

Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE REVIEW	
Programme Name:	Otolaryngology
LEP (Trust/Site) reviewed:	Health Education England (working across Yorkshire and Humber) Otolaryngology Programme Review
Date of Visit:	18/04/2016

SECTION 2: FINDINGS FROM THE REVIEW

SUMMARY

Historically there are two rotations within the Programme, 'The South' and 'North, West & East (NWE)'. There was a good representation of Educational Supervisors (ES) and Specialty Registrars present. 13 ESs attended representing Bradford, Halifax, Huddersfield, Hull, Leeds, Rotherham, Sheffield, Wakefield and York. Ten Specialty Registrars attended, representing, Barnsley, Bradford, Doncaster, Huddersfield, Hull, Leeds, Rotherham, Sheffield, Wakefield and York. Levels ST3 to ST7 were present. They were enthusiastic, eloquent and where they had complaints these were discussed in a constructive manner and spoke very highly of their TPD.

The registrars feel well supported by their ESs and the TPD Mr Reilly. Mr Reilly makes an effort to meet all the registrars individually to explain the requirements of the programme and the details of rotation and assessment. His efforts were appreciated by the registrars although it was suggested that a formal induction into the ENT programme on a group basis would be beneficial so that all registrars can be inducted at a similar time. Failing that local induction needs to be more robust as induction to individual ENT departments was patchy and this was of particular concern where there is multi-site on call cover (which is not such an issue in the NWE rotation). For clinical induction to specialty there are now two national induction 'bootcamps' to which trainees have access.

Quality of training: Following an earlier Programme review and TPD intervention, clinical and surgical training was thought to be on a par in each rotation. However with regard to formal teaching sessions/days there is a disparity. It would appear that registrars in the South are disadvantaged with regard to access to simulation training and consultant led teaching. Formal teaching sessions in the South are mainly led by registrars whereas in the NWE they are consultant led with formal sign in. The South section of the programme, for historical reasons, is linked to other units within HEE East Midlands 'North' which further complicates, and makes more difficult, harmonising training within the Yorkshire rotations.

The simulation facility at Bradford was praised by both registrars and ESs as an excellent teaching resource which presents a multi-professional training format for use by a variety of disciplines within the ENT department. The simulation exercises are based around case scenarios and are effective in their authenticity. Study leave is relatively simple to secure for this and national courses as long as this is done well in advance and that suitable cover is identified. Some units also have temporal bone labs. Teaching for exam preparation was described as informal but enthusiastic. The success rate in the Final FRCS (ENT) is high.

Surgical training: Registrars are getting the four surgical sessions mandated by the curriculum. However at some sites, overbooking of theatre lists has added pressure for procedures to be completed quickly, which can mean that trainees are being overlooked and are not getting the opportunity to operate. In some centres registrars find themselves competing for surgical cases with staff grades and fellows. Rotherham was praised as a trainee-centric site in which trainees' surgical experience needs are catered for.

The registrars complimented their supervisors in maintaining an appropriate numbers of patients on their out-patient clinic lists, often against the wishes of out-patient managers.

Registrars feel that they are receiving a good breadth of experience and that the programme is designed to ensure that trainees are equipped with a comprehensive competence of the general areas of ENT. Although they have the opportunity to develop specialists interests within the current structure they felt that ST7 would be an appropriate level to experience more sub-specialty training which could then be supplemented with a fellowship post CCT.

The ARCP process was described as being ‘open and honest and with realistic expectations’, some registrars being in a position to make comparisons with other LETBs. The date of the ARCPs (September) means that registrars and their supervisors have their first meeting without the benefit of their ARCP outcome and discussion. The registrars reported that ARCP dates and training dates are not advertised on the school website although it was admitted that most had not consulted the school website for a considerable length of time. Registrars rely on direct communication of the information via email from Programme Support. Assessing portfolios and reporting findings to the ARCP panel is performed exclusively by the TPD.

Although Foundation and Core Surgical training are not within the remit of the Programme, concern was expressed by registrars about sufficient out-patient and surgical training being given to this group particular in CST. Negative comments in the local survey probably came from this group. Trainers and Registrars commented on the relative lack of numbers of these junior doctors in training, although the registrars were more pragmatic about the likelihood of this changing and talked of other solutions such as advanced nurse practitioners. Their view was that whilst these alternatives had perceived problems “someone was better than no-one”. The current situation impacts on registrar training when they are asked to cover the wards whilst simultaneously running an out-patient clinic. The lack of suitably trained first on call juniors (often cross covering out of specialty without sufficient training or indeed any enthusiasm for the specialty) also impacts the registrars at night and often the second on call does not know who they are. Travelling between hospitals in response to emergency calls was identified as logically challenging due to the distance between sites adding to the pressure on registrars (who do not work shift pattern). Whilst the situation is not the Programme’s problem it is a problem for the Programme and may get worse in the future. The problem should not be left to registrars to sort.

Both trainers and registrars commented that they are not given details of the next rotation in time for planning (personal and departmental). The TPD does submit the rotation well in advance to the LETB and following validation this is sent to Trust HR departments but at present there is no secure arrangement to inform trainers or trainees. The registrars are sometimes left to select their own educational supervisor, often when they arrive in their next unit.

The registrars feel that the implementation of a mechanism through which they can provide feedback about their supervisors would be beneficial. For example they reported one supervisor who is consistently reluctant to allow trainees to carry out surgical procedures. This is a failure to train and it is important that registrars are given the opportunity to raise such issues and for them to be addressed. The TPD commented in his report that “the main barrier to good training has been caused by limited engagement in training by some trainers although I believe this is now improving, particularly with the introduction of the Deanery’s online training module which is going to be compulsory for all trainers.” Some Trainers expressed frustration with the on-line training system’s tendency not to save completed work, leading to Trainers having to repeat modules. This seemed to be dependent on the operating systems used by different Trusts.

The registrars feel that guidance and training in leadership and management would better prepare them for entering into a consultant role. Dealing with complaints was highlighted as a particular area of interest as well as general management skills. The ESs commented that the curriculum concentrates on helping trainees to gain clinical acumen and that the registrars would benefit from management & leadership guidance.

Currently ENT registrars are encouraged to publish research but this is not a required competence in their curriculum. All reported that appropriate time was available during the week for research and QI projects. Registrars recognised the importance of publishing papers and conducting QI projects (training in the latter being a curricular requirement) However both trainers and registrars acknowledged that in the current job climate the need for published papers had diminished and the standard of audits was questionable. The lay member of the review team commented that training

in this area was a weakness in the Programme and was recognised as a vital requirement by both HEE and the GMC.

Though a representative from the Lincoln site (HEE East Midlands 'North') did not attend, this placement was discussed. The general opinion of the group is that the placement can present problems for trainees with families due to its location. Those present said they would ask not to be placed there but the TPD said that those who take up the placement report the level of experience and the opportunities available to them to be of great benefit. A comment on the local survey indicated that this was an isolated post for an ST3.

No bullying or undermining issues by other staff were reported although female registrars commented that their level of training was not uncommonly undermined by patients.

AREAS OF STRENGTH

No	Site	Area	
1			Registrars are well supported by their Educational Supervisors and, with isolated exceptions, clinical and surgical training is very good and covers the curricular requirements.
2			The Simulation facility at Bradford offers excellent training opportunities.
3			The current TPD is valued highly by everyone working within the Programme and much has been achieved over the past three years since the last review.

AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline and Evidence
1	All	All	Research & QI	<p>The TPD and senior educators to review the GMCs generic competencies requirement for training programmes.</p> <p>They should ensure that registrars are trained in research methodology and are supported with research projects. (RAFTrainees.com and www.ukswarm.com are useful websites)</p> <p>All registrars must be trained in, and have been involved in QI projects (curriculum requirement).</p> <p>Training in leadership and general management (curricular requirement) for more senior registrars must be built into the Programme.</p>	Teaching programme with these elements incorporated to be submitted to Head of School & Deputy Dean by October 2016
2	All	All	Training	The TPD and HoS could stimulate discussion across the Programme as to new service delivery options to replace dwindling numbers of more junior doctors.	
3	All	All	Induction	Induction to the Programme must be formalised, possibly by using the School website. The TPD must ensure that induction occurs in local departments and is robust.	TPD to report to Head of School regarding how School website could be utilised and feedback on responses from local

					departments as to how local induction will be delivered by July 2016
4	South		Training	<p>Formal Teaching must be consistent across the Programme. The TPD must work with Consultant Trainers in the South rotation to achieve formal consultant led teaching sessions that mirror those in the NEW rotation with particular regard to simulation.</p> <p>School and Programme managers should undertake a review of the current cross border arrangements and the impact of bringing all training within HEE Yorkshire and the Humber. This to include a review of the training post at Lincoln.</p>	<p>Submission of a formal teaching programmes for both rotations to Head of School & Deputy Dean by Sept 2016</p> <p>Report to be submitted to Head of School and Deputy Dean by Oct 2016</p>
5	All	All	Communication	<p>School and programme managers must review the use of website to communicate key dates and other information to registrars</p> <p>If rotation information could be posted on the website this would draw the registrars to the website.</p> <p>School and Programme managers must ensure that both registrars and local departments are informed about the rotation in adequate time.</p>	Business Manager to revise Policy on website use (and updating) and submit to TPD, Head of School/Deputy Dean by July 2016
6	All	All	Training	<p>The TPD should consider how the two rotations could be linked to give to a wider rotation that encompassed local strengths within the Programme. Hull has a dedicated research post, the only dedicated children's unit is in Sheffield etc. (At present this is done on an ad hoc basis)</p> <p>The TPD could consider introducing more senior registrars to sub specialty training in their last year of training.</p> <p>The TPD should assign trainees to Educational Supervisors so that both parties are aware before the rotation occurs. (S)He should provide more direction to departments as to specific areas of training that the registrar needs to complete during the next rotation.</p> <p>The TPD could consider changing the date of the ARCPs so that the result was known before the rotation and informed an individual's training requirements in their next post. The TPD should involve other members of the ARCP Panel in the assessment of portfolios to encourage wider participation in, and understanding of, the process.</p>	<p>Copies of rotation for March 2017 with details of ES arrangements attached to be submitted to Head of School/Deputy Dean by Aug 2016</p> <p>For next round of ARCPs</p>

7			Feedback	The TPD should consider how the Programme could securely receive feedback from registrars about training issues that do not surface in the current surveys (such as lack of surgical training).	Revised policy from TPD to Head of School/Deputy Dean by July 2016
8			TPD Handover	In order to preserve the outcomes of the excellent work achieved by Mr Reilly, it was deemed appropriate to appoint Mr Reilly's successor while he is still in post. This will allow a more structured handover ideally over a 3-6 month period.	Business Manager to submit details of succession planning to Head of School & Deputy Dean by June 2016

SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)

No further action required – no issues identified	
Monitoring by School	Yes
Speciality to be included in next round of annual reviews	
Level 2: Triggered Visit by LETB with externality	
Level 3: Triggered Visit by LETB including regulator involvements	

Section 4: Decision (To be completed by the Quality Team)

NEXT PROGRAMME REVIEW TO TAKE PLACE IN THREE YEARS (2019).

Section 5: Approval

Name	Mr Michael Hayward
Title	Associate Postgraduate Dean, Health Education Yorkshire & Humber
Date	8 th June 2016

DISCLAIMER:

In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.