

Education quality interventions review report



Providers reviewed: University Hospital Southampton NHS Foundation Trust

Programmes: Foundation surgery and trainee advanced clinical practitioners

Review type: Revisit

NHS England South East
Date of review – 13 December 2023
Date of final report- 24 January 2024

Review overview

Background to the review

Background to the review	This education quality intervention was put in place to review the experience of foundation doctors and trainee advanced clinical practitioners in surgery. Previous visits to surgery at University Hospital Southampton (UHS) in March and November 2022 identified four specific areas of concern. More recent data via the GMC National Training Survey and the NHS England National Education and Training Survey, together with soft intelligence received suggested that the learning experience was still challenging.
Subject of the review	Foundation doctors in surgery and trainee advanced clinical practitioners in surgery.
Who we met with	Senior trust team Foundation year one doctors Foundation year two doctors Foundation supervisors Trainee advanced clinical practitioners Advanced clinical practitioner supervisors
Evidence utilised	NHS England National Education and Training Survey (NETS) 2022 GMC National Training Survey (NTS) 2023 Previous visit reports (2022)

Review panel

Role	Name, Job Title
Quality Review Lead, NHS England South East	Dr Paul Sadler, Postgraduate Dean
NHS England South East WT&E representative	Dr Stephen Taylor, Head of Wessex Foundation School
NHS England South East WT&E representative	Dr Elizabeth Williams, Deputy Head of Wessex Foundation School
NHS England South East WT&E representative	Heather Nisbet, Supervision and Assessment Lead, Faculty of Advancing Practice
NHS England South East WT&E representative	Caroline Lee, Head of Education Quality
GMC Representative	Lucy Llewellyn, Education Quality Assurance Programme Manager
Lay Advisor	Sandra Ball

Executive summary

This education quality intervention visit was put in place to review the experience of foundation doctors and trainee advanced clinical practitioners in surgery at University Hospital Southampton (UHS) NHS Foundation Trust. It followed up on two previous education quality intervention visits in February 2022 to surgery and in November 2022 to neurosurgery.

The visit was undertaken jointly with the GMC.

There was good engagement with the process from the UHS senior leadership team and from all the groups, both learners and supervisors, the panel spoke to.

The trust education team reported on a significant amount of work being undertaken to support education and training in surgical teams, including initiatives to expand the workforce.

Concerns were raised by a number of individuals about inappropriate behaviours from some staff, including senior members of the surgical team, towards foundation doctors in training and other members of the team which results in them not feeling able to seek support.

The doctors in training reported that escalation protocols are not clear, there are times when senior staff are not contactable and that they can have difficulty securing senior clinical advice on some occasions when it is needed.

Based on the review findings, two mandatory requirements are outlined below, and a trust action plan is required to be submitted to NHS England Workforce, Training & Education (WT&E) by the date indicated.

Requirements

Mandatory requirements

Req ref no	Review findings	Required action, timeline and evidence
MR1	<p>The review panel heard reports of inappropriate behaviours being experienced by, or witnessed by, foundation doctors and advanced clinical practitioners including:</p> <ul style="list-style-type: none"> consultants shouting at foundation doctors and nursing staff in theatre consultants shouting at ACPs belittling behaviour by registrars to F1s inappropriate comments about whether to escalate for help rumours about staff being widely and proactively shared with learners. sexually inappropriate comments by a consultant in theatre jokes by a consultant about the 'Women in Surgery' report clashes between registrars and ACPs in one area 	<p>The trust must ensure that the behaviour of all staff is appropriate and ensures the learning environment values education and training. Inappropriate behaviours such as the ones described must be investigated and challenged. All staff, including learners must be able to speak up without worrying about negative consequences.</p> <p>The trust must provide NHS England WT&E an action plan setting out how they will address this by 29 February 2024 to include how evidence on progress will be collected from foundation doctors and trainee ACPs.</p>
MR2	<p>The review heard that the escalation pathways in some areas were not clear so that doctors in training were not easily able to get help when dealing with very unwell patients. This included:</p> <ul style="list-style-type: none"> foundation doctors starting a rotation on call not being able to secure senior help on a Sunday registrars in some areas being unhelpful behaviours discouraging learners from contacting senior staff out of hours foundation year 2 doctors covering multiple areas out of hours with no additional induction 	<p>The trust must further clarify escalation processes for all areas of surgery to ensure these are clear to all staff, including senior staff to whom escalation will be made. Induction processes must cover all relevant areas for foundation doctors, including those covered on call.</p> <p>The trust must provide NHS England WT&E an action plan by 29 February 2024.</p>

Recommendations

Related education quality framework domain(s) and standard(s)	Recommendation
3.9, 3.10	The trust should consider providing further clarity around a number of roles – foundation year two posts in general and in colorectal surgery, trainee advanced clinical practitioners and the new escalation bleep role.
3.1, 3.4	The trust should consider reviewing the way foundation year 1 sickness monitoring / management is undertaken to ensure wellbeing is supported.
5.1, 1.12	The trust needs to ensure that foundation doctors in training are able to access opportunities across the clinical learning environment to meet the requirements of their curriculum.
3.1	The trust should ensure that all subspecialties fully embed the pastoral support role, and its impact is monitored and reviewed.
5.6	The trust should ensure that the <i>final</i> rota is made available in a timely manner.
1.13	The trust should ensure that the additional doctors planned as part of the expansion translates to additional learning opportunities with timetabled chances to clinically review patients, get to theatre, outpatients and other activities.

Good practice

Learning environment/professional group/department/team	Good practice	Related education quality framework domain(s) and standard(s)
Foundation doctors	The foundation year 2 ENT induction and clinical skills course provided an excellent introduction to this area.	1.1, 3.9
Advanced clinical practitioners	The model for advanced clinical practice and trainee advanced clinical practitioners is working well in most areas.	1.1

Review findings

Meeting with trust senior team

The panel met with a large senior team from UHS which included the Director of Medical Education (DME), Deputy Chief Medical Officer and the Director of Education and Workforce.

The trust team outlined ongoing work to improve the experience of foundation doctors in surgery including:

- appointing a lead consultant to oversee rota management
- re-writing rotas when issues identified although acknowledged that this resulted in late receipt for doctors in training
- plans to expand foundation year 1 (FY1) level posts to 24 posts via a fellowship programme
- the addition of an extra colorectal consultant on site at the weekend
- updates to escalation plans
- introduction of pastoral tutors in each subspecialty
- updates to induction including handbooks (copies provided to panel)
- additional nurse practitioner appointments
- return of physical space to teaching room

The trust also reported both positive and negative feedback they have received from both foundation doctors and advanced clinical practitioners.

Meeting with foundation year 1 doctors (22)

Rotas - the group reported that their August rotas had been received in advance but were then changed up to three times at very short notice, although they felt the new versions are better. (rec) December rotas were received on time. They reported that there are a lot of gaps in a number of areas and expressed some frustration with the way in which gaps are addressed including examples of locum shifts being advertised late when the gaps are known well ahead. The doctors in training were positive about the consultant oversight of the rota and of the addition of a twilight FY1 shift which was described as helpful when it is filled.

Workload – some of the foundation doctors told the panel that it is often impossible to get through the work needed and they are often not able to take breaks. There was a discussion about a 13-hour shift in the rota and the need to leave promptly at the end of this with some not feeling they are able to hand over work to do so, even though they are encouraged to leave. It was reported that the work would still be there the next day or that they would be challenged for not having done it. There was mixed feedback from the doctors in training about exception reporting with some feeling they had been discouraged from doing this while others felt that they were being encouraged to leave promptly. When they do exception report the process works.

Self-development time – the panel heard that this is on the rota as a whole day and, whilst there are occasional swaps, the access is broadly good.

Supervision / escalation – the panel heard that doctors in training find it difficult to get hold of an upper GI consultant or registrar for supervision and support on Sundays when they also reported having to do a ward round on their own. On other days there is a registrar or consultant led ward round. In hepato-biliary (HPB) the foundation doctors reported that they feel unsupported and

did not know who to contact at the start of the rotation; they did not know how to contact out of hours and the registrars do not hold a bleep. (MR1). Foundation doctors in the Acute Surgery Unit (ASU) reported that they were able to escalate without problems.

Pastoral tutors – the panel asked about the new system of pastoral tutors to a mixed response. Many of the doctors in training did not know about it whilst others, in colorectal and HPB units, were aware of the system and those that had met with a pastoral tutor had found it helpful. (Rec)

Induction – overall the panel heard that induction was good and useful handbooks were provided. There was a report that a foundation year 1 doctor was asked to cover the rota during the shadowing (pre-contract) period due to their being an unfilled gap. The doctors in training reported that in ENT they only do short days but also have long days at the weekend in other specialties which means the handbooks are essential. Some of the group also reported that they have been asked to prospectively look for gaps in their own rotas.

Behaviours – the panel heard reports of regular instances of upper gastrointestinal (GI) consultants shouting at foundation doctors and nursing staff in theatres which means the foundation doctors are scared to approach them for support. There were also reports of the same group of consultants shouting at advanced clinical practitioners. The ward rounds in this area were described to the panel as angry. At the evening (8pm) handover, the doctors in training described registrars belittling foundation doctors for what they felt were inappropriate jobs being handed over, which contributes to the foundation year 1 doctors not feeling able to leave with jobs outstanding even after long shifts. They were also discouraged by inappropriate remarks when requesting help from registrars – “..unless your patient is dying, I don’t want to hear about it.” (MR1)

Speaking up – in response to a question about whether the foundation doctors feel able to speak up if they have concerns, the group pointed out that in upper GI it is the consultant group that is causing their concerns so they are not clear who they could go to. In the colorectal unit learners reported to the panel that they do not feel heard; when they raise concerns, they are told it is an FY1 issue. There were also examples of some being resolved.

Other areas – the group advised that the advanced clinical practitioners (ACPs) are generally very helpful to foundation doctors and are conscious of not taking training opportunities from doctors in training. The ACPs in ENT and ASU were highly praised.

The group reported that foundation doctors in ASU, ENT and upper GI units generally don’t clerk patients.

It was reported that it is often difficult to attend mandatory teaching.

A number of individuals were praised throughout the session; ACPs – Katie Elliot, Hannah Clark, Goncalo Rodriguez, and Cheryl Bishop, consultants Mr Nigel Da Souza, Mr Malcolm West, Mr Nitin Mahobia and fellow Dr Amelia Pietra-Tridpa.

Two of the group would recommend the post, six would not and the rest felt it was dependant on which department it was in and relating to which shifts.

Meeting with foundation year 2 doctors (4)

Behaviours – the panel heard concerns from a doctor in this group about behaviours in the colorectal unit: they reported an advanced clinical practitioner shouting at foundation year 1 doctors which they felt amounted to bullying, an example of gossip about what they felt to be inappropriate relationships within the department being shared widely at the start of a rotation and sexually inappropriate comments and jokes about the 'Women in Surgery' report being made in theatre by a colorectal consultant. It was reported to the panel that the concerns about the gossip were raised with a registrar at the time whereas the concerns about the behaviours in theatre were not raised as the doctor in training did not feel able to do so in a predominantly male team as they were concerned about how it would be received and about future access to cases and references. It was raised with the educational supervisor. The colorectal unit was described in the group as being one of heightened emotions and very difficult for doctors in training to navigate. In the ENT unit clashes between specialist registrars and ACPs were reported. (MR1)

Workload – it was reported that the workload is manageable but very busy with a lot of bleeps to cover and tasks are often pushed into the next day. The doctors in training said that there are multiple departments to cover at night which is difficult. The group felt that the foundation year 2 roles in general surgery and colorectal are not well defined but that the equivalent role in ENT is much clearer.

Escalation – the panel heard that the foundation year 2 doctors don't feel escalation pathways are clear. They cover nights across multiple departments with no further induction and one described starting a rotation on call with no induction to the area. The doctors in training feel out of their depth at times and are unsure where to go for senior help; registrars are unhelpful with the exception of general surgery. (MR2, Rec) There was also a description of a new role that serves as an F1 escalation bleep but is poorly defined. (Rec) Foundation doctors are not clear which patients can be accepted.

The panel asked whether the doctors in training are able to escalate any concerns they have such as a patient safety concern; one would go to their educational supervisor; the others were not sure who they would approach.

Supervision – the group believed that new clinical supervisors have been allocated but they did not know who and did not believe they are on Horus. In practice, if they need senior help the panel were told that learners would go to the registrar room, then the consultant room and to theatres; they described being confident they would get help to ensure appropriate patient care but were not confident they would be treated well.

Pastoral tutors – there was some awareness that the foundation year 1 doctors were being offered this and one foundation year 2 doctor knew they were scheduled for this this discussion. (Rec)

Meeting with trainee advanced clinical practitioners (5)

Understanding of role – the group did not feel that the wider surgical team have a clear understanding of who is a trainee advanced clinical practitioner (ACP), who is a fully qualified ACP and therefore the difference in the scope of practice. For example, whilst they will all be qualified as independent prescribers by the end of their programme, they are not all qualified at present and it is important for the whole team, including others in training posts, to be aware of this. In ENT the ACPs are writing their own scope of practice.

Supervision – the group all reported that they are generally getting the correct amount of supervision time set out in the programme requirements of at least one hour per week and a minimum of a monthly meeting with their supervising consultant.

Training opportunities – the panel heard that whilst there can be some competition for training opportunities with other learners, the trainee ACPs were mostly able to meet their own learning needs and support the foundation doctors – they cover bleeps for foundation doctors to attend, for example, foundation teaching sessions. The trainee ACPs are invited to other teaching in the department.

Meeting with supervisors of foundation doctors (29)

The consultant group told the panel that while the surgery posts are very busy, they do try to support foundation doctors and get feedback that they have learnt a lot. They acknowledged that there have been issues with rotas at all levels recently which puts pressure on the team and affects the training experience. UHS are looking to expand the consultant and registrar body which will help this. Also, more foundation year one posts would improve training.

The panel heard that the supervisors think the foundation year one doctors find the complex workload that exists to be difficult to manage well within the limit of a four-month job, and that the F1 role within the bigger team isn't as well defined as it could be. They reflected the difficult balance of supporting and integrating foundation doctors and trainee ACPs and that the lack of a team structure does not allow them to build relationships.

In the colorectal unit a consultant of the week system was described with foundation doctors encouraged to ask questions. It did not appear to the panel that the F1s were aware of this.

Restrictions on available space, with shared offices, was reported to make it difficult to discuss sensitive or confidential issues.

The group confirmed they have SPA time built into their job plans. From a consultant point of view rota management is done well.

Meeting with supervisors of trainee advanced clinical practitioners (2)

Support for supervisor role – the panel heard from the group that they do not yet feel well supported as supervisors of trainee ACPs although newly introduced job plans do now cover supervision and they are now getting access to the funding that supports the trainees. The supervision load is quite high with one supporting five trainee ACPs who all also have a supervising consultant and the other supporting seven trainee ACPs, two of whom also have a consultant supervisor and three who are new starters. The mix of pathways that the trainee ACPs are on complicates this support.

Understanding of roles – the supervisors echoed the view of the trainees that there is not a clear understanding across the whole surgical team of the ACPs roles and the difference between trainee and qualified ACPs.

Behaviours – in response to a question about behaviours across the surgical team, it was reported that there are some difficult doctors in the urology team who do not respect ACPs. (MR1)

Other points – a concern was raised about the way in which sickness among foundation year one doctors is monitored and managed and whether it is sufficient to ensure both their wellbeing, particularly as some are new to the NHS or new to the area, and to manage their return to work. (rec) There was also reflection that the current foundation year ones differ from recent cohorts both in their expectations and in their approach to teamworking, with examples given.

NHS England Education Quality domains and standards for quality reviews

Quality standard	Education quality domain 1 learning environment and culture	Requirement reference number
1.1	The learning environment is one in which education and training is valued and championed.	MR1
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.	MR1
1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	
1.5	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.	
1.6	The environment is one that ensures the safety of all staff, including learners on placement.	
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	MR1, MR2
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	
1.9	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.	
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	
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.	
1.12	The learning environment promotes multi-professional learning opportunities.	Rec
1.13	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	Rec

Quality standard	Education 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.	
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.	MR1
2.3	The governance arrangements promote fairness in education and training and challenge discrimination.	
2.4	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
2.5	The placement provider can demonstrate how educational resources (including financial) or allocated and used.	
2.6	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.	
2.7	There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	
2.8	Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including NHSE and education providers).	

Quality standard	Education quality domain 3 developing and supporting learners	Requirement reference number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	Rec
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	Rec
3.5	Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	MR2
3.6	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.	

Quality standard	Education quality domain 3 developing and supporting learners	Requirement reference number
3.7	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional standards, and learning outcomes.	
3.8	Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	MR1
3.9	Learners receive an appropriate, effective and timely induction into the clinical learning environment.	Rec
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	Rec
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	


Quality standard	Education quality domain 4 developing and supporting supervisors	Requirement reference number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	
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 providers, NHSE).	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	
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 learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the educational needs (and other non-clinical needs) of their learners.	
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.	

Quality standard	Education quality domain 5 delivering curricula and assessments	Requirement reference number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	Rec

5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions required to meet curriculum requirements.	Rec

Quality standard	Education quality domain 6 Developing a sustainable workforce	Requirement reference number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	
6.3	The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	
6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	

Report approval

Report completed by	Caroline Lee, Head of Education Quality
Review lead and NHS England authorised signatory	 Dr Paul Sadler, Regional Postgraduate Dean
Date signed	8 January 2024
Final report submitted to organisation	24 January 2024