QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

King's College Hospital NHS Foundation Trust

Clinical radiology

Risk-based Review (focus group)

Quality Review report

15 March 2018

Final Report

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Quality Review details

Background to review	In February 2017 Health Education England (HEE) undertook an Urgent Concern Review (on-site visit) of clinical radiology at King's College Hospital NHS Foundation Trust. During the course of the review, serious concerns were raised in relation to the quality of education and training provided for clinical radiology trainees at King's College Hospital. Following the review, HEE suspended training in Specialty Training Year 1, 2 and 3 levels (ST1, 2 and 3). HEE met regularly with the departmental leads at the Trust to support improvements and a further Risk-based Review (on-site visit) took place in November 2017 to ascertain the progress that had been made. It was felt that a further focus group was needed to investigate whether to further ensure that the education and training environment was suitable for the ST4+ trainees within the department and whether the ST1-3 trainee posts could be reinstated. In the General Medical Council National Training Survey (GMC NTS) 2017, clinical radiology at King's College Hospital returned the following outliers: - 11 red outliers in: overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, workload, team work, supportive environment, curriculum coverage, educational governance, local teaching and regional teaching - Three pink outliers were received in: induction, educational supervision and feedback
Training programme / learner group reviewed	Clinical radiology
Number of learners and educators from each training programme	The review team initially met with trainees at the following grades: - Specialty Training Year 4 - Specialty Training Year 5 The review team then met with a number of educational and clinical supervisors and the Clinical Director.
Review summary and outcomes	HEE would like to thank the Trust for accommodating the Risk-based Review (focus group) and ensuring that all the sessions were well attended. During the course of the review, the quality review team was informed of some areas that were working well in relation to the education and training of clinical radiology trainees. - The review team was pleased and encouraged by the work that the department had undertaken to improve the quality of the education provided to trainees. It appeared to the review team that the morale at both a consultant and trainee level, had improved since the previous Risk-based Review (on-site visit) Health Education England undertook in November 2017. It was felt that this in part was due to the increase in the number of consultants in the department. - The review team was pleased to hear about the plans the department had developed in relation to how they would provide training for trainees in

	Specialty Training Year 1, 2 and 3 (ST1, 2 and 3) if or when they were reinstated within the department in the future, especially regarding the plans as to how they would be incorporated into out of hours' work. The review team stated that further feedback would be provided to the department in the following week, regarding the possible reinstatement of ST1-3 trainees in the future, following a discussion with the Postgraduate Dean Dr Andrew Frankel. - The ST4/5 (higher) trainees reported that the support, supervision and experienced they received in their sub-specialty training was of a high standard and quality and that there had been some small improvement in the non – specialist training as a result of the increased number of consultants. However, an area of improvement was also identified and highlighted as follows: - It was acknowledged that there was still further work to be undertaken in relation to the consultant appointments within the department and that this may have resulted in the trainees not perceiving that a sufficient number of consultant appointments had been made to provide adequate support and supervision for ST1-3 trainees in the department. However, the review team noted that the department had plans for an additional four consultants to be appointed. -

Quality Review Team			
HEE Review Lead	Dr Jane Young Head of the London Specialty School of Radiology	**External Clinician**	Dr Deborah Low Consultant Radiologist Barts Health NHS Trust
Deputy Postgraduate Dean	Dr Anand Mehta Deputy Postgraduate Dean Health Education England South London	**Scribe**	Elizabeth Dailly Deputy Quality, Patient Safety and Commissioning Manager Health Education England London and the South East
Lay Member	Jane Gregory Lay Representative	**Observer**	John Marshall Learning Environment Quality Coordinator Health Education England London and the South East

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users. **1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.** **1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**		
Ref	**Findings**	**Action required? Requirement Reference Number**
CRD 1.1	**Appropriate level of clinical supervision** The trainees reported that the level of clinical supervision they received in relation to emergency and inpatient CT scanning had improved since the last review undertaken by Health Education England (HEE) in November 2017. The trainees stated that at the time of the review, the majority of the supervision and cover provided in relation to acute and inpatient CT scanning was undertaken by locum consultants. However, the review team was informed that the new consultants who had been appointed in the department sometimes provided cover for the CT, as their job plans included both acute radiology and different subspecialty areas. The review team was informed that not only had this increased the clinical supervision available to trainees, but also trainees' opportunities to undertake CT sessions. Despite this, the trainees indicated that the consultant cover provided was sometimes variable due to annual leave, which had resulted in uncovered sessions. However, it should be noted that the trainees reported that there was always a consultant in the department who was available to review scans, but that they may not be able to access an acute consultant for advice. The Clinical Director and educational supervisors reported that a new timetable had been introduced which ensured that every CT session was covered by a consultant and that there was also a 'reserve' second consultant available. This ensured that there was always a consultant physically located in the two CT areas. They reported that if there were any gaps in the consultant rota, it did not directly impact upon the trainees as they ensured they were not scheduled to cover the CT scans during that particular session. The Clinical Director stated that they were confident that they would be able to provide clinical supervision and training for trainees at Specialty Training Year 1, 2 and 3 levels (ST1-3) as although prior to the review, this had mainly been covered by locum consultants, the new members of substantive staff within the department would cover the CT scanners. The review team was informed that the locum consultants would continue working in the department until all of the new consultants had started, and that three would be maintained for film reporting and one assisting with fluoroscopy lists. The trainees indicated that although they felt the clinical supervision they received was adequate, as they could scan independently, they did not feel that the supervision provided in relation to inpatient and emergency CT scanning was sufficient for trainees at ST1-3 level, who had not completed their Fellow of the Royal College of Radiologists (FRCR) examinations. This was due to the fact that there was not always a consultant available who would be able to verify and authorise their reports. The trainees reported that the department were trying to ensure that this was the case, but that further work still needed to be undertaken. In relation to the ultrasound workload in the department, the Clinical Director confirmed that there was sufficient clinical supervision in place for junior trainees and that each list was covered by a consultant and sonographer. Moreover, it was reported that as the sonographers undertook the portable lists, the ST1-3 trainees would accompany them to gain experience in ultrasound, if they were reintroduced to the department.	

	Furthermore, the Clinical Director and educational supervisors outlined their plans in relation to the training they would provide for ST1-3 trainees in relation to on-call shifts. It was reported that the trainees would all undertake an on-call preparation course (such as the commercially available Imperial on-call course), to give them experience of the kinds of cases they would be likely to see whilst on-call and ensure they were prepared and well-supported for such shifts. In addition to the course, the review team was informed that all ST1 trainees would undertake a shadowing period on-call where they would be supernumerary, to ensure that sufficient supported experience was provided before undertaking this work. They would also take the local assessment at an appropriate time. The supervisors and Clinical Director indicated that there was still some degree of uncertainty regarding how the on-call shifts and outsourcing of reporting would work if the ST1-3 trainees were reintroduced. They anticipated that they would move towards a phased and appropriate use of Medica and outsourcing and continue to outsource those scans which provided limited educational value for trainees, such as many of the CT head scans out of hours. The trainees reported that there had been five new consultants appointed since the previous HEE Risk-based Review in November 2017, but that as some consultants had left and another had gone on maternity leave, their perception was that the net number of consultants within the department had not significantly increased. However, the Clinical Director informed the review team that there had been a net increase of eight new consultants within the department, of which only one worked less than full time. Furthermore, the department had plans to recruit a further four new consultants and anticipated that they would be in place within six months of this review.	
CRD 1.2	**Rotas** The review team was informed that a new administrator had been introduced in the department, who had taken over the organisation of the rota. The review team was informed by the clinical and educational supervisors that a workforce planning exercise had been undertaken with the divisional manager, to ensure that all training sessions were covered by consultants. It was reported that this had fed into the educational plans the department had introduced, as it had identified which consultants were best placed to provide training and education for the junior trainees, if they were reintroduced in the department.	
CRD 1.3	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** At the previous Risk-based Review (on-site visit), the trainees had highlighted issues regarding their lack of exposure to acute and general CT experience. When questioned about this, the trainees reported that they undertook approximately one CT session each week, which they felt was inadequate. The review team was informed that prior to the changes in the department and suspension of training at ST1-3 level, they had undertaken on-call shifts during the week, during which they covered all inpatient and emergency radiology which had provided them with sufficient experience. However, at the time of the review the trainees reported that they did not undertake emergency CT scans out of hours during the week and only did so at weekends when on-call. The trainees reported that since the previous review, to increase their ultrasound experience, they now had two inpatient ultrasound lists and two portable ultrasound lists for trainees, which they all shared. The trainees indicated that this resulted in them undertaking approximately one ultrasound session every two weeks, in addition to the ultrasound experience they received on-call at weekends, which they did not feel was sufficient for their training. All of the trainees reported that the supervision and support they received in relation to their subspecialty training was of an extremely high standard and that they received exposure to excellent training opportunities. The trainees were particularly complimentary regarding subspecialty training in: musculoskeletal radiology, general	

	cross-sectional oncology and renal vascular interventional radiology. However, the review team was informed that this was variable across the different subspecialties and it was indicated that the training and clinical supervision provided in relation to hepatobiliary radiology was variable. The trainees attributed this to a lack of consultants, but indicated that the department was in the process of recruiting further consultants to this subspecialty, and indicated that it had been exacerbated by three trainees working in the subspecialty, which had resulted in it being difficult to obtain sufficient experience as this was possibly too many. This largely applied to interventional radiology. To address this, the review team was informed that some of the trainees had been able to access further hepatobiliary (non-vascular) interventional radiology opportunities at Princess Royal University Hospital and that some attended on a bi-weekly basis, to undertake an interventional radiology list, which they felt was positive experience. During this time, the trainees were also able to undertake acute and neurology reporting.	
CRD 1.4	**Protected time for learning and organised educational sessions** The review team was informed that local teaching sessions took place twice a day. The educational supervisors indicated that attendance was sometimes variable, due to the small number of trainees within the department, but commented that the opportunity was there for the trainees to access. It was further reported that the local teaching sessions covered a wider range of topics and sub-specialties, which had been well received by the trainees.	
CRD 1.5	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The trainees confirmed that they were able to meet with their educational supervisors regularly and had no issues accessing them.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

CRD 2.1	**Impact of service design on learners** The trainees indicated that there were often issues regarding head and neck scans being promptly reported in the department as they were in theory to be undertaken by the neurology consultants, but they were unwilling to report a scan that included the neck (only the brain). If such a scan came to one of the non – neuroradiology consultants, the trainees indicated that they would often not report the scans and therefore they were often sent to Medica, with the rest of the unreported scans from that day, at 5pm. The review team was informed that if the scan had been undertaken in the morning, this often meant there was a significant delay in it being reported.	

	The review team was informed that the department had invested in a significant amount of new equipment (such as six new ultrasound machines, four mammography machines) and that the issues that had previously been raised in relation to the trainees not being able to access Wi-Fi had also been addressed. However, the trainees reported that more workstations and computers would be beneficial.	
CRD 2.2	**Appropriate system for raising concerns about education and training within the organisation** The trainees confirmed that Local Faculty Group meetings took place regularly and that there were other forums in which they could raise any concerns or provide feedback, for example during the monthly meeting the College Tutor. They informed the review team that they were encouraged to provide their feedback and that they were involved in discussions with the consultants regarding how to improve the department and provide their suggestions.	

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

CRD 2.2	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees reported that they felt the culture in the department between the consultants and trainees had improved and that there was less of a 'them and us' attitude present, at the time of the review. The trainees reported that in particular, the consultants had been extremely supportive to the ST4 trainees who were preparing for their upcoming exams. This was echoed by the consultant body, who reported that since the previous HEE review in November 2017, the morale in the department had significantly improved and that there had been open and frank discussions with the trainees. The review team was informed that this improvement had been strengthened by the new consultants who had started working within the department, which had had a positive impact upon the atmosphere and environment and had been felt at both a trainee and consultant level. The trainees indicated that although they had received initial feedback following the external review undertaken by South London and Maudsley NHS Foundation Trust (SLAM), they were unaware of any further work that had been undertaken by SLAM in regards to the culture within the department. However, the Clinical Director reported that the work undertaken by SLAM had been ongoing and that they regularly attended and observed the monthly radiology board meetings. The Clinical Director further indicated that SLAM would be continuing to provide support to the department if the ST1-3 trainees were reinstated. Furthermore, the review team was informed that an away day for the whole department, including trainees, had been scheduled for April 2018 to further foster positive working relationships.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
Health Education England to inform the Trust of the plans regarding the phased reintroduction of core trainees, which will be developed with the Training Programme Director and Clinical Director, with continued monitoring taking place from HEE and the General Medical Council.	Dr Jane Young

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Jane Young
Date:	19 April 2018

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.