

HEE Quality Interventions Review Report



**Guy's and St Thomas' NHS Foundation Trust (St Thomas' Hospital)
Cardiology
Learner Educator Review**

**London – South East London
10 March 2022
28 April 2022**

Review Overview

Background to the review

A risk-based Learner and Educator review was planned following the release of the 2021 General Medical Council National Training Survey (GMC NTS) results, which identified several areas of concerns across the Cardiology (St. Thomas's Hospital) programme group. The indicators which generated negative outlier results included

Overall Satisfaction, Supportive Environment, Adequate Experience, Curriculum Coverage, Educational Governance, Local Teaching and Rota Design.

There were additional areas of concern as the Trust reported COVID-19 pandemic had affected training opportunities for trainees within Cardiology. Previous HEE interventions include an SLEV (formerly called a senior leader conversation) on 17 February 2017.

Subject of the review: Training programmes in Cardiology, including all training levels at the St. Thomas's Hospital site.

Who we met with

11 Specialty Trainees (STs) in Cardiology including core trainees, ST5, ST6 and ST7 trainees
Clinical and educational supervisors
Clinical Director
Clinical Supervisors (CSs)
Director of Medical Education
Educational Supervisors (ESs)
ES and Internal Medicine Training (IMT) Lead
ES Junior Trainee Lead
ES Senior Trainee Lead
Guardian of Safe Working Hours (GOSWH)
General Manager
Head of Medical Workforce
Head of Medical Education Programmes, Training and Development
Head of Medical Education
Head of Operations
Medical Education Manager

Evidence utilised

Backfill Request Forms
 GSTT NHS Staff Survey
 FTSU Guardian Report
 Induction feedback
 Internal Review Report
 List of Educational Supervisors
 Local faculty group meeting minutes
 MDT Teaching session records
 Medical Education Governance Update
 National Quarterly Pulse Survey
 PGME Support and Recovery Update Cons Meetings
 Study Leave Funding Request Form
 Summary of Greatix reports involving trainees
 Trainee Local faculty group meeting minutes
 Trust Induction Programme

Review Panel

Role	Name, Job Title
Quality Review Lead	Anand Mehta Deputy Postgraduate Dean, South London HEE London
Specialty Expert	Catherine Bryant Deputy Head School of Medicine and Medical Specialities HEE London
External Specialty Expert	Darrell Francis Professor of Cardiology at National Heart and Lung Institute Imperial College London
HEE Quality Representative(s)	Kenika Osborne Learning Environment Quality Coordinator HEE London
Supporting roles	Anne Sinclair Lay representative
	Kiera Cannon Quality, Patient Safety and Commissioning Officer HEE London

Executive Summary

The review panel thanked the Trust for their work in preparing for the review and ensuring there was good attendance at all sessions.

The review panel identified some areas of positive feedback during the review. The department had re-established regular Local Faculty Group meetings (LFGs) which had previously been disrupted due to the COVID-19 pandemic. Trainees reported feeling able to feedback on their training through this forum.

The educational lead, with the support of the whole department, has carried out a detailed review of the issues that led to the poor GMC survey results and presented steps to address them. This was recognised and appreciated by the trainees. The review panel felt that there was scope to improve this further and the Trust confirmed that this was a work in progress. The negative impact of international fellows on the experience of trainees in electrophysiology (EP) due to competition for learning opportunities was recognised and had been addressed by removal of two international fellows and prioritising the training needs of the trainees. The review panel hoped this would be sustained and continued.

There were also areas for improvement identified by the review panel.

The review panel heard from the IMTs that their overall experience was poor. Trainees stated that they were mainly stuck on wards with limited exposure to clinics. Trainees advised that they had gained little by way of specialty specific experience and were unable to attend clinics due to lack of space or to complete workplace-based assessments.

Although COVID-19 had exacerbated the issue, there was an overall problem of prioritising outpatient clinic space and office space for trainees. The trainees reported a lack of IT support and equipment to support remote clinics. This is having an adverse impact on learning and training opportunities of trainees.

Most IMT trainees at the review said they would not recommend their wards to friends and family requiring treatment and that they would not recommend their posts to colleagues for training. The trainees cited lack of support from senior staff and lack of training opportunities as their main causes for concern.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
C1.1	The IMTs' overall experience was poor. Trainees stated that they were mainly stuck on wards with limited exposure to clinics and that they found it difficult to complete workplace-based assessments.	Please provide evidence that trainees have been given the support and opportunities to attend clinics and complete assessments according to their curricular requirements. Please provide this evidence by 1 June 2022.
C1.4	There was a lack of learning opportunities for IMT trainees during ward rounds.	The Trust should ensure that consultants engage trainees during ward rounds so they can benefit from more learning opportunities. Please provide feedback from trainees demonstrating that this has been implemented. Please provide this evidence by 1 June 2022.
C1.11	The higher trainees stated that there was not adequate infrastructure and supervision in place for remote clinics. The review panel further heard that there was a lack of IT support and equipment provided to trainees in order to conduct their remote clinics effectively.	The Trust should ensure that all trainees receive proper IT resources to enable them to carry out their remote clinics effectively and that they are appropriately supervised in clinics. Please provide evidence in the form of trainee feedback confirming that these issues have been addressed. Please provide evidence that these changes have been made by 1 June 2022.
C3.2	The training recovery needs to be managed more proactively in order to ensure it is sustainable. Although training recovery opportunities were arranged on for trainees working on zero days, there was no plan for	The Trust should ensure that there is a robust training plan in place so that all trainees can access the additional training. Please provide a robust training plan showing that all trainees are able to attend the training sessions.

	those trainees who were unable to engage on zero days.	Please provide this evidence by 1 June 2022.
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Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A		
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A		

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation

Good Practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination.

Learning Environment/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
N/A		

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The IMTs stated that they were mainly placed on wards and had limited exposure to clinics. Trainees informed the review panel that there was also limited exposure to specialty specific experience. Trainees reported that they were unable to attend clinics due to lack of space and that they found it difficult to complete workplace-based assessments.</p>	
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>Middle-grade trainees informed the review team that they had experienced bullying and undermining from staff in other departments including the Accident and Emergency (A&E) department. Trainees described examples of inappropriate language and undermining comments from certain consultants in A&E towards them and their colleagues and said that this was a regular occurrence. Trainees stated that they had informed their consultants about this, but this continued to happen regularly.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>Trainees stated that they were made aware of changes through feedback from the trainee representative who attended the LFG meetings on behalf of trainees. The review panel was informed that the supervisors had met with the IMTs to create action plans and objectives in response to the ongoing concerns of trainees within the department.</p> <p>IMT trainees felt that they lacked access to learning opportunities at the Trust. Trainees stated that there was very little clinical activity to engage in and that they were primarily used for service provision and to undertake ward work. IMTs further reported that there was limited learning during ward rounds. They described ward rounds as being very business-like and oftentimes their only</p>	C1.4

	<p>duty was to scribe for consultants. Trainees felt that they were not involved in any decision-making.</p> <p>The management team reported that they were not surprised by the findings of the GMC NTS as they were aware of issues within the department, including negative feedback around adequate experience and supportive environments for trainees. The review panel heard how pressures caused by the COVID-19 pandemic had affected the department. Formal LFGs were suspended during most of the pandemic and there was an overall lack of access to training such as the echocardiography (ECHO) training programme during this period.</p> <p>The educational supervisors (ESs) responsible for supervising the higher trainees informed the review panel that the Trust had met with trainees to discuss their concerns and created an action plan to improve the quality of training they received. The review panel heard that several trainees in the department had suffered from burnout and as a result, consultant clinics at the Guy's Hospital had been removed from the rotas for trainees at St Thomas' Hospital. The review panel was informed that in order to improve quality of training, cross-site working had ended as it was as quite disruptive and strenuous for trainees</p> <p>The ESs further stated that the Trust was looking into expanding the amount of physical space and clinic rooms available for trainees. This had given them the opportunity to be more collaborative and improve the relationships with other departments within the Trust.</p>	
1	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>When asked whether they would recommend their posts to colleagues, most of the IMT and higher trainees said that they would not.</p> <p>Most of the trainees said that they would not recommend the hospital to friends and family members who required medical care due to poor staffing levels which made the wards feel unsafe at times.</p>	

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1.6	The environment is one that ensures the safety of all staff, including learners on placement.	N/A
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	N/A
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	N/A
1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.	N/A
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	N/A
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p> <p>The review panel heard from the higher trainees that there was not adequate infrastructure and supervision in place for remote clinics. The review panel further heard that there was a lack on IT support and equipment provided to trainees in order to conduct their remote clinics effectively. Trainees stated that this issue was escalated to senior colleagues during trainee feedback sessions.</p>	Yes, please see C1.11
1.12	The learning environment promotes multi-professional learning opportunities.	
1.13	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.	
2.3	The governance arrangements promote fairness in education and training and challenge discrimination	

2.4	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used.	
2.6	Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.	
2.7	There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>The Senior Trainee Lead for the ESs stated that significant work had been done to address the issues raised by the GMC NTS 2021. The ES reported that there were significant rota gaps and that the Trust was aware of this and was working to address them. The review panel heard that there were issues with rota and staffing due to COVID-19 surges. The review panel heard that the Trust had experienced further difficulties around medical staffing due to staff sickness and staff requiring self-isolation. The Trust had invested in a new band 5 rota coordinator role to ensure there were additional staff to anticipating and managing rota gaps as far as possible. The Trust had also brought in Physician Associates (PAs) to help reduce junior doctor workloads. However, it was agreed that they needed to make further improvements to staffing levels.</p> <p>The higher trainees informed the review team that clinics which had been suspended during the COVID-19 pandemic had reopened and trainees were also able to attend interventions and laboratory training.</p> <p>The junior trainees stated that they were able to get to clinics and that there were 10 days in their rota dedicated to clinics. However, the review panel heard that there was still a significant lack of spaces in clinics, and that clinics were under-resourced. Trainees further expressed that the clinics lacked enough computers and phones for trainees to use.</p> <p>The Clinical Lead informed the review panel that there were mechanisms in place to support the gap analysis in Cardiology. It was stated that the supervisors had met with trainees to gather feedback on the training needs, and that they were working</p>	C2.8

	<p>towards providing trainees with any missed training was needed to get trainees to meet their training requirements.</p> <p>The trainees felt that the lack of organisation in the rotas was having a detrimental effect on their training. The review panel heard that rotas were not received in a timely manner, but could be sent out three to four weeks in advance which made it difficult for trainees to plan.</p> <p>The review panel was informed that rotas were changed at late notice without consulting or informing the trainees. Trainees described difficulties in contacting the rota coordinator and stated that they had to send numerous emails before their requests were picked up.</p> <p>The review panel heard that the trainee involved in the rota coordination spent between six and ten hours per week trying to plan rotas. Trainees felt that this was a considerable amount of time each week away from learning and training opportunities.</p> <p>ECHO and MRI rotas were organised by two other individuals, and trainees reported that this had created confusion in the past as there was a lack of coordination of the rotas for the different areas. Trainees stated that they had at times turned up for work on wards to find out at the last minute that they were no longer required for the shift.</p> <p>The review panel heard that the Trust had suspended the international fellows programme for Cardiac Electrophysiology Fellowships and trainees were now prioritised for EP training.</p>	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The review panel heard that the Trust had gathered trainee feedback following the NHS staff survey and that the Trust management team was committed to making improvements and ensuring the necessary work was embedded to improve trainees' experiences.</p> <p>The review panel heard that the outpatient clinic had been turned into a wellbeing centre for staff.</p> <p>The ESs informed the review panel that the trainees were encouraged to use the exception reporting system.</p>	

3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>The Trust representatives stated that HEE had provided extra financial support to support training recovery following disruption during the COVID-19 pandemic. The review panel heard that trainees who worked on their zero days to make up for missed training had been able to claim back monetary payment for their work at first. However, it was stated that this incentive had since stopped.</p> <p>The review panel informed the senior trust representatives that although improvements had been made to training, the training recovery needed to be managed more proactively in order to be sustained. It was highlighted that, although incentives had been put in place for trainees working on zero days, there was no plan for those trainees who were unable to engage on zero days.</p>	Yes, see C3.2
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	
3.5	Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	
3.6	Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	
3.7	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>Trainees described consultants on the heart failure ward as being nice and friendly. Trainees stated that they were supported with their preparation to present at Inherited Cardiovascular Conditions Multidisciplinary Team Meetings.</p> <p>The middle-grade trainees stated that there was an improvement in the remote training and supervision for remote clinics. The</p>	

	review panel heard that the Trust had implemented a 'consultant of the week' which provided better supervision on the wards.	
3.9	Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The trainees told the review panel that they were well supported in their roles by their supervisors . However, the review panel heard from trainees that although CSs were supportive they were usually inundated with work and had little time between their busy clinics to give any meaningful feedback or provide sign offs on portfolios and workplace-based assessments.</p> <p>The CSs informed the review panel that there was sufficient time in their job plans to supervise trainees. The review panel heard that this was part of all supervisors' job plans.</p>	
4.3	Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the education, training and any other support needs of their learners.	

4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	
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HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>The lead for IMT informed the review panel that the Trust had made changes within the Cardiology department. These included adding general internal medicine blocks to the IMT rotas and increasing access to clinics by ensuring that clinic time was rostered and protected.</p>	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	
6.3	The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	

6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	
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Report Approval

Quality Review Report completed by	
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Role	Learning Environment Quality Coordinator

Review Lead	
Name	Anand Mehta
Role	Deputy Postgraduate Dean, South London HEE London
Signature	
Date signed	Date 28/04/2022

HEE Authorised Signatory	
Name	Louise Brooker
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Signature	
Date signed	Date 18/05/2022

Final Report submitted to organisation	Date 18/05/2022
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