

HEE Quality Interventions Review Report



Barts Health NHS Trust (Royal London Hospital)
Ophthalmology
Learner and Educator Review

London – North East London
Date of Review/Intervention: 10 October 2022
Date of Final Report:

Review Overview

Background to the review

This review was proposed after Health Education England (HEE) received negative feedback from doctors in postgraduate training (DPTs) regarding their training experience in Ophthalmology at the Royal London Hospital. The feedback concerned their access to clinical opportunities in line with their curriculum requirements and the general learning environment. As a result of discussions between the School of Ophthalmology, the Trust and the deputy postgraduate dean, a visit to obtain feedback from all current training and non-training grade doctors from the department had been agreed, such that support could be put in place to the department to improve the training experience.

Subject of the review:

Ophthalmology

Who we met with

The review panel met with:

- Two doctors in postgraduate training (DPTs) and four clinical fellows and
- Five clinical supervisors (CSs) and educational supervisors (ESs)

The review panel also met with:

- Director of Medical Education
- Postgraduate Lead for Medical and Dental Education
- Associate Director of Medical and Dental Education
- Clinical Director
- Clinical Lead
- Deputy Clinical Lead
- College Tutor
- Guardian of Safe Working Hours
- Divisional Director for Surgery

Evidence utilised

- Ophthalmology Datix Incidents Report September 2022
- Induction documents including a PowerPoint Presentation dated 2022
- Departmental Induction Feedback August 2022
- Local Faculty Group (LFG) meeting notes 15 October 2021
- Local Faculty Group (LFG) meeting notes 10 November 2021
- Local Faculty Group (LFG) meeting notes 13 September 2022
- Junior Doctors Timetable September 2022
- Summary of feedback from year four medical students in Ophthalmology
- Medical Education Committee (MEC) Minutes 27 April 2022

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- Rota (June - September 2022)
- Teaching Sessions
- Revised out of hours handbook August 2020
- Junior Doctors in-hours Handbook August 2020
- Fellows, trust-grade and Doctors in Postgraduate Training (DPT) List 5 October 2022
- DPT email feedback

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Vivienne Curtis, Head of the School of Psychiatry, London (Acting Deputy Dean for North East London), Health Education England, London
Deputy Head of the School of Ophthalmology	Miss Ourania Frangouli, Deputy Head of School of Ophthalmology, Health Education England, London
Lay Representative	Saira Tamboo
HEE Quality Representative(s)	Louise Brooker, Deputy Quality, Patient Safety and Commissioning Manager, Health Education England, London Ummama Sheikh, Learning Environment Quality Coordinator, Health Education England, London Louise Lawson, Quality, Reviews & Intelligence Administrator, Health Education England, London
Observer	Shabina Mirza, Quality, Reviews & Intelligence Officer, Health Education England, London

Executive Summary

The review panel thanked the Trust for accommodating the review.

The review panel informed the Trust that there were no serious concerns identified by doctors in postgraduate training (DPTs) that warranted any immediate action. However, it was noted that there were several areas for improvement. The review panel was concerned to hear that due to the small number of consultants on site, individual consultants held multiple roles and that this could lead to a potential conflict of interest. The panel also heard from Trust representatives that local faculty group (LFG) meetings seldom took place and that this was due to the over reliance on DPTs to organise these. The review panel was also concerned to hear that DPT timetables were not fully consistent with the guidelines set out by the Royal College of Ophthalmologists, mainly around protected theatre sessions and the number of emergency Ophthalmology sessions in hours.

The review panel was pleased to hear however, that the vast majority of DPTs were happy with the level of support they received in and out of hours during their placements, which started in August 2022. The review panel was also pleased to hear that the educational faculty acknowledged possible deficiencies in current job plans, as a result of the change in curriculum, and were exploring remedies to overcome these. The review panel commended the high quality of the induction materials and handbooks that were provided to DPTs for in and out of hours.

This report includes some requirements for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 March 2023.

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
O1.1a	The DPTs felt that more staffing was needed in order to support on-calls and prevent knock-on effects to the department.	<p>The trust should review rotas to ensure that sufficient staffing (including non-medical) is in place to assure DPTs are adequately supported, particularly during on-calls.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
O1.1b	The review panel heard from DPTs that cataract theatre sessions for surgical training were on alternate weeks. It was heard that there was currently no discussion with the educational supervisor (ES) about a second permanent list. Annual leave, bank holidays and allocated zero days would often lead to missing theatre sessions with some DPTs not having had a theatre session for a month. The DPTs informed the review panel that more fixed and allocated theatre lists would resolve this issue.	<p>The trust should ensure that all DPTs are timetabled to receive two protected operating lists a week - as specified by the Royal College of Ophthalmologists guidance on the Ophthalmology specialty training curriculum, outlined in link https://www.rcophth.ac.uk/wp-content/uploads/2020/05/RCOphth-Guide-For-Delivery-Of-OST_Jun2018.pdf</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p>

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		Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
O1.1c	The review panel was concerned to hear that DPT timetables were not fully consistent with the guidelines set out by the Royal College of Ophthalmologists, around the number of emergency Ophthalmology sessions in hours.	<p>The trust should ensure that all DPTs are timetabled to receive their recommended number of emergency sessions in hours; two for core DPTs and one for specialty higher DPTs, as specified by the Royal College of Ophthalmologists guidance on the Ophthalmology specialty training curriculum, outlined in link https://www.rcophth.ac.uk/wp-content/uploads/2020/05/RCOphth-Guide-For-Delivery-Of-OST_Jun2018.pdf</p> <p>Please provide all three DPT work schedules in hours, revised to demonstrate compliance with the College Guidance, as well as revised rotas.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
O1.1d	The review panel heard that there were instances of cancelled clinics at short notice with patients already in the waiting room which in turn led to an emergency consultant having to cover this. The DPTs felt that they would benefit from having their rota one month in advance and that clinic profiles should either be reduced or cancelled well in advance to minimise	<p>The trust should ensure that DPTs receive their rotas in a timely fashion, ideally at least one month in advance and should have their clinic profiles reduced or cancelled in order to minimise disruption to patients.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p>

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	<p>disruption to patient care. It was also felt by the DPTs that there was a perceived lack of understanding from the trust when it came to separating out administrative and junior doctor responsibilities.</p>	<p>Please provide evidence of administrative support available to DPTs for clinics.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
O1.4	<p>The review panel was concerned to hear from trust representatives that there were no local faculty group (LFG) minutes between October 2021 and September 2022 provided by the Trust.</p>	<p>The trust medical education team/college tutor is required to organise and undertake monthly local faculty group meetings (LFGs), with the support of DPTs, and ensure that these meetings are well-documented. DPTs should not be expected to take the lead in organising these meetings. Invitations to these meetings should be extended to the entire consultant body.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
O1.11	<p>The review panel heard from DPTs that there was sometimes a lack of clinic space available on Monday and Tuesday, which made it difficult to review patients in a private setting.</p>	<p>The trust/clinical lead and college tutor should undertake a review of the department facilities and ensure that there is sufficient space available for DPTs to review patients in a confidential setting. All DPTs should have an allocated clinical room with a slit lamp.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>

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O4.2	<p>The review panel was concerned that consultants having multiple roles within the department could potentially lead to a conflict of interest.</p>	<p>The Trust should undertake a review of the education roles within the department to ensure there is no conflict of interest and promote faculty development and development of new educational supervisors.</p> <p>The Clinical Lead should work with the College Tutor to ensure all named educational supervisors and College Tutor in the department have the appropriate allocated time in their job plans to perform these roles according to the RCOphth guidance which recommends 1 PA for College Tutors and 0.25 PA per DPT for named educational supervision. New educational supervisors should meet GMC criteria for educational supervision.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
O5.6a	<p>The panel were concerned to hear that a DPT was currently co-ordinating the rota but that this role would be transferred to the newly appointed Ophthalmology service delivery manager (SDM). It was heard that the SDM would take over the daily clinic allocations. The DPTs expressed their concerns about a non-clinician managing the rota and expected challenges to arise from this. The DPTs agreed that fair allocation of duties and transparency between the Trust and DPTs would be</p>	<p>The Trust is required to review the rota co-ordination within the department and ensure that junior doctor responsibilities are separated out from administrative duties, with the introduction of the newly appointed service delivery manager The College Tutor should be consulted about any changes to rota or clinic allocations.</p> <p>Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p>

	helpful in resolving any issues.	Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
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Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
None		
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
None		

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
1.1e	1.1	Ophthalmology DPTs should have adequate nursing support to assist them with patients reviewed as emergencies in hours and out of hours.
O2.6	2.6	The trust should undertake a review of exception reporting within the department, with support from the guardian of safe working hours (GoSW), to ensure that all DPTs are encouraged to and are aware of how to exception report.
O5.6b	5.6	The service delivery manager (SDM) should provide the rota at least four to six weeks in advance. The college tutor should ensure that the SDM is made aware of protected sessions for DPTs (i.e., theatre sessions).

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)
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Ophthalmology	The review panel was particularly impressed with the quality of induction materials provided to doctors in postgraduate training (DPTs), including detailed handbooks for in and out of hours.	3.9
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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>Trust representatives informed the review panel that doctors in postgraduate training (DPTs) had a variety of education and training opportunities, including access to comprehensive sub-specialty consultant-led clinics such as exposure to the maxillo-facial trauma service and retinoblastoma clinic. However, the Trust also informed the review panel that access to theatres for DPTs was much more limited due to a redirection of theatre to other surgical specialties since the COVID-19 pandemic. The review panel acknowledged the Trust's efforts to improve access to these theatres to ensure all DPTs had access to good learning opportunities.</p> <p>When asked by the review panel what they thought DPTs would say about their training experience, the Trust commented that they expected to hear DPTs concerns about workload due to the level of staffing and sickness in the department, however, also noted that they hoped DPTs would share the Trust's sentiment that the unit was a united one and that their surgical experience training was of a very good standard. The Trust further informed the review panel that junior DPTs were well-supported through dedicated one to one teaching but that the training environment could sometimes become more challenging during on-calls as a result of sickness leave, which in turn led to a knock-on effect on other DPTs.</p> <p>The review panel heard from Ophthalmology DPTs that they had gained lots of experience within the department, particularly with paediatrics and eye trauma patients. It was also heard that the department was linked with the Whipps Cross Hospital (WXH) for regional teaching which led to a broader training experience. The DPTs also noted that they had good access to medically unwell</p>	

	<p>patient cases that were attached to the acute hospital and intensive therapy unit (ITU) that they wouldn't necessarily receive anywhere else. It was also heard that the Royal London Hospital (RLH) being a national centre for retinoblastoma referrals was unique to the Trust and that it would be rare to get this experience at other sites.</p> <p>The DPTs informed the review panel that the main difference between working at the RLH compared with other sites was the vast case mix, where the demographic was much younger, with a diverse population and broad range of cultural sensitivities to consider. It was heard that this sometimes led to a manifestation in eye problems as well as progressed diabetic changes and infectious diseases such as Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) in some patients that they would not always see at other sites. The review panel heard that some DPTs acknowledged the importance of on-calls as a useful learning tool for referrals and dealing with a variety of diseases. The review panel was pleased to hear that the general sentiment by DPTs was that they had good access to a large case mix with a good level of consultant support when needed.</p> <p>The review panel heard from DPTs that on-calls were generally one in six due to the level of staffing but that this would be reimbursed once the team was fully staffed. The DPTs also acknowledged the support of external fellows from WXH who would cross-cover on a locum basis and allow for more time between on-calls. It was heard that there was usually a one in five rota on weekends with DPTs being allocated the Friday before as a rest day. The DPTs also informed the review panel that after working a weekend, DPTs would undertake a Monday morning session and then receive the afternoon off, followed by another half-day on Thursday that week. The DPTs felt that more staffing was needed in order to support on-calls and prevent knock-on negative effects to the department.</p> <p>The DPTs informed the review panel that it was common to work Saturday morning on-calls but that this did vary depending on the number of referrals and need arising from emergencies. The review panel also heard that there was no scheduled list for referrals but that this was instead dealt with during handover between Friday and Saturday. The DPTs informed the review panel that during their out of hours weekend on-call they would be expected to review any in-patients over the weekend as well as any referrals from the urgent treatment centre (UTC) and Emergency Department (ED) that required review. The review panel also heard that DPTs sometimes had to stay late if there were any operative procedures that required surgery. It was heard that a second on-call doctor could be called in these instances but that it was mostly the first on-calls who would manage patients and conduct ward reviews. The review panel</p>	<p>Yes, please see O1.1a</p>
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	<p>heard that there were generally no issues with handover or getting in touch with the second and third on-calls, and that any sporadic issues were raised and resolved immediately.</p> <p>The review panel heard from DPTs that one of the two theatre sessions for cataract surgical training were on alternate weeks and there was only one fixed session for cataract surgery. It was heard that there was currently no discussion with the College Tutor and Clinical Director about a second permanent list. Annual leave, bank holidays and allocated zero days would often lead to missing theatre sessions with some DPTs not having had a theatre session for a month. The DPTs informed the review panel that more fixed and allocated theatre lists would resolve this issue.</p> <p>It was felt by the DPTs that Ophthalmology DPTs were not given as much priority within the trust as other surgical specialties with theatre space after the COVID-19 pandemic. The DPTs also expressed that more nursing support, particularly during out of hours would be beneficial in aiding the DPTs with ward reviews and general organisation of on-calls.</p> <p>The review panel was concerned to hear that clinics were being cancelled at short notice and that this led to further stress placed on the service. The panel were also concerned to hear that the clinician who was currently organising the rota had not been given an allocated administrative day or a half-day session to undertake this duty. It was heard that this rota was being organised on a one or two-week basis and that this was very difficult when it came to foreseeing leave and absence. The panel also heard that there were instances of cancelled clinics at short notice with patients already in the waiting room which in turn led to an emergency consultant having to cover this. The DPTs felt that they would benefit from having their rota at least one month in advance and that clinic profiles should either be reduced or cancelled well in advance to minimise disruption to patient care. It was also felt by the DPTs that there was a perceived lack of understanding from the Trust when it came to separating out administrative and junior doctor responsibilities.</p> <p>When asked by the review panel whether the DPTs would recommend the training post to a friend or colleague, the consensus was that they would, with no DPTs raising concerns otherwise. The review panel was also pleased to hear that all DPTs would be happy to have their friends and family treated in the department.</p>	<p>Yes, please see O1.1b and O1.1c</p> <p>Yes, please see O1.1d</p>
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p>	

	<p>The review panel heard from Trust representatives that there were many well-being initiatives put into place for DPTs such as the department Christmas party, as well as various religious celebrations and team dinners to promote inclusion and team-working.</p> <p>The panel would like to suggest that initiatives also take place within working hours and are not focussed around out of hours social events (which might be difficult for DPTs with external commitments to attend).</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 from Trust representatives that the 2020 staff survey results indicated that Ophthalmology was above the trust average in 90% of questions asked and that any concerns raised were related to time and capacity pressures at work.</p> <p>The review panel was concerned to hear from Trust representatives that there were no local faculty group (LFG) minutes between October 2021 and September 2022 provided by the Trust. The Trust informed the panel that this was due to the reliance on a previous DPT who had been organising these meetings, and it was heard that their long-term absence derailed this. The Trust acknowledged the panel's concerns that it was the responsibility of the medical education team to organise this, with DPT support. The review panel also heard that some consultants were not aware that LFG attendance was required by the entire consultant body but stressed that anyone who wished to attend could do so. The review panel stressed the importance of monthly LFG meetings with substantial minuting. The Trust informed the review panel that despite there not always being regular LFG meetings, the department always had an 'open-door' culture and that issues could be raised on a one-to-one daily basis, with these being escalated to an appropriate level.</p>	Yes, please see O1.4
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 heard from Trust representatives that DPTs had protected teaching time monthly for audits and quality improvement projects (QIP) and were supported to develop posters and presentations. It was also heard that Trust representatives ensured all DPTs had access to continuous professional development (CPD).</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>The review panel heard from DPTs that there was sometimes a lack of clinic space available on Mondays and Tuesdays, which made it difficult to review patients in a private setting. It was heard that this matter was raised to the leadership team and that there was a discussion to increase the number of clinic rooms on site.</p>	Yes, please see O1.11

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>The review panel heard from the Trust representatives that there would be increased presence from senior managers in order to provide a psychologically safe environment for doctors in postgraduate training (DPTs).</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>The review panel was concerned to hear of the significant lack of exception reports despite seventy percent of DPTs reporting they regularly worked beyond their allocated hours. The Trust informed the panel that this had not been specifically investigated as they were not aware of any issues within the department. The panel also heard that no DPT had approached the guardian of safe working hours (GoSW), so there had been no involvement from them until very recently.</p> <p>The DPTs informed the review panel that they sometimes worked late into the night but were aware of who the GoSW was and how they could exception report.</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>The review panel heard from Trust representatives that a cross-site relationship between the RLH and WXH was being developed but had not yet been fully realised. It was heard that this was due to WXH having better access to theatres, and that this would be overall more beneficial for the DPTs experience.</p>	
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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 from DPTs that there were no instances of being alone in clinic and that there was a consultant available to escalate concerns to. The DPTs further informed the panel that there was always a consultant or senior fellows nearby in adjoining rooms or on the same floor during clinics that could be approached.</p> <p>The review panel heard that DPTs including ST1s, were profiled for clinics and emergency in hours clinics but they felt that patient allocation was appropriate for the DPTs grade, and these profiles were limited to no more than six or seven patients. It was also heard that there was the support of foundation doctors during these clinics which was perceived to be very helpful.</p>	
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 review panel heard from Trust representatives that DPTs were supported with undertaking work-based assessments.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The review panel was particularly impressed with the quality of induction materials provided to</p>	

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	DPTs, including detailed handbooks for in and out of hours.	
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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 from Trust representatives that there was one College tutor who is also ES to all three Deanery DPTs and that sub-specialist consultants would take on the role of ES for non-deanery clinical fellows. When asked why there was only the one ES for all three DPTs, the Trust informed the panel that this had been a good fit for the department thus far. The review panel was concerned that consultants having multiple roles within the department could potentially lead to a conflict of interest.</p> <p>The clinical supervisors (CS) and College tutor informed the review panel they were still learning and understanding the broad curriculum but that historically, DPTs had always received an outcome one and that there were no issues with meeting compliance. The panel also heard that supervisors felt able to support DPTs and there had only been two known issues surrounding uncertainty around surgery requirements.</p> <p>The supervisors informed the review panel that on-calls in a major trauma centre (MTC) were often very fragile and could become stressful if there was unplanned absence as the rota would go down to a one in four. It was also heard that the supervisors felt that obtaining cross-cover from WXH would lead to less anxiety for the DPTs.</p> <p>The review panel heard that there were four consultants primarily positioned at RLH and that the Trust had appointed another substantive medical retina consultant. The supervisors echoed the sentiment of the review panel that one consultant undertaking multiple roles was often difficult.</p>	Yes, please see O4.2
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 review panel heard from Trust representatives that if new ES, express an appetite for the post, they will be supported through internal and external meetings to ensure they were fully compliant with the role.</p>	

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4.4	<p>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</p> <p>The review panel was pleased to hear that the Ophthalmology DPTs knew who their clinical supervisor was at all times. It was noted that this was usually the named consultant on the clinic.</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 Trust informed the review panel that there were no significant barriers to delivering any elements of the curriculum but noted that the department did not offer vitreo-retinal (VR) surgery training. The panel further heard that the Trust had tried to be as flexible as possible when approaching training for ST4 doctors in postgraduate training (DPTs). The Trust commended DPTs for being exceptionally engaged and acknowledged the challenges of the last 12 months as a direct impact of the COVID-19 pandemic. It was heard that the perceived difficulty with training tended to be with on-calls rather than day-to-day working.</p> <p>The review panel informed the supervisors that they encouraged the sharing of DPTs with other sites provided there was appropriate educational governance in place. The review panel also noted that the issues with on-calls was a local matter and that this issue was pan-London so the Trust would not receive more DPTs to cope with demand, instead it was noted that the Trust should engage in employing more local non-training doctors to cover this.</p>	
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 Trust representatives that a comprehensive weekly training programme was in place that consisted of a journal club and various sub-specialty teaching.</p> <p>The review panel was concerned to hear of the challenges being faced by the department which included staffing as there were gaps in consultant cover. As well as this, COVID-19 meant that there were high levels of sickness and clinic cancellations which affected the on-call rota. The Trust acknowledged these concerns and have maintained that they had invested in further roles such</p>	

<p>as a new service delivery manager and an additional Trust post. The review panel also heard from the Trust that they were operating a one in seven service which they felt provided more robustness.</p> <p>The review panel heard from Trust representatives that DPT timetables were designed to maximise training opportunities and that they maintained a weekly teaching schedule. The Trust also informed the panel that they would review all clinic profiles, on-call rotas, and previous audits to ensure these were suitable. The Trust also assured the panel that they would undertake LFG meetings on a bi-monthly basis to ensure regular and direct communication between the DPTs and the Trust. It was also heard that further multidisciplinary team (MDT) opportunities would be made available for the DPTs to broaden their training experience as well as orthoptic and optometry support to aid DPTs with their refraction examinations.</p> <p>The DPTs informed the panel that there were gaps in the training rota, with the Trust currently operating a one in six instead of the full one in eight rota. It was heard that two additional fellows were due to start soon.</p> <p>The panel were concerned to hear that a DPT was currently co-ordinating the rota but that this role would be transferred to the newly appointed Ophthalmology service delivery manager (SDM). It was heard that the SDM would take over the daily clinic allocations. The DPTs expressed their concerns about a non-clinician managing the rota and expected challenges to arise from this. The DPTs agreed that fair allocation of duties and transparency between the Trust and DPTs would be helpful in resolving any issues.</p> <p>The review panel heard from the supervisors that there was a mobile set of opportunities available for DPTs in relation to theatre access and that this was enhanced by the integration with WXH. The panel heard that there were a number of regular operating lists at WXH that the DPTs were able to attend. The review panel also heard from supervisors that there were no perceived issues with meeting or exceeding the curriculum requirements and historically, DPTs had never failed to meet these. The supervisors expressed that it would be incorrect to view the RLH in isolation as there was significant overlap with the WXH, with DPTs often completing cataract surgery lists at the WXH site. The supervisors noted that there were issues with providing squint surgery and neuro-Ophthalmology surgical training as a result of COVID-19.</p> <p>The supervisors assured the review panel that workload would not affect lists and that senior managers were fully supportive of ensuring DPTs were prioritised, with timetables being co-</p>	<p>Yes, please see O5.6a</p>
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	<p>ordinated to benefit them. When asked about clinics being cancelled at short notice, the supervisors noted that these cancellations would not affect DPT surgical exposure as this was prioritised above other elements of training. The supervisors further expressed that the cancellation of clinics was carried out for the benefit of the DPTs to ensure that they were not overworked but acknowledged the inconvenience it would cause patients.</p> <p>The review panel informed the supervisors that despite RLH offering sub-specialty training, more general experience was required for the junior DPTs with cataract surgery training being the priority.</p> <p>The supervisors noted the difficulties with recruitment where there were three episodes of candidates being interviewed and offered a role, but these had failed to materialise. It was heard that this had a knock-on effect with re-advertising. The supervisors also informed the panel that they had been picking up additional lists despite being busy with other work but expressed that they had begun utilising evening clinics to extend lists so that additional services could be offered. It was also heard that there were plans towards running two theatres simultaneously on all day lists to increase surgical exposure. When questioned by the review panel about what could be done to improve the service, the supervisors expressed that reliance on fellow lists to do cataract surgeries was not useful and that this needed more stability, as well as the promotion of cross-site working with WXH.</p>	
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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>Domain not discussed at this review</p>	

Report Approval

Quality Review Report completed by	
Name	Ummama Sheikh
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Vivienne Curtis
Role	Acting Deputy Postgraduate Dean for North East London
Signature	Dr Vivienne Curtis
Date signed	20 November 2022

HEE Quality Interventions Review Report

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	Dr Gary Wares
Date signed	20 November 2022
Final Report submitted to organisation	24 November 2022