback on the new induction programme. This will be monitored through the Quality Management Portal (QMP). Response due by 1 June 2022.

	<p>relevant presentations on 16/3/22 as follows :</p> <ol style="list-style-type: none"> 1. Bedside management for the Surgical ill patient. Mr Hagger FRCS 2. Working in Surgical Division at St George's - tips for success! Miss Umarji FRCS 3. Working as an F1 in General Surgery. Mr Rob Hagger FRCS 4. Perspective from current General Surgery Juniors (Raluca Belchita, Robert Mitchell) 5. Questions and feedback. <p>The program will be repeated for each new group of FY doctors (6/4/22 already scheduled). PGME will timetable the General Surgery Induction for all future induction dates. This will be in addition to existent inductions that the FY doctors already attend. Both Mr Hagger and Miss Umarji are committed to ensuring that the FY doctors are fully supported, as well as having positive experiences whilst they cover the service out of hours. They will have an opportunity to ask questions and provide any feedback. Attached are copies of the two presentations and also an Induction Booklet with useful information, a letter from the Care Group Lead (Rob Hagger).</p>	
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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.

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
FS6.3	The review panel heard that workforce support roles such as doctor's assistants, prescribing pharmacists and advanced nurse practitioners were not being utilised in all surgical departments. It was suggested that trainee concerns around excessive workload could be addressed if a workforce transformation plan, including employment of more non-medical support staff, was developed and embedded across all specialties.
FS3.8	The review panel was concerned to hear that foundation doctors struggled to integrate with the emergency surgery team. It was noted that a restructure of the emergency general surgery team would allow the foundation doctors to be better integrated into the team and able to take advantage of training opportunities.
FS1.5	While the review panel acknowledged that the Trust was committed to improving workplace culture, it was noted that undermining behaviour continued to be an issue in some departments. The Trust is advised to continue its work in addressing these issues.
FS3.9b	The review panel recommends that the Trust work with the South Thames Foundation School to develop a robust induction programme for foundation trainees. Published guidance on induction for trainees in their first placement, including for trainees commencing their first shift out of hours or at night, recommends that induction takes place prior to the trainees commencing their first shift.
FS5.4	The review panel was concerned that a training app being developed by the Trust would be considered as a stand-alone method for induction without prior validation or feedback. An app would be a useful training adjunct but without further evidence, for instance evaluation through a pilot, not sufficient for foundation doctors. It is recommended that an induction process includes a handbook with contact details for a named person who can provide supplementary advice.

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)
	N/A	

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The review panel was pleased to hear that the Trust was committed to improving the trainee experience and that significant improvements were made in the urology, plastics and vascular surgery departments. The review panel heard from Trust staff that improvements made had benefitted not only the foundation trainees, but core and higher trainees as well.</p> <p>It was noted by Trust staff that the most recent GMC survey took place while trainees were redeployed to manage the COVID-19 pandemic and that this had negatively impacted the trainee experience. The review panel heard that the Trust had actively sought out foundation trainee feedback through local faculty group meetings (LFG) and end of placement surveys. Recent trainee feedback had shown that a majority of trainees were satisfied with their training with the exception of the vascular surgery trainees.</p>	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The review panel heard that the department was the subject of an invited Royal College of Surgeons (RCS) review in December 2021. Trust staff reported that the review process was a positive experience and that all immediate requirements of the review had been addressed. The review panel heard that the primary outcome of this review was that a previously inequitable workload was rectified and the mid-week on call service was redistributed. The RCS review had also mandated changes around the delivery of ward work which had been implemented as required.</p> <p>Trust staff reported being disappointed that the RCS review had not focussed on behaviour and workplace culture but that they had taken the review as an opportunity to introduce improvements in this area. The review panel heard a series of meetings were held to gain insight into the trainee experience of workplace culture in the hospital. Trust staff noted that the feedback from these meetings was challenging but that it was enabling the Trust to take action. The review panel was informed that a conversation around team building and</p>	Yes, please see recommendation FS1.5

<p>interpersonal relationships was taking place with the organisational development lead.</p> <p>The review panel was pleased to hear that an internal review of workplace culture was undertaken by the plastic surgery department and that steps had been taken by the Trust to address areas of concern. The review panel was informed by Trust staff from the plastics department that a zero tolerance approach to bullying and harassment was adopted and there had been no reported cases of bullying or undermining behaviour since the completion of this internal review. It was noted that facilities for junior staff needed to be improved and that plans to increase junior office space were being considered by the managerial team.</p> <p>The review panel heard from Trust staff that staff shortages in the vascular surgery department, in particular a lack of core trainees, had impacted both junior doctors and physician's associates. The workload for the vascular surgery department had also risen since the Trust had taken on vascular patients from St Peter's Hospital and the department was dealing with an increased number of acute patients. The review panel was informed by Trust staff that locums were employed to support the service and that the department was in the process of recruiting an additional senior health consultant. Discussions with HEE to allocate core trainees to the specialty were ongoing. It was also noted that an increase in the number of acute vascular patients with multi-pathology was improving the training experience.</p> <p>The review panel asked Trust staff to provide an outline of arrangements for out of hours and weekend cover and was informed that foundation year doctors covered evening on calls between 17:00 and 20:00, and that two foundation doctors covered weekends between 08:00 and 20:00. Trust staff also noted that an additional middle grade doctor was employed on a locum basis to support foundation doctors on the wards during weekend shifts and that a senior sister worked every Saturday in the upper gastrointestinal (GI) team. The F1 trainees confirmed this schedule to the review panel.</p> <p>The review panel heard from the F1 trainees that it was not uncommon to commence their on-call shifts with general surgery at 17:00 and find that the day shift staff had already left without providing them with a handover. The F1 trainees explained to the review panel that because they were not required to cover the nightshift, they had not participated in morning handovers.</p> <p>The F2 trainee representative informed the review panel that handover varied between specialties and that F2s attended a</p>	
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	<p>morning and evening handover for the sub-specialties with a middle grade doctor.</p> <p>The review panel heard from Trust staff that the general surgery department was understaffed out of hours and trainees covering general surgery on-call found the environment stressful. Trust staff reported that the issue was being monitored via the Guardian of Safe Working Hours (GOSWH) but that trainees were not proactive in exception reporting.</p> <p>Trust staff reported that trainees were encouraged to exception report but were reluctant to do so as they felt that the process of exception reporting was arduous and increased their workload. The Trust also acknowledged that long-standing, underlying causes of trainee exception reporting had not been addressed, which contributed to the trainees feeling that the process was futile.</p> <p>The review panel heard from trainees that their on-call shifts in the general surgery department were less enjoyable than in their sub-speciality departments. The trainees all reported witnessing or experiencing instances of unacceptable behaviour in the general surgery department but noted they had become accustomed to this taking place. Junior and middle grade doctors in the department were described by the trainees as helpful and supportive.</p> <p>The review panel heard from Trust staff that none of the trainees were involved in serious incidents.</p>	<p>Yes, please see recommendation FS1.5</p>
1.9	<p>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.</p> <p>The review panel was pleased to hear from the F2 representative that a F2 trainee had been supported by the Trust to undertake a project investigating sexism in the workplace.</p> <p>The review panel was informed by Trust staff in the urology department that a trainee who expressed an interest in psychology was supported to undertake a project on psychological support for penile surgery patients and that another group of urology trainees had co-produced a 'how to be ready for day 1 as a F1' course to support final year medical students with the transition to foundation training.</p>	

	This course was subsequently delivered by the urology trainees.	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The review panel heard from the trainees that there were no problems in working with the laboratory staff or radiology.</p>	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>The review panel was informed by Trust staff that there had been little desire amongst the trainees to complete a general surgery 'taster week'. The review panel heard that taster weeks were difficult to organise and that the Trust had allocated two consultants to support taster weeks in general surgery, but that trainees made alternative arrangements in other specialties. The Trust staff felt that it was important to encourage trainees to pursue tasters in specialties that were of interest to them.</p> <p>The review panel heard from trainees that it was easy to arrange a taster week but that the process was informal and dependent on their initiative.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>The review panel heard from the Director of Medical Education (DME) that it was a difficult decision to remove foundation doctors from the general surgery department but the foundation team had worked hard to identify alternative surgical experience for the trainees. The DME also reported that the foundation team at the Trust was developing a new foundation route in order to encourage trainees to return to the programme, expected to be implemented in 2023. The review panel heard that during the COVID-19 pandemic, surgical lists were cancelled and the surgical division had worked hard to ensure that the surgical experience was not lost to trainees.</p>	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are</p>	

	<p>not being met, as well as continuous quality improvement of education and training.</p> <p>The review panel heard from Trust staff that a recent review carried out by the RCS had found areas of concern in morbidity and mortality (M&M) conferences and governance. Trust staff acknowledged that there was a considerable amount of work to do in order to satisfy the RCS requirements and that they welcomed the review as an opportunity for improving organisational governance. As a result of the review, a new Chair for Bariatric Surgery has been appointed and administrative support for M&M meetings was increased. The review also revealed that attendance at meetings was not being routinely recorded in minutes of meetings but that this had been rectified.</p>	
2.8	<p>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).</p> <p>The review panel was informed by Trust staff that as a result of the RCS review, the number of upper GI surgeons participating in 'consultant of the week' was increased to seven and that a long term locum was appointed to a substantive post. A requirement to develop emergency general surgery as a model was being undertaken but required additional investment. A meeting with lower GI surgeons was productive and timetables for two additional surgeons were produced. Trust staff informed the review panel that investment to fund the required changes was being identified through workforce reorganisations.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>The review panel heard from the supervisory staff that there needed to be more robust mechanisms in place to support trainees in difficulty. Trust staff felt this was necessary not only to address trainee needs, but to protect the trainers.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The review panel heard from the F1 trainees and F2 trainee rep that they had all been allocated a clinical supervisor (CS)</p>	

	<p>and been having regular meetings with them. Trainees reported good relationships with their supervisors and felt supported by them. The trainees advised the review panel that their CS was well placed to comment on their performance and learning experience and would proactively seek feedback from other consultants where necessary.</p> <p>The F2 trainee representative noted that both trainees and supervisors had a responsibility to arrange supervision and that while supervisors should make themselves available when required, trainees should also be proactive. The review panel heard from the F2 representative that out of hours supervision was variable as it was generally provided by a middle grade doctor who was not immediately available while in theatre. However, the representative confirmed that none of the F2 trainees had reported serious concerns with their supervision and any issues they had were dealt with promptly by the middle grade doctors.</p> <p>The F1 trainees reported that they were not generally required to undertake duties which were inappropriate to their level of experience.</p> <p>The review panel was informed by the F1 trainees that most departments operated a 'team of the week' model apart from paediatric surgery where trainees were supervised by a different consultant each day.</p> <p>The review panel heard from both the F1 trainees and F2 trainee representative that supervision in the general surgery department was variable and dependent on the trainees proactively seeking out feedback from the consultants. The trainees noted that some middle grade doctors in general surgery had played a valuable role in shaping their learning, but they did not view the general surgery department as an environment which prioritised their learning. The review panel heard that there was little opportunity for the F1 trainees to discuss interesting cases, or reflect on their experiences, in the general surgery department. The F2 trainee representative confirmed that this was the experience of the F2 trainees also. However, the F1 trainees believed that the general surgery department would provide a good clinical experience if the foundation doctors were better integrated into the team.</p> <p>The review panel was informed by Trust staff that the GMC survey had highlighted issues with supervision in the urology department and that the urology team had reflected on how best to address these concerns. As result, the urology department had reorganised its approach to teaching and recruited a recently retired urology consultant to join the Trust and oversee clinical education for urology trainees. Trust staff</p>
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	<p>felt that the use of an external consultant had enhanced their ability to have more challenging conversations within the department.</p> <p>The review panel heard from staff in the paediatric surgery department that paediatrics trainees had reported a good experience, enjoyed ward rounds and were able to go to theatre. Paediatrics staff described their involvement in a continual process of service improvement projects.</p>	
3.6	<p>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.</p> <p>Trainees reported that they had been allocated an educational supervisor (ES) and felt able to seek support from their ES if necessary.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>The review panel was concerned to hear that the trainees felt disconnected from the general surgery department as they only worked in department out of hours or on weekends. The trainees reported that this was a barrier to the general surgery staff seeing the foundation doctors as part of the team.</p> <p>Trust staff advised the panel that foundation doctors rotated within their placements every three months and it was therefore difficult for consultants to spend a concentrated amount of time with them. It was noted that the 'consultant of the week' model meant that consultants might only see the foundation trainees once.</p> <p>Trust staff also highlighted to the review panel that Trust staff worked across multiple sites in south west London, including the Queen Mary Hospital in Roehampton and the Nelson Health Centre in Wimbledon which further exacerbated a sense of disconnect between staff and trainees. Following the introduction of the hub system of working, otolaryngology was now being delivered in Kingston Hospital which also compounded this problem. While Trust staff acknowledged the advantages of working in this way, there was reduced opportunity for them to interact with the trainees. More senior members of staff contrasted this with their own training experience of six month placements which were spent working with the same consultant for the entire time.</p>	

	Trust staff and the review panel explored ways of improving the integration of the foundation doctors and it was noted that the RCS review had recommended a restructure of general surgery. Trust staff outlined their plans for having two elective groups and an emergency general surgery team. It was hoped that these changes could lead to the reintroduction of foundation trainees.	Yes, please see recommendation FS3.8
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>Trainees reported that they had received an induction to their sub-specialty departments, although some reported that this induction was brief. The trainees informed the review panel that they believed previous trainees had been able to complete a project on induction but this had not been available to them. The F2 trainee representative shared a suggestion made by the F2 trainees that the induction process would be improved if a more detailed induction between rotations was provided.</p> <p>The review panel was concerned to hear from trainees that they had not received an induction to the emergency general surgery department despite being required to cover on-call for this service. The review panel also heard from both the F1 trainees and the F2 trainee rep that some trainees had commenced their first rotations at the Trust in general surgery on an out of hours or weekend shift without receiving any induction at all. The F2 trainee rep noted that the F2 trainees had stated that it was preferable for the first shift in a new rotation to take place on a ward in order to learn how the department operates.</p> <p>The review panel heard from Trust staff that the induction schedule for trainees was complex and busy with foundation doctors rotating every four months and higher trainees rotating every six months. The review panel was informed that a member of staff had been allocated to oversee the induction process which was helpful in managing the high number of inductions required.</p> <p>It was reported by the paediatrics staff that after the GMC survey identified concerns about induction, foundation doctors had been given responsibility for writing an induction handbook in order to ensure that paediatric trainee induction requirements were met.</p>	<p>Yes, please see FS3.9a</p> <p>Yes, please see recommendation FS3.9b</p>

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
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4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The review panel heard from clinical and educational supervisors that their supervisory roles were recognised in job plans and that the time allocated for their supervisory roles was realistic. It was noted that when a need to ring fence time for educational supervision was identified in the urology department, a physician's associate was employed to provide additional support. Urology staff informed the review panel that they had already seen the benefits in this appointment.</p>	
4.6	<p>Clinical supervisors are supported to understand the education, training and any other support needs of their learners.</p> <p>The review panel was informed by clinical and educational supervisors that they felt well supported by the Foundation Office and Postgraduate Centre, in particular noting assistance with trainee portfolios. It was noted that there was previously a high turnover off staff in the Postgraduate Centre but this was no longer the case.</p> <p>Supervisory staff noted that LFGs were well supported by the Postgraduate Centre and the DME. Trainee representatives regularly attended LFG meetings and participated in useful discussions.</p>	
4.7	<p>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.</p> <p>Trust staff described the appraisal process for the review panel, noting that appraisals for their supervisor and Trust roles were merged. Appraisal documents were interactive and included a separate page for education. Supervisors outlined a requirement to demonstrate progression against three out of seven domains at every appraisal.</p> <p>The review panel was concerned to learn that there had been situations where trainers had been approached by trainees in difficulty out of hours and that the trainers had felt uncomfortable. The supervisory staff noted that trainees in difficulty could be adversarial and while some support was available to trainers, they felt that the Trust and HEE could do more, including the provision of clear advice and training for the trainers on how to manage challenging situations with trainees requiring additional support.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>The review panel heard from the F1 trainees that their sub-specialty departments, in particular the urology department, provided good opportunities for obtaining practical experience and that they were supported to go to theatre as much as possible. However, the trainees noted that their opportunities for clinical experience were occasionally limited by patient flow in departments that were less busy.</p> <p>The F2 trainee representative informed the panel that F2 trainees shared rotas with the core level trainees and, as a result, felt their opportunities for practical procedures and theatre time were sometimes taken by the core trainees. It was noted that rota structures were very rigid and theatre time took place on dedicated days, which restricted the days trainees were able to take leave. The review panel also heard that the rotas were tightly packed which made switching shifts to accommodate leave difficult.</p>	Yes, please see FS5.1a & FS5.1c
	<p>The F2 trainee representative informed the review panel that none of the F2 trainees had reported difficulty in meeting curriculum needs but noted that at F2 level the focus is on building a portfolio and a number of the trainees had struggled in this area. The representative told the review panel that F2 teaching days were dedicated to theory-based learning while any skills-based learning took place in the departments. The F2 trainees had expressed a desire for more generic teaching to assist in the development of their portfolio.</p>	
	<p>Trust staff advised the review panel that pressures of COVID-19 had led to the cancellation of surgical procedures which had significantly reduced training opportunities available to trainee doctors, but the Trust was more concerned about core trainees than foundation. The removal of foundation doctors from the general surgery department had left the core trainees to cover those roles instead of being able to go to theatre as the Trust felt it was necessary to prioritise opportunities for higher surgery trainees.</p>	Yes, please see FS5.1c
	<p>The review panel heard from Trust staff in the urology department that trainees in urology were provided with a good experience and the ability to develop the skills. Trainees were given exposure to ward and emergency patients and</p>	

	encouraged to come to theatre and perform basic skills such as suturing, administering a local anaesthetic and catheter.	
5.4	<p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>The review panel heard that the general surgery department had implemented a 'consultant of the week' model to support trainee learning and that this model was working well.</p> <p>The review panel was informed by Trust staff in the urology department that trainees were working with the department to develop an online teaching programme for medical students, and that two trainees from a previous rotation had completed a quality improvement project which examined complications and re-admission. This project had sought to address problems within the wider urology system and not just within the Trust.</p> <p>The review panel heard that the Trust was exploring the development of a training app.</p>	Yes, please see recommendation FS5.4
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel heard from the F1 trainees that workload pressures had occasionally prevented them from spending time in theatre, although all indicated that they had been able to gain some surgical experience. The trainees acknowledged that the Trust was identifying means of reducing their workload and the situation had improved. The trainees reported that overnight working was not required of them because night shifts were covered by core level doctors. A late finish for F1 doctors was 20:00.</p> <p>The review panel was informed by Trust staff in the plastics department that the two foundation trainees working in plastics were supernumerary and not required to work out of hours. Out of hours cover in the plastic surgery department was provided by nurse practitioners and middle grade doctors.</p> <p>A majority of the trainees advised the review panel that they would recommend a training placement at the Trust as their sub-specialty placements had provided good training opportunities and supportive colleagues. There was some concern about a lack of clinical exposure in departments which were less busy. It was noted by the F2 trainee representative that F2 trainees with a passion for surgery would be more likely to recommend a placement at the Trust.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.3	<p>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.</p> <p>The review panel enquired about the Trust's use of non-medical support staff, in particular physician associates (PAs), doctor's assistants and prescribing pharmacists, noting that these models worked well in other Trusts, and was informed by the Trust staff that the use of PAs was pioneered by St George's and that the surgical department had been using them for many years. However, it was noted that the use of non-medical support staff was not a standard model across the entire division as some specialties had chosen alternative means of workforce support.</p> <p>PAs were employed in vascular surgery; otolaryngology, and general surgery. It was noted that the general surgery department had recruited three PAs after foundation trainees were removed in 2020 and additional workforce support was required.</p> <p>The review panel heard that the use of prescribing pharmacists was supported by the Trust but a lack of available candidates was causing delays in recruitment. However, Trust staff reported that there was a strong complement of prescribing pharmacists in the emergency surgery department.</p> <p>The review panel also heard that additional consultant posts had been created to support the junior workforce. These new posts were based in paediatric orthopaedics and general surgery, with a further three in trauma and orthopaedics. Trust staff advised the review panel that these appointments were expected to increase the popularity of general surgery posts amongst foundation trainees over the next few years.</p> <p>The review panel was keen to understand why an external consultant was employed by the urology department to address concerns with supervision rather than seek support from within the Trust. The urology staff explained they had taken a rarely available opportunity to recruit a newly retired, very experienced urologist. The Trust staff advised the review panel that hiring an additional surgeon had enabled them to manage a recent change in the urology syllabus and offer the next group of trainees a better experience.</p>	Yes, please see recommendation FS6.3

	<p>The F1 trainees and F2 trainee representative agreed that the use of non-medical staff would be helpful in managing workloads and increasing training opportunities, particularly during ward rounds when general surgery was short staffed. The F2 trainee representative noted that opportunities to practice skills or go to theatre were frequently lost because of staffing issues. The review panel heard from F1 trainees who had worked with a doctor's assistant during a previous rotation that the doctor's assistant performed routine and administrative tasks in the department, enabling the trainees to focus on foundation doctor level work. The review panel was informed by the trainees that a principal reason for working late was to complete administrative or routine tasks which could otherwise be carried out by a doctor's assistant.</p> <p>The trainees also suggested that increasing the pool of available locums was an approach the Trust could consider to manage staffing shortages, as the current rota co-ordinator was only using F1 doctors to cover rota gaps.</p> <p>Trust staff acknowledged the importance of developing a sustainable workforce transformation plan and that the shape of the clinical workforce needed to move away from a dependence on trainee doctors. The review panel heard that the Trust was exploring ways to use existing financial resources more intelligently with an aim to reshaping the existing workforce rather than seek new investment. It was noted that the NHS was facing the most challenging financial year in recent memory and that the gap in the Trust's finances was substantial. The review panel acknowledged that the pressures of managing the COVID-19 pandemic had forced the Trust to delay its plans for workforce transformation.</p>	<p>Yes, please see recommendation FS6.3</p>
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Report Approval

Quality Review Report completed by	Kate Alley, Learning Environment Quality Coordinator
Review Lead	Anand Mehta, Deputy Postgraduate Dean, South London
Date signed	12 May 2022
HEE Authorised Signature	Geeta Menon, Postgraduate Dean, South London
Date signed	12 May 2022
Final Report submitted to organisation	13 May 2022