NHS
Health Education England

St George's University Hospitals NHS Foundation Trust

Cardiology

Risk-based Review (education lead conversation)

Quality Review report

5 November 2019

Final Report

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Quality Review details

Training programme	Cardiology
Background to review	This risk-based review was planned to assess the impact of workforce issues on the supervision and learning environment for cardiology training. This was particularly in light of the fact that cardiothoracic surgical training posts in cardiac surgery had been suspended since September 2018. The General Medical Council National Training Survey (GMC NTS) indicated significant improvements in trainee feedback from 2018 to 2019, but the Trust action plan responses and the results of an internal survey of cardiology trainees suggested that there were ongoing issues which required further discussion.
HEE quality review team	Geeta Menon Postgraduate Dean, South London Health Education England John Brecknell Head of Postgraduate School of Surgery Health Education England, London Mark Westwood Training Programme Director for Cardiology, North Central London Samara Morgan Principal Education QA Programme Manager (London) General Medical Council Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England, London Mathavi Uthayanan Clinical Fellow, South London Health Education England Gemma Berry Learning Environment Quality Coordinator Health Education England, London Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London
Trust attendees	The review team met with the following Trust representatives: • Chief Medical Officer • Heat of Education • Head of Clinical Service • General Manager

	• Associate Director of Medical Education • Medical Education Manager • Divisional Chair

Conversation details

	Summary of discussions	Action to be taken? Y/N
1	**Workforce and recruitment** The review team was informed that there had been significant rota gaps at core and specialty trainee (ST) levels in recent years and that it had been difficult to recruit to locally employed doctor posts. At the same time, it was estimated that outlier patient numbers had increased by 20 to 30. Three core-level rota gaps were filled by locum staff and the Trust had recruited substantive staff to these posts. The Trust had also successfully recruited a ST-level locally employed doctor, with plans in place to recruit a second. At the time of the review, there were no gaps in the ST-level rota and the newly recruited doctor was additional to establishment. The Head of Education explained that the Trust had carried out six rounds of recruitment to fill these posts, and that the successful candidates had all come from outside the UK so their start dates had been delayed. Initially, the department had planned to request three additional posts at ST level, but this was not possible as the Trust was put under financial special measures and subject to a 10% reduction in overall staffing numbers. Despite this, the department had been able to take some measures to protect trainees from excessive service demands, for example by capping the number of outpatients seen by trainees in clinic, as mandated at the previous quality review. The review team was informed that the heart failure team had a nursing vacancy rate of approximately 20%. The department ran a specialist course for nurses twice each year which helped to attract nurses from other specialties. The department had submitted business cases for an additional nurse specialist post, a prescribing pharmacist and two further physician associates. It was thought that physician associates particularly helped to support the core medical trainees (CMTs), although they were not able to prescribe medications. The review leads commended the Trust for taking a multidisciplinary team (MDT) approach to workforce planning but noted that the business case for additional physician associates had taken nearly a year to be formalised and submitted for approval. The Trust representatives acknowledged this and advised that significant staffing changes at senior management level and difficulty in recruiting to the vacant Director of Medical Education post had contributed to the delay. The review leads suggested that the Trust could utilise the medical training initiative (MTI) scheme for recruitment and explore options to improve retention such as setting up a training academy for locally employed doctors.	Yes, please see action C1a Yes, please see action C1b
2	**Rotas** The review team heard that the ward cover rota included one ST and one locally employed doctor in 'link' roles which covered the three inpatient wards (approximately 60 beds in total) as well as outlier patients and specialist services such as arrhythmia	

	and advanced heart failure. Feedback from the internal survey indicated that this created high workloads and the review leads encouraged the department to consider how tasks and responsibilities were allocated across the team. The rota was being redesigned to allocate a third link role to reduce the workload and ensure safe levels of cover. The Trust was working to ensure greater consultant presence on the wards to ensure the junior doctors were well-supported.	Yes, please see action C2
3	**Supervision and teaching** The CMO advised that all consultant job plans had been updated to allow for increased time on the wards, including a daily bed state meeting to discuss all cardiology inpatients and a daily specialty ward round of all new admissions. Previously, rota gaps had impacted on trainees' ability to attend teaching sessions. The Trust had designed a new programme of weekly teaching sessions to start in December 2019. The Trust representatives advised that they had worked to emphasise the importance of other learning opportunities, such as ward rounds and out of hours work in the cardiac catheter laboratory. The department had cancelled clinics to allow higher trainees to attend Royal Society of Medicine (RSM) training days. It was suggested that higher trainees tended to engage less with local teaching as they attended the RSM teaching, so the local teaching sessions were aimed more at core trainees. The Trust planned to invite members of the MDT and core trainees who were working in other specialties to relevant teaching sessions as well. The Trust representatives discussed ways to make the daily MDT meetings more educational, as these had replaced the daily 08:00 teaching sessions. The review leads agreed that MDT meetings could provide excellent learning opportunities for all staff and trainees. At a previous quality review, trainees had reported that they were asked to prepare slides for the surgeons to present at MDT meetings, but the review team was informed that this practice had stopped.	

Next steps

Conclusion
The review team thanked the Trust for the work done to prepare for and participate in the review. It was agreed that the GMC and HEE would liaise regarding putting the department under routine monitoring and that a follow-up review would be planned in spring 2020 to assess progress against the ongoing action plan. The Postgraduate Dean emphasised the need to drive forward the business cases for additional posts in the department in order to ensure the service was safe and provided a suitable training environment.

Good Practice and Requirements

Good Practice
The Trust was developing a new teaching programme and had planned the clinic rota to allow higher trainees to attend the RSM study days.
The Trust was taking a broad approach to workforce planning and developing non-medical roles in the department.

Mandatory Requirements The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
C2	The Trust should ensure that the workload for the link role is manageable and that trainees in this role are able to deliver a safe service and access learning opportunities.	Please provide confirmation that the third link role is in place and trainee feedback demonstrating that the workload for this role is reasonable.	R1.12

Minor Concerns Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	None		

Recommendations These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.		
Rec. Ref No.	**Recommendation**	**GMC Req. No.**
C1a	The Trust is advised to progress the delayed business cases for additional non-medical roles in the department as soon as possible.	R1.12
C1b	The Trust is encouraged to explore ways to improve recruitment and retention of locally employed doctors, such as use of the MTI and dedicated training programmes.	R1.7

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Prof Geeta Menon, Postgraduate Dean, South London

Date:	27 January 2020