

# HEE Quality Interventions Review Report



**Kingston Hospital NHS Foundation Trust  
Foundation Surgery  
Learner and Educator Review**

**London – South West London  
Date of Review: 10 November 2022  
Date of Final Report: 10 January 2023**

## Review Overview

### Background to the review

Health Education England (HEE) initiated this Trust-wide Learner and Educator Review of foundation surgery level one (F1) and two (F2) training at Kingston Hospital NHS Foundation Trust (KHNFT) in response to 2022 General Medical Council (GMC) National Training Survey (NTS) results for these programme groups.

Foundation surgery F1 training reported negatively outlying results for overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, workload, induction and rota design. Foundation surgery F2 training reported negatively outlying results for overall satisfaction, clinical supervision, educational supervision, reporting systems, handover, induction, educational governance and rota design.

#### Subject of the review:

Foundation surgery level one (F1) and two (F2) training

### Who we met with

The review panel met with:

- 11 F1 and F2 doctors in postgraduate training (DPTs) based in trauma and orthopaedics (T&O), urology and general surgery; and
- Eight clinical supervisors (CSs) and educational supervisors (ESs) for foundation surgery training.

The review panel also met with the following Trust representatives:

- Chief Executive Officer
- Medical Director
- Director of Medical Education
- Deputy Director of Medical Education
- Medical Education Manager
- Chief of Surgery
- Foundation Training Programme Directors
- Guardian of Safe Working Hours (GOSWH)
- Clinical Director
- Educational Leads
- College/Surgical Tutors

### Evidence utilised

The review panel received the following supporting evidence from the Trust in advance of the review:

## HEE Quality Interventions Review Report

- Local Faculty Group meeting minutes: General Surgery April and June 2022, T&O March and June 2022 and Urology August 2022.
- Summary of relevant Datix report August 2021.
- GOSWH reports dated Q3 2021, October 2021 – October 2022, Q1 and Q4 2022.
- Email correspondence regarding rota gaps April 2022 onwards, T&O on call rota August 2022 to April 2023 and T&O F1 work schedule and handbook.
- List of foundation doctor numbers across general surgery, T&O and urology and educational and clinical supervisor allocations at September 2022;
- F2 learner feedback August 2022, F1 away day feedback June 2022 and F2 away day feedback July 2022.
- Documentation regarding general surgery and T&O internal action plans.
- Email correspondence regarding F1 surgery teaching programme and attendance and F2 study days attendance 2022; and
- Various items of local and Trust induction feedback and documentation dated 2021 and 2022.

The review panel also considered information from the GMC NTS 2018-2022 to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback from review attendees.

### Review Panel

Role	Name, Job Title
Quality Review Lead	Richard Bogle, Deputy Postgraduate Dean, South London Health Education England
Foundation School Representative	Mark Cottee, Deputy Director of the South Thames Foundation School Health Education England
External Specialty Expert	Nick Little, Consultant Orthopaedic Surgeon & Surgical Tutor Epsom & St Helier University Hospitals NHS Trust
Lay Representative	Sarah-Jane Pluckrose, Lay Representative
HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator, South London Health Education England
Supporting roles	Aishah Mojadady, Quality, Reviews & Intelligence Officer, South London Health Education England

### Executive Summary

The review panel is grateful to the Trust for accommodating the review. The educational leads for foundation surgery training at KHNFT recognised the hard work being undertaken by foundation DPTs based in surgical teams and that were under significant pressure. They expressed a willingness to improve their training experience. They considered understaffing and a demanding workload to be key factors that led to the negatively outlying 2022 GMC NTS results for the foundation surgery programmes at the Trust.

The review panel was pleased to note some areas that were working well in the surgical learning environment. Foundation DPTs were getting their self-development time (SDT) and found this useful. They also knew who to escalate concerns to and what the processes were for this.

Those supervisors that the review panel met with – the majority of whom were not surgeons – were found to be engaged with education and training. The review panel was disappointed that surgeons who were clinical supervisors had not attended the supervisors session.

Foundation DPTs based in T&O reported a very positive training experience in contrast to the experience reported by foundation DPTs in general surgery and urology.

The review panel identified several areas for improvement. Importantly the panel was concerned to hear that F1 DPTs in general surgery regularly conducted ward rounds on their own with minimal supervision which posed a potential risk to patient and learner safety.

Senior supervision by consultants of foundation DPTs was found to be inadequate in some surgical teams and there was a need for better accessibility to senior doctors for advice and support.

A high proportion of foundation DPTs reported burn out, both physically and mentally and they attributed this to understaffing and workload.

T&O aside, the review panel noted a lack of consultant or senior doctor involvement in providing experiential learning opportunities for foundation DPTs, who reported carrying out a consistently high volume of routine tasks which they perceived to have minimal educational value.

The Trust and local induction programmes also required improvement and Local Faculty Group (LFG) meetings were not quorate and therefore not effective.

This report includes specific 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
F1S1.5	DPTs based in general surgery felt there were not enough F1 DPTs on shift on Friday afternoons to complete all the tasks generated by ward rounds to ensure patients would be managed safely over the coming weekend.	<p>Please provide evidence via meeting minutes, feedback from foundation DPTs and any other relevant correspondence to demonstrate that rota arrangements on Friday afternoons are being reviewed and amended by the general surgery team, to ensure foundation DPTs feel better supported.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S1.7a / F2S1.7a	It was reported that DPTs had requested TOIL for additional hours worked but instead were encouraged to take additional payment.	<p>DPTs can request either time off in lieu (TOIL) or payment as the outcome of an agreed exception report under the 2016 Junior Doctors Contract. DPTs must be able to state a preference for TOIL or payment.</p> <p>Please provide evidence from the GOSWH that this is the case and evidence this has been communicated to the ESs and CSs.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S1.7b / F2S1.7b	Not all of the foundation DPTs knew how to use the Datix system to report incidents or received feedback on incidents reported.	<p>Please provide evidence via DPT feedback, correspondence and/or meeting minutes to demonstrate that DPTs have been informed about the Datix system. Datix should also be discussed during induction.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>

## HEE Quality Interventions Review Report

F1S1.9 / F2S1.9	Some DPTs had highlighted to supervisors that audits were not mandatory and therefore, they did not need to work on them to progress through their training programmes. The supervisors asked for more guidance from HEE on this point.	<p>The Postgraduate Medical Education (PGME) team should work with ESs and CSs to provide them with clear information about the requirements for quality improvement projects for doctors at different stages of postgraduate training.</p> <p>Please provide evidence via meeting minutes and/or correspondence to demonstrate that this matter has been discussed between the PGME team and supervisors.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S2.4a / F2S2.4a	During the process of recruiting doctors from outside of the UK, it was reported that there had been several instances where candidates had been appointed, encountered visa issues then either withdrawn their applications or had their start dates delayed. These delays had a detrimental impact upon foundation DPTs' workload and supervision.	<p>Please provide evidence that this recruitment issue has been raised with the Human Resources department, what their response was and the actions to take forward.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S2.4b / F2S2.4b	Understaffing at most levels was reported to be a key issue affecting foundation DPTs' training experience and their ability to deliver optimum patient care.	<p>Please provide evidence via meeting minutes and correspondence to demonstrate that the issue of understaffing across surgical teams is being addressed with Trust management and that the recruitment of physician associates (PAs), advanced nurse practitioners (ANPs) and other non-medical staff is being explored.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S2.4c / F2S2.4c	LFG meetings were not quorate nor in an effective format. Most	Please provide evidence of LFG meeting minutes relating to each surgical specialty to



## HEE Quality Interventions Review Report

	foundation DPTs did not know what LFG meetings were.	<p>demonstrate that foundation DPTs are invited to attend these meetings and have foundation DPT representation at the meetings. Please include details of the format and schedule of these meetings. Please also provide correspondence to demonstrate that foundation DPTs have been made aware of their named F1 and F2 DPT representatives.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S3.1 / F2S3.1	A high proportion of foundation DPTs working in surgical teams felt burnt out, both physically and mentally. They attributed this to understaffing and a heavy workload.	<p>Please provide details of the wellbeing support available to foundation DPTs at Trust and local level, and evidence via correspondence, meeting minutes or feedback to demonstrate that DPTs are aware of how to access this support.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S3.5a	The review panel was concerned to hear that F1 DPTs in general surgery regularly conducted ward rounds on their own with minimal supervision, which posed a potential risk to patient and learner safety.	<p>Please provide evidence via rota information, feedback from foundation DPTs and any other relevant documentation to demonstrate that F1 DPTs have direct supervision during ward rounds.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S3.5b / F2S3.5b	Senior supervision of foundation DPTs was found to be inadequate in some surgical teams. Foundation DPTs based in general surgery rarely had contact with their consultants.	<p>There is a need for more consultant- and senior doctor-led ward rounds and better accessibility to senior doctors for advice and support.</p> <p>Please provide evidence via feedback from foundation DPTs to demonstrate that they are always receiving adequate senior supervision and that</p>

## HEE Quality Interventions Review Report

		<p>accessibility of senior doctors and consultants has improved.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S3.5c / F2S3.5c	<p>Whilst on call, some foundation DPTs had experienced occasionally tense and stressful interactions with doctors in the Emergency Department (ED) who sometimes made inappropriate or inadequately detailed referrals to surgical teams to triage patients within four hours.</p> <p>In the absence of direct senior support, foundation DPTs felt that referrals from the ED were solely their responsibility.</p>	<p>Please provide evidence to demonstrate that the issue of inappropriate or inadequate referrals has been discussed between surgical and ED leads.</p> <p>Please also provide meeting minutes, rota information and DPT feedback to demonstrate that on call supervision arrangements have been adjusted so that there is a senior doctor responsible for overseeing referrals who can be easily contacted by foundation DPTs for advice as required.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S3.9 / F2S3.9	<p>As part of the Trust induction programme, DPTs said they would have benefited from some scheduled time to practice using the electronic patient records system, Cerner.</p> <p>DPTs who were unable to attend some or any of the Trust induction programme could not access any of the resources or sessions online.</p> <p>Foundation training induction handbooks were not made available to DPTs upon commencing in post in surgical teams.</p>	<p>Please provide a copy of the updated Trust induction programme for foundation DPTs to demonstrate that practical experience of using Cerner has been incorporated into the schedule.</p> <p>Please also provide evidence via DPT feedback to demonstrate that Trust induction resources and session recordings can be accessed online.</p> <p>Please provide a copy of a newly compiled induction handbook for foundation DPTs based in surgical teams, which should be made available online and in physical form. Please also provide evidence via DPT feedback, meeting minutes and/or correspondence to demonstrate DPTs' involvement</p>



## HEE Quality Interventions Review Report

		<p>in the compilation of this handbook.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S5.6a / F2S5.6a	<p>T&amp;O placements aside, the review panel noted a lack of consultant or senior doctor experiential learning opportunities for foundation DPTs, who seemed to be carrying out a consistently high volume of routine tasks with minimal educational value.</p>	<p>Please provide evidence via meeting minutes, action plans, rota amendments and/or DPT feedback to demonstrate how this issue has been addressed within surgical teams.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S5.6b / F2S5.6b	<p>The review panel could not find evidence of a local structured teaching programme in place pertaining to general surgery.</p>	<p>Please provide a copy of a newly devised local teaching programme for general surgery and DPT feedback on this programme.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F1S5.6c / F2S5.6c	<p>DPTs said they had not received any guidance on suitable activities to pursue during SDT.</p> <p>Supervisors confirmed that they were still learning about how SDT should be appropriately utilised.</p>	<p>The PGME team should incorporate a session on suitable uses of SDT into the induction for foundation doctors and also provide an update for ESs and CSs on the suitable use of this time to gain the most educational benefit.</p> <p>Please provide evidence of this from the induction program and from training sessions for ESs and CSs.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>

## 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

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
	N/A	

## 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><b>The learning environment is one in which education and training is valued and championed.</b></p> <p>Foundation DPTs based in T&amp;O reported a very positive training experience, which was in contrast with DPTs working in other surgical specialties who felt their placements focussed predominantly on service provision rather than experiential learning.</p> <p>Only DPTs based in T&amp;O said they would recommend their training placements to peers. There was no evidence of sharing of good practice between the T&amp;O and the general surgery and urology CSs.</p>	
1.3	<p><b>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</b></p> <p>None of the DPTs reported experiencing any bullying or undermining behaviour from their surgical colleagues.</p>	
1.5	<p><b>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</b></p> <p>DPTs based in general surgery felt there were not enough F1 DPTs on shift on Friday afternoons to complete the tasks generated by ward rounds to ensure patients would be managed safely over the coming weekend. They reported staying late to complete these tasks and worrying about the work after they had finished their shifts.</p> <p>Most foundation DPTs said they would not be content for their friends and family to be treated by the surgical teams at KHNFT.</p>	Yes, please see F1S1.5 & F1S2.4b / F2S2.4b
1.7	<p><b>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</b></p> <p>The educational leads said that foundation DPTs based in surgical specialties generally utilised the exception reporting</p>	

	<p>system very well. The review panel heard that during the period December 2021 to March 2022, almost 100 surgery-related exception reports were submitted in relation to immediate safety concerns, additional hours worked and a lack of supervision on the wards. Understaffing was also one of the key concerns highlighted by foundation DPTs in these exception reports. They apparently felt they were already working at full capacity and any unforeseen rota gaps owing to sickness meant they were immediately overloaded. They also felt there was insufficient central doctor and registrar grade doctors to cover the wards.</p> <p>In response to the high number of exception reports from December 2021 to March 2022 the foundation level rota was adjusted to mean that foundation DPTs were paid for an extra 30 minutes until 20:30 to complete the evening handover. The educational leads said that during this period, F1 DPTs felt better supported by a greater central doctor presence and there were fewer cases of sickness across the teams. This resulted in a reduction in the number of exception reports relating to surgery to 32 during the period April to July 2022. Those submitted related mainly to additional hours worked due to caring for unwell patients. However, exception reports from this period still contained comments from DPTs that there was an insufficient number of doctors in post at central doctor level and they remained in need of more senior supervision whilst working on wards. Reflecting on this point, the educational leads acknowledged that weekend workloads were particularly demanding, especially for registrars supervising foundation DPTs. They recognised a need for an additional central doctor to be on shift at weekends to further support colleagues at lower and higher grades.</p> <p>However, the number of exception reports relating to surgery increased to almost 100 again between August and October 2022 period, due to a high volume of sick leave amongst the foundation DPTs and the impact of this on their colleagues' workload.</p> <p>The supervisors said they currently received two or three exception reports per week from some DPTs in general surgery, with understaffing being the predominant contributing factor. Whilst a consistently high volume of exception reports relating to general surgery had already triggered a work schedule review with the GOSWH, the supervisors said the conclusion of this review was that there were not enough</p>	<p>Yes, please see F1S2.4b / F2S2.4b</p>
--	---	--

	<p>doctors in the team and so the number of exception reports was not likely to change without additional recruitment.</p> <p>The supervisors said they tried to prevent foundation DPTs from staying late to complete non-urgent tasks and they tried to make clinical management decisions that would take pressure off these DPTs. However, they also recognised how difficult it was to alleviate a workload associated with 30 patients being overseen by only one or two DPTs, as had been the case on some recent shifts.</p> <p>Some DPTs confirmed that they were encouraged to exception report, but others thought there was a culture against it in some surgical teams. It was reported that DPTs had requested TOIL for the additional hours worked but instead were encouraged to take additional payment. Some DPTs had been told they could not be paid for missing rest breaks because they had already effectively been paid for that time. DPTs had also reported patient safety concerns but had not heard any more about these yet.</p> <p>Not all of the DPTs knew how to use the Datix system to report incidents.</p>	<p>Yes, please see F1S1.7a / F2S1.7a</p> <p>Yes, please see F1S1.7b / F2S1.7b</p>
1.9	<p><b>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.</b></p> <p>The supervisors confirmed that all of their assigned foundation DPTs had been allocated quality improvement projects via the Trust's audit department. However, some DPTs had highlighted to supervisors that audits were not mandatory and therefore, they did not need to work on them to progress through their training programmes. The supervisors asked for more guidance from HEE on this point.</p>	<p>Yes, please see F1S1.9 / F2S1.9</p>
1.12	<p><b>The learning environment promotes multi-professional learning opportunities.</b></p> <p>The review panel was pleased to note that DPTs felt well supported by their nursing colleagues.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
--------------	--	------------------------------

<p>2.4</p>	<p><b>Education and training issues are fed into, considered and represented at the most senior level of decision making.</b></p> <p>The educational leads outlined some of the key issues affecting DPTs on the foundation surgery training programmes leading up to and during the time the 2022 GMC NTS was open.</p> <p>The rota for foundation DPTs working in surgical teams was overhauled 18 months ago in collaboration with DPTs, which had reportedly worked well. However, the workload for foundation DPTs in the past year had apparently been particularly demanding. This was due to a high number of emergency surgery cases, combined with some foundation DPTs requiring additional support, who then became supernumerary on the rota. Some less than full time (LTFT) DPTs were also currently on placement. The leads said they were not aware of and had not made provision in the rota for LTFT DPTs and DPTs requiring additional support in advance of their start dates. These factors put a lot of pressure on the foundation DPTs, whom the educational leads and supervisors recognised were always working at full capacity.</p> <p>The review panel heard from the educational leads that there had been a shortage of three central doctors in the general surgery team until five were recruited in August 2022, although some had only been able to start in post in late October 2022 due to visa delays. The team was now better staffed to cover service provision and to support foundation doctors. The educational leads were hopeful these changes would lead to improved GMC NTS results in 2023. However, they suggested an additional F1 DPT would help to further alleviate some of the pressure the team was under. This point was echoed by the DPTs who felt that, despite the recent recruitment of more central doctors, there were not enough doctors at all levels to manage the workload across general surgery and urology and they were extremely stressed by their current situation. Some DPTs felt there was a lack of accountability within the surgical department in dealing with the understaffing issue, which was being further exacerbated by DPTs taking sick leave due to burn out.</p> <p>The urology team was reportedly working on plans for their foundation DPTs to cross-cover more emergency cases in other surgical teams, to spread this workload burden more evenly.</p> <p>The review panel heard that F1 level training in the T&amp;O team operated differently to that of other surgical teams. F1 DPTs were supernumerary on the rota and did not work twilight or night shifts. Based upon discussions at multiple T&amp;O team meetings in recent months, the educational leads thought that the current F1 DPTs were generally content with their training arrangements. F2</p>	<p>Yes, please see F1S2.4a / F2S2.4a</p> <p>Yes, please see F1S2.4b / F2S2.4b</p>
------------	---	---



<p>level training in the T&amp;O team was reportedly more challenging at present. Recruitment was underway to fill rota gaps at central doctor grades – in turn offering more support to foundation DPTs - but there had been several instances where international candidates had been appointed, encountered visa issues then withdrawn their applications.</p> <p>The educational leads were exploring the recruitment of non-medical professionals, such as PAs and apprentices, to alleviate foundation DPTs' workload wherever possible, particularly for non-clinical tasks. They were also in the process of appointing someone on training recovery who would deliver ward-based teaching and laparoscopic support across the surgical division.</p> <p>The leads said they tried to secure locum doctors to fill rota gaps whenever possible. However, they described difficulties filling locum shifts due to competition with other departments and other trusts across south west London and the limited budget available to pay for these shifts. A meeting between the Trust's medical director, bank and agency partners, and surgical department leads was planned for a week's time to discuss this issue.</p> <p>The educational leads confirmed that Foundation LFG meetings were held on a quarterly basis, chaired by the Trust's foundation training programme directors and reportedly attended by DPT representatives. They included open discussions with all attendees and closed discussions between consultants and educational leads regarding DPTs requiring additional support.</p> <p>The urology and T&amp;O teams held monthly LFG meetings. The general surgery team held LFG meetings on a bi-monthly basis either before or after clinical governance meetings to facilitate attendance. These meetings were apparently open to all DPTs.</p> <p>DPTs told the review panel they did not know what LFG meetings were. They were also not aware of any F1 DPT representatives. A Trust-wide F2 DPT representative had circulated messages to peers asking for any items to be raised at meetings, although it was not stated which meetings these were.</p> <p>DPTs said that clinical governance meetings were their only opportunity to discuss training concerns with the surgical consultant body. They said that the issue of understaffing and heavy workload was raised routinely but that consultants mainly attributed this to having some unforeseen LTFT DPTs on placement currently; a problem that might be less pertinent to the next rotation of foundation DPTs. The DPTs were not convinced that LTFT DPTs were a major cause of their heavy workload and therefore felt that such discussions at these meetings were futile. They believed there was little motivation for their consultants and</p>	<p>Yes, please see F1S2.4a / F2S2.4a</p> <p>Yes, please see F1S2.4b / F2S2.4b</p> <p>Yes, please see F1S2.4c / F2S2.4c</p>
---	--

	managerial leads to fix a situation that was perceived to be only affecting the current cohort of foundation DPTs.	
--	--	--

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p><b>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</b></p> <p>The review panel was concerned to hear that – except for those based in T&amp;O - foundation DPTs working in surgical teams felt burnt out, both physically and mentally. They attributed this to understaffing and a heavy workload. These DPTs described worrying about work when they were not on shift and spending some of this free time checking that the tasks they had handed over had been completed.</p> <p>If DPTs were unwell, they felt guilty for taking time off due to the impact on their colleagues, all of whom they said were working at full capacity.</p>	Yes, please see F1S3.1 / F2S3.1
3.4	<p><b>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</b></p> <p>The educational leads described instances where they had identified DPTs requiring additional support and provided appropriate support to them at an early stage in their placements. However, they highlighted the need for these DPTs to be allocated as supernumerary on rotas as far in advance of their start date as possible. This would mitigate against other DPTs undertaking additional work to support them in an already busy service.</p> <p>The educational leads also said it was helpful to be notified of the key factors affecting a DPT requiring additional support at an early stage, to allow for any specific equipment to be ordered or to make other necessary preparations in a timely manner.</p>	
3.5	<p><b>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</b></p> <p>The review panel heard there were currently eight F1 DPTs on the general surgery rota but only three were full time, including one doctor who was on maternity leave. The DPTs advised that on average, only two or three F1 DPTs based in general surgery were on shift at the same time and between them, they were required to conduct a post-take ward round (with consultant supervision) and emergency surgery, colorectal and upper</p>	

	<p>gastrointestinal ward rounds, which took up most of their shift. Central doctors had recently stepped down to complete F1 DPTs' tasks while they conducted ward rounds.</p> <p>The review panel was informed that F1 DPTs in general surgery often conducted ward rounds on their own without direct senior supervision, albeit they could always obtain advice from senior colleagues if proactively sought. An on call central doctor was supposed to participate in the post-take ward round but they were often difficult to access as they were in theatre or dealing with referrals. There was supposed to be a ward registrar not assigned to theatres who could be contacted, if necessary, but their accessibility was reportedly variable. Aside from post-take ward rounds, DPTs in general surgery said they had minimal interaction with their consultants, who they rarely saw whilst on shift.</p> <p>Once ward rounds were complete, DPTs described having to undertake many other tasks that they had not had chance to do during their shift. However, they often needed to speak with other doctors about these cases, which generated a lot of additional work and often made tasks more complicated than if registrars had managed some of the work themselves.</p> <p>DPTs reported working numerous on call shifts without direct senior supervision and for longer than their contracted hours. At weekends, they often concurrently covered wards and on call duties on their own and found it difficult to access more senior doctors for advice, some of whom were predominantly based in the ED. They felt they were only able to ensure prescribing was safe, but it was not possible to complete all other tasks as effectively as required.</p> <p>Whilst on call, some DPTs had experienced occasionally tense and stressful interactions with doctors in the ED who sometimes made inappropriate or inadequately detailed referrals to surgical teams to triage patients within four hours. The foundation DPTs advised that if the rostered registrars were busy with other patients or focussing on professional development, they felt that referrals from the ED were solely their responsibility. They felt unable to reject inappropriate referrals from ED doctors at more senior grades, including consultants.</p> <p>The educational leads and supervisors highlighted that F2 DPTs based in general surgery were on the central doctor rota, which they recognised could be daunting and acknowledged that supervisors needed to be especially aware of their support needs.</p> <p>Foundation DPTs based in T&amp;O generally felt they received adequate clinical supervision and could access senior support when required. They knew who to escalate concerns to. They mentioned some rare instances of having to step up into leading</p>	<p>Yes, please see F1S3.5a &amp; F1S3.5b / F2S3.5b</p> <p>Yes, please see F1S3.5b / F2S3.5b</p> <p>Yes, please see F1S3.5c / F2S3.5c</p>
--	---	--

	<p>roles when on shift with doctors at higher grades who were new to working in the NHS. They felt they took on a lot of responsibility in these situations. Registrars reportedly provided additional support to the foundation DPTs and central doctors in these scenarios, which they appreciated.</p> <p>Except for those based in T&amp;O, the majority of foundation DPTs generally felt unsupported and overwhelmed. They considered understaffing to be the main reason for their poor training experience.</p>	
<b>3.9</b>	<p><b>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</b></p> <p>DPTs generally thought their Trust induction was informative but felt they would have benefited from some scheduled time to practice using the electronic patient records system, Cerner, and to shadow colleagues on wards before their first shifts.</p> <p>The review panel heard that DPTs who were unable to attend some or any of the Trust induction programme could not access any of the resources or sessions online and so they started working shifts without this information.</p> <p>As part of their local induction, foundation DPTs based in T&amp;O reportedly attended a session led by members of the Trust's mental health team, to outline the support available to them. They also received some training from a geriatric medicine consultant regarding common conditions to be aware of whilst treating elderly patients on wards. They were told about how trauma meetings were run and met with their clinical supervisors.</p> <p>DPTs based in general surgery advised that their local induction was comprised of a one-hour general discussion held several days after they had started on placement and they received a central doctor handbook, all of which was of minimal value.</p>	<p>Yes, please see F1S3.9a / F2S3.9a</p>

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
<b>4.1</b>	<p><b>Supervisors can easily access resources to support their physical and mental health and wellbeing.</b></p> <p>The review panel heard that the Trust had an active health and wellbeing strategy, and supervisors could participate in whichever wellbeing activities they were interested in.</p>	

<p>4.2</p>	<p><b>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</b></p> <p>The supervisors considered the Trust to be invested in education and confirmed that 0.25 supporting professional activities (SPA) time was incorporated into job plans for educational supervision.</p> <p>However, the supervisors felt that CSs did not receive enough recognition for the work they undertook as part of this role, such as coordinating multi-consultant reports for specialty level DPTs. They said there was no SPA time in consultants' job plans for clinical supervision anymore, but that this work was often more time consuming than the tasks undertaken by ESs, particularly when supporting DPTs requiring additional support. The educational leads said they struggled to find consultants willing to take on supervisory roles for this reason.</p> <p>Clinical supervision was incorporated into direct clinical care (DCC) sessions but the supervisors said that the Trust needed to compensate CSs for these.</p> <p>The review panel was informed that no one from the emergency surgery team was involved in educational supervision and that engagement from some surgical ESs was minimal. It was highlighted that the same consultants repeatedly took on supervisory roles for new cohorts of DPTs, while others were continually disengaged with such activity.</p> <p>The supervisors also reported that they did not receive much support to facilitate assessments for Locally Employed Doctors (LEDs) who came to them for help with this.</p> <p>However, in general the supervisors found the Trust's PGME team to be supportive and responsive to their needs.</p> <p>The supervisors highlighted a need for more private rooms to conduct sensitive educational discussions with DPTs.</p>	
<p>4.3</p>	<p><b>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).</b></p> <p>The supervisors confirmed that they were all registered as 'trainers' with the GMC and they engaged with the annual GMC National Trainer Survey.</p>	
<p>4.7</p>	<p><b>Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback</b></p>	

	<p><b>and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.</b></p> <p>The supervisors confirmed that their educational portfolios were reviewed during their appraisals.</p>	
--	--	--

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.6	<p><b>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</b></p> <p>The educational leads advised that the previous cohort of F2 DPTs based in T&amp;O were content for core level DPTs on the same rota to have their theatre opportunities prioritised; a decision made in response to concerns raised at a HEE core surgical training review in December 2021. However, the latest cohort of F2 DPTs had reportedly wanted more theatre exposure. The educational leads said it was difficult to find enough theatre time for each training grade in the team, but they tried to ensure foundation DPTs attended as many sessions as possible.</p> <p>DPTs based in T&amp;O felt they had plenty of theatre exposure at up to two sessions per week. They also felt they spent sufficient time on wards to meet their curriculum requirements. They suggested it would be useful to incorporate T&amp;O-specific teaching sessions into their rota on a weekly basis to further support their learning.</p> <p>In comparison, foundation DPTs in other surgical specialties had reportedly spent very little time in theatre and they thought their placements lacked educational opportunities. Minimal interaction with patients and an inadequate variety of duties had been detrimental to their morale and self-esteem. They felt frustrated that they could not deliver continuity of care to patients, nor benefit from the learning this would offer. The supervisors recognised the need to alleviate foundation DPTs of administrative tasks to expand their learning opportunities and said they were exploring ways to do this. They thought that ANPs and PAs could be helpful in this regard and were aware that the Trust was considering the recruitment of these professionals in some divisions.</p> <p>It was reported that central doctors in general surgery often stepped down to cover F1 work and missed out on theatre time as a result.</p>	Yes, please see F1S5.6a / F2S5.6a



	<p>The review panel was concerned to hear there was no formal, timetabled local teaching programme in place for general surgery. The supervisors acknowledged this needed to be rectified. DPTs felt that an inadequate number of registrars meant they did not receive much experiential teaching either, such as during ward rounds. They thought that recruiting some additional registrars and central doctors would help to improve their learning opportunities.</p>	<p>Yes, please see F1S5.6a / F2S5.6a &amp; F1S5.6b / F2S5.6b</p>
	<p>The supervisors confirmed there was a local teaching programme for urology.</p>	
	<p>Trust-wide foundation teaching sessions were held every Thursday from 13:00 – 15:00. The educational leads described receiving negative feedback from foundation DPTs in 2021 about not being able to attend these sessions due to service provision. The leads confirmed they now planned for a central doctor to cover foundation DPTs while they attended these sessions on a bleep-free basis and attendance was monitored by the department. DPTs confirmed they were instructed to attend these sessions. However, where DPTs were due to be on zero days when these sessions took place, they said the onus was on them to make arrangements to attend.</p>	
	<p>The review panel received confirmation from DPTs that they took one self-development day every four weeks, which they requested in the same way as other types of leave. Whilst the DPTs said they had not received any guidance on suitable activities to pursue on self-development days, they reportedly used these for teaching, writing reflections, reading medical journals and portfolio work. Whilst they expressed an interest in conducting clinical audits, they did not think there was enough time to work on these in addition to their portfolio work.</p>	
	<p>The supervisors confirmed that they were still learning about how SDT should be appropriately utilised but emphasised that it was deemed important for DPTs and was regularly discussed at Foundation LFG meetings. Some of the supervisors said they encouraged DPTs to write reflections and these helped provide both DPTs and supervisors with an insight into their training progression. They also suggested to DPTs that they kept a diary of how they were using their SDT, to show to their ESs.</p>	<p>Yes, please see F1S5.6c / F2S5.6c</p>
	<p>The supervisors said there was no formal process for directing concerns highlighted in DPTs' written reflections but in some cases, with DPTs' agreement, supervisors had raised some of their issues at educational meetings anonymously.</p>	
HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number

	Not discussed at this review	
--	------------------------------	--

## Report Approval

Quality Review Report completed by	
<b>Name</b>	Gemma Berry
<b>Role</b>	Learning Environment Quality Coordinator, HEE London

Review Lead	
<b>Name</b>	Richard Bogle
<b>Role</b>	Deputy Postgraduate Dean, South London
<b>Signature</b>	Richard Bogle
<b>Date signed</b>	15 December 2022

HEE Authorised Signatory	
<b>Name</b>	Geeta Menon
<b>Role</b>	Postgraduate Dean, South London
<b>Signature</b>	Geeta Menon
<b>Date signed</b>	9 January 2023

<b>Final Report submitted to organisation</b>	10 January 2023
---	-----------------