

HEE Quality Interventions Review Report



**Imperial College Healthcare NHS Trust (Hammersmith Hospital)
Core Anaesthetics and Specialty Higher Anaesthetics
Learner and Educator Review**

**London – North West London
Date of Review/Intervention: 1 December 2022
Date of Final Report: 24 January 2023**

Review Overview

Background to the review

A Risk-based Learner and Educator Review was requested following the 2022 General Medical Council (GMC) National Training Survey (NTS) results. The following outliers were generated for Hammersmith Hospital (Programme Group by Site):

Anaesthetics-

Nine Red outliers in Overall Satisfaction, Reporting systems, Induction, Educational Supervision, Feedback, Local Teaching, Regional Teaching, Rota Design and Facilities. One Pink outlier in Educational Governance.

Core Anaesthetics-

Four Red outliers in Reporting systems, Adequate Experience, Educational Governance and Local Teaching. Six Pink outliers in Clinical Supervision, Clinical Supervision out of hours, Teamwork, Induction, Educational Supervision and Rota Design.

There was a Learner Review (March 2017) of Anaesthetics, Core Anaesthetics, ACCS and Intensive Care Medicine at Imperial College Healthcare NHS Trust (Trust wide) following the 2016 GMC NTS results. A follow up Senior Leaders Engagement Visit (September 2017) in response to poor results in the 2017 GMC NTS and also to review progress from the previous review.

Subject of the review:

Core Anaesthetics and Specialty Higher Anaesthetics

Who we met with

13 Doctors in Postgraduate Training (DPTs) from the following programmes: Core Anaesthetics Training and Specialty Higher Training
10 Clinical and Educational Supervisors
Associate Medical Director for Education
Head of Medical Education
Divisional Director of Medical Education
Medical Education Manager
Deputy Medical Education Manager
Guardian of Safe Working Hours
Unit Training Lead - Hammersmith Hospital
Unit Training Lead - Queen Charlotte's and Chelsea Hospital
Clinical director
Postgraduate Centre Manager
Medical Director

Evidence utilised

Local Faculty Group (LFG) minutes- April 2022, July 2022 and August 2022

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Hammersmith Hospital Anaesthetics Teaching Timetable (August- November 2022)
Hammersmith Hospital Anaesthetic Teaching Attendance
Local induction feedback
Trust induction feedback
Hammersmith Hospital Anaesthetics Educational Supervisors (November 2022- February 2023)
Hammersmith Hospital fill rate at time of GMC NTS – February- May 2022
Hammersmith Hospital rota current fill rate - November 2022- February 2023
Master Rota Hammersmith Hospital August 2022 –February 2023
Hammersmith Hospital Anaesthetics action plan October 2022 (V2)
Datix report summary - Hammersmith Hospital Anaesthetics – 1 January 2022 to 24 October 2022
Breakdown of Learner groups Hammersmith Hospital anaesthetics
Hammersmith Hospital Anaesthetics trainee survey - July 2022
Freedom To Speak Up Guardians Report
Supporting Evidence overview

This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England (London)
Specialty Expert	Dr Aasifa Tredray, Head of the London School of Anaesthetics, Health Education England (London)
Lay Representative	Saira Tamboo, Health Education England
Learner Representative	Dr Melissa Addy, Doctor in Postgraduate Training Representative
HEE Quality Representative(s)	Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England (London)
Supporting roles	Louise Lawson, Quality Patient Safety and Commissioning Officer, Health Education England (London)
Observing	Dr Anna Walton, Training Programme Director, South West London, Health Education England (London) Dr Adrienne Stewart, Deputy Head of the London School of Anaesthetics, Health Education England (London)

Executive Summary

The review panel thanked the Trust for accommodating the review. The review panel was impressed with the extensive work the Trust had done to make improvements ahead of the review, however the review panel noted some concerns about the sustainability of the improvements. The review panel commented that the Trust seemed to have identified and addressed a lot of the issues and the Trust acknowledged that it had been a valuable exercise to reflect and make improvements.

The review panel was pleased to hear strong positive feedback from doctors in postgraduate training (DPTs) about proactive rota management, good quality teaching, supportive environment, and good clinical supervision, both in and out of hours. The review panel was also pleased to note that all DPTs would recommend their training post to colleagues and would be happy for their friends and family to be treated in the department.

The review panel was informed by DPTs that it would have been helpful to include a thorough site tour in the induction and improvements to the rest facilities in the Cardiac Intensive Care Unit (CICU) would also be welcomed. The DPTs also reported instances of challenging communication with cardiology consultants but acknowledged that the Director of Medical Education (DME) was aware of these issues.

The review panel acknowledged that there was evidence that the department offered a very good training environment and noted a few minor improvements to optimise the experience of the DPTs further. This report includes a number of recommendations for the Trust to consider.

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
N/A		

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
CA1.3 and A1.3	1.3	<p>Core and specialty higher doctors in postgraduate training (DPTs) reported that the relationships with the cardiology consultants were often challenging as the DPTs felt they did not understand the role of the core anaesthetic DPT well and were often called upon to do tasks which were not part of their role. It was noted that this usually occurred on-call. It was also advised that the core anaesthetics DPTs felt there was frustration from the cardiologists due to the frequent rotations and DPTs not being aware of how the cardiologists liked things to be done. It was noted that this could be intimidating for the DPTs. The core anaesthetics DPTs informed the review panel that the anaesthetic consultants had been aware of this for some time and had spoken with the Director of Medical Education (DME).</p> <p>The review panel recommends that the Trust monitors this issue and seeks regular feedback from the DPTs to ensure any measures for improvement are effective.</p>
CA3.1 and A3.1	3.1	<p>The specialty higher doctors in postgraduate training (DPTs) informed the review panel that they were aware the Trust was looking into the issues with the rest facilities for the Cardiac Intensive Care Unit (CICU) but noted that this had not been officially communicated to the DPTs.</p> <p>The review panel recommends that the Trust keep the DPTs updated throughout the improvement process to ensure they are aware of what is being done to make changes and can provide feedback on the action taken.</p>
A3.6	3.6	<p>The specialty higher doctors in postgraduate training (DPTs) informed the review panel that they were</p>

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		<p>generally well supported by their educational supervisors for preparation for their Annual Review of Competency Progression (ARCP). Though some DPTs reported that they had not discussed this with their educational supervisor yet as it was felt it was too early into the post.</p> <p>The review panel advises that supervisors and DPTs start working towards ARCP requirements from the start of the post.</p>
CA3.9	3.9	<p>Some core anaesthetics doctors in postgraduate training (DPTs) noted that the induction was lacking a tour of the hospital for new starters and a more thorough tour of the department for those who had not worked there before. Core anaesthetics DPTs also informed the review panel that the Cerner training had not been thorough enough for people who were new to the system and that the specific anaesthetic functions were not covered.</p> <p>The review panel advises that the Trust include a thorough site tour and additional Cerner training, specific to anaesthetics, in the induction for all new DPTs.</p>
CA5.6 and A5.6	5.6	<p>The Trust representatives reported an ongoing issue with teaching and reported that they had found it challenging to make teaching bleep-free as they do not have a dedicated emergency consultant to cover. The supervisors also reported that the doctors in postgraduate training (DPTs) had raised this issue with them multiple times, but they were unable to establish bleep-free teaching as they did not have a dedicated Confidential Enquiry into Perioperative Deaths (CEPOD) theatre consultant.</p> <p>The review panel advises that whilst bleep-free teaching is ideal if this cannot not be achieved the Trust should increase the quantity of teaching sessions available and remind the DPTs of the other learning opportunities in their post. The review panel also noted that the department should ensure DPTs were not missing teaching frequently and that there was a balance across the cohort to ensure particular DPTs were not affected disproportionately. The review panel stressed the importance of exception reporting to monitor this.</p>

Good Practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination.

Learning Environment/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
N/A		

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>All Doctors in Postgraduate Training (DPTs) reported that they would recommend their post to colleagues and advised that the learning environment was excellent.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>All DPTs confirmed that they had not witnessed any instances of bullying and undermining and advised the review panel that the culture of the anaesthetics department was positive, and they had not witnessed any animosity between colleagues. Core anaesthetics DPTs described the team as friendly and advised that the department was a nice place to work. However, both core and specialty higher DPTs reported that the relationships with the cardiology consultants were often challenging as the DPTs felt they did not understand the role of the core anaesthetic DPT well and were often called upon to do tasks which were not part of their role. It was noted that this usually occurred on-call. It was also advised that the core anaesthetics DPTs felt there was frustration from the cardiologists due to the frequent rotations and DPTs not being aware of how the cardiologists liked things to be done. It was noted that this could be intimidating for the DPTs. The core anaesthetics DPTs informed the review panel that the anaesthetic consultants had been aware of this for some time and had spoken with the Director of Medical Education (DME).</p>	Yes, please see CA1.3 and A1.3
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>All DPTs reported that they would be happy to have their friends and family treated in the department.</p> <p>The review panel was informed by specialty higher DPTs that they sometimes felt they were not fully integrated into the catheterisation laboratory team. Specialty higher DPTs felt that their role was not fully understood by the cardiologists and noted that they had felt they needed to push for good communication and teamwork during emergency procedures. Specialty higher DPTs advised that they sometimes felt patient safety was at risk</p>	

	<p>due to these issues and noted that the issues were most prevalent in emergency cases and whilst on-call. The review panel was informed by the specialty higher DPTs that whilst they knew who to contact in the anaesthetics team, it was advised that it was not always possible to contact them during emergency cases. Specialty higher DPTs also commented that there was no phone signal in the catheterisation laboratory but acknowledged they could use the pager system. The specialty higher DPTs advised that any Datix reports as a result of incidents relating to this issue had been reviewed and addressed by the anaesthetics and cardiology departments.</p> <p>The core anaesthetics DPTs reported that there was no Confidential Enquiry into Perioperative Deaths (CEPOD) theatre and no emergency department at Hammersmith Hospital (HH), it was noted that this was sometimes challenging as there was not always an area to do emergency cases. It was advised that this was frustrating and could cause tension with the surgical department. It was confirmed that this was less of an issue out of hours as more theatres were free to use for emergency cases. However, the core anaesthetics DPTs reported that sometimes all of the theatres during the day had been booked for elective cases which was an issue when emergency cases came in. The core anaesthetics DPTs reported that they had observed that it was often expected that the anaesthetic team should organise the emergency cases in this situation.</p> <p>Core anaesthetics DPTs advised that the anaesthetics team received a large amount of blood test and cannulation requests. It was noted that this had disrupted the workload and core anaesthetics DPTs felt that a system of escalation was needed to prevent unnecessary disruption.</p> <p>The core anaesthetics DPTs confirmed that they had access to policies and clinical guidelines or pathways but noted that some of the information was outdated.</p>	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	

	<p>The DPTs praised the work of the College Tutor from the Queen Charlotte's and Chelsea Hospital site, which was referred to as the Queen Charlotte's (QC) site by DPTs. The DPTs noted the QC College Tutor had been instrumental in establishing the good quality learning environment.</p>	
<p>2.6</p>	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>The Trust representatives reported that they had conducted a deep dive into the issues following the 2022 General Medical Council (GMC) National Training Survey (NTS) results. It was advised that the Trust had looked at the questions and responses in detail and had sought feedback from DPTs to follow up.</p> <p>The review panel asked the Trust representatives whether DPTs felt able to exception report, the Guardian of Safe Working Hours (GOSWH) advised that there had not been any exception reports on the anaesthetics rotas. The GOSWH acknowledged that there were a lot of additional rotas on the e-Roster system which might have been confusing for the DPTs. The GOSWH reported that some DPTs had informally raised issues but confirmed these had been resolved. The GOSWH acknowledged that it was unexpected that there had not been any exception reports given the previous rota issues. The core anaesthetics DPTs informed the review panel that they often did not feel the need to exception report if they were staying late for 30 minutes or under. The core anaesthetics DPTs clarified that they felt overall it balanced out and they left on time the majority of the time. The core anaesthetics DPTs confirmed they were aware of how to exception report and informed the review panel that there was an e-Learning available for this. The review panel was informed by the core anaesthetics DPTs that the department encouraged them to exception report and believed they would be responsive to the reports if they did them. The specialty higher DPTs also confirmed that they were aware of how-to exception report but advised there had not been any issues requiring them to report.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
<p>3.1</p>	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p>	

	<p>The Trust representatives reported that there was a significant difference in the rest facilities available for DPTs working on the Cardiac Intensive Care Unit (CICU) and other anaesthetics DPTs. It was advised that the Trust had tried to address this issue and had recently opened a new “junior doctors’ Mess” which the CICU DPTs could use. The specialty higher DPTs advised the review panel that they were not able to use rest facilities outside of the CICU as they were not supposed to leave the unit. It was noted by Trust representatives that reclining chairs had also been purchased for resting in the CICU. The Trust representatives also advised that lockers for DPTs would be available soon. The specialty higher DPTs informed the review panel that they were aware the Trust was looking into the issues with the rest facilities for CICU but noted that this had not been officially communicated to the DPTs.</p> <p>The Trust representatives also advised that DPTs had feedback that there was not any food available out of hours, however the Trust representatives advised that the Trust provided vending machines and hot food was available. The Trust representatives reported at they were planning to ensure this information was included in the departmental induction. The review panel was also informed by Trust representatives that DPTs had reported poor quality WiFi had also been an issue. The Trust representatives advised that there was adequate WiFi available, and this information would be included in the departmental induction too.</p>	<p>Yes, please see CA3.1 and A3.1</p>
<p>3.5</p>	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Core Anaesthetics and specialty higher DPTs both reported that clinical and educational supervision had been excellent and noted that the consultants had been very supportive. The core anaesthetics DPTs reported that they felt well supported during the day and confirmed they were aware of who to contact out of hours if needed. It was noted that consultants were happy to come in out of hours but core anaesthetics DPTs advised that this was not needed often. The core anaesthetics DPTs commended the support of the specialty higher DPTs. The specialty higher DPTs reported that the supervision on the CICU was very good, and they felt well supported. The specialty higher DPTs noted that the consultants checked in with the DPTs before midnight on night shifts. Specialty higher DPTs also commented that they felt very protected and heavily supervised in theatres, particularly for cardiac surgery.</p> <p>The review panel enquired whether there was a consultant on-call for the emergency cases. The core anaesthetics DPTs reported that there was a consultant on-call for emergencies but noted they also had an elective list too. It was advised that this elective list</p>	

	<p>was cancelled if there was a complex case. The core anaesthetics DPTs confirmed there was always a consultant to help if needed.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The Trust representatives reported that some DPTs had informed them that they felt they were not getting enough contact with their educational supervisors and that they did not know where they could go to raise issues about training. The Trust representatives confirmed that they had reinforced the importance of the educational supervisors meeting with DPTs in the first two weeks into the post and regularly following the initial meeting. It was also advised by Trust representatives that they had stressed to educational supervisors how important it was to be visible and available for their DPTs. The review panel was informed by Trust representatives that the escalation pathway for training issues was also going to be included in the new departmental induction.</p> <p>The specialty higher DPTs informed the review panel that they were generally well supported by their educational supervisors for preparation for their Annual Review of Competency Progression (ARCP). Though some DPTs reported that they had not discussed this with their educational supervisor yet as it was felt it was too early into the post. The specialty higher DPTs advised that the support had improved at HH, and they were proactive. The review panel was informed by the specialty higher DPTs that the only issue was that they were not notified by HEE of their ARCP date in good time. It was noted that this made it difficult to plan their portfolio and they felt it could be more organised.</p>	Yes, please see A3.6
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>The specialty higher DPTs confirmed that there had not been any issues with access to the curriculum or training requirements. Specialty higher DPTs advised that consultants were proactive with offering to do assessments if the DPTs were not as proactive with this.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust representatives advised that they were aware DPTs had had issues with their induction, particularly with the quality of the site tours. The Trust representatives reported that the</p>	

	<p>departmental induction was being rewritten. Trust representatives advised that they had developed a dedicated checklist for the tours of theatres, the Intensive Care Unit (ICU) and the CICU and had implemented this in the most recent departmental induction. It was advised that the DPT feedback had been positive. The specialty higher DPTs reported that the induction had improved and the checklist that had been developed was helpful. The core anaesthetics DPTs informed the review panel that the induction had been good and there had been an in-depth discussion of the expectations what the role involved. The core anaesthetics DPTs advised that the induction had also included information about key aspects of the role such as renal transplant. Some core anaesthetics DPTs noted that the induction was lacking a tour of the hospital for new starters and a more thorough tour of the department for those who had worked there before. Core anaesthetics DPTs also informed the review panel that the Cerner training had not been thorough enough for people who were new to the system and that the specific anaesthetic functions were not covered.</p> <p>The Trust representatives informed the review panel that previously DPTs had fed back that they had not been provided their rotas with enough notice. The Trust representatives confirmed that they had continually met the British Medical Association (BMA) requirements for informing DPTs of their rotas.</p>	<p>Yes, please see CA3.9 and A3.9</p> <p>Yes, please see CA3.9 and A3.9</p>
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HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.5	<p>Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.</p> <p>The review panel enquired whether the supervisors were aware of the specialty school website. The supervisors acknowledged that they were not aware of this website and advised that information from the specialty school was not reaching them. The review panel shared the link to the website and the support portal and advised that supervisors and DPTs utilised these resources.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p>	

The review panel was informed that the weekly teaching was of good quality and DPTs were able to attend regularly. Trust representatives reported that there was a new teaching programme which covered the curriculum, including key capabilities for the cardiothoracic requirements. Trust representatives reported that the teaching programme was a three-month rolling programme. The review panel was informed by the trust representatives that the feedback from DPTs had been positive. The specialty higher DPTs advised that the teaching had improved and was advertised well. The review panel was informed that a DPT was responsible for the teaching rota and advised them of what teaching was available from HEE. The specialty higher DPTs noted that there was no fixed day for teaching, but they were notified during the week when the sessions would be.

The review panel enquired about the core anaesthetics DPTs' experience of the new curriculum. The core anaesthetic DPTs advised that some of the educational supervisors had been very organised with the new curriculum. It was advised by core anaesthetics DPTs that some of the more cardiac focused supervisors were not as knowledgeable of the specifics but were aware that the curriculum had changed. The core anaesthetics DPTs informed the review panel that the educational supervisors and Training Programme Director (TPD) were very good with this and were aware of what was happening. The specialty higher DPTs reported that some of the consultants were familiar with the new curriculum as the majority of Certificate of Eligibility for Specialist Registration (CESR) doctors were also on the new curriculum.

The core anaesthetics DPTs advised that HH was a specialist hospital and had been a great post for experience of specialist areas such as transplants and obstetrics at the QC site. The core anaesthetics DPTs reported that they had days at the QC scheduled throughout their post, which could at times feel disjointed, but DPTs acknowledged it was still useful to have the opportunity spread across the post.

The Trust representatives raised issues with the three-month posts and reported that the Trust and the DPTs found it challenging. The Trust representatives reported that they felt the three-month rotations did not allow enough time for the DPTs to learn and commented that they did not think the posts were helpful. The Trust representatives reported that the Trust was not allocated as many posts for higher training years and noted that a lot of their HEE posts had been used for cardiothoracic posts. The specialty higher DPTs advised that the three-month posts made it difficult to balance the rota and there was not enough time to benefit from all HH had to offer. The specialty higher DPTs reported that it was sometimes challenging to access cardiac

	<p>opportunities to fulfil the curriculum requirements in the three-month posts as the unbalanced rota reduced time available for training opportunities. The review panel was also informed by the specialty higher DPTs that the shorter posts made it harder to integrate and build trust with the cardiac teams. The supervisors also reported that the three-month posts were challenging as there was not enough time to get to know the DPTs and complete all of the competencies. The review panel confirmed that HEE had been looking into the issue of three-month posts and the rota gaps with the TPDs in north west London. The review panel advised the Trust that HEE had requested that the TPDs develop six-month rotations. The review panel advised that the Trust should liaise with the TPDs about this as well. The review panel clarified that there had been a delay in implementing the six-month posts due to the recent changeover to the new curriculum. The review panel confirmed that all active posts were being used to fulfil training requirements for the 2021 curriculum, 2010 curriculum and for those that are in transition. The review panel also noted that once all trainees were on the 2021 curriculum, six-month rotations would be implemented.</p> <p>The review panel was informed that the priority for specialty higher DPTs was to ensure those in posts for cardiac experience had access to the cardiac theatre lists. The specialty higher DPTs acknowledged this sometimes meant that there would be two DPTs per list but noted it was usually only one given leave. The specialty higher DPTs commented that the DPT rota coordinator was aware of the needs of the DPTs and felt that their experience was prioritised when it needed to be. It was also noted that DPTs were able to request changes to the rota to fit their requirements if they required this. The specialty higher DPTs confirmed that the DPT rota coordinator was provided with adequate time in their timetable to complete their duties.</p>	
<p>5.6</p>	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel was advised by Trust representatives that there were three rotas, the core rota, the ICU, and theatres. The Trust representatives informed the review panel that there had been significant rota gaps earlier in the year due to unfilled HEE posts. It was noted that there were five rota gaps across the rotas and the effect of this was also exacerbated by late notification of the gaps and that several DPTs were sitting exams at the same time. The Trust representatives felt that this had had significant impact on the morale of the DPTs and might have contributed to the 2022 GMC NTS results as it had affected other areas too.</p> <p>The review panel was also informed by the Trust representatives that DPTs had previously reported that they had felt pressure to</p>	

cover the locum shifts. The Trust representatives advised that they had tried to mitigate the effect of the rota gaps on the DPTs and had proactively recruited Locally Employee Doctors (LEDs) and had set up a CESR programme. It was also noted by Trust representatives that all locum shifts were now advertised locally, and they had a consultant rota coordinator to help cover gaps, with consultants also volunteering to step down to cover gaps, if necessary, though it was confirmed that the Trust did not have a formal stepping down policy.

The Trust representatives advised that at the time of the review there were minimal rota gaps and the DPTs informed the review panel that the rota was fair and rota gap management was very good. The DPTs confirmed that they did not feel pressure to cover rota gaps. DPTs advised that if they had covered extra responsibilities due to rota gaps the department noted this and was proactive in responding. The specialty higher DPTs advised that the rota was balanced and previous issues with rota gaps had been resolved. The specialty higher DPTs also commented that the locums who covered gaps were experienced with the site and the DPTs were notified when a locum was covering a gap. The review panel was informed by the specialty higher DPTs that if the department was unable to secure a locum to fill a gap the consultants came into help and tried to find someone to cover the gap if possible. The review panel acknowledged that there was an issue across London with gaps despite full recruitment. The review panel confirmed that the speciality school was looking into this but noted it was challenging to manage the needs of the DPTs and maintain the flexibility of anaesthetics training which was a significant advantage of the speciality.

The review panel enquired about how the Trust ensured there was enough flexibility in the system to accommodate the flux in the HEE DPT fill rate and the plans to move training posts out of London. The Trust representatives advised that they attempted to be proactive and identify where gaps will be and recruit LEDs but it was noted that sometimes this was very challenging as there were not always enough applicants. The supervisors confirmed that it was often difficult to recruit to specialist centres such as HH. The Trust representatives also reported that they planned how the CESR doctors would rotate and used this to fill known gaps which enabled another layer of flexibility. The Trust representatives informed the review panel that there were 23 CESR doctors in their programme across the Trust. The review panel informed the Trust representatives that HEE was working with the local TPDs to provide the rotation grids to HEE earlier.

Core anaesthetics DPTs advised that sometimes it was challenging to balance the workload for CEPOD and their regular lists. DPTs often felt their responsibilities were conflicting and they were not able to offer as much help to their consultant when the

<p>on-call was busier. DPTs commented that a dedicated CEPOD list would be helpful. The core anaesthetics DPTs advised that they had tried to double up on-call DPTs with other DPTs on lists so there was more support if the on-call DPT had to leave but noted that this was not always possible as there were not enough DPTs to do this all of the time. The core anaesthetics DPTs advised the review panel that they sometimes felt they were being removed from their usual duties to cover ICU which limited their time for opportunities linked to their post.</p> <p>The Trust representatives reported an ongoing issue with teaching and reported that they had found it challenging to make teaching bleep-free as it did not have a dedicated emergency consultant to cover. The supervisors also reported that the DPTs had raised this use with them multiple times, but they were unable to establish bleep-free teaching as they did not have a dedicated CEPOD consultant. The Trust representatives discussed this issue and advised that the CESR doctors had volunteered to hold the bleep for HEE DPTs as they had six-month posts and therefore repeated sessions in the three-month teaching programme. The Trust representatives were confident that this would reduce the number of times DPTs were interrupted. The Trust representatives also advised that they had been utilising a hybrid teaching format with the facility for DPTs to dial in remotely if needed. It was also advised that the Trust had set up a dedicated Microsoft (MS) Teams channel for teaching and noted that all sessions were recorded for DPTs to access afterwards. The core anaesthetics DPTs reported that on the whole they had been able to attend teaching and noted that the consultants were always willing to release the DPTs to attend.</p> <p>The Trust representatives commented that they were surprised with the GMC NTS results for regional teaching as they advised no DPTs had reported that they could not access study leave to attend regional teaching. It was noted by Trust representatives that they felt there had been a lack of notification from HEE about the regional study days but advised that DPTs were always provided with protected time to attend. Some core anaesthetics DPTs advised that they had not been able to attend regional teaching as they had been on call. The core anaesthetics DPTs informed the review panel that they had not had any issues with accessing study leave. The specialty higher DPTs reported that they received a lot of information regarding regional teaching and therefore struggled to find teaching links and the teaching timetable. It was advised that the majority of the useful information came from the DPT WhatsApp group. The specialty higher DPTs commented that it would be helpful if all regional teaching information was accessible from a central location. The review panel informed the specialty higher DPTs that they would no longer receive emails about this and signposted the DPTs to the specialty school website. The review panel confirmed that all</p>	<p>Yes, please see CA5.6 and A5.6</p>
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HEE Quality Interventions Review Report

	<p>information for regional teaching was on the specialty school website however DPTs noted that the list was not always up to date and the links to sign up or join the sessions were not always there.</p> <p>Some of the core anaesthetics DPTs reported that they started work at 07:30 however the morning team briefing session was at 08:00 which did not leave enough time to see patients and attend the briefing. It was noted that when they missed the morning briefing it was challenging to integrate into the team. Some core anaesthetics DPTs suggested this might be resolved with an earlier start time or scheduling both a core and a specialty higher DPT to work through the list and see the patients faster.</p>	
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HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at this review	

Report Approval

Quality Review Report completed by	
Name	Rebecca Bennett
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Bhanu Williams
Role	Deputy Postgraduate Dean for North West London
Signature	Bhanu Williams
Date signed	20 January 2023

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	Gary Wares
Date signed	24 January 2023

Final Report submitted to organisation	24 January 2023
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