

## Visit to The Walton Centre

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

### Review at a glance

#### About the visit

<b>Visit date</b>	Thursday 10 October 2013
<b>Site visited</b>	The Walton Centre, The Walton Centre NHS Foundation Trust
<b>Programmes reviewed</b>	Core surgical training (CST) Neurosurgery Undergraduate (Liverpool Medical School)
<b>Areas of exploration</b>	Training for trainers, Patient safety and specialist support for non-neurological/neurosurgical problems, breadth of training experience, engagement with Liverpool Medical School, lead employer arrangements and reduction in core surgery doctors in training.
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested</b>	No

via the responses to concerns element of the QIF?

## Summary

- 1 The Walton Centre, a local education provider (LEP) was visited as part of our review of undergraduate and postgraduate medical education and training in north west England. The visit focussed primarily on the experience of doctors training in core surgery and neurosurgery based at the site. The Walton Centre NHS Foundation Trust is a specialist neurosciences centre providing care to patients from across Merseyside, Cheshire, North Wales and the Isle of Man.
- 2 Access for staff and patients to the neighbouring Aintree University Hospital and the Clatterbridge Cancer Centre has recently been improved with the opening of a bridge that links the sites. Plans are underway to develop a new three storey building on the site to increase capacity. The Walton Centre NHS Foundation Trust is also working to develop community services in the area including a community pain service.
- 3 Overall, we found that the Walton Centre was committed to education and training, particularly at the higher specialty training level. Doctors in training were well supervised and supported. Core surgical and first and second year specialty doctors in training did not think their training needs were currently being met. They said this had resulted from the way in which they are allocated to wards as opposed to teams; however, there appeared to be ample educational opportunities that could be better signposted and supported.

### Areas of exploration: summary of findings

#### Training for trainers

The lack of compliance with trainers achieving 'level one' training status was previously identified in the Dean's report. We found an improvement in this area with over 90% of trainers having completed the required training; this has been helped by the delivery of an in-house training course.

See [area of improvement 1](#)

**Patient safety and specialist support for non-neurological / neurosurgical issues**

Doctors in training reported good levels of clinical supervision and being able to access senior support as and when required. Doctors training in neurosurgery confirmed they have never had to work unsupervised or perform tasks beyond their competence.

Doctors in training also reported good clinical input from the consultants at Aintree University Hospital when required for non-neurological/neurosurgical issues. This included the willingness of consultants at Aintree to attend The Walton Centre when needed. The senior management team informed us there are service level agreements in place with Aintree for this purpose.

No patient safety issues were identified.

Standards are being met in the aspects of patient safety that we explored on this visit.

**Breadth of training experience provided**

The Education Management team told us that there are lots of training opportunities available for doctors training at the Walton, which deals with a high volume of cases, many being complex patients requiring technically-demanding surgical procedures. The doctors training in neurosurgery said there are enough sub-specialist teams on site to provide a wide breadth of training experience and they would certainly recommend it as a training site.

The ST1-2 and CST doctors are unhappy with the current rota arrangements, which require them to be based on specific wards looking after patients admitted under multiple consultants. They believe this current structure restricts their learning opportunities compared with the previous arrangements. Under the previous firm based system, the doctors in training would look after patients on different wards who were admitted under the care of their allocated consultant(s). This permitted closer working with the more senior doctors. The senior management team and educational supervisors thought the doctors in training may not be taking full advantage of the training opportunities available.

See [requirement 2](#)

**Engagement with Liverpool medical school**

We heard about the involvement of the Walton Centre in the current curriculum review at Liverpool Medical School. The Walton Centre is hopeful the new curriculum will facilitate an increase in the amount of undergraduate teaching they provide.

### Lead employer arrangements

St Helens and Knowsley Teaching Hospitals NHS Trust is the single lead employer for doctors training in the Mersey region. Doctors training in core surgery and neurosurgery thought this did not have a major impact on them but did remark that it held some advantages, such as Disclosure and Barring Service Checks (formerly CRB checks) and immunisation status records being held centrally and thus reducing administrative burden when moving between trusts.

The Education Management Team told us there are some disadvantages of the lead employer model in respect of recruitment. Some recruitment is required to go through the lead employer's HR and there is a perception that larger organisations may be prioritised above the Walton Centre.

This issue was identified for further exploration at the visit to Health Education North West (HENW) on 20-21 November 2013. Please see the visit report for HENW for further information on this area.

### Reduction in numbers of core surgery trainees

The number of doctors training in core surgery at the Walton Centre has reduced from six to two. There are currently two foundation year 2 (F2) doctors in post.

We heard that there are a large number of consultants at the Walton, and a relatively small number of F2, CST and ST1-2 doctors in training. We also heard that there have been attempts in the past to bring more F2 posts to the Walton and there is also a desire to bring some F1 and GP training posts as they feel they can offer a good training experience to these doctors. This is dependent upon HENW being able to support and fund these posts, which has not been possible to date.

## Areas of improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>The Trainee Doctor</i>	Areas of improvement for the LEP
1	TTD 6.34	<p>The Walton Centre understands the importance of providing trainers with the skills needed to train and there is a process in place to ensure this happens.</p> <p>Trainers are supported in undertaking their training role through the provision of an in-house course to enable the attainment of level one training status.</p>

**Area of improvement 1: The Walton Centre understands the importance of providing trainers with the skills needed to train and there is a process in place to ensure this happens**

- 4 Consultants at the Walton have the opportunity to train locally as there is an in-house course run by a staff member that has been well received and well attended. This course covers the core principles for training and is tailored for neuroscience.
- 5 Health Education North West set a mandatory recommendation following an Annual Assessment Visit in 2012 for all trainers to have level one training status. The Education Management Team informed us that over 90% of trainers have achieved level one training status. The clinical and educational supervisors we met with confirmed that educational supervisor training is available and all those we met with had completed the training.

**Requirements**

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>The Trainee Doctor</i>	Requirements for the LEP
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1	TTD 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.
2	TTD 5.1	Learning opportunities available for Core Surgery and ST1-2 doctors in training must be communicated more clearly and opportunities taken to increase the overall educational experience so that training needs are met.

**Requirement 1: Current terminology must be used when referring to the grades of doctors in training and designing rotas**

- 6 We noted the doctors in training and their supervisors and the education management team frequently referred to 'senior house officers' (SHO) and specialist registrars (SpRs), which is out of date terminology.
- 7 The doctors training in neurosurgery confirmed their understanding of 'SHO' to include doctors from F2 up to Specialty Training level 2. However, the expected level of competence and clinical supervision requirements for these different levels of training varies considerably. The appropriate level of clinical supervision and expected competence of an F2 that has just begun a four month post in a specialty is considerably different from a CT2. The elimination of these terms would ensure clarity of understanding for other staff members including nursing staff, especially given these grades are included in the same 'SHO' rota.

**Requirement 2: Learning opportunities available for core surgery and ST1-2 doctors in training must be communicated more clearly and opportunities taken to increase the overall educational experience**

- 8 Since autumn 2012 services have been reconfigured into sub-specialty wards and this is supported by a rota for the F2, CST and ST1-2 doctors. This rota requires them to be attached to a ward rather than a firm of more senior doctors in training and consultants. The CST and ST1-2 doctors in training we met think this adversely affects the quality of their training experience and makes it difficult for them to attend theatre and clinics. They told us the current arrangements do not allow them to get to know individual consultants and informal training opportunities are now missed by having less contact with the consultants; for example, the opportunity to ask questions when walking between wards. They reported feeling demoralised and that much of the work is no more

advanced than that expected in a foundation year one role.

- 9 The current CST and ST1-2 doctors have arranged an additional rota that allows them to attend theatre one day per week. This enables them to have the opportunity to observe and where appropriate take part in neurosurgical procedures.
- 10 Some of the educational supervisors we met understood the reasons for reconfiguring the service into different specialty wards. In theory this should improve efficiency, as the specialist doctors have to visit less wards in order to see all of their patients. However, they stated the current arrangements can be isolating for the more junior doctors in training who are based on the wards, as it reduces the opportunity to more closely interact with the consultants. Some felt there are valuable training experiences available for the CST and ST1-2 doctors, including managing wards and learning to recognise and manage critically unwell patients, in addition to attending clinics.
- 11 The LEP senior management acknowledged the mismatch in the expectations and experience reported by these doctors in training and outlined the steps being taken to support them, including ongoing improvements to IT systems, expanding the numbers of advanced nurse practitioners, and supporting specialist nurses to obtain extra qualifications. It is hoped that such measures will reduce the amount of routine tasks for the doctors in training and thus there will be greater opportunities to attend clinics and theatre.
- 12 The findings above support the recommendations in the Health Education North West Annual Assurance visit report from its visit to The Walton Centre on 8 May 2013 including keeping the balance between service delivery and education under close review, ensuring appropriate induction, consultant supervision, handover and feedback under the new arrangements and providing CSTs with the opportunity to attend theatre.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>The Trainee Doctor</i>	Recommendations for the LEP
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1	TTD 6.11	The Walton Centre should enable CST and ST1-2 doctors in training to gain experience in leading handovers.
2	TTD 6.9	The Walton Centre should provide additional mentoring and career advice to the ST7-8 neurosurgery doctors in training to support them in deciding upon a special interest.
3	TTD 7.1	The Walton Centre should improve the extent to which neurosurgical training engages with the School of Surgery at ST1/CT1 level.

**Recommendation 1: Ensure CST and ST1-2 doctors in training are given the opportunity to lead handovers as this is an educational opportunity to learn a new skill which is currently being missed**

- 13** Doctors training in both core surgery and neurosurgery reported robust arrangements for handover that they feel work well. This included morning handovers with the night manager and the consultants.
- 14** While the arrangements appear to be appropriate and safe, handover is at present led by consultants and there are potential learning opportunities available for the doctors in training, through leading handover in the presence of senior staff for mentoring.

**Recommendation 2: Provide additional support and mentoring to ST7-8 neurosurgery doctors in training to support their selection of a special interest**

- 15** The ST7-8 doctors in training we met emphasised the importance of selecting the right special interest for them, and that they would benefit from some mentoring in this area which would take account of their special interest and the likely future service need. They explained that the consultants are respectful of their personal choices, and freely offer support and advice once they have made a decision. They would however value support in making the decision, ideally at an earlier stage in their training.

**Recommendation 3: Increase the level of involvement of neurosurgical training with the School of Surgery**

- 16** The Mersey Deanery School of Surgery Annual Report dated October

2012 reported an ongoing lack of engagement from neurosurgery with the School of Surgery. The report noted that as a consequence of this, progress in compliance with the e-platform for surgical training, the Intercollegiate Surgical Curriculum Programme, lags behind other specialties.

- 17** We were advised that the Training Programme Director (TPD) attends the School of Surgery Board meeting; however, there was some uncertainty as to the extent to which these meetings add value. Increased engagement with the School of Surgery would provide the opportunity to learn from good practice in other surgical programmes. We heard that the TPD also attends meetings at the Royal College of Surgeons to ensure the Walton keeps up to date with changes to the curriculum, and is actively involved.

## **Acknowledgement**

We would like to thank the Walton Centre and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.