

Action Plan – Postgraduate Education Monitoring Visit

Liverpool Heart & Chest NHS Foundation Trust

Date of Visit:	23 November 2016
Date Action Plan required:	1 July 2017
Response compiled by:	Dr James Greenwood, DME

Please do not embed any documents. Documented evidence should be referenced in the action plan and made available on request.

Number	GMC Requirement	Requirements		
1	R1.12c & R5.9	<ul style="list-style-type: none">• The Trust must ensure that sufficient learning opportunities are available to cover the curriculum.• The Trust must review trainee access to a wet-lab or simulation suite so that trainees are able to maintain and improve their skills between theatre sessions.		
Trust response: all trainees are carefully allocated to Supervisors and lists dependent on their level of training, development needs and achievements to date. The Trust will increase the number of simulation and wet-lab opportunities that are available, and is also looking at fixed and virtual simulators. Daily “Consultant-of-the-Week” ward rounds commencing 1/7/17 will release some trainees from this service commitment, allowing them to attend clinical meetings, MDTs, team briefs etc. For those trainees attending the ward round, this will now become a Consultant-delivered training opportunity.				
Corrective action		How will you demonstrate quality improvement?	Timeline	Responsibility
Commence cardiac wet-lab teaching in partnership with Kent Lodge		Trainee attendance at wet lab	October 2017	JG / MK / SW
Ensure trainees have maximum access to training		Trainee survey, weekly rota allocations, trainee portfolio outcomes	July 2017	JG / MK / SW

lists and clinics			
“Consultant-of-the-Week” ward rounds	Trainee attendance at team brief, MDT, clinical meetings etc	to commence 1/7/17	MK
How will you sustain quality improvement?		Timeline	Responsibility
monitoring of impact of access to learning opportunities following the introduction of above measures	trainee portfolio review, trainee operator audit, local training audit	ongoing	all

Number	GMC Requirement	Requirements		
2	R1.12	• The Trust must ensure that higher cardiothoracic (cardiac specialist) trainees are exposed to appropriate learning opportunities for independent practice.		
Trust response: the surgical training faculty is committed to increasing the frequency and value of learning opportunities that are available for trainees. A recent audit has shown that the number of cases being carried out by trainees as first operator has increased significantly, and that trainees are seeing a greater mix of patients in the outpatient environment. The Surgical Department will introduce a Consultant-of-the-Week system. This will comprise a daily morning Consultant Ward round to releases trainees for theatre lists, and afternoon follow-up clinics which will again release trainees from service-orientated tasks.				
Corrective action		How will you demonstrate quality improvement?	Timeline	Responsibility
“Consultant-of-the-Week” ward rounds		Trainee attendance at team brief, MDT, clinical meetings etc	to commence 1/7/17	MK
Ensure closer matching of trainees to supervisors based		Trainee portfolio review, direct trainee feedback	ongoing	DMP / SW

<p>on their stage of training and outstanding needs</p> <p>Performance management of surgical supervisors, including removal of SPA time if required</p> <p>Appointment to surgical faculty lead position (replacement) of individual with proven track record in education and delivery of training</p>	<p>Trainee and trainer feedback, job planning, educational appraisal output.</p> <p>Appointment process</p>	<p>ongoing</p> <p>1/7/17</p>	<p>JG / MK / DMP / SW</p> <p>JG</p>
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Number	GMC Requirement	Requirements
3	R2.1	<ul style="list-style-type: none"> • The Trust must continue to monitor the concerns raised through enhanced monitoring, for trainees working in surgical placements, to ensure that the concerns are sustainably addressed. Specifically, the Trust must continue monitoring: <ul style="list-style-type: none"> ○ access to, and value of inductions; ○ the educational and clinical value of handover; ○ access to curriculum-suited learning opportunities, particularly for theatre and clinics (see the above requirement); ○ the balance of learning opportunities and service requirements. ○ the curriculum mapping of placements
<p>Trust response: we continue to monitor these concerns via feedback from induction programmes, handover audits and the monthly trainee survey via surveymonkey, the results of which are sent directly to the DME. Audits have also been carried out of trainee operating</p>		

time and clinic activity.			
Corrective action	How will you demonstrate quality improvement?	Timeline	Responsibility
continuing administration of induction feedback, handover audits, trainee survey and theatre / clinic activity audits	audit output	ongoing	DME
How will you sustain quality improvement?		Timeline	Responsibility
modify induction programmes, handover processes etc if problems are identified via the above means.		October 2017	DME

Number	GMC Requirements	Requirements
4	R2.7 & R1.6	<ul style="list-style-type: none"> The Trust must ensure that there is a mechanism for trainees, in addition to through their educational supervisors, to raise their concerns about education, and for trainees to receive feedback on the concerns raised.
<p>Trust response: the DME offers an open door policy to all trainees to raise concerns about their training. A monthly training audit is sent to all trainees which contains specific questions about training opportunities. This audit is owned by the DME who reviews the results of this on a monthly basis. The Trust offers a junior doctors forum to which all trainees are invited. Trainees are made aware of, and invited to, trust initiatives such as Safety Huddle, Speak out Safely on their induction</p>		

Corrective action	How will you demonstrate quality improvement?	Timeline	Responsibility
continue monthly trainee audits managed by DME	outputs of audit	ongoing	DME
continue to invite trainees to junior doctor forums / engagement events, supported by DME and Guardian of Safe Working	notes / minutes from the events	ongoing	DME / GoSW / HR department

Number	GMC Requirements	Requirements		
5	R3.7	<ul style="list-style-type: none">• The Trust must ensure trainees are aware of the educational value of their training in POCCU and that there are adequate educational interactions given to the trainees by both consultants and other senior training staff in POCCU.		
<p>Trust response: Critical Care and postoperative management is identified as a key topic in the Cardiothoracic Surgery Curriculum 2015. As well as this, many other key areas in the curriculum are relevant, such as end-of-life care, transplantation. There are 2 Consultant Intensivists during normal working hours who see all patients within the Critical Care Unit. Whilst interaction between surgical trainees and these individuals can be variable, there should be the opportunity for high quality, relevant critical care teaching for the allocated trainee on a daily basis.</p> <p>There is a long-term plan to recruit and train a full tier of ANPs in Critical Care. Ultimately, this will enable the reduction of the surgical trainee role in Critical Care to be largely supernumery, so they are only there for emergencies and training.</p>				
Corrective action		How will you demonstrate quality improvement?	Timeline	Responsibility

improve interaction between Consultant Intensivists and surgical trainees to ensure delivery of training as frequently as possible	direct feedback, training audits	October 2017	JG
recruit tier of ANPs to cover service aspect of POCCU cover	removal of surgical trainees from POCCU cover	August 2020	Clinical services division

Recommendations

Number	GMC Requirement	Recommendations
1		<ul style="list-style-type: none"> • The Trust should look at ways to continue engaging trainees with educational issues, so that trainees can feed into mechanisms to share good practice and identify areas for improvement. • The Trust should consider providing appropriate space and simulation resources for trainees to meet, work and learn, to continue fostering a culture of education and to further improve trainee engagement.
<p>Trust response: the DME meets continually on an informal basis with trainees, and offers an open door policy to any trainees with issues which they wish to raise. Trainees are represented on the Medical; Education Steering Group which meets fortnightly, and training issues are regularly discussed in this forum. The Trust offers a monthly informal trainees' forum to offer the opportunity to discuss issues with representatives from the Education and HR departments.</p> <p>The Trust has provided a new Study / Resource room for Surgical trainees which is away from the clinical areas, giving them the ability to work and study in a relatively quiet environment</p>		

Corrective action	How will you demonstrate quality improvement?	Timeline	Responsibility
provision of resource room for surgical trainees	provide the room!	March 2017	DME and education team
continued representation of surgical trainees on Medical Education Steering Group and Junior Doctors forum	notes / attendance lists from meetings	May 2017	DME / surgical faculty leads

Number	GMC Requirement	Recommendations
2		<ul style="list-style-type: none"> • The Trust should consider maximising learning opportunities using the additional weekend theatre sessions available
Trust response: weekend theatre lists are variable and unpredictable, and are often used to operate on private patients. Trainees are offered the opportunity to be available to assist / operate on these cases on an ad-hoc basis. However, rota constraints and weekend frequency limit this as a routine occurrence.		

Number	GMC Requirement	Recommendations
3		<ul style="list-style-type: none"> • The Trust should consider developing multi-source feedback appraisals to further develop integrated multi-professional working and learning. • The Trust should review the rotas for cardiothoracic trainees, to address the multiprofessional nature of the service and ensure that the rota maximises the educational opportunities for each of the professional groups involved.
Trust response: the introduction of a daily Consultant delivered ward round of all cardiac inpatients will release higher trainees from this responsibility and will enable them to guarantee attendance at team briefs and MDT meetings which occur concurrently with the ward rounds. In addition, the routine provision of a fixed Consultant-led multidisciplinary ward round will enable this to be delivered as a		

teaching opportunity for all involved.

Number	GMC Requirement	Recommendations		
4		<ul style="list-style-type: none">• The Trust should continue to involve trainees in QI projects, and the audit department should proactively share suitable QI projects with trainees.• The Trust should consider releasing data that is routinely collected by trainees so that they have background information on which to base QI projects.		
Trust response: the Trust has a mature and inclusive audit policy. Trainees continue to be involved in QI projects, and are well supported by the Trust Audit Department. Cardiac and Thoracic surgical databases are maintained, and data can be pulled from these as the basis for QI projects at short notice				
Corrective action		How will you demonstrate quality improvement?	Timeline	Responsibility
continue to involve / support trainees in the delivery of QI projects		Trust Audit Department accounts / reports	ongoing	audit department