

HEE Quality Interventions Review Report



**Barking, Havering and Redbridge University Hospitals NHS
Trust (Trust-wide)
Anaesthetics
Learner and Educator Review**

**London – North East London
Date of Review: 28 March 2022
Date of Final Report: 10 May 2022**

Review Overview

Background to the review

Health Education England conducted a number of senior leader engagement visits to anaesthetics at Barking, Havering and Redbridge University Hospitals NHS Trust between 2019 and 2021. However, the anaesthetics General Medical Council National Training Survey results for 2021 had a number of red outliers and therefore this visit was felt necessary to understand the issues from learners and educators in the department.

Subject of the review: Anaesthetics

Who we met with

Director of Medical Education
Head of Medical Education
Associate Director
Deputy Manager of Medical Education
Interim Chief Medical Officer
Clinical Lead, Anaesthetics
Two College Tutors, Anaesthetics
General Manager, Anaesthetics
Co-clinical Lead, Anaesthesia
Quality and Safety Advisor, Anaesthetics
Educational Lead, Anaesthetics
16 core and higher trainees in anaesthetics
13 clinical and educational supervisors in anaesthetics

Evidence utilised

Local Faculty Group minutes
Summary of relevant Datix reports (including Serious Incidents and Never Events)
Summary of Guardian of Safe Working Hours Board report
Evidence of simulation sessions and attendance lists
Rota including fill rate
Breakdown of learner groups within the department
Learner feedback (including student satisfaction surveys)
Evidence of teaching sessions and attendance lists
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	Aasifa Tredray Head of School for ICM and Anaesthesia
Lay Representative	Jane Chapman
Learner Representative	Eleanor Warwick
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London) Aishah Mojadady Quality, Patient Safety and Commissioning Officer Health Education England (London)

Executive Summary

The review team thanked the Trust for helping to organise the review and ensuring good attendance at all sessions. The review team received additional feedback from trainees via email following the review and where possible, this was included in the report.

The review team were pleased to hear about improvements made in the department since the last Health Education England review. The review team heard that there were a lot of learning opportunities available to trainees in the department, a newly appointed Education Lead, and formal local faculty group meetings were taking place regularly. The Trust representatives also informed the review team that clinical governance meetings were being used to upskill educational and clinical supervisors in the department on the new anaesthetics curriculum. The trainees informed the review team that working on the labour ward was a good experience and they felt well supported.

The review team heard of several areas requiring improvements. The trainees told the review team that supervision at night could be variable and this had created some anxiety among trainees. The review team heard that during a neuroanaesthesia block, trainees found it difficult to gain enough time in theatre and take required leave. The trainees said that additional support was required for trainees who were new to the department and starting on the general anaesthetics on call rota. The review team also asked the department to review the way that continuous trainee feedback was collected and actioned, as well as the pastoral support provided to trainees.

Review Findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
A1.3	The review team heard from the trainees of inappropriate consultant behaviours, including misogynistic attitudes and consultants arguing in front of trainees.	Provide trainee feedback that trainees feel able to report inappropriate consultant behaviours and these are swiftly and adequately addressed. Please provide by 01 September 2022.
A1.7c	The trainees told the review team that if they had a good working relationship with a consultant, they would be happy to raise issues but if they did not have any established relationships with consultants, they might not raise issues.	Review the mechanisms by which trainees raise concerns within the department and ensure that there are robust pathways for trainees to do so. Please provide trainee feedback that they always feel comfortable raising concerns. Please provide by 01 September 2022.

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A1.7d	The review team heard that trainees had to raise concerns multiple times over a few months before action was taken.	Provide evidence that trainee feedback and details of the resulting actions are included in the local faculty group meeting minutes. Please provide by 01 September 2022.
A1.7e	The review team heard that trainees had to raise concerns multiple times over a few months before action was taken.	Provide trainee feedback that when concerns are raised, these are actioned and feedback provided in a timely way. Please provide by 01 September 2022.
A3.1	The review team heard that consultants were starting to provide more pastoral support to trainees but this was still variable.	Review and where necessary reinforce the processes and support in place for trainees (both on a daily basis and after a difficult situation). Provide trainee feedback that they feel like good pastoral support is provided in the department. Please provide by 01 September 2022.
A3.5a	The review team heard that some trainees had anxiety around supervision when working on call in general anaesthetics at night. The trainees told the review team that there were some Trust grade doctors who were less receptive to being asked for advice.	Provide trainee feedback that supervision at night is thorough and they do not have any concerns about asking any supervisors for advice and help. Please provide by 01 September 2022.
A3.5b	The trainees said that there was a lack of oversight when they were assigned to operating lists as they appeared to be randomly added to lists (and some were missed off completely), rather than according to training needs.	Use trainee feedback to review operating list assignments and provide trainee feedback that assignments are allowing them to gain the training and learning experiences they require. Please provide by 01 September 2022.
A3.5c	The trainees told the review team that core trainees in training year two (CT2 trainees) when new to the department had some anxiety when asked to hold the general anaesthetics bleep out of hours due to the level of responsibility placed on them.	Review the support provided to CT2 trainees when starting on the general anaesthetics rota and provide trainee feedback that they feel prepared and supported to do this. Please provide by 01 September 2022.
A3.7a	The review team heard that trainees struggled to get their assessments signed off and the department needed to train and encourage Trust grade doctors to do this, in order to improve the experience for trainees.	Provide evidence that all Trust grade doctors have received training in how to complete assessments for trainees. Please provide by 01 September 2022.

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A3.7b	The review team heard that trainees struggled to get their assessments signed off and the department needed to train and encourage Trust grade doctors to do this, in order to improve the experience for trainees.	Provide trainee feedback that Trust grade doctors are encouraged to help trainees complete their assessments and that trainees find getting assessments signed off to be a straight forward process. Please provide by 01 September 2022.
A3.9a	The review team heard that a feedback system for departmental inductions was available but not yet used.	Provide evidence that the department is collecting and acting on feedback on inductions. Please provide by 01 September 2022.
A3.9b	The review team heard that not all trainees had received a departmental induction.	Provide trainee feedback demonstrating that all trainees are receiving a departmental induction. Please provide by 01 September 2022.
A5.1a	The trainees told the review team that there was no formal departmental teaching.	Provide a timetable of the formal teaching opportunities available to trainees in the department. Please provide by 01 September 2022.
A5.1c	The review team heard that when trainees were on a neuroanaesthesia block, they were on call for the neurointensive care unit. The trainees said this heavily impacted on the time they spent in theatres as they had to take study leave and annual leave from days allocated to theatre. The review team also heard that trainees missed out on opportunities to participate in neuro emergency cases that occurred out of hours as these were mainly done by the Trust grade doctors. The trainees also said the out of hours service model in general anaesthesia with Trust grade doctors running theatres and trainees holding the bleep, was a loss of learning opportunities for trainees as they often missed out on being involved in general emergency cases going to theatres.	Review trainee rotas alongside the new curriculum requirements and assess how greater trainee access to theatre can be achieved both in hours and out of hours. Provide trainee feedback that access to theatres has improved. Please provide by 01 September 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

Reference Number	Recommendation
A1.5	The review team recommend the department introduces a formal general anaesthetics handover between trainees holding the on call bleep, on call consultants and staff assigned to running the emergency lists at the start of each shift.
A1.7a	The review team recommends the department considers running local faculty group meetings more frequently than every three to four months to aid in ensuring continuous trainee feedback.
A1.7b	The review team recommends the department continues to develop local faculty group meetings with a formal agenda, including standing items such as review of previous meeting's minutes and actions.
A3.6	The review team recommends the department considers encouraging educational supervisors to make the first contact with trainees once they have been allocated to ensure trainees feel welcomed to the department.
A4.5	The review team recommends the department encourages consultants to be involved in London School of Anaesthesia and Intensive Care Medicine processes such as interviews and Annual Review of Competency Progression panels to aid with consultant understanding of educational and training needs.
A5.1b	The review team recommends the department reviews the expectations of the bleep holder on the general anaesthetics rota to ensure adequate support is provided and to ensure learning opportunities (including attending emergency theatre) are made the most of.

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 Trust representatives told the review team that there were three blocks which core and higher anaesthetics trainees could rotate through for on calls during their placements at the Trust. The review team heard these were obstetrics, neuroanaesthesia and general anaesthetics.</p> <p>The Clinical Lead told the review team that they were undertaking some work to look at the trainee journey through the department to assess where improvements could be made. The Clinical Lead said the aim was to balance training opportunities with service provision needs. The Clinical Lead said the elective work at the King George Hospital (KGH) site offered great learning opportunities and the department wanted to make better use of these.</p> <p>The Clinical Lead told the review team that some pieces of work which were in motion in the department included reinforcing the administrative support available to the College Tutors and additional clinical rota support. The College Tutors informed the review team that trainee WhatsApp groups had been created and an Education Lead had been appointed.</p> <p>The trainees told the review team that there were a lot of learning opportunities in the department as it was busy and they saw many sick patients and interesting cases. The trainees said that despite this, they found they did not get the same amount of training they had experienced in other Trusts. The trainees said that this was because they found it difficult to build good working relationships with consultants because of rota structures, found getting assessments signed off challenging, and felt they were left to work on their own without supervision more than in other Trusts.</p> <p>The review team heard from the trainees that their rotation in obstetrics was a good learning experience, they felt well supported, and were well supervised.</p>	
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>Not discussed at the review.</p>	

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 team heard from the trainees of inappropriate consultant behaviours, including misogynistic attitudes, and putting a large amount of pressure on trainees to change documentation. The trainees said they were aware that some of these behaviours had been addressed in the department.</p> <p>The trainees told the review team that generally there was a good team culture in the department and consultants were helpful during the day but at night, there was a minority of people who were not very helpful. The trainees said the consultant body felt disjointed at times. The trainees said that some of the consultants did not always get along and argued with each other about workload allocations in front of trainees.</p>	A1.3
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>The educational supervisors (ESs) and clinical supervisors (CSs) told the review team that as trainees were asking for feedback on difficult tasks, supervisors were adjusting to providing this more frequently than in the past.</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 Director of Medical Education (DME) informed the review team that the Guardian of Safe Working Hours report had flagged staffing level concerns among trainees for the past 18 months. The DME highlighted that trainee concerns about staffing did not necessarily match guidance on safe staffing levels but thought that the Trust's reliance on locum doctors might have had an impact on trainee opinions on safe staffing. The DME assured the review team that conversations around this were happening at the highest levels in the Trust. The DME said that there was a business case for improving hospital at night policies and this included the introduction of a coordinator role and changing the outreach service to a 24 hour service. The Clinical Lead told the review team that trainees were receiving help with basic tasks at night to help ease their workload.</p> <p>The trainees informed the review team that they did not generally have patient safety concerns in the department. The trainees said that patient safety incidents were reported in the department and learning from these incidents was shared. The trainees said they</p>	

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	<p>have never been told not to report a patient safety incident. However, some of the trainees said that since working in the department, their confidence in their own abilities had fallen.</p> <p>The trainees told the review team they thought having handovers or huddles regularly on the general anaesthetics 6042 rota would help all members of the team know who was working in which locations, create more of a sense of joint working, and would be helpful for sharing patient information.</p> <p>The ESs and CSs said there was a huddle in general anaesthetics at 08:15. The ESs and CSs explained to the review team that handovers were not as formal as they would like but as the phones had to be passed between shifts, there was an informal handover. The ESs and CSs said that it was challenging to have a formal handover as when theatres were running, people could not attend. The ESs and CSs said that when the department was quieter, attendance would be easier and introducing more formal handovers or huddles was being looked into. The ESs and CSs explained the use of online huddles was being explored as this would allow people off site to join also.</p> <p>The trainees told the review team that while there were some colleagues who they would feel comfortable if they were treating their friends or family members, overall, they would not be happy for friends and family to be treated in the Trust. The trainees told the review team that Queen's Hospital (QH) was very chaotic.</p>	A1.5
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>Not discussed at the review.</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 College Tutors told the review team that local faculty group (LFG) meetings were now running every three to four months. The review team heard that the agenda for LFG meetings was generally set according to the issues trainees wanted to raise, as well as by reviewing actions from previous meetings. The DME informed the review team that LFG meetings in anaesthetics had been informal in the past but were now more formal and minutes were taken. The DME said that LFG meetings now took place during working hours and were attended and supported by a member of the postgraduate medical education (PGME) team. The College Tutors explained that an email invite to LFG meetings was circulated to all trainees ahead of time and trainees</p>	A1.7a A1.7b

	<p>were asked to escalate any issues they would like raised at the meeting to their trainee representatives ahead of the meeting.</p> <p>The trainees told the review team that if they had been working in the department for a while, they would feel comfortable raising concerns with a consultant they had developed a good working relationship with. However, the trainees said that if you did not have a good working relationship with any of the consultants, this would not necessarily be the case. The trainees told the review team that there were times when concerns had to be raised multiple times over a series of months before action was taken.</p> <p>The ESs and CSs told the review team that trainees did flag issues through LFG meetings and trainee representatives. The ESs and CSs said trainee concerns were also raised through ESs, the College Tutors and the PGME team. The ESs and CSs said that in the past when a trainee had raised concerns about a consultant, the College Tutors had altered the rota so that the trainee did not have to work with that consultant. The College Tutors said that when a trainee raised concerns about a consultant, where appropriate, this was discussed with the consultant. The review team heard that support had been provided to trainees who had witnessed a recent incident. The review team heard that the trainees had provided good feedback about the process. The review team heard that the Trust had a new legal team who were very supportive.</p>	<p>A1.7c</p> <p>A1.7d A1.7e</p>
<p>1.8</p>	<p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p> <p>Not discussed at the review.</p>	
<p>1.9</p>	<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>Not discussed at the review.</p>	
<p>1.10</p>	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>Not discussed at the review.</p>	

1.11	<p>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.</p> <p>Not discussed at the review.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>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.</p> <p>Not discussed at the review.</p>	
2.2	<p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p> <p>Not discussed at the review.</p>	
2.3	<p>The governance arrangements promote fairness in education and training and challenge discrimination.</p> <p>Not discussed at the review.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Not discussed at the review.</p>	
2.5	<p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>Not discussed at the review.</p>	

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>Not discussed at the review.</p>	
2.7	<p>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.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The ESs and CSs told the review team that during the departmental induction, the local wellbeing services were signposted to trainees. The ESs and CSs said that trainees were encouraged to speak to their ES as a first contact point for pastoral support. The ESs and CSs said that there was a consultant allocated to provide pastoral support in the department. The ESs and CSs said that a Wellbeing Lead was available to trainees, as well as a team of psychologists but the advertising and take up of these services had been quite low. The review team heard that the PGME team were also available for trainees to talk to.</p> <p>The ESs and CSs said that it was not previously common place for consultants to provide pastoral support to trainees following a challenging situation but this had changed in recent years. The ESs and CSs said that some consultants provided this support more than others. The ESs and CSs said that sometimes trainees requested support from the consultants following a challenging situation or long day and this was driving a cultural shift. The ESs</p>	A3.1

	and CSs said there was no formal debrief process in place in the department.	
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>Not discussed at the review.</p>	
3.3	<p>The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.</p> <p>Not discussed at the review.</p>	
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>Not discussed at the review.</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 College Tutors told the review team that the department had made some changes to improve supervision and staffing since the General Medical Council (GMC) National Training Survey (NTS) results in 2021. The College Tutors said that an additional two Trust grade doctors had been allocated to labour ward at night, meaning two doctors covered labour ward and two covered the theatres. The College Tutors said that a duty day consultant (who was not allocated to any theatres lists) and was on shift from 08:00 to 20:00 had also been introduced. The College Tutors explained to the review team that when trainees rotated into the intensive care unit (ITU), they retained their ES in anaesthetics but were also assigned a CS from ITU.</p> <p>The College Tutors explained to the review team that theatre services were delivered by consultants and Trust grade doctors which meant trainees were not allocated to do theatres on their own. The Trust representatives informed the review team that during night shifts, there were two senior Trust grade anaesthetists on the QH site but generally only one operating theatre in use. The review team heard that this meant there was one Trust grade doctor available to help trainees when needed. The Trust representatives said that there was also a higher trainee in ITU who was available to help trainees at night. The Trust representatives said that the on call consultant was available within half an hour at night.</p>	

	<p>The trainees told the review team that during the day, the duty consultant was available to provide advice and support when needed. The trainees said that at night, consultants were not on site but there were two Trust grade doctors who were able to help with any emergencies. The trainees explained to the review team that there were some concerns about supervision out of hours. The review team heard of instances when Trust grade doctors had been resistant to providing advice to trainees when they asked for it at night. The trainees said that while this did not stop them from calling for advice, it did produce some anxiety about having to call. The trainees also informed the review team that depending on the Trust grade doctors they were working with, they felt more or less anxious ahead of a night shift. Some of the trainees informed the review team that they had not experienced any problems with Trust grade doctors offering help and advice at night. The trainees told the review team that if two theatres were running at night (and therefore both Trust grade doctors were busy), the trainee on call could ask the ITU outreach doctor for help. However, the trainees said that this doctor was not always airways trained and so if there were two airways emergencies at the same time, this was stressful.</p> <p>The trainees said that a consultant always came to help (during the day and at night) if they were asked to. The trainees informed the review team that they had not been in a situation where they had felt out of their depth however, they said that they had a feeling that the consultants would rather they got on with the job than seek support sometimes. The trainees said there had been times they would have liked to have consultant support but felt as though they should probably just do the task themselves. The trainees said there had been times at night when emergencies had taken place very quickly so the consultant wouldn't have been able to arrive to help in time but it would have been nice if the consultant had come in afterwards to provide some pastoral support instead.</p>	<p style="text-align: center;">A3.5a</p>
	<p>The trainees told the review team that there was no continuity in the consultants they worked with. The trainees said that there was a lack of oversight when they were assigned to operating lists as they appeared to be randomly added to lists (and some were missed off completely), rather than according to training needs. The trainees said this meant they often had to request to be moved and found it challenging to get assessments signed off. The trainees told the review team that some of the Trust grade doctors were great trainers as they let trainees help in their theatres and provided teaching. The trainees said that other Trust grade doctors did not provide any training.</p>	<p style="text-align: center;">A3.5b</p>
	<p>The trainees informed the review team that if a core training year two (CT2) trainee started in the department (without having worked as a CT1 in the department), carrying the general</p>	<p style="text-align: center;">A3.5c</p>

	<p>anaesthetics bleep could cause anxiety. The trainees explained that this was because they were given a lot of responsibility very quickly.</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>The College Tutors explained to the review team that trainees were allocated an ES in anaesthetics who they retained, even when rotating into the ITU. The ESs and CSs told the review team that trainees were told in advance who their ES was going to be but that there was not a lot of contact between the trainee and the ES before the trainee started. The review team heard that it depended on how quickly the department received the necessary trainee information to finalise the rotas as to how far in advance the trainees were notified of their ES. The ESs and CSs said that generally the initial meeting between the trainees and their ESs took place within the first two weeks of the trainees' placements, although this was not checked or audited. The ESs and CSs explained that the onus for setting up ES meetings was placed on the trainees and so the frequency of the meetings depended on trainee preference, although they generally happened every three months.</p>	A3.6
3.7	<p>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.</p> <p>The trainees told the review team that as the department was large and there were so many Trust grade doctors, trainees struggled to spend enough time with consultants in order to get assessments signed off. The ESs and CSs said that trainees had mentioned that they struggled to get their assessments signed off and the department needed to train and encourage Trust grade doctors to do this, in order to improve the experience for trainees.</p>	A3.7a A3.7b
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>Not discussed at the review.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The College Tutors explained to the review team that it was challenging to tell with the GMC NTS results whether the results</p>	

	<p>for induction referred to the Trust or departmental induction. The College Tutors said that during the departmental induction, trainees were given a tour of the department and a presentation. The College Tutors told the review team that the duties expected of trainees on call on the general anaesthetics rota were documented in induction and the trainee handbook. The review team heard that the department provided four inductions during the year (according to start dates), although the largest group of trainees started in August. The College Tutors said that induction days were protected for trainees and if trainees were not rostered to work on an induction day, they were given this time in lieu. The College Tutors explained that the Trust induction was normally the day before the departmental induction. The College Tutors said that in the departmental induction, the trainees were given the most important information for working in the department in a digestible way. The College Tutors explained that a significant challenge with inducting new trainees to the department was that the department did not always receive all the required information about trainees (such as the length of their rotation) ahead of them starting. The review team heard that this made creating the rotas very challenging.</p> <p>The College Tutors said that feedback on inductions used to be collected through paper feedback forms but ensuring good returns had been challenging. The Deputy Manager of Medical Education told the review team that an online feedback form for departmental induction was available to the anaesthetics department but was not currently in use. The College Tutors said that ESs were asked to encourage feedback on departmental inductions during their first meeting with a trainee.</p> <p>Some of the trainees told the review team that they had not received a departmental induction.</p>	<p style="text-align: center;">A3.9a</p> <p style="text-align: center;">A3.9b</p>
<p style="text-align: center;">3.10</p>	<p>Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.</p> <p>Not discussed at the review.</p>	
<p style="text-align: center;">3.11</p>	<p>Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	<p>Supervisors can easily access resources to support their physical and mental health and wellbeing.</p> <p>Not discussed at the review.</p>	
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The College Tutors informed the review team that all ESs had the necessary time for ES duties in their job plans. The review team heard that the majority of ESs were consultants and the number of ESs in the department had been increasing over time. The College Tutors explained that each ES had no more than two trainees to supervise. The College Tutors said they encouraged consultants and middle grade Trust employed doctors to consider becoming an ES, although no middle grades currently were ESs. The College Tutors said two doctors who had completed their Certificate of Eligibility for Specialist Registration (CESR) with the department were now ESs. The review team heard that the curriculum changes had created some reluctance to becoming an ES in the department. The College Tutors explained that an online folder was available to supervisors which contained teaching materials and information on being an ES. The review team heard that ES meetings were followed by clinical governance meetings every other month.</p>	
4.3	<p>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).</p> <p>The ESs and CSs explained to the review team that anyone supervising assessments had received mandatory training and these training needs were reviewed and addressed in supervisors' annual appraisals.</p>	
4.4	<p>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</p> <p>Not discussed at the review.</p>	
4.5	<p>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 learners' programmes and career pathways, enhancing their ability to support learners' progression.</p>	

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	<p>The trainees highlighted to the review team that they did not feel all ESs were up to date with the new curriculum and while they understood this had been a challenging transition for everyone, it was a stressful experience for trainees when their ES was not clear about what was needed to sign off modules.</p> <p>The ESs and CSs explained to the review team that the introduction of the new curriculum had been challenging, particularly as ESs were having to use the old platform to sign off assessments and generate feedback forms as they were struggling to gain access to the new platform.</p>	A4.5
4.6	<p>Clinical supervisors are supported to understand the education, training and any other support needs of their learners.</p> <p>The review team heard that all CSs completed mandatory training. The College Tutors explained to the review team that clinical governance meetings lasted four hours and were currently being used to upskill all supervisors in the department on the new anaesthetics curriculum.</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>Not discussed at the review.</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 College Tutors told the review team that a consultant had been assigned time to work with trainees on rota issues and to ensure the curriculum was covered in rotas. The Trust representatives said that there was dedicated administration time for rota management and leave allocation. The review team heard that there was centralised control of the rotas but this was done with consultant input. The review team heard that the department was currently exploring options with regards to rota management systems and considering introducing 'CLWRota'. The College Tutors said that the department tried to be flexible with trainee rotas and moved trainees about according to their learning needs.</p>	

<p>The College Tutors informed the review team that the general anaesthetics rota was one in eight and in that eight-week block, a trainee did seven 12 hour days and seven 12 hour nights. The College Tutors explained that during the day on the general anaesthetics rota, a trainee was allocated to the emergency operating list and another trainee was on call providing the emergency airway response. The College Tutors explained that out of hours, trainees were able to get theatre time alongside the Trust grade doctors running the operating theatres. The College Tutors said that if trainees wanted to take leave on an on call day, they asked them to swap shifts with a colleague instead.</p> <p>The College Tutors told the review team that weekly ITU training was provided by the Educational Lead, novice courses were provided at trainee base hospitals, trainees were able to attend an airways training day, and paediatric simulation training was also available. The College Tutors added that exam practice training was also provided.</p> <p>The trainees told the review team that during the day, the department was generally no busier than other hospitals they had worked in. The trainees said that it was up to individual trainees to make time to go to theatre during their on call days in general anaesthetics, and they could be called out of theatre for an emergency at any time. The trainees said they sometimes spent an entire day in resus when on call on the general anaesthetics rota, and therefore were not able to get any theatre time. The trainees said that in the past, they had raised with the consultants that they spent a lot of time doing pre-operative work and this had been addressed. The trainees said to the review team that at night, they could go to theatre if they wanted to, but this was not expected. The trainees highlighted that it seemed like there were two emergency theatres running at night more often than in other hospitals they had worked in.</p> <p>The trainees highlighted to the review team the difficulties they had had attending regional teaching during Covid-19 and said that they had not had the opportunity to make up this teaching. The trainees told the review team that there was no formal departmental teaching. The trainees highlighted that no novice courses were provided and they had not received help booking onto a course elsewhere. The trainees said that they understood that from a service provision perspective, it made sense to have Trust grade doctors running theatres and trainees providing anaesthetics outreach when on call. However, the trainees said this service model was also a loss of learning opportunities for trainees. Some of the trainees said that their confidence in theatre had dropped since working in the department.</p> <p>The ESs and CSs said that weekly teaching took place in the neurointensive care unit and the general anaesthetics department</p>	<p>A5.1a</p> <p>A5.1b</p>
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<p>in which incidents were discussed. The ESs and CSs said the department was considering using these teaching sessions for more case-based teaching as well.</p> <p>The ESs and CSs told the review team that as trainees were always coupled with a consultant or Trust grade doctor in theatre, they were exposed to a lot of cases quickly and were always being trained. The ESs and CSs said it depended on how busy the general anaesthetics bleep was and on individual trainee drive as to how much theatre time trainees got when they were holding the bleep. The ESs and CSs said it would not be appropriate to give the general anaesthetics bleep to one of the Trust grade doctors at night to allow the trainee to be in theatre. The ESs and CSs explained that the type of operations (such as neuro emergencies) required at night were too complex.</p> <p>The trainees said to the review team that when they were doing neuroanaesthesia, they felt like they were providing a lot of service provision and not receiving much training. The trainees said all neuroanaesthesia on calls were in the neurointensive care unit. The trainees said that they spent a lot of their neuroanaesthesia block working on the neurointensive care unit and received only 10 to 12 theatre days (and some of these lists were cancelled). The trainees said the work on the neurointensive care unit could be demanding and felt that this set up was better suited to the old curriculum requirements (and not the 2021 curriculum requirements). The trainees felt the experience they received in neuroanaesthesia better suited the old curriculum. The trainees explained that for mandatory training, they were able to take study leave on a day they were working in the neurointensive care unit and then return to the hospital to do the on call after. However, the trainees said that other study leave and annual leave had to be taken on their theatre days. The trainees explained to the review team that this meant the number of theatre days they got in neuroanaesthesia could be significantly reduced. Some of the trainees said the department had been flexible, allowing them to take more leave days on their general anaesthesia blocks so that they could have more theatre days during their neuroanaesthesia blocks.</p> <p>The ESs and CSs told the review team that working on the neurointensive care unit was very beneficial for trainees and was integral experience for their training. The ESs and CSs said that trainees generally realised this by the end of their block on neuroanaesthesia. The ESs and CSs said that one of the College Tutors met with trainees at the start of their neuroanaesthesia blocks to highlight the learning opportunities available to them. The review team heard that trainee log books were in good stead following the block and wherever a trainee was struggling to get good numbers and meet their training needs, their rota was adapted. The ESs and CSs said trainees were encouraged to</p>	<p>A5.1c</p>
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	<p>raise these issues in their ES meetings. The review team heard that during Covid-19 peaks there were some non-neurosurgery patients in the neurointensive care unit but this was no longer the case. The ESs and CSs explained that during their neuroanaesthesia blocks, trainees were able to receive pre-operative teaching, post operative experience and were encouraged to go to theatre. The ESs and CSs said that if a trainee did not take any leave during their neuroanaesthesia blocks, they got about 20 short days (or theatre days) in the three-month block.</p>	
5.2	<p>Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.</p> <p>Not discussed at the review.</p>	
5.3	<p>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.</p> <p>Not discussed at the review.</p>	
5.4	<p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>Not discussed at the review.</p>	
5.5	<p>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</p> <p>Not discussed at the review.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The Trust representatives told the review team that the trainees had protected time for teaching from 08:00 to 09:00 on Friday mornings and this was largely trainee-led, although the department was looking to provide more consultant-led teaching. The Trust representatives told the review team that elective surgery was done at the KGH site and generally the rota was organised so that trainees had a whole week on elective work. The review team heard that this meant trainees were not expected to move between hospital sites during the day, although a staff shuttle bus was available if needed.</p>	

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	The trainees told the review team that the core trainee rota had a heavy on call burden.	
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HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>Not discussed at the review.</p>	
6.2	<p>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>Not discussed at the review.</p>	
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>Not discussed at the review.</p>	
6.4	<p>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.</p> <p>Not discussed at the review.</p>	

Report Approval

Quality Review Report completed by	
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Date signed	09 May 2022

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Final Report submitted to organisation	10 May 2022
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