Health Education England

Royal Free London NHS Foundation Trust (Royal Free Hospital)

Cardiology

Risk-based review (on-site visit)

Quality Review report

16 April 2019

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	To explore the reasons behind the GMC NTS 2018 survey that returned six red outliers at **Barnet Hospital** in Cardiology for: - Induction - Adequate Experience - Local Teaching - Regional Teaching - Study Leave - Rota Design There was also a pink outlier for Reporting Systems. To explore the reasons behind the GMC NTS 2018 survey that returned eight red outliers at **Royal Free Hospital** in Cardiology for: – Overall Satisfaction – Work Load – Handover – Supportive Environment – Adequate Experience – Educational Governance – Local Teaching – Study Leave There were also pink outliers for: Clinical Supervision; Induction; Educational Supervision; and Regional Teaching.
Training programme / learner group reviewed	Cardiology
Number of learners and educators from each training programme	The review team met with the following trainees from across both sites: – four foundation year one (F1) trainees; – two core medical training (CMT) trainees; and – four specialty training year three (ST3+) plus trainees. The review team also met with:

	– Director for Medical Education, Barnet – Head of Quality, Postgraduate Medical Education – Cross-site Clinical Director – Education Lead, Barnet – Education Lead, Royal Free – Medical Education Manager – Guardian of Safe Working, Royal Free – Operations Manager, Royal Free – Educational and Clinical Supervisors, Royal Free and Barnet
Review summary and outcomes	The review team thanked the Trust for hosting and facilitating the review. The review team was pleased to hear that: – Trainees had good opportunities across both sites to offer wide spectrum of routine and subspecialist cardiology experience to trainees; – It was reported that higher trainees across both sites felt that consultants were approachable and always available to offer support. However, this perception was not shared by the foundation year one and core medical training trainees the review team met with; and – Higher trainees described the educational opportunities in the catheter laboratory as 'excellent', although it was noted that workload pressures limited the opportunities to make maximise these opportunities. However, the following areas were identified as cause for concern or in need of improvement: – The review team heard that workload pressures across both sites were to the detriment of education and training; – The review team heard that the middle grade staffing arrangements out of hours frequently resulted in the middle grade doctor being committed to the catheter laboratory for significant periods of time. The trainees reported that the medical registrar on call should review and provide initial care for cardiology patients admitted during the periods where the cardiology middle grade was committed to the catheter laboratory. In practice however this arrangement did not always seem to be implemented or adhered to, the trainees reported incidents of potential harm to patients where the clinical responsibilities were not clear. It was felt that this posed a potential risk to patient safety; – The review team heard that higher trainees had a heavy clinic commitment, some of which they led. In some cases where consultants were unable to attend clinics these were occasionally not cancelled or reduced; and – The Trust will be required to review its educational offer to all trainee groups in cardiology across both sites to balance heavy workload with protected time for scheduled teaching and to maximise the training and learning opportunities available.

	At the end of the feedback session to the Trust there was a closed session with the DME, Head of Quality, and the Director of Operations – Royal Free Hospital, to discuss reported incidences of bullying and undermining behaviour towards trainees.

Quality Review Team			
HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	**Head of School**	Dr Andrew Deaner, Head of School of Medicine
Lay Representative	Kate Rivett, Lay Representative	**HEE Representative**	John Marshall, Learning Environment Quality Coordinator, Quality, Patient Safety & Commissioning Team

Educational overview and progress since last visit – summary of Trust presentation

The review team was presented with a slide set that gave an overview of the organisation of the cardiology departments across both sites.

The review team heard that there were 19 whole time equivalent (WTE) consultants, and 12 part time consultants that worked across both sites. It was reported that each site operated a consultant of the week (CoW) model. The breakdown of training and other grades was:

Barnet Hospital

- three ST3+ trainees;
- one CMT trainee;
- one GP Vocational Training Scheme trainee;
- four F1 trainees; and
- three senior clinical fellows (two vacant posts)

Royal Free Hospital

- three ST3+ trainees;
- one CMT trainee;
- two F1 trainees;
- five senior clinical fellows (one vacant post);
- one pulmonary hypertension clinical fellow; and
- two junior clinical fellows (vacant)

The review team heard that each trainee had an assigned educational supervisor (ES) and that there were plans to assign an ES to each of the clinical fellows too. It was reported that there was a broad range of cardiology services and training opportunities available across both sites.

The review team was encouraged to see that the Trust had identified what it felt were the issues facing trainees across the Trust and had devised a set of actions to address these issues.

It was recognised that trainees were subject to a demanding workload and had a heavy service provision commitment that impacted upon their education and training. This in part was due to challenges in recruiting to the vacant clinical fellow posts that had caused there to be gaps on the rota. It was reported that clinical fellow roles had been advertised on a number of occasions but had failed to attract any suitable candidates. The Trust was also keen to note that it had what it felt was a disproportionately low number of trainees allocated to it for the

amount of services it provided over a large geographical footprint. It was also noted that employing physician assistant and physician associate roles would not address the gaps in the rota.

The review team heard that the working arrangements for both CMT and F1 trainees at the Royal Free Hospital needed to be adjusted to reflect the service demands on them. CMT trainees had their working hours adjusted so that they were required to work from 08:30 to 16:30 rather than starting at 09:00 as expected when working in other medical specialties, however, it was acknowledged that leaving at 16.30 was often not practical. F1 trainees had their out of hours working hours increased at weekends to meet service demands and were given extra zero days in the week in return. The review team was concerned that the increase in out of hours commitments and additional zero days in the week would further limit the education and training opportunities available to F1 trainees.

It was also recognised that heavy workload limited trainees' opportunities to move between sites to get the exposure to all of the subspecialty services the Trust offered. It was reported that following the merger of the sites into a single Trust some services had been consolidated to one site. There were few angiography opportunities for trainees based at Barnet Hospital and due to pressures on the rota made it challenging to gain the necessary experience at the Royal Free Hospital. There were similar issues around ensuring all trainees had suitable access to echocardiography, devices, and advanced imaging. It was reported that the trainee rota coordinators at each site were working together to identify ways of aligning rotas that would allow for more cross-site working. The Trust also acknowledged that higher trainees had large clinic commitments that needed to be addressed, whilst CMT trainees had very limited opportunities to attend clinics. It was reported that the Trust was looking at ways of converting some existing clinics to training clinics with reduced patient lists.

The review team heard that there was no formal teaching programme for F1 and CMT trainees in cardiology. To address this the department was working with the postgraduate medical education team to ensure that there was cardiology-specific teaching available to F1 and CMT trainees in addition to their respective Trust-wide teaching programmes. For ST3+ trainees it was reported that a cross site journal club had recently been started.

It was also acknowledged that the department needed to implement a formal departmental induction process and develop an effective local faculty group (LFG) as a forum for trainees to raise any concerns they had about the clinical environment and their education and training. The LFG had met for the first time in March 2019. The review team heard that the department was working with the postgraduate medical education team to ensure that all consultants that were ES' had undertaken supervision training.

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
C1.1	**Patient safety** All trainees across both sites generally felt that the cardiology service was safe for patients and would be happy for their friends or family to receive treatment at either site. However, the review team heard that the middle grade staffing arrangements out of hours at the Royal Free Hospital frequently resulted in the middle grade doctor being committed to the catheter laboratory for significant periods of time. The trainees reported that there was an agreement that the medical registrar on call should review and provide initial care for cardiology patients admitted during the periods where the cardiology middle grade was committed to the catheter laboratory. In practice however this arrangement was not always adhered to, rather the medical registrar would take details of cardiology patients but not have time to assess them. The trainees reported incidents of potential harm to patients where the clinical responsibilities were not clear. The trainees felt that this posed a potential risk to patient safety.	Yes, please see C1.1
C1.2	**Serious incidents and professional duty of candour** None of the trainee groups the review team met with had been involved in a serious incident (SI) but reported that they knew how to report an SI if required.	
C1.3	**Appropriate level of clinical supervision** The review team heard that both sites operated a consultant of the week (CoW) model and all of the trainees the review team met with felt that support from senior colleagues was readily available.	

	Junior trainees at the Royal Free Hospital felt that some consultants were reluctant in their role as the CoW and would often not cancel their other commitments when they were the rostered CoW. Trainees also felt that some of the consultants were dismissive of them and in some case did not make the effort to learn their names. Higher trainees at Barnet reported that they had good clinical supervision for their out of hours duties covering general internal medicine.	
C1.4	**Rotas** **Barnet Hospital** All of the trainees the review team met with reported that they had experienced issues with the rota and that there was a culture of regularly working beyond their contracted hours. However, it was noted that this was sometimes through choice. It was felt among all trainees that the rota did not have the capacity in terms of personnel – even if fully staffed – to comfortably balance education and training with service demands. Higher trainees noted in particular that prior to the locum doctor currently in post joining in December that they had found it challenging. **Royal Free Hospital** The review team heard that core medical training (CMT) trainees routinely stayed beyond their contracted hours. It was reported that they were expected to work from 08:30 to 16:30, which was out of sync with other medicine specialties, and were required to stay for handover at 17:00. Higher trainees had similar concerns to their colleagues at Barnet in relation to the capacity of the rota, feeling that the department was regularly operating with 'minimal staffing'. The guardian of safe working hours reported that there had been a high level of exception reporting, particularly for F1 and CMT trainees, for regularly working beyond their contracted hours. The review team heard that one fine had been levied against the department for the volume of exception reports submitted.	
C1.5	**Induction** Trainees at both sites reported that their Trust-wide induction was sufficient and that they had received all the necessary login credentials for the reporting systems they required. Trainees reported variable departmental inductions across both sites, and it was acknowledged by the Trust that it must develop a formal departmental induction for cardiology.	Yes, please see C1.5
C1.6	**Handover** Trainees at Barnet Hospital reported that the handover between the day and night teams was robust and that there was a formal weekend handover on Friday afternoons. Handover at the Royal Free Hospital was felt to be safe and included a morning board round of cardiology patients.	

C1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** **Barnet** Higher trainees at Barnet Hospital reported that they had access to a wide range of subspecialty learning opportunities that allowed them to develop their technical skills. The review team heard that trainees had opportunities to get involved with devices such as pacemakers, conducting trans-oesophageal echocardiograms, and had weekly opportunities to get into the catheter laboratory. It was reported that there were few angiography opportunities and that service pressures limited trainees' ability to travel to the Royal Free Hospital to gain more exposure. The review team also heard that there were limited echocardiography opportunities as the team of physiologists did not have the capacity to train trainees or review cases with them. It was possible for trainees to travel to Chase Farm Hospital which ran elective echo lists, but this too was impacted upon by the need to cover service provision at Barnet. The visit heard that trainees were often called without notice to undertake elective DC cardioversions which had to be attended to the detriment of other training opportunities and added an additional level of service provision to their role. The trainees were unsure of the role of the nurse specialist who was reported to cover this activity and the process by which patients were selected for medical or nurse led interventions **Royal Free Hospital** CMT trainees at the Royal Free Hospital reported a variable experience in terms workload and access to teaching and learning opportunities. Higher trainees described the educational opportunities in the catheter laboratory as 'excellent', although it was noted that workload pressures limited the opportunities to make maximise these opportunities. Trainees also reported limited echo opportunities.	Yes, please see C1.7a Yes, please see C1.7b Yes, please see C1.7a
C1.8	**Protected time for learning and organised educational sessions** Foundation year one (F1) and CMT trainees at both sites reported that they could attend their weekly F1 and CMT teaching and were encouraged to attend by their senior colleagues. It was also reported that all attendees had the opportunity to participate in a cross-site journal club. **Barnet Hospital** All trainees at Barnet Hospital had the opportunity to attend weekly echo teaching on Tuesday mornings and was based around the discussion of complex cases. It was reported that there was generally a culture of learning on the job. However, higher trainees reported that they had on occasion missed their regional teaching due to the need to cover the cardiology service. **Royal Free Hospital** Higher trainees at the Royal Free Hospital reported no issues with being released to attend regional teaching days. It was reported that there was a monthly interventional cardiology meeting that trainees could attend where complex cases were discussed. The was also weekly echo teaching on Wednesday afternoons.	
C1.9	**Adequate time and resources to complete assessments required by the curriculum**	

	Trainees across both sites reported that they did not have any issues getting their workplace based assessments signed off by senior colleagues.	

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.

C2.1	**Impact of service design on learners** **Barnet Hospital** The review team heard that trainees felt well supported by the wider multidisciplinary team (MDT). It was reported that on occasion there could be outlier patients on the cardiology ward but that the relevant medicine specialty team was responsible for their care. Higher trainees reported that the balance between service provision and their education and training was heavily weighted toward service provision. The appointment of a locum registrar since December 2018 had alleviated some of the pressures on higher trainees but it was still felt that there was not the capacity in the rota to allow for trainees to make the most of the educational and training opportunities that were on offer. It was reported that there were not enough echo physiologists to meet service demands or provide any training – it was reported by the trainees that there was a two week wait for an echo scan if requested from another department within the hospital. The review team heard that higher trainees had a heavy clinic commitment, some of which they led, and could be expected to attend two per week. The review team heard that in some cases where consultants were unable to attend their clinics these were sometimes not cancelled or the clinic lists reduced. It was reported that in the event of there being no consultant cover for clinics that were not cancelled trainees would rely on the CoW for supervision and support. It was felt that the catheter laboratory provided good learning opportunities but in some instances it was thought that trainees were being used to cover service demands on an increasingly frequent basis that could be facilitated by nursing specialists. The review team heard that the service demands on higher trainees was such that there was no time in their job plans to catch up on administration and drafting patient letters following on from clinics.	Yes, pleases see C2.1

	Royal Free Hospital F1 and CMT trainees reported that they felt well supported by the wider MDT. It was reported that the department had a high volume of referrals from the emergency department (ED) owing to the large geographical footprint the hospital served and that it was common to have outlier patients on other wards despite their being 27 beds on the cardiology ward and in the coronary care unit. Higher trainees shared similar concerns to those of their colleagues at Barnet around the balance between service provision and their ability to maximise the educational and training available to them. Whilst they enjoyed their roles they could see that to some the demands of the role could be daunting for some trainees. The review team heard that trainees could be expected to attend, and in some cases lead, two clinics per week. In the event that consultants could not attend clinics and no cover could be arranged the clinics went ahead with reduced lists where trainees would only see follow-up patients. It was reported that clinic lists were not reduced on occasion. It was recognised by the educational and clinical supervisors at both sites that the arrangements for echo training were not suitable, citing a lack of technicians, but it was hoped that protected time and set number of scans to be completed within a year could be implemented into trainee job plans.	
C2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team heard that there had not been a local faculty group (LFG) in place up until March 2019. There was a recognition from the education leads at both sites that the department needed to reaffirm its commitments to education and training more widely through the development of formal scheduled teaching.	Yes, please see C2.2
C2.3	**Organisation to ensure access to a named educational supervisor** All of the trainees that the review team met with across both sites reported that they had an assigned educational supervisor. Whilst the majority of trainees reported that they felt well supported by their ES, F1 and CMT trainees at the Royal Free Hospital had been told to expect a lack of engagement from their ES and had found that to be the case. It was reported that ES had little interest in their education or training.	

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.

C3.1	**Behaviour that undermines professional confidence, performance or self-esteem** **Barnet Hospital** The review team heard of no incidences where trainees had been subject to behaviour that could be construed as bullying or undermining.	

	Royal Free Hospital The review team heard that one trainee had been subject to bullying behaviour from one of the consultant staff. On two separate occasions a member of the nursing team and a junior trainee had commented that the way this consultant had spoken to the trainee in question had been unacceptable. Higher trainees reported that they did not feel that F1 and CMT trainees were afforded the courtesy and respect that they deserved. This was reflected in junior trainees' perception that some consultants had no interest in getting to know their names, The review team was concerned to hear that CMT trainees had the same job description as the F1 trainees. It was felt that this could undermine the professional confidence and self-esteem of CMT trainees. The review team made it clear that the Trust would be required to devise job plans and teaching commensurate with each trainee cohort's level of training.	Yes, please see C3.1
C3.2	**Shadowing for medical students transitioning to foundation training** The review team heard that the Trust had a large commitment to providing undergraduate teaching. Junior trainees reported that they felt obliged to meet their obligations to all undergraduates to shadow them even when they felt that there were service demands on them. The visit team heard from the educational leads that there was an undergraduate lead in the department, although the trainees were not aware of this role, or its impact.	
C3.3	**Access to study leave** Trainees at both sites reported that they had good access to study leave, provided it was requested in a timely manner.	
4. Supporting and empowering educators		
HEE Quality Standards **4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.** **4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**		
C4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The review team heard that department across both sites was working with the postgraduate medical education team to refresh all supervisors with educational commitments skillsets by completing in-house training courses and looking at external courses, such as that offered by the Royal Society of Medicine.	
C4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The review team heard that ES and clinical supervisors at both sites had time in their job plans to meet their commitments to education and training.	

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

C5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** N/A	

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

C6.1	**Learner retention** The review team was disappointed to hear that neither the higher trainees at Barnet Hospital nor the F1 and CMT trainees at the Royal Free Hospital would recommend their training posts to their peers, citing workload and a perceived lack of commitment to education and training respectively.	

Good Practice and Requirements

Good Practice

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.**
C1.1	The Trust is required to ensure that there is clear policy for clinical responsibility cardiology patients admitted to the Royal Free Hospital out of hours during the periods where the cardiology middle grade was committed to the catheter laboratory.	Please develop a standard operating procedure and provide a copy to HEE within two months from the date of issue of this report.	R1.1
C1.5	The Trust is required to develop formal departmental induction processes for both Barnet and the Royal Free Hospitals.	Please develop bespoke induction guides for each site and provide a copy to HEE within two months from the date of issue of this report.	R1.13
C1.7a	The Trust is required to ensure that higher trainees at both sites have protected time in their job plans to undertake dedicated echocardiogram scanning to achieve the requirements of the curriculum.	Please provide HEE with evidence that higher trainees have time in their job plans to undertake this training within two months from the date of issue of this report.	R1.7
C1.7b	The Trust is required to ensure that adequate cover is provided in a planned and timetabled way for elective DC cardioversions at the Barnet site to ensure that training opportunities are not lost and to prevent excessive work pressures in this regard.	Please provide HEE with evidence that these arrangements have been put in place within two months from the date of issue of this report.	R1.7
C2.1	The Trust is required to ensure that higher trainees at both sites have protected time in their job plans to undertake the administration tasks associated with patient care.	Please provide HEE with evidence that higher trainees have time in their job plans for administration on a weekly basis within two months from the date of issue of this report.	R1.7
C2.2	The Trust is required to develop site-specific local faculty groups (LFG).	Please provide HEE with copies of the terms of reference for each LFG within two months from the date of issue of this report.	R2.6

C3.1	The Trust is required to devise job plans that acknowledge the differing curriculum requirements for FY1 and CMT.	Please provide HEE with copies of the job plans and available learning opportunities open to foundation and core trainees within two months from the date of issues of this report.	R2.4

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

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London
Date:	22 May 2019

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.