

HEE Quality Interventions Review Report



**Barts Health NHS Trust (Royal London Hospital)
Vascular Surgery and General Surgery
Learner and Educator Review**

**London – North East London
Date of Intervention: 21 March 2022
Date of Final Report: 19 May 2022**

Review Overview

Background to the review

Early in 2021, Health Education England (HEE) was informed by the Postgraduate Medical Education (PGME) team at the Royal London Hospital (RLH) that there were concerns about the supervision and training of Foundation doctors in vascular surgery at RLH. HEE and the Director of Medical Education (DME) had been meeting regularly to monitor the actions put in place to improve the situation. This review was intended to obtain direct feedback from learners about their current experience. In addition, it would allow follow-up to the review of Foundation surgery in 2019, which was postponed due to the Covid-19 pandemic, and a wider review of the experience in general surgery.

Subject of the review:

Vascular Surgery and General Surgery

Who we met with

The HEE review panel met the following Trust representatives:

- Director of Medical Education
- Deputy Director of Medical Education
- Trust Dean
- Two Medical Education Managers
- Guardian of Safe Working
- Deputy Guardian of Safe Working
- Head of Postgraduate Medical Education
- Surgery Division Director
- Foundation Training Programme Director
- Clinical Director
- Education Lead General Surgery
- Lead for Vascular Surgery
- Managing Director Education Academy
- Medical Director
- Five Clinical and Educational Supervisors
- Three Foundation Trainees in General Surgery and Vascular Surgery
- Six Core and Higher Specialty trainees in General Surgery and Vascular Surgery

Evidence utilised

The review panel utilised the following Trust evidence for this review:

- 2022 - 2102 Exception Report (ER) data report General Surgery Vascular
- Clinical & Educational Supervisors - General & Vascular Surgery Royal London Hospital (RLH)
- Surgery Master Rota
- General Surgery Incidents Report
- Vascular Surgery Incidents Report
- Foundation Year 1 (FY1) Junior Doctor Focus group meeting 18_02_22
- General & Vascular Surgery Visit - Attendees 21st March 22
- Medical Education Committee (MEC) Minutes 12.01.22

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Louise Schofield Deputy Postgraduate Dean for North East London
Specialty Expert	Celia Theodoreli-Riga HEE Head of Specialty School of Surgery
Specialty Expert	Keren Davies HEE Foundation School Director, North East and Central London
Lay Representative	Robert Hawker Lay Representative
HEE Quality Representative(s)	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Kiera Cannon Quality, Patient Safety and Commissioning Manager

Executive Summary

This HEE Quality Review was undertaken to Barts Health NHS Trust due to concerns raised about vascular surgery training for Foundation trainees, and as a wider understanding of vascular surgical and general surgical training within the Royal London Hospital.

The HEE review panel were pleased to hear of the work done to develop surgical training in the Royal London Hospital, and that trainees commended the positive impact that the Lead for vascular surgery had on the department with regards to improvements made. The review panel were also pleased that higher specialty trainees in vascular surgery, upper gastrointestinal (GI) surgery and hepato-pancreato-biliary (HPB) surgery felt they obtained good operative supervision whilst in theatre. The trainees also highlighted the excellent care trauma patients received at the Trust.

However, the review panel identified the following areas for improvement.

Foundation training in General Surgery and Vascular Surgery:

- a named clinical supervisor was not allocated to Foundation trainees
- lack of clarity on which consultant was responsible for patient decisions despite implementation of a 'consultant of the week' model
- lack of timetabled self-development time for Foundation trainees
- regular gaps on the Foundation rota were not addressed in a timely manner despite advanced notice

Core and higher specialty training in General Surgery and Vascular Surgery:

- core trainees had limited access to educational opportunities due to the volume of on-call work in their timetables, and when core trainees did access theatres, they were often too complex for their level of training
- cancellations of theatre lists impacted on logbook case numbers for higher specialty trainees
- lack of access to endoscopy lists for higher specialty trainees
- higher specialty trainees were often competing for experience in trauma training

No Immediate Mandatory Requirements (IMR) were issued at this HEE Quality review. Further information around the Mandatory Requirements can be found on pages 5-7.

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

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
FS2.6	The review panel heard that Foundation trainees did not have time in their rotas for Self-Development Time (SDT).	<p>The Trust is required to incorporate scheduled time in Foundation trainees' timetables for SDT.</p> <p>Please submit example trainee timetables demonstrating this change, and subsequent Foundation trainee feedback that they were accessing this time appropriately. Please submit progress against this action by 1 September 2022.</p>
VS3.5	The review panel heard that there was a 'registrar of the week' within Vascular Surgery, however the role did not sufficiently support Foundation trainees when assistance was required. As a result, some Foundation trainees reported seeking support from the medical registrar.	<p>The Trust is required to ensure that the duties and responsibilities of the registrar of the week are clear and communicated to all registrars to ensure timely responses to requests for help.</p> <p>Please provide evidence that the responsibilities have been clarified and trainee feedback that responses to Foundation trainee requests for support are timely.</p> <p>Please submit evidence in support of this action on QMP by 1 September 2022.</p>
FS3.5a	The review panel were concerned to hear that Foundation trainees were not allocated Clinical Supervisors (CS) and were expected to identify their own CS.	<p>The Trust is required to ensure that a named CS is allocated to Foundation trainees as standard at the start of their placement.</p> <p>Please submit evidence that there is a process in place to support this requirement, and trainee feedback that it has happened on the Quality Management Portal (QMP) by 1 September 2022.</p>

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FS3.5b	Foundation trainees felt there was a lack of clarity on which consultant was responsible for patient plans, as on occasion, the 'consultant of the week' was reluctant to make a final decision on patient plans if the patient was under another consultant.	<p>The Trust is required to establish and clarify the roles and responsibilities of the 'consultant of the week' and ensure that consultants adhere to this way of working.</p> <p>Please submit formal guidance on this role and subsequent trainee feedback that this is no longer a concern to Foundation trainees on QMP by 1 September 2022.</p>
VS5.1	Higher specialty trainees in vascular surgery reported that they did not have consistent access to aortic work undertaken in either St Bartholomew's Hospital or the Royal London Hospital.	<p>The Trust is required to ensure that Vascular Surgery higher specialty trainees were able to follow their named consultant to other hospital sites to obtain experience in aortic work as appropriate.</p> <p>Please demonstrate evidence in support of this requirement on QMP by 1 September 2022.</p>
FS5.6a	The review panel heard from Foundation trainees that despite giving prior notice, rota gaps were not managed and filled in a timely manner by the relevant department.	<p>The Trust is required to ensure that rota gaps were addressed appropriately in a timely manner when advanced notice is given to the relevant department.</p> <p>Please submit evidence that there is a process in place to ensure timely response to rota gaps, and escalation for concerns in support of this requirement, and trainee feedback that this is no longer a concern by 1 September 2022.</p>
FS5.6b	The review panel heard that when some Foundation trainees stayed late on the weekend to complete tasks, they did not utilise the exception reporting system.	<p>The Trust is required to encourage exception reporting among Foundation trainees when they stay late to complete tasks.</p> <p>Please submit evidence in support of this requirement by 1 September 2022.</p>
FS5.6c	Foundation trainees reported that their Foundation core curriculum teaching was cancelled on more than one	The Trust is required to ensure that Foundation core curriculum teaching is no longer cancelled, unless absolutely necessary,

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	occasion and that this impacted on obtaining their core curriculum hours.	and if it is, to ensure that there are other opportunities for Foundation trainees to achieve their core teaching hours required for ARCP. Please submit evidence in support of this requirement by 1 September 2022.
GS5.6a	The review panel heard that higher specialty trainees in General Surgery were not getting enough operating experience in terms of number of procedures due to regular cancellations of theatre lists, and that this impacted on the numbers in their logbooks for their stage in training.	The Trust is required to review higher surgical trainee logbooks, cancellations and staffing levels. If cancellations continue to impact on training capacity, the Trust should make adjustments to ensure that training time lost is compensated through access to emergency surgery and trauma lists. Please submit evidence in support of this action on QMP by 1 September 2022.
GS5.6b	The review panel heard from higher specialty trainees that they were not getting enough access to endoscopy lists for their level of training, and that the lists often clashed with other theatre lists and training opportunities.	The Trust is required review the access to endoscopy lists for trainees, alongside the trainee timetable, to ensure that they are able to attend as many endoscopy lists as appropriate as per curriculum requirements and accreditation. Please submit evidence in support of this requirement by 1 September 2022.

Immediate Mandatory Requirements

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

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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
GS2.6	2	The Trust is recommended to appoint an Education Lead within the Surgical department.

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	N/A	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 heard that there was variation between the trainees as to whether they would recommend their placement, depending on their grade and specialty. Some core trainees in General Surgery reported that due to lack of experience with basic procedures, they would not recommend their placement as they felt they were not experienced enough to support complex procedures. In addition, the majority of Vascular trainees reported they would not recommend their placement. However, HPB surgery, Upper Gastrointestinal (GI) Surgery and Trauma and Orthopaedic Surgery would be recommended to colleagues.</p> <p>Core and higher specialty trainees reported that they were uncertain if they would recommend their department for treatment for friends and family, and that this would be dependent upon the medical problem they had. The review panel heard that if it was for an emergency surgery, they would not recommend the department due to delays in getting patients into theatre.</p> <p>When asked if they would recommend their placement to colleagues as a place for training, the majority of Foundation trainees reported that they would recommend but with some hesitation. The review panel heard that for some trainees, their surgical placement benefitted from them undertaking a medical job first as they found themselves dealing with many medical problems on the ward, however if they did not do a medical job beforehand, they might have struggled with their placement. Despite this, some trainees reported that they learnt a lot educationally and developed confidence as a clinician in their placement.</p> <p>The review panel heard from some Clinical Supervisors (CS) that general feedback they had from trainees was that they were satisfied with the experience in their placement at the Royal London Hospital. The CS also reported that a reflection of this was that five out of eight trainees had returned to the Royal London Hospital for a second episode of training.</p> <p>The review panel heard from some CS that they heard more negative feedback from core and Foundation trainees in their experience in surgery, particularly raising issues around exposure to training, staffing levels and access to support. In addition, the</p>	

	review panel heard from CS that higher specialty trainee feedback included concerns with access to training and behaviours of some consultants.	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The review panel were pleased to hear that Foundation trainees felt valued and appreciated as part of their surgical teams.</p> <p>The review team were pleased to hear that the majority of core and higher specialty trainees did not experience any bullying or undermining in their placement.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>The review panel heard that Foundation trainees were able to have their workplace-based assessments completed by either their CS or one of the specialty trainees in Surgery.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>The review panel were pleased to hear that Foundation trainees were encouraged to exception report by their colleagues and that for those who did utilise the exception reporting system, their report was resolved quickly and appropriately by the department.</p> <p>Foundation trainees reported that they had a Local Faculty Group (LFG) where they were able to raise concerns about education and training. The review panel heard that there were Foundation representatives who attended the LFG meetings and feedback from all trainees was gathered prior to these meetings.</p> <p>The review panel heard that in General Surgery, there was a monthly forum to provide feedback on surgical training via one of the higher specialty trainees and that it was felt this was a useful opportunity to provide feedback to the department. It was reported that Vascular Surgery and Trauma and Orthopaedic Surgery did not have a similar formal forum for sharing feedback, however Foundation trainees reportedly felt comfortable to share feedback via the meeting for General Surgery.</p> <p>The review panel heard that no Foundation trainees in attendance at the review had been involved in any patient safety incidents or Serious Incidents (SI).</p> <p>The review panel heard that core and higher specialty trainees were not involved in any patient safety incidents or SIs.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.6	<p>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.</p> <p>The review panel heard from Trust representatives that the vascular surgery department had six consultants and one associate specialist, which amounted to 6.4 whole-time equivalent (WTE) specialists supporting trainees. In addition, there were six consultants who worked in two specialties (including vascular and general surgery, trauma surgery and transplant) which equated to an additional 3 WTE supporting trainees. The review panel also heard that the vascular surgery ward had 26 beds and on average 40 inpatients which sometimes included general surgery patients in addition. The Trust reported that trainees had two ward rounds per week, and that there were 13.5 vascular theatre sessions per week and vascular clinics across Royal London Hospital, St Bartholomew's Hospital, Newham General Hospital and Whipps Cross Hospital.</p> <p>Trust representatives highlighted that a Health Education England (HEE) Quality Review was undertaken in 2019 to Foundation surgery, and that concerns were also raised due to the supervision and training of Foundation trainees in Vascular Surgery at the Royal London Hospital. The review panel heard that the Trust had implemented an action plan to address concerns around the supervision of Foundation trainees, which included the introduction of a 'consultant of the week' in August 2021, and that all full time consultants were expected to undertake this responsibility. The review panel heard that there was a vascular consultant on-call who was responsible for the care of newly admitted patients, and that the consultant of the week was responsible for patients on the following day. It was reported that Foundation trainees and higher specialty trainees supported this work on the ward and that the consultant of the week also led the ward rounds. This new way of working was heard to be well-received by trainees, nurses and clinical nurse specialists (CNS), and provided a greater consistency of care for patients on the vascular ward and in critical care.</p> <p>In addition, the review panel heard that another concern previously raised was regarding insufficient access to specialty trainee cover for patient care. The Trust reported that they had expanded the number of specialty trainees in vascular surgery, from four to six. In addition, following this review it was planned for an additional two specialty trainees to be recruited which would total eight middle grade surgeons in the department. The</p>	

<p>review panel heard that this improved the experience for patients and for trainees in the department, specifically as previously there was a reliance on general surgery specialty trainees in the evenings as patients had to be seen by them. With this additional level of vascular specialty trainees, patients were now reviewed by vascular trainees at all points in the day. This implementation also resolved previous issues for general surgery higher specialty trainees around the required separation of vascular surgery and general surgery responsibilities.</p>	
<p>Whilst the Trust had clearly undertaken positive work to improve the educational experience for trainees in the vascular surgery department, the review panel were concerned to hear that this work was undertaken by the Clinical Lead and that there was no Education Lead in post within the department.</p>	<p>Yes, please see GS2.6</p>
<p>The Trust reported that the previous concern around access to self-development time for Foundation trainees in vascular surgery had been addressed. The review panel heard that the department empowered the foundation trainees to take their own self-development time and to log their time as well, however Foundation trainees reported that they did not have time in their rotas for Self-Development Time (SDT), theatre or clinics and that due to the workload on the wards, trainees were only able to access these educational opportunities in an ad-hoc manner. The review panel also heard that Foundation trainees were often the only people carrying the bleeps and that if they left to attend a theatre or clinic, this would leave no doctors on the ward which would be inappropriate.</p>	<p>Yes, please see FS2.6</p>
<p>The review panel heard from Trust representatives that the general surgery department had also implemented a 'consultant of the week' rota. It was reported that a Google sheet rota was compiled which demonstrated which consultant was on-call and which consultant was consultant of the week. The review panel heard that all Foundation trainees had access to a WhatsApp group and the consultants' phone numbers if they needed support, and that Foundation trainees were also able to escalate to the 'registrar of the week' in the first instance, and consultant of the week was contacted if the registrar was unavailable. In addition, Foundation trainees in HPB had access to an application which explained the management of patients within the department, and also had a brochure which explained common issues in HPB surgery as it was a complex specialty. The Trust also ensured that there was a clear identification of on-call responsibilities for Foundation trainees, and that escalation policies and consultant ward rounds were addressed.</p>	
<p>Trust representatives noted that a previous concern in general surgery was around redeployment of core trainees, and that all core trainees had now been deployed back to general surgery</p>	

	<p>and the department was hopeful that there would be no further cases of redeployment due to the Covid-19 pandemic.</p> <p>The Trust acknowledged that there were current issues in the general surgery department. For Foundation trainees, these issues included the allocation of clinical supervisors and access to self-development time. The review panel heard that from April 2022, Foundation trainees would have access to appropriate self-development time built into their timetable.</p> <p>For core trainees in general surgery, the Trust reported that current issues included the number of rota gaps with three vacancies which were currently being recruited to. In addition, the review panel heard that training opportunities was an issue for core trainees, and that the Trust were working to provide additional training lists but were hindered by limited theatre capacity.</p> <p>For higher trainees in general surgery, the Trust reported that there were no current rota gaps, however on occasion the Trust had received incorrect information regarding the number of trainees they would receive, or if a trainee was WTE or less than full time (LTFT) from HEE, causing unforeseen rota gaps. For higher specialty trainees, other issues reported included training opportunities which the Trust were working on providing additional training lists but were limited by theatre capacity.</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 heard that Barts Health NHS Trust was undertaking a period of reorganisation as part of its surgical strategy. As part of this reorganisation, the CS acknowledged that they needed to ensure trainees obtained day case lists. When queried on the planning strategy and ensuring that trainees' educational needs were taken into account, CS reported that they ensured trainees were included on theatre lists in other hospitals within the Trust to obtain their required experience for their stages in training.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
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 that the vast majority of Foundation trainees enjoyed their surgical placement and felt they obtained useful and interesting experience educationally and clinically.</p> <p>The review panel were concerned to hear that not all Foundation trainees had a CS and that a named CS was not allocated to Foundation trainees in General Surgery upon the start of their placement. Trainees reported that they were advised by the department to identify their own CS to provide support to them on their placement.</p> <p>The review panel heard the core and higher trainees all had a CS allocated to them at the beginning of their placement, and that they had met and set objectives with them as required.</p> <p>The review panel heard that Foundation trainees felt supported in their surgical posts and that they felt well supported by their senior colleagues. When queried on who they would turn to for support if a patient was unwell, Foundation trainees reported that they would first seek assistance from one of the core and higher specialty trainees and felt they would be able to contact the consultant if necessary. However, some Foundation trainees reported that they felt under pressure to make senior, independent decisions due to a lack of middle-grade support in their placement.</p> <p>The review panel heard that within Vascular Surgery there was a 'registrar of the week' system to provide named support to Foundation trainees, however it was reported that at present this did not fulfil its purpose as many of the registrars were new to the department and did not know the system yet, as well as having their own jobs to undertake. As a result, Foundation trainees reported they spent much of their time liaising with other departments and finding alternative means for support in their placement. For example, some trainees reported that if they needed more immediate support, they would contact the medical registrar as they were more accessible and would turn up sooner than the surgical registrar.</p> <p>In Vascular Surgery, Foundation trainees reported that there was a timetabled morning ward round at 08:00 where they discussed all patients on the ward. It was reported that there was an afternoon ward round at 15:00 to wrap up with the 'consultant of the week' and the 'registrar of the week' and that this generally</p>	Yes, please see FS3.5a
		Yes, please see VS3.5

	<p>worked well. The review panel heard that General Surgery had a similar process for ward rounds, however this took place in the afternoon at 15:30/16:00 with the 'registrar of the week'. The review panel heard that in General Surgery, Foundation trainees rarely saw the consultant after the morning ward round.</p> <p>The review panel heard that the majority of Foundation trainees would recommend their friends and family to be treated within their department, however some Foundation trainees in Vascular Surgery would not be comfortable with their friends and family being treated within the department due to concerns with post-operative medical care. The review panel heard that trainees had no concerns about surgery-related patient care, however the concern came from medical issues post-surgery that were largely left for Foundation trainees to deal with minimal input from the surgical department, despite being located on a surgical ward. The review panel heard that for medically complex patients, Foundation trainees would not recommend the department.</p> <p>The review panel were concerned to hear from the Foundation trainees that there was often a lack of clarity for trainees and consultants on which consultant was responsible for the final decision on patient plans, and the trainees felt that this could have a detrimental impact on patient safety. The review panel heard from Foundation trainees that there were ongoing issues with behaviours in the department which meant that there was a lack of direction on patient care at times due to disagreements between consultants and changes to patient plans. In addition, the review panel heard of instances where the 'consultant of the week' would not make a decision for another consultant's patient.</p> <p>In addition, the review panel heard from some core and higher specialty trainees in Vascular Surgery that some consultants have disagreements and they thought there had been some patient safety incidents as a result of this. Core and higher specialty trainees told us that there was a lack of overall responsibility for patients and that often trainees would need to escalate to the Clinical Lead to get a decision about management plans, despite it not being appropriate every time. The review panel heard that the core and higher trainees thought that the Clinical Lead was trying to resolve these issues.</p> <p>The review panel also heard from some core and higher specialty trainees that some consultants did not engage with the 'consultant of the week' model and when required. As a result, it was reported that either the Clinical Lead or another consultant would have to cover.</p> <p>In addition, the review panel heard that Foundation trainees would not recommend the hepato-biliary (HPB) surgery aspect to their friends and family for treatment. The review panel heard that from</p>	<p>Yes, please see FS3.5b</p>
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	<p>the Foundation trainees that HPB surgery had many outlier patients who can sometimes be missed if there wasn't a comprehensive ward round in the morning. Foundation trainees reported they felt overwhelmed with outlier patients and spent a lot of their time reviewing unwell patients on different wards in the hospital. Trainees also reported that consultants had patients allocated to them but that ward rounds and patient encounters on the wards were brief and that patients would be quickly discharged from the ward if they had no more surgical concerns. The majority of Foundation trainees felt there was a lack of consideration for the patient's experience when in the hospital.</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>Foundation trainees reported that they had an Educational Supervisor (ES) and that the majority of trainees had met them a couple of times throughout their placement. In addition, the review panel heard that the majority of trainees had ES who worked outside of surgery.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
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 that CS and ES had additional Supporting Professional Activities (SPA) time to provide appropriate support to trainees in their placement, and that these were written into their job plans.</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>Higher trainees reported good operative experience and training in theatre, and appropriate levels of clinical supervision for Vascular Surgery, Upper Gastrointestinal (GI) and HPB surgery. The review panel also heard that there was an equal balance between experience in clinics, theatre, and on-calls.</p>	

	<p>The review panel heard that for core and higher specialty trainees in Vascular Surgery, trainees were sometimes able to support on-call in St Bartholomew's Hospital if there was an emergency patient and that occasionally there were lists offered at that site, approximately once or twice every six months. Trainees also reported that the majority of aortic surgery was undertaken at St Bartholomew's Hospital, however trainees in the Royal London Hospital did not have access to this. The review panel heard that some Aortic work was done in the Royal London Hospital by one of the consultants, however it was felt that priority of supporting those lists went to the aortic fellow rather than any of the core and higher specialty trainees in Vascular Surgery.</p> <p>Despite the positive feedback around trauma training, the review panel heard from higher specialty trainees that access was variable and that often trainees and clinical fellows were competing for experience in trauma theatre. The review panel also heard that there was often limited availability in emergency theatre.</p> <p>When asked about access to training opportunities at other hospitals, for example Vascular Surgery aortic work at St Bartholomew's Hospital, the review panel heard from CS that trainees had access to aortic theatre lists at St Bartholomew's Hospital. Some of the CS reported that if they had a list at the site, trainees would go with them to support the theatre list for aortic work, however it was reported that they did not have regular lists at St Bartholomew's Hospital for six months. It was noted that in the coming months there would be dedicated trainees going to all surgical lists at St Bartholomew's Hospital and that trainees would be actively encouraged to attend. In addition, the review panel heard from CS that trainees had access to emergency cases at St Bartholomew's Hospital.</p> <p>The CS reported that trainees had access to opportunities for training and teaching in Trauma and Orthopaedic Surgery and were encouraged to attend, however the main route for learning and experience was by working on-call where there was excellent teaching and training.</p> <p>The CS reported that the model of working for Trauma and Orthopaedic surgery was successful. The review panel heard that the specialty had a trauma 'surgeon of the week', Training Interface Group (TIG) fellow, visiting fellows and trainees who were all part of a team ethic. The review panel heard from CS that everyone felt involved and as though they were vital members of the team. The review panel heard from CS that they would like to see vascular trainees involved in the management of patients who were admitted due to vascular trauma issues.</p>	<p>Yes, please see VS5.1</p>
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	<p>For HPB surgery, the CS felt that trainees had adequate support from the HPB team. It was reported that through the covid-19 pandemic they moved to a 'consultant of the week' model, and they also had a dedicated ward round with attendance from a dedicated registrar and one or two specialist nurses.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Foundation trainees reported there were regular gaps on the Foundation rota, particularly on weekends, and that despite extensive escalation of rota gaps, the identification of adequate cover was not proactively sought in a timely manner by the relevant colleagues in Royal London Hospital. The review panel heard that if they were fully staffed with three Foundation Year One (FY1) trainees, the weekend shift would work well despite the busyness of the shift, and it was noted that the weekend shift covered General Surgery, Vascular Surgery and Trauma and Orthopaedic Surgery. However, it was reported that due to an FY1 vacancy, there was a dramatic difference when there were just two Foundation trainees working on the weekend, and that this had been exacerbated by instances of occasional sickness which left one FY1 working on the weekend. The review panel heard that despite giving advanced notice to the rota coordinator, it did not appear that these gaps were proactively managed and filled appropriately. The review panel heard of an instance whereby a trainee had escalated that they would not be able to work on the weekend at the beginning of the week, and that on Friday it was actioned to find cover for the weekend shift.</p> <p>The review panel heard that when working on the weekend with just two FY1 trainees, the majority of trainees stayed late to complete tasks however they did not exception report when this occurred.</p> <p>Foundation trainees reported that they had consultant-led teaching on Mondays for 90 minutes. However, the review panel heard that some of their Foundation curriculum teaching had been cancelled on occasion. This meant that Foundation trainees did not always meet their core hours in a week due to lack of opportunities. To mitigate this, trainees had access to their own modules via an online platform, however as they did not have scheduled SDT, trainees had to find their own time to undertake these.</p> <p>Core and higher specialty trainees reported that they were able to access regional teaching days and that they were able to book study leave days with ease.</p>	<p>Yes, please see FS5.6a</p> <p>Yes, please see FS5.6b</p> <p>Yes, please see FS5.6c</p>

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<p>Core trainees reported that their rota was populated with on-call out of hours work which limited their educational opportunities to access theatre during the day. The review panel also heard that when core trainees were able to access theatres, these were often complex cases and therefore not appropriate for their stage in training. However, core trainees reported that they were able to contact the relevant teams for support with managing complex patients.</p>	
<p>Higher trainees reported that there were many cancellations of theatre lists in General Surgery and that as a result, this negatively impacted on the numbers in their logbooks and meeting the appropriate curriculum requirements for their stage in training. The review panel also heard that for some higher specialty trainees this was compounded by 'robotic surgery' which accounted for their case list most weeks, and that trainees tended not to assist with this as consultants were adjusting to using the equipment. It was reported that without cancellations to theatre lists, trainees felt they would have enough numbers in their logbooks</p>	<p>Yes, please see GS5.6a</p>
<p>The review panel heard from higher specialty trainees that they were not getting sufficient access to endoscopy lists for their level of training. Some higher specialty trainees reported that the department tried to set up regular endoscopy lists on Tuesdays or Fridays, however these often clashed with operating days and other lists, so the majority of trainees were unable to access them. The review panel also heard that trainees felt there were likely too many higher specialty trainees working in the Royal London Hospital for the number of patients, which may have further impacted access to endoscopy lists.</p>	<p>Yes, please see GS5.6b</p>

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

Report Approval

Quality Review Report completed by	
Name	Nicole Lallaway
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Louise Schofield
Role	Deputy Postgraduate Dean for North East London
Signature	Louise Schofield
Date signed	12 May 2022

HEE Authorised Signatory	
Name	Gary Wares
Role	Postgraduate Dean for North London
Signature	Gary Wares
Date signed	18 May 2022

Final Report submitted to organisation	19 May 2022
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