Health Education England

HEE Quality Interventions Review Report

Royal Free London NHS Foundation Trust (Barnet Hospital)
General Surgery, Foundation Surgery & GP Surgery
Learner and Educator Review

London – North Central London
Date of Review: 24 November 2022
Date of Final Report: 1 February 2023

Review Overview

Background to the review

Health Education England (HEE) initiated this Learner and Educator Review of general surgery specialty training, foundation surgery training and GP surgery training at Barnet Hospital (part of Royal Free London NHS Foundation Trust (RFLNFT)) in response to 2022 General Medical Council (GMC) National Training Survey (NTS) results for these programme groups.

General surgery specialty training at Barnet Hospital reported negatively outlying results for overall satisfaction, adequate experience, educational governance, study leave, rota design, clinical supervision out of hours, teamwork, supportive environment, induction, local teaching, regional teaching and facilities.

Foundation surgery level one (F1) training at Barnet Hospital reported negatively outlying results for clinical supervision, clinical supervision out of hours, supportive environment, educational supervision and feedback. Foundation surgery level two (F2) training reported negatively outlying results for overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, workload, handover, supportive environment, rota design, facilities, teamwork, induction and educational governance.

GP surgery training at Barnet Hospital reported negatively outlying results for reporting systems, workload, overall satisfaction, clinical supervision, clinical supervision out of hours, teamwork, supportive environment, induction and adequate experience.

Subject of the review:

- General surgery specialty training
- Foundation surgery level one and two (F1 and F2) training
- GP surgery training

Who we met with

The review panel met with:

- Seven postgraduate doctors in training (DPTs) on F1 surgery, core surgery and specialty training programmes based in general surgery at Barnet Hospital
- Four educational and clinical supervisors for surgery at Barnet Hospital

The review panel also met with the following Trust representatives:

- Chief Executive Officer
- Medical Director
- Educational Lead for General Surgery
- Assistant Educational Lead for General Surgery
- Educational Lead for Trauma & Orthopaedic (T&O) Surgery

- Director of Medical Education
- Deputy Director of Medical Education
- Medical Education Manager
- Head of Quality, Postgraduate Medical Education
- Divisional Director of Surgery and Associated Services
- Clinical Director of Surgery
- Medical Education Service Manager for Surgery
- Medical Education Coordinator for Surgery

Evidence utilised

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

- Local Faculty Group (LFG) meeting minutes November 2021, June and September 2022
- Exception report data for general surgery August 2021 – October 2022 and Guardian of Safe Working Hours reports March, June and November 2022
- Surgical rotas October 2022
- Foundation training focus group feedback March 2022
- Joint Postgraduate Medical Education Committee Meeting minutes June 2022
- Explanation of HEE Visit to General Surgery Department – presentation to Barnet Executive Committee November 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	Bhanu Williams, Deputy Postgraduate Dean, North London Health Education England
School of Surgery Representative	Dominic Nielsen, Deputy Head of the London School of Surgery Health Education England
Foundation School Representative	Keren Davies, Director of the North London Foundation School Health Education England
GP School Representative	David Price, Deputy Head of the North London GP School Health Education England
Lay Representative	Anne Sinclair, Lay Representative
HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator, London Health Education England
HEE Quality Representative	Nicole Lallaway, Learning Environment Quality Coordinator, London Health Education England
Supporting roles	Shabina Mirza, Quality, Patient Safety & Commissioning Officer, London Health Education England

Observer	Stuart Morris, Service Delivery Manager, Health Education Team, London Health Education England

Executive Summary

The review panel thanked the Trust for accommodating the review. The educational leads for surgery considered understaffing and rota arrangements to be the most significant factors affecting surgical training programmes at Barnet Hospital during the time the 2022 GMC NTS was open. They highlighted a need for more timely approval from the Trust's finance team when requesting locum cover for rota gaps and described inefficient recruitment processes that required improvement. The educational leads for general surgery were revising the rotas for DPTs at all training grades, with the aim of reducing workload burden and increasing access to educational opportunities.

The review panel noted that a lot of work was being undertaken by educational leads to improve the surgical learning environment and staffing levels, particularly at central doctor level. Supervisors and educational leads expressed a willingness to receive and act upon feedback from DPTs at all training levels. The review panel was pleased to note that DPTs found the majority of consultants to be welcoming and supportive.

However, the review panel identified a significant number of areas for improvement. The panel was concerned to hear that F1 DPTs in general surgery were inadequately supervised and supported whilst working on the wards. In some instances, they obtained advice from medical registrars in the absence of senior surgical support. However, DPTs confirmed they were always able to obtain support for unwell patients when required.

DPTs reported experiencing behaviour from a small number of surgical consultants that could be construed as bullying and undermining. DPTs did not know how to raise concerns appropriately through Trust mechanisms.

The rota sent to F1 DPTs in advance of starting on placement in general surgery was incorrect and they only received the correct one during induction, which was significantly different. However, the consultants tried to mitigate against the impact of this on DPTs' lives.

It was reported that most foundation DPTs worked beyond their rostered hours in general surgery on a consistent basis.

DPTs in general surgery had inadequate access to foundation and departmental teaching. DPTs said they were not able to attend scheduled teaching sessions due to service provision.

There appeared to be a discrepancy between the time reported to be allocated to surgical consultants in their job plans for education and training and the training experience of DPTs.

The review panel heard that specialty general surgery DPTs were not timetabled to attend a sufficient number of theatre sessions to meet their curriculum requirements, as per Joint Committee on Surgical Training (JCST) quality indicators.

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. Although the review panel did not meet with any GP surgery DPTs during the review, some of the requirements still apply to GP surgery training in the context of the overall surgical learning environment.

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
FS1.3 / GPS1.3 / GS1.3	DPTs reported experiencing behaviour from a small number of surgical consultants that could be construed as bullying and undermining. DPTs did not know how to raise concerns appropriately through Trust mechanisms.	Please provide evidence via meeting minutes and/or DPT feedback to demonstrate that this matter has been discussed with DPTs and they are aware of how to raise concerns around bullying and undermining behaviour and any other concerns about the learning environment. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS1.4 / GPS1.4 / GS1.4	The educational leads recognised the need to improve and support two-way feedback mechanisms between DPTs and senior level doctors, particularly for DPTs giving upward feedback.	Please provide evidence via meeting minutes and/or correspondence to demonstrate that feedback mechanisms are being reviewed, developed and promoted within the surgical department with DPT input. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS1.5a / GPS1.5a / GS1.5a	DPTs described general surgery patients on long term	Please provide evidence via DPT feedback or equivalent to

	admission seeing different consultants each week as part of the 'surgeon of the week' model. DPTs felt they got conflicting advice from these consultants and continuity of care was lacking for some patients. The review panel also heard that the rostered 'surgeon of the week' was sometimes unwilling to take responsibility for patients they had not previously operated on, even though DPTs felt that important, timely treatment decisions needed to be made.	demonstrate that DPTs report adequate clinical supervision and support for long term patients. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS1.5b / GPS1.5b / GS1.5b	It was reported that most foundation DPTs worked beyond their rostered hours in general surgery on a consistent basis. Evening work from 17:00 – 20:00 was especially problematic as ward doctors felt unable to hand over jobs to their on call colleagues who were usually clinically busy elsewhere. Whilst DPTs submitted exception reports for these additional hours worked, the rota should be updated to realistically reflect the work being undertaken.	Please provide evidence via rota information, meeting minutes and/or correspondence to demonstrate that rota arrangements have been amended to account for consistently overrunning shifts, such as the 17:00 handover to the on call team. Please also review the arrangements for this handover to ensure tasks can be handed over and completed in a timely manner and share the actions that will be taken in this regard. Please also provide feedback from DPTs on this work. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS1.7 / GPS1.7 / GS1.7	DPTs wanted the option to take time off in lieu to support their wellbeing, rather than to always be paid for additional hours worked.	DPTs should be able to choose how they are compensated for additional hours worked; either time off in lieu or pay. Please provide evidence via LFG / departmental meeting minutes and relevant correspondence to demonstrate that this matter has been addressed, clarified and communicated within the

		department, including with DPTs. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS1.11 / GPS1.11 / GS1.11	The review panel heard that Barnet Hospital had excellent IT systems, but many of the computers were not fit for purpose and doctors spent a lot of time trying to fix them at busy times.	Please provide evidence via meeting minutes, correspondence and/or DPT feedback to demonstrate that Trust management is addressing this issue in order to improve the working lives of DPTs and their colleagues. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS2.4 / GPS2.4 / GS2.4	The review panel is concerned that plans to implement a non-resident on call registrar rota for general surgery could have a negative impact upon the support available to F1 and central doctors overnight, and upon patient safety.	Please provide evidence via DPT feedback or equivalent to demonstrate that any rota changes are made in full consultation with all training groups impacted and that the ability of more junior doctors to access timely senior support and supervision out of hours is not impaired. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS3.5a	The review panel was concerned to hear that F1 DPTs in general surgery were inadequately supervised and supported whilst working on wards. In some instances, they obtained advice from medical registrars in the absence of senior surgical support. However, the DPTs confirmed they were always able to obtain support for unwell patients when required.	Please provide evidence via F1 DPT feedback and meeting minutes to demonstrate that this issue has been addressed within the general surgery team and that rota arrangements have been reviewed/amended to ensure F1 DPTs are always appropriately supervised and know who they can contact for advice. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS3.5b / GPS3.5b / GS3.5b	Afternoon handover meetings in general surgery were reportedly problematic and not supervised by senior doctors.	Please provide evidence via meeting minutes to demonstrate that this issue has been discussed within the general

		surgery team and what actions are being taken to ensure appropriate senior input and to improve the format of handover meetings. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS3.9a / GPS3.9a / GS3.9a	Some DPTs thought the local induction for general surgery was too brief and they had to ask for useful, relevant information from their colleagues once they had already started in post.	Please provide evidence via meeting minutes and/or DPT feedback to demonstrate that the general surgery team is working with DPTs to expand the local induction programmes. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS3.9b	The rota sent to F1 DPTs in advance of starting on placement in general surgery was incorrect and they only received the correct one during local induction, which was significantly different. However, the consultants tried to mitigate against the impact of this on DPTs' lives.	Please provide evidence via meeting minutes and correspondence to demonstrate that this issue has been discussed between the surgical department and its rota coordinators, and share the mitigating actions that have been set to avoid it happening again in the future. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS4.2 / GPS4.2 / GS4.2	There appeared to be a discrepancy between the time reported to be allocated to surgical consultants in their job plans for education and training and the training experience of DPTs.	Please provide feedback from DPTs to demonstrate that they are able to access workplace-based assessments (WPBAs) and surgical teaching and that there is good consultant attendance at LFG meetings. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS5.1a / GPS5.1a / GS5.1a	DPTs perceived ward rounds so rushed that they missed out on useful teaching and learning opportunities, such as explanation of senior clinical decision making.	Please provide evidence via meeting minutes to demonstrate that this issue has been discussed with DPTs and what actions are being taken to optimise educational

		opportunities during ward rounds. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
GS5.1b	The review panel heard that specialty general surgery DPTs were not timetabled to attend a sufficient number of theatre sessions to meet their curriculum requirements, as per Joint Committee on Surgical Training (JCST) quality indicators.	Please provide evidence via meeting minutes to demonstrate how this matter is being addressed within the general surgery team, ensuring specialty DPTs and their educational supervisors are involved in discussions. Please also provide feedback from specialty general surgery DPTs in due course on their access to theatre sessions once rota arrangements have been revised. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS5.1c	F1 DPTs on placement in general surgery were rostered to attend one or two theatre sessions per week. However, F1 DPTs reported that even when minimum staffing levels were met, the general surgery team was often too busy to allow them to attend.	Please provide evidence via F1 DPT feedback and meeting minutes to demonstrate that this concern has been addressed by the general surgery team and F1 DPTs are able to attend rostered theatre sessions each week. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS5.1d / GPS5.1d / GS5.1d	Some DPTs reported difficulties meeting their curriculum requirements and described having to proactively seek and chase learning opportunities. They attributed this to a lack of understanding of their training needs within the general surgery team. They also thought there was an insufficient number of theatre slots available for DPTs to access.	Please provide evidence via DPT feedback to demonstrate that DPTs have regular meetings with their supervisors to monitor their educational progress and make plans to ensure they have access to learning opportunities to meet their curriculum requirements. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.

FS5.1e / GPS5.1e / GS5.1e	The review panel was concerned about rota management, recognising there were issues around understaffing that impacted upon this.	The Trust is urged to explore workforce transformation, in particular the development of more advanced nurse practitioners, doctors' assistants and physician associates (PAs). The upcoming redistribution of surgical placements in London should be taken into consideration during this work. Please provide evidence via meeting minutes and correspondence to demonstrate that this matter is being explored between the surgical department and Trust management. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
FS5.6 / GPS5.6 / GS5.6	DPTs in general surgery had inadequate access to foundation and departmental teaching. DPTs said they were not able to attend scheduled teaching sessions due to service provision.	Please provide copies of updated local teaching programmes for all training grades in general surgery and provide feedback from DPTs on their access to these teaching sessions once they have commenced. Please also provide feedback from foundation DPTs on their access to Trust-wide foundation teaching sessions. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.

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
1.3	**The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.** The review panel heard from the educational leads that around a year ago, DPTs had raised some concerns about behaviour and conduct in general surgery handover meetings that could be perceived as adversarial and challenging. The leads said that no concerns around bullying or undermining had been brought to their attention since then and they considered handover meetings to now be respectful and educational. Whilst DPTs found many of the general surgery consultants to be welcoming, some consultants had been critical, dismissive or belittling towards them in front of patients. DPTs felt that some of the negative interactions they had experienced in the general surgery team had been triggered by the stress of working in a high-pressure environment. The supervisors expressed a willingness to address poor behaviour within the general surgery team, but recognised they needed help to establish clearer processes to enable DPTs to raise concerns in this regard.	Yes, please see FS1.3 / GPS1.3 / GS1.3
1.4	**There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.** The educational leads felt that DPTs based in surgical teams had access to some effective feedback mechanisms but recognised the need to improve and support two-way feedback mechanisms between DPTs and senior level doctors, particularly for DPTs giving upward feedback. The review panel heard from supervisors that they were keen to receive feedback from DPTs at all training levels and they had already learnt a lot from DPTs about how to improve the surgical learning environment.	Yes, please see FS1.4 / GPS1.4 / GS1.4
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.**	

	The educational leads thought the surgical teams at Barnet Hospital delivered effective, safe patient care. However, although the general surgery team was now fully staffed at central doctor level, DPTs said that many of these doctors were locally employed rather than on formal training programmes, their shift patterns were inconsistent and some were new to working in the NHS. Some DPTs felt these factors impeded the delivery of optimal patient care. Furthermore, DPTs described general surgery patients on long term admission seeing different consultants each week as part of the 'surgeon of the week' model. DPTs felt they got conflicting advice from these consultants and continuity of care was lacking for some patients. The review panel also heard that the rostered 'surgeon of the week' was sometimes unwilling to take responsibility for patients they had not previously operated on, even though DPTs felt that important, timely treatment decisions needed to be made. General surgery handover meetings were held in the morning (a formal event in the Education Centre), at 12:30 (a post-take handover to the 'surgeon of the week' team) and at 17:00, when the 'surgeon of the week' team was expected to hand over to the on call team. However, F1 DPTs said that 17:00 – 20:00 was the busiest on call period and there was not always someone available to hand tasks over to. F1 DPTs frequently worked beyond their rostered hours to complete these tasks instead of handing them over, or if on call DPTs were available to take receipt of the tasks, they often had to neglect them to cover ward duties or hand the tasks over to the night team. The DPTs said these delays negatively impacted upon patient care and working beyond their rostered hours affected their wellbeing. The review panel was told by the supervisors that they had just recruited two additional locally employed central doctors to support the general surgery rota from 17:00 – 20:00, who were due to start in the next few weeks. They were also sourcing additional funding for more locally employed doctors to support doctors at lower training grades. DPTs described how doctors in the general surgery team often reviewed patients in such a rush that they may not have felt listened to and may have needed more support and better management from the team than was provided. DPTs felt that these issues were a reflection of the pressure the service was under and they would not be content for a family member or friend to be treated by the general surgery team at Barnet Hospital.	Yes, please see FS1.5a / GPS1.5a / GS1.5a Yes, please see FS1.5b / GPS1.5b / GS1.5b and FS3.5b / GPS3.5b / GS3.5b

1.7	**All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.** It was highlighted by the educational leads that the Trust had a very active Guardian of Safe Working Hours (GOSWH) who promoted exception reporting. The leads said that they acted upon exception reports quickly and felt that the culture around exception reporting had improved amongst the surgical consultant body. This point was echoed by the DPTs, who felt that general surgery consultants were generally encouraging of exception reporting. However, DPTs said they were not able to get time off in lieu for additional hours worked due to understaffing. They had to accept payment instead. In September 2022, DPTs also escalated concerns about certain shifts that consistently overran, but they had not yet received a response. It was not clear who the DPTs had escalated these concerns to. The DPTs felt that both of these issues were detrimental to their wellbeing. The educational leads said that DPTs were invited to discuss exception reports with members of the Postgraduate Medical Education (PGME) team on a one-to-one basis if needed. Supervisors informed the review panel that through induction and other fora, they tried to emphasise to DPTs that they welcomed advice and feedback and there was a culture of addressing concerns in the surgical department. A quality improvement project had also been undertaken on this topic within the department. However, DPTs described instances where they had raised concerns with consultants about the general surgery learning environment but were dismissed out of hand without any action being taken. This made the DPTs reluctant to raise concerns in the future and felt this was a futile exercise. DPTs were also not sure how to escalate concerns about poor behaviour from consultants.	Yes, please see FS1.5b / GPS1.5b / GS1.5 and FS1.7 / GPS1.7 / GSS1.7 Yes, please see FS1.3 / GPS1.3 / GS1.3
1.11	**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.** The review panel heard from the educational leads that Barnet Hospital had excellent IT systems, but many of the computers were not fit for purpose and doctors spent a lot of time trying to fix them at busy times.	Yes, please see FS1.11 / GPS1.11 / GS1.11

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	**Education and training issues are fed into, considered and represented at the most senior level of decision making.** The educational leads considered understaffing and rota arrangements to be the most significant factors affecting surgical training programmes at Barnet Hospital during the time the 2022 GMC NTS was open. Supervision of DPTs in general surgery was said to have been negatively affected by rota gaps and understaffing in March 2022, when the general surgery team had a 50 per cent vacancy rate for central doctor posts. The leads confirmed these posts had since been recruited to - there were now eight central doctors in post – and their perception was that supervision arrangements had improved within the team. However, they highlighted that by covering three Trust sites, consultants in general surgery sometimes found it challenging to provide sufficient support to DPTs alongside service delivery. The 2022 GMC NTS results had prompted the educational leads to review and amend the general surgery team's rota arrangements, which they recognised had some inefficiencies. Night shifts used to be covered by a consultant, registrar and central doctor but when central doctor numbers reduced by half, rota arrangements and workload became very challenging to manage. As a result, F1 DPTs based in general surgery now worked night shifts and the leads said they ensured they were well supervised by more senior doctors. Rota arrangements for central doctors in general surgery were also amended in light of the recent recruitment at that level and the leads thought the central doctors were now better able to access educational opportunities, such as clinic and theatre time. F2 DPTs were on the central doctor rota and were not rostered to work on the ward. The general surgery registrar rota was currently being revised with the aim of reducing registrars' workload burden and improving their learning opportunities. DPTs told the review panel that a new general surgery registrar started in October 2022 but one registrar position remained unfilled. Registrars in general surgery were currently rostered to work four on call night shifts in a row on a resident basis, which the educational leads recognised was unsustainable. The leads believed the registrars' workload had also become increasingly busy in recent months. The leads had recently held five meetings with the general surgery consultant body and Trust's GOSWH to discuss whether to make on call registrar night shifts non-resident after midnight to ease this burden. It was proposed that the registrar on shift	

	would only leave at midnight if the clinical environment was deemed to be safe and they would stay in accommodation ten minutes away or on-site, with a requirement to still attend trauma calls in person. The review panel shared a concern that making on call registrars non-resident overnight could negatively impact upon the clinical supervision of F1 and central doctors working that shift, and upon patient safety. Furthermore, if registrars were required to stay in hospital accommodation during these shifts and were frequently contacted for advice throughout the night, the panel suggested registrars might feel that this was neither a resident nor non-resident arrangement and may not find it an improvement on the current situation. The educational leads acknowledged these risks and said that the consultant body and GOSWH shared similar concerns but emphasised the need to try something new to support their registrars and improve low morale. They said that the non-resident night shifts would be trialled and if they were unsuccessful, they would try a different approach. Inadequate workload data had reportedly hindered the general surgery team's ability to negotiate with the Trust's finance department about paying enhanced locum rates to secure additional doctors to meet service demands, particularly when the team had a significant shortage of central doctors in spring 2022. On one occasion a GMC Safety Alert was the only way the team could obtain approval to pay the locum rates required to fill a locum shift. Often approval would only be granted 72 hours before a locum shift was due to take place. The review panel heard from the educational leads that the T&O surgery team had experienced challenging periods of understaffing in August and October 2022. The team had also found it difficult to secure locum cover due to enhanced rates and had relied upon registrars to step down and cover rota gaps at lower grades. Overall, the educational leads for surgery felt they needed more support from the Trust's executive team around locum staffing. The educational leads felt that the surgical department had been adequately supported by the Trust's executive team to undertake non-locum recruitment but Human Resources processes at Barnet Hospital had been inefficient at times. This had occasionally led to appointed candidates finding positions elsewhere, including at the Royal Free Hospital. The leads were exploring the implementation of joint rotas for surgical training, with DPTs spending set periods of time at each of the Trust's hospital sites during their placements, to ameliorate this situation. The leads thought recruitment processes needed to be	Yes, please see FS2.4 / GPS2.4 / GS2.4 Yes, please see FS5.1e / GPS5.1e / GS5.1e

	more streamlined and advised that some new medical workforce strategies were currently being developed at Barnet Hospital. The leads said they could not produce business cases for any additional recruitment without workload data. The leads were hopeful that they would receive some acute workload data within the next four weeks and suggested the Trust's executive team needed to consider over-recruitment to mitigate against sickness in the surgical department. In the meantime, the operations manager for surgery was said to be working with support staff to optimise support for doctors in the department as much as possible. The T&O surgery team was keen to replace a PA that recently left the team, to better support their workforce. General surgery LFG meetings were held every two months. Whilst consultant attendance was reportedly variable, DPT engagement had been good and they had shared some useful feedback. However, the educational leads perceived that DPTs would not feel comfortable raising concerns about culture in this forum. The PGME team met with foundation DPTs every six months to obtain feedback and address any concerns raised, although it was not clear whether this meeting was specific to surgery or for all foundation training placements at the hospital. The review panel heard that members of the PGME team and supervisors utilised LFG meetings to share ideas about delivering supervision to DPTs and how supervisors could be supported with these duties.	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** The educational leads highlighted that the general surgery team had recently been so understaffed out of hours that they had struggled to provide adequate clinical supervision to DPTs alongside service delivery. Supervisors advised that, each day in general surgery, a consultant covered on call duties for 24 hours, a 'surgeon of the week' was rostered from 08:00 – 17:00 and a post-take surgeon was rostered for a half day until 12:00. Educational leads were also available on site most days unless on call. However, the	Yes, please see FS3.5a

	supervisors acknowledged that they did not always effectively communicate this consultant presence and availability to DPTs. DPTs found most colleagues in the general surgery team to be welcoming, approachable and helpful. DPTs confirmed that they could always access more senior support if they had concerns about an unwell patient, in and out of hours. They felt that access to senior support whilst on call had improved recently. However, F1 DPTs did not always feel supported during night shifts as central doctors were not rostered to help them on the ward and they had minimal understanding of what they should be doing. They considered night shifts to be clinically unsafe at times for this reason. This was in contrast with the views of supervisors, who thought that F1 DPTs received appropriate supervision during these shifts, particularly as there were no longer any rota gaps at central doctor level. Whilst surgical registrars were always on shift during the day, F1 DPTs found it difficult to get make contact with them at times and had to approach medical registrars for advice instead. They also felt there was insufficient central doctor cover on the general surgery ward during the day. F1 DPTs reported that, during the post-take period from around 10:00 to 12:30, there was no consultant presence on the ward and often no registrar either. F1 DPTs were left to manage unwell patients with minimal clarity around who to escalate concerns to. Some consultants gave their contact telephone numbers to DPTs to call if they needed advice, but this was variable. DPTs said they always found a way to obtain advice from more senior doctors but it could be particularly challenging during this period. F1 DPTs on the post-take shift also shared concerns about handing over to the 'surgeon of the week' team at 12:30 without post-take consultant input. They recognised their level of experience meant that this handover was suboptimal. Overall, the DPTs thought that supervision arrangements in the general surgery team could be improved and said that some patients received minimal senior input into their care.	Yes, please see FS3.5a Yes, please see FS3.5a Yes, please see FS3.5b / GPS3.5b / GS3.5b
3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** Whilst some DPTs thought the local induction for general surgery was adequate, others thought it was too brief and they had to ask for useful, relevant information from their colleagues once they had already started in post.	Yes, please see FS3.9a / GPS3.9a / GS3.9a

	The review panel heard that the rota sent to F1 DPTs six weeks prior to starting their general surgery placements was incorrect. Only during local induction were DPTs told that, with immediate effect, they would be requested to work different shift patterns, including night shifts and a new post-take system that were not on the rota they were sent in error. The DPTs found this disruptive, although the consultants tried to minimise the impact upon their personal lives as much as possible.	Yes, please see FS3.9b

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	**Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.** The supervisors told the review panel that every surgical consultant at Barnet and Chase Farm Hospitals was allocated one supporting professional activities (SPA) time in their job plans for teaching and education, which equalled four hours per week. Supervisors indicated that they were not sure how some consultants used this SPA time, particularly when consultant attendance at Friday Grand Round educational sessions was poor.	Yes, please see FS4.2 / GPS4.2 / GS4.2
4.3	**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).** The review panel was informed that regular educational supervisor workshops were arranged by the PGME team and supervisors were expected to attend a minimum of two per year. The PGME team also arranged annual surgical audit days which focussed upon education and development.	
4.5	**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 leaners' programmes and career pathways, enhancing their ability to support learners' progression.** The educational leads confirmed that they had recently re-allocated educational supervisors for foundation surgery training, to ensure all those undertaking these supervisory roles were enthusiastic, engaged and well informed about their DPTs' requirements.	

4.7	**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.** Supervisors were appraised for their supervisory duties as part of their consultant appraisals. Surgical Tutors were appraised for this role by the PGME team.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	**Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.** DPTs perceived general surgery ward rounds so rushed that they missed out on useful teaching and learning opportunities, such as explanation of senior clinical decision making. They said that this was not necessarily because consultants were unwilling to teach but because they were under pressure to review patients as quickly as possible. Supervisors recognised that consultants approached ward rounds in different ways but that they tried to standardise processes as much as possible. They suggested it was difficult to meet DPTs' varying expectations of ward rounds. Some DPTs reported a positive training experience in general surgery, whereby consultants provided clear guidance through procedures, bedside teaching and facilitation of learning opportunities. However, some DPTs felt that at least half of the consultants in general surgery were unapproachable and appeared uninterested in teaching or completing WPBAs or supervised learning events (SLEs). F1 DPTs described having to complete a large number of administrative tasks for more senior doctors in general surgery who were new to the NHS and unfamiliar with NHS processes. This minimised F1 DPTs' interactions with patients. The review panel heard that specialty DPTs in general surgery were rostered to attend clinics and were appropriately supervised by consultants. Some specialty DPTs attended the majority of their theatre sessions at Chase Farm Hospital (part of the RFLNFT), usually once a week. Theatre sessions at Barnet Hospital were reportedly less frequent, at once every two or three weeks. However, these arrangements were not consistent. Specialty DPTs had access to emergency surgery cases through cross-cover emergency on call arrangements.	Yes, please see FS5.1a / GPS5.1a / GS5.1a Yes, please see GS5.1b

	The review panel was informed that core level DPTs based in general surgery attended two clinics and two theatre sessions per week. Overall, their placements involved four weeks of elective surgery work and four weeks of emergency on call duties, although not in consecutive blocks. When rostered to attend theatre, they were given the option to attend Chase Farm Hospital for elective surgery or Barnet Hospital's for emergency theatre. However, they were required to discuss their preferences with other doctors on the same rota to ensure they did not all choose to attend the same theatre sessions at the same time. The supervisors said they tried to ensure all central doctors spent enough time in theatre, regardless of whether they were on training programmes or not, but they were working with the rota coordinator to increase theatre opportunities for core level DPTs. F1 DPTs on placement in general surgery were rostered to attend one or two theatre sessions per week. However, F1 DPTs reported that even when minimum staffing levels were met, the general surgery team was often too busy to allow them to attend. Some F1 DPTs had attended emergency theatre but overall, they rarely had the opportunity to attend theatre unless they used their self-development time for this. Some DPTs reported difficulties meeting their curriculum requirements and described having to proactively seek and chase learning opportunities. They attributed this to a lack of understanding of their training needs within the general surgery team. They also thought there was an insufficient number of theatre slots available for DPTs to access. The review panel heard that DPTs rostered to attend theatre were occasionally asked or instructed to cover on call duties instead, to fill rota gaps. Similarly, some DPTs were rostered to cover on call duties during time that had been allocated for self-development or portfolio work. They thought the majority of rota gaps in general surgery were known about in advance, but supervisors said that most rota gaps were due to sickness and emphasised that they always tried to fill these when they were foreseen. DPTs said they tried to ask as many clinical questions as possible when working with registrars, who were usually receptive to this, but sometimes the workload was so busy that they did not have time to explore questions in depth together. Supervisors described trying to encourage more DPTs to attend handover meetings because they offered excellent consultant teaching opportunities. The supervisors suggested there were more learning opportunities available in the surgical department than DPTs perceived there to be.	Yes, please see FS5.1c FS5.1d / GPS15.1d / GS5.1d Yes, please see FS5.1e / GPS5.1e / GS5.1e

5.6	**Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.** The review panel heard that F1 DPTs in general surgery were supposed to attend two local educational sessions per week on a Wednesday and Friday. However, DPTs said the Wednesday sessions – which were departmental meetings - had only taken place once a month on average. Supervisors advised that morbidity and mortality reviews now occupied much of what was allocated as educational time in these departmental meetings. Attendance at these meetings had reportedly improved in recent weeks and F1 DPTs were expected to be in attendance, as well as some central doctors and registrars. Grand Round meetings on Fridays were reportedly dominated by administrative tasks required by consultants that F1 DPTs felt held minimal educational value. Supervisors said that consultant attendance at these meetings was poor. F1 DPTs described how their workload in general surgery was so intense that they did not always feel they could take the time to attend either local or Trust-wide foundation teaching sessions. Rota arrangements also meant that DPTs did not always have someone they could hand the bleep to, to allow them to attend teaching sessions. It was reported that consultants were rarely on the ward when F1 DPTs were supposed to attend their Trust-wide teaching sessions and seldom mentioned to the DPTs that they should go to these. Some supervisors perceived DPTs to be anxious about leaving their clinical duties to participate in educational activities. They said they encouraged DPTs to leave non-critical tasks to attend educational sessions, particularly on Fridays. There was no formal local teaching programme in place for core level DPTs based in general surgery. DPTs in general surgery recently attended a meeting with the Trust's GOSWH to outline their concerns about access to teaching and this feedback was shared with the educational leads. However, this situation had reportedly not yet improved. DPTs expressed some frustration that the inadequate provision of formal local teaching meant that senior doctors in the team were less familiar with individual DPTs' capabilities and training needs than they should be. The review panel heard from the educational leads that DPTs in T&O surgery were rostered to attend teaching sessions arranged by an educational coordinator in the team.	Yes, please see FS4.2 / GPS4.2 / GS4.2 Yes, please see FS5.6 / GPS5.6 / GS5.6 Yes, please see FS5.6 / GPS5.6 / GS5.6

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

Report Approval

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