Health Education England

# HEE Quality Interventions Review Report

## London North West University Healthcare NHS Trust (Northwick Park Hospital)
## Clinical Radiology
## Learner and Educator review

**London – North West London**
**Date of Review: 31 March 2022**
**Date of Final Report: 26 May 2022**

# Review Overview

## Background to the review

A risk-based learner and educator review was requested following the General Medical Council (GMC) National Training Survey (NTS). For programme group by site seven red outliers and two pink outliers were generated for Clinical Radiology at Northwick Park Hospital. These outliers were in Overall satisfaction, Clinical supervision out of hours, Workload, Supportive environment, Induction, Adequate experience, Curriculum coverage, Educational supervision, and Local teaching.

There was a risk-based specialty review on 6 July 2016 which was requested as a result of on-going concerns regarding the overlapping training needs of interventional radiologists and vascular surgeons. There were also concerns raised following the 2015 GMC NTS results. The review panel was pleased to find a faculty that was engaged with training and education, and which had a well-run and structured training programme. The review highlighted issues with facilities, in particular Wi-Fi. Other areas for concern noted included the disproportionate focus on service provision and a culture of bullying amongst the acute surgical team towards the radiology team.

**Subject of the review: Clinical Radiology**

## Who we met with

Eight Clinical and Educational Supervisors
20 Clinical Radiology Trainees working in the department
Director of Medical Education
Medical Education Manager
Postgraduate Medical Centre Manager
Freedom to Speak Up Guardian
Guardian of Safe Working Hours
Clinical Director
Training Programme Director
Interim Chief Medical Officer

## Evidence utilised

The review panel received the following information and documents from the Trust in advance of the review:

Action Plan for Health Education England Visit 2022
Breakdown of the Clinical and Educational Supervisors in the Department
Breakdown of the Learners in the Department
Local Faculty Group Minutes May 2019, September 2019, February 2020, June 2020, September 2020, January 2021, May 2021, October 2021, and November 2021
Teaching Attendance Record
Teaching Programme with Consultants

Trainee Rota Information Including Fill Rate from November 2021 to April 2022
Specialty Trainees Meeting Minutes April 2019, September 2019, February 2020, September 2020, and March 2022
Summary of Relevant Datix Reports Between February 2021 to February 2022
Summary of the Number of Exception Reports Between February 2021 and January 2022

The review panel also considered information from the GMC National Training Survey 2019 and 2021 and Health Education England's (HEE) National Education and Training Survey (NETS) 2019 to 2021.

This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

## Review Panel

| Role | Name, Job Title |
|---|---|
| Quality Review Lead | Dr Elizabeth Carty, Deputy Postgraduate Dean, Health Education England (London) |
| Specialty Experts | Dr Jane Young, Head of the London School of Radiology, Health Education England<br><br>Dr Samantha Chippington, Deputy Head of the London School of Radiology, Health Education England |
| Lay Representative | Ryan Jeffs, Lay Representative, Health Education England |
| Learner Representative | Dr Adam Brown, Clinical Radiology Learner Representative |
| HEE Quality Representative | Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England (London) |
| Supporting roles | Ummama Sheikh, Quality, Patient Safety and Commissioning Officer, Health Education England (London) |

# Executive Summary

The review panel thanked the Trust for accommodating the review and was appreciative of the extensive pre-review evidence and preparation that the Trust had done prior to the review.

The Trust representatives presented an overview of the outcomes from the Trust investigative work into the results of the 2021 General Medical Council (GMC) National Training Survey (NTS). The Trust representatives reported that whilst the results were not unexpected, they were surprised by some of the areas that received negative outliers as the trainee feedback they had received did not match the results. The Trust representatives acknowledged that there was still a lot of work to do and changes to be implement but noted that progress had been made.

The review panel acknowledged that there was positive feedback on several areas and commended the teamworking and relationships between the trainees. Trainees and supervisors were particularly complimentary about the efforts of the Local Training Programme Director (TPD) and reported that the Local TPD was accessible and responsive to concerns. Trainees reported that the department offered a wealth of clinical experience and pathology for them to learn from. Trainees also reported that clinical supervision was good, and consultants were accessible both during the day and out of hours.

The review panel was concerned to hear reports of difficult encounters between trainees and consultants. It was reported that there was a small number of consultants who gave particularly harsh feedback and trainees also reported that they had perceived tension between some of the consultants and the trainee cohort.

The review panel noted a lack of sustainable progress to the longstanding rota issues which was demotivating for trainees and supervisors. The review panel also noted that the recent change to the rota required further review as it had impacted on training, with trainees noting they would not recommend their training post to colleagues based on the on-call rota.

The review panel was concerned that the workload within the department was high and was putting pressure on the delivery of education, with both trainees and supervisors reporting a high workload. The review panel also noted several areas for improvement including: the teaching programme, training opportunities for supervisors and opportunities for exposure to interventional radiology procedures.

This report includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by Health Education England (HEE) as part of the three-monthly action planning timeline.

# 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 |
|---|---|---|
| CR1.3 | The review panel was concerned to hear reports of difficult encounters between trainees and consultants. It was reported that there was a small number of consultants who gave particularly harsh feedback and trainees also reported that they had perceived tension between some of the consultants and the trainee cohort. Trainees reported instances where consultants had made inappropriate comments about trainees' quality of work and work ethic. | Please provide evidence of how inappropriate and undermining behaviour in the department has been addressed and the action plan for ongoing improvement to reduce the recurrence of these behaviours.<br><br>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.<br><br>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline |
| CR2.4 | Trainees felt comfortable raising concerns to the Local Training Programme Director (TPD) and consultants but felt it was difficult for changes to be actioned following escalation of the concerns beyond the consultant body. Trainees and supervisors reported that progress in some areas had been slow and noted that this had been demotivating. | The Trust must ensure that education issues are discussed at a senior level and that the department receives adequate support from the senior management team to implement changes. The Trust should ensure that issues are resolved in a timely manner and are sustainable. Please provide evidence that education issues are being discussed at Trust Board or senior divisional management meetings.<br><br>The review panel also advises that trainees and supervisors are involved in the progression of concerns raised.<br><br>Please provide evidence of feedback from trainees, via Local Faculty Group (LFG) meeting minutes or other evidence. |

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| | | Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline |
| CR4.2 | Some supervisors reported that it had been challenging to find time to deliver education due to the service pressures which they found stressful. The review panel noted that further consideration of education was needed in consultant job planning and the implementation of Key Performance Indicators (KPIs) to ensure there was enough time to deliver good quality training. | The Trust should review consultant job plans to ensure consultants have the appropriate time protected to provide clinical supervision to trainees. Please provide evidence that this issue is being addressed and that supervisors are being adequately supported to carry out their educational roles.<br><br>Please also provide evidence that the impact on education and training has been considered within the planning of the implementation of the KPIs.<br><br>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline |
| CR4.7 | The supervisors reported that there had been fewer opportunities for supervisor education and training. It was noted that more opportunities for training would be beneficial particularly for supervisors who were new to the role. | The Trust should provide access to educator development activities for supervisors for continued professional development and role progression and ensure that time is allocated for these activities.<br><br>Please provide evidence that faculty development in clinical radiology is being addressed and how the improvements will be sustained long term. Please also provide feedback from supervisors on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.<br><br>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline. |
| CR5.1a | Whilst trainees reported that teaching had been reinstated | Improvements should be made to the teaching programme to |

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| | and was good quality, it was noted that a more structured teaching programme, which was mapped to the curriculum, would be useful. | ensure that the programme is structured and mapped to the curriculum. Along with the review of the teaching programme the Trust should conduct a review of service/clinical scheduling to allow protected time for teaching and allow attendance at Multi-Disciplinary Team Meetings (MDTs) for trainees.<br><br>Please also consider if the sessions could be recorded to enable trainees to catch up on missed sessions.<br><br>Please provide evidence that these improvements have been made and also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.<br><br>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline. |
| CR5.1b | Trainees reported that there was a gap in the curriculum coverage for interventional radiology (IR). It was reported that IR procedure opportunities were often inaccessible to trainees as consultants usually carried out the procedures. Trainees reported that they did not receive enough exposure to IR procedures. | Please provide evidence that trainee access to opportunities to do IR procedures has been improved<br><br>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.<br><br>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline. |
| CR5.6 | It was reported that the trainees would not recommend their training post to colleagues because of the impact of the on-call rota on training. The review panel was concerned that the recent changes to the rota, to increase trainee numbers on twilight shifts, had negatively | The Trust should carry out a timely review of rota and the impact on training for both core and sub-specialty (higher) training. Please provide evidence of the outcome of this review and evidence of how any issues identified will be resolved and sustained. |

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| | impacted daytime training for both core and sub-specialty (higher) trainees. | Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.<br><br>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline. |

## Immediate Mandatory Requirements

| Requirement Reference Number | Review Findings | Required Action, Timeline and Evidence |
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| | 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 |
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| CR2.1 | 2.1 | Some supervisors raised concerns about the reliance of the training on the Local Training Programme Director (TPD) and noted concerns about sustainability of the Local TPD workload. The supervisors informed the review panel that the admin support for education was limited.<br><br>The review panel recommends that administrative support is provided for the Local TPD and the education programme to reduce the workload of the Local TPD and supervisors. |

## 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<br>Learning Environment and Culture | Requirement Reference Number |
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| **1.1** | **The learning environment is one in which education and training is valued and championed.**<br><br>Trainees spoke highly of the consultants and reported that some were very motivated and enjoyed teaching. Several trainees reported that they would recommend the training to colleagues. Some trainees reported that if improvements were made the training would be even better than what they had experienced.<br><br>The trainees reported that they had enjoyed working with the trainee group. It was noted that the trainee cohort had worked well together and supported each other during the Covid-19 pandemic. | |
| **1.3** | **The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.**<br><br>The Trust representatives reported that following the 2021 General Medical Council (GMC) National Training Survey (NTS) they had explored the cultural issues which had been flagged by the survey results. It was reported that the education leads, and Medical Director had engaged the consultant group in discussions about the cause of these concerns. It was not confirmed what the outcome of these discussions was or whether there had been any further action on this issue.<br><br>The trainees informed the review panel that there had been incidences of challenging encounters with some consultants. It was confirmed that this had happened to several trainees, by more than one consultant, on more than one occasion. Some trainees felt that the inappropriate behaviour was often targeted more towards junior trainees. Trainees reported instances where consultants had made inappropriate comments about trainees' quality of work and work ethic. It was reported that there was a small number of consultants who gave particularly harsh feedback and trainees also reported that they had perceived | Yes, please see CR1.3 |

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| | tension between some of the consultants and the trainee cohort. Trainees noted that these issues had been raised at two meetings with the Director of Medial Education (DME) and the concerns had been relayed to the Local Training Programme Director (TPD) and Clinical Director (CD). The trainees informed the review panel that they were not aware of any actions that had been taken. Some trainees reported that there had been training for consultants on giving feedback but noted that so far there had not been any change. However, the trainees acknowledged that there might not have been enough time to see the effects of the training.<br><br>Trainees reported that there had been some issues with the Emergency Medicine (EM) department. Trainees informed the review panel that they felt there were sometimes too many requests for scans from the EM department. Some trainees also felt that trauma scans were often requested inappropriately, and tension was caused when these scans were refused. Trainees reported that there had been occasions where the junior trainees in EM had been aggressive with their communications, particularly when trainees questioned requests. Some trainees noted that this had improved slightly and felt that the department had been more reasonable. | |
| **1.4** | **There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.**<br><br>Trainees reported that they had been encouraged to submit Datix reports where necessary. Trainees informed the review panel that they did not always received feedback from these reports. Trainees informed the review panel that incidents were reviewed in bi-monthly clinical governance meetings and there was time in this meeting for departmental feedback. Trainees also noted that there were consultants with dedicated roles relating to governance of incidents. | |
| **1.5** | **Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.**<br><br>Trainees reported that they would be happy for their friends and family to receive care from the radiology department. | |
| **1.11** | **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.** | |

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| | The Trust representatives informed the review panel that trainees had reported issues with accessing the Picture Archiving and Communication System (PACS) at the most recent trainee focus group. It was noted that the Trust was exploring options to resolve these issues. | |
| **1.12** | **The learning environment promotes multi-professional learning opportunities.**<br><br>Trainees reported that they had a good relationship with Allied Health Professionals (AHPs) and the nursing team. | |

| HEE Standard | HEE Quality Domain 2<br>Educational Governance and Commitment to Quality | Requirement Reference Number |
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| **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.**<br><br>Trainees and supervisors were particularly complimentary of the Local TPD and reported that the Local TPD was accessible and responsive to concerns. The supervisors also commended the efforts of the Local TPD and stated that they had provided support for trainees that was above any beyond the standard level of support. Some supervisors raised concerns about the reliance of the training programme on the Local TPD and noted concerns about sustainability of the Local TPD workload. The supervisors informed the review panel that the administration support for education was limited. It was noted that previously there had been part-time administration support available, however the member of staff left and was not replaced. It was noted that the department Personal Assistant (PA) had taken on some of these responsibilities, but the PA's workload was already very high as they supported 52 consultants, the CD and the General Manager. The review panel was informed that the Local TPD had to cover a number of administrative tasks which added to their workload, it was noted that the work could be allocated elsewhere is there was support available.<br><br>The Trust representatives informed the review panel that administrative support had been secured to help organise the training programme, however the supervisors were not aware of this. | Yes, please see CR2.1 |
| **2.4** | **Education and training issues are fed into, considered and represented at the most senior level of decision making.** | |

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| | Trainees felt comfortable raising concerns to the Local TPD and consultants but felt it was difficult for changes to be actioned following escalation of the concerns beyond the consultant body. Trainees and supervisors reported that progress in some areas had been slow and noted that this had been demotivating. Trainees reported that the workload and rota issues were longstanding issues, with discussions taking place over a number of years without any resolution. It was noted that trainees felt they were frequently told the difficulties with the presented options, rather than any meaningful progress being made. Trainees felt that the action to resolve issues had gained momentum following the 2021 GMC NTS results. The trainees acknowledged that change was challenging to implement but felt that progress had been very slow and noted this was frustrating. Trainees also reported that they had been informed that many of the options presented would require a business case and was therefore not a viable option. | Yes, please see CR2.4 |
| **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.**<br><br>The Trust representatives reported that whilst the 2021 GMC NTS results were not unexpected, they were surprised by some of the areas that received negative outliers. It was noted that the trainee feedback they had received did not match the results.<br><br>The Trust representatives reported that following the results of the 2021 GMC NTS, the Trust had done a lot of work to make improvements. The Trust representatives informed the review panel that, in addition to the impact of the Covid-19 pandemic, they believed that the intensity of the workload in the department had been a significant contributor to the survey results. As a result, the Trust representatives reported that workload had been their primary focus for improvement. The Trust representatives reported that there had been numerous discussions on how to address this issue and that trainee focus groups had been run to include the trainees in the process. It was also noted that the Local TPD had met with the trainees and the feedback from these meetings also indicated that workload was a significant issue. The Trust representatives reported that a number of solutions had been explored including changing the trainee rota, extending consultant cover later into the evening and outsourcing work. It was noted that the latter options would take a long time to implement as a business case and significant planning would be required therefore the Trust opted to change the trainee rota to ensure a quicker change. | |

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| | The trainees reported that the Local TPD was very open to feedback from the trainees, and they found the quarterly meetings with the Local TPD helpful. It was noted that the agenda for this meeting was shared beforehand and it was a relaxed environment where trainees felt safe to raise concerns. It was also noted that the Local TPD was receptive to trainees raising issues outside of these meetings too. The trainees informed the review panel that the Local TPD was a great advocate for trainees and had worked hard to push for changes. | |

| HEE Standard | HEE Quality Domain 3<br>Developing and Supporting Learners | Requirement Reference Number |
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| 3.1 | **Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.**<br><br>The Trust representatives reported that a room had been provided for trainees to use and the room had been refurbished and new furniture had been added. | |
| 3.5 | **Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.**<br><br>Trainees reported that clinical supervision was good and that consultants were accessible both during the day and out of hours. It was reported that there was always a consultant available on call 24 hours a day and all consultants had remote access to the systems to review scans. The Local TPD acknowledged that they had a good relationship with the trainees and confirmed that trainees had not reported any issues with supervision to them. The Trust representatives reported that the department was exploring options to adjust consultant job plans to increase consultant cover in the evenings.<br><br>The supervisors reported that remote working had worked well, and cases could be discussed at length, but planning the sessions took more time. Some supervisors reported that giving feedback virtually was different and there was a risk of missing verbal cues. Supervisors noted this had been a particular issue where the trainee and supervisor had not actually met face to face previously. The Trust representatives discussed consultant home working, it was reported that the department had been flexible with this during the Covid-19 pandemic and had allowed consultants to make the decision on when they would be working from home. It was noted that the increase in home working had reduced the on-site cover, but it was reported that it had minimised the impact of the Covid-19 pandemic. The review panel | |

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| | was informed that the Trust was reviewing these arrangements and intended to limit the amount of home working.<br><br>The Trust representatives reported that they were surprised that clinical supervision out of hours was included in the negative outliers generated in the 2021 GMC NTS as they had not received any feedback from the trainees to suggest there was an issue in this area. The Trust representatives reported that they had believed this was related to workload rather than supervision. The Trust representatives informed the review panel that they had discussed supervision for on-calls with the trainees and trainees had confirmed they were satisfied with the supervision and no issues were raised. The review panel was informed by the Trust representatives that following the last quality review a consultant check-in system had been established and it was reported that trainees were happy with this system.<br><br>The Trust representatives informed the review panel that acute team had three to four consultants, of which at least half were based on-site. It was noted by the Trust representatives that the supervision level for this team was very good. The Trust representatives discussed the acute team and reported that consultants on those shifts might not always have the specialist knowledge to deal with some of the cases. Therefore, specialists had to be contacted for advice, which trainees might have found challenging. However, it was confirmed that the consultants led this escalation rather than the trainees.<br><br>The trainees reported that there was a named consultant for each acute reporting session, and at least one of the consultants was on-site. It was noted that feedback from reporting sessions was variable, with some consultants giving useful and detailed feedback and others none at all. It was noted that this depended on the consultant and the workload on the day. Some trainees informed the review panel that they had not received a lot of positive feedback and noted that some balance would have been helpful.<br><br>Trainees reported that during the day all reporting was checked by the consultant. It was noted that out of hours reports were authorised and placed on a list for the consultants to check, and the vast majority were checked the next morning. The trainees informed the review panel that they had not had any issues with getting their worked checked out of hours. It was noted there was a formal system in place for work that needed to be checked. Trainees informed the review panel that all of the work does get checked, however sometimes this could take one to two days, particularly over the weekend. The trainees informed the review panel that they had to go back into the system and manually check the reports following consultant review to see the feedback. | |

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| | It was noted that sometimes a message was sent on the internal system but not always.<br><br>Trainees reported that there was not a dedicated person to cover urgent procedures out of hours, therefore it was part of the on-call trainee responsibilities. However, trainees reported that it was very uncommon. Trainees confirmed that at the weekend there was a Radiography Assistant and an acute ultrasound room available. It was noted that trainees often organised this work amongst themselves and notified the consultant. | |
| **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.**<br><br>All trainees reported that they had been assigned clinical and educational supervisors and confirmed that they had all been able to meet with their supervisors. | |
| **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.**<br><br>The Trust representatives reported that all trainees undertook a local exam before being added to the on-call rota. It was noted that trainees who did not pass this assessment had not been added to the rota yet, which may have impacted the workload. The trainees reported that Specialty Training Year Ones (ST1s) were supported to do shadowing prior to passing the Fellowship of the Royal College of Radiologists (FRCR) Part 1 and internal on-call exam. The trainees reported that they felt this process helped better prepare the trainees for the work, but it did add more pressure for senior trainees who supervised the junior trainees and covered the workload until the trainees passed the on-call exam. | |
| **3.11** | **Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.**<br><br>It was confirmed that senior trainees had supported their junior colleagues to develop their skills with opportunities for practice of ultrasound scanning and reporting on scans. | |

| HEE Standard | HEE Quality Domain 4<br>Developing and Supporting Supervisors | Requirement Reference Number |
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| **4.1** | **Supervisors can easily access resources to support their physical and mental health and wellbeing.**<br><br>The supervisors advised the review panel that trainees had needed a lot of additional support over the duration of the Covid-19 pandemic which had taken a toll on the supervisors. | |
| **4.2** | **Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.**<br><br>Some supervisors reported that it had been challenging to find time to deliver education due to the service pressures which they found stressful. The supervisors reported that there had been numerous discussions about Key Performance Indicators (KPIs) and the supervisors noted that they had raised concerns about the pressure the KPIs would add and the effect on education. The supervisors reported that they had been told that education was going to be considered when setting the KPIs. | Yes, please see CR4.2 |
| **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.**<br><br>The supervisors confirmed that they had appraisals with the DME or Deputy DME. Supervisors reported that there had been fewer opportunities for supervisor education and training. It was noted that more opportunities for training would be beneficial particularly for supervisors who were new to the role. It was noted that the Postgraduate Medical Education Team had started running training sessions on teams, however these sessions were not very regular or well established. | Yes, please see CR4.7 |

| HEE Standard | HEE Quality Domain 5<br>Delivering Programmes and Curricula | Requirement Reference Number |
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| **5.1** | **Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.**<br><br>The Trust representatives informed the review panel that the Covid-19 pandemic had impacted the teaching programme. It was reported that prior to the Covid-19 pandemic the feedback for teaching had been good and there was an additional voluntary teaching session scheduled in the morning, however after the second wave of the pandemic the teaching programme had been stopped. The Trust representatives confirmed that local teaching was now in place and that trainee feedback had been considered | |

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| | in how this was re-established. It was noted that trainees had been offered a morning teaching session between 08:00-09:00 however trainees had declined this option as they felt it would not be viable for this cohort. The review panel was informed that trainees had opted for lunchtime teaching instead. It was stated that at the most recent trainee focus group meeting the trainees had been complimentary of the teaching and had informed the Trust representatives that they were happy with this arrangement. The Trust representatives reported that the teaching was accessible online via MS Teams and felt this had enabled more consultants to teach on the teaching programme as well as enabling trainees to access from different locations.<br><br>The trainees reported that there were three lunchtime teaching sessions a week. It was noted that a trainee representative contacted consultants to arrange speakers for the teaching which was delivered via MS Teams. The trainees confirmed that there were at least four to five trainees attending each session. The trainees confirmed that they were not released from clinical duties to attend teaching therefore those who attended were usually the trainees who were on a break. The review panel was informed that some of the teaching sessions were scheduled at the same time as acute sessions or Multi-Disciplinary Team Meetings (MDTs) therefore trainees could not attend. Trainees informed the review panel that they would find it helpful for teaching sessions to be protected or to be able to request to attend the sessions in advance. It was noted that trainees felt they were sometimes missing out on learning opportunities when they could not attend. It was also reported that teaching sessions were not recorded for those who were unable to attend.<br><br>The trainees reported that there was FRCR exam teaching appropriate to the different training grades and confirmed that the lunchtime teaching sessions were for all training grades. The review panel was informed that there were anatomy specific training sessions for the ST1s, it was noted these sessions were separate to the main lunchtime teaching sessions. The trainees reported that the anatomy teaching was well organised and very helpful. The trainees also informed the review panel that there was weekly plain film teaching for ST1s and ST2s and noted that trainees undertaking exams were also able to attend these sessions.<br><br>The trainees informed the review panel that the trainees had arranged exam teaching groups. Some trainees reported that the teaching for the FRCR Part 2b had been very good, even though the trainees were organising this themselves.<br><br>Trainees informed the review panel that the teaching programme was quite general and was not mapped to the curriculum. It was also noted that the programme was note established in advance | Yes, please see CR5.1a |

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| | and trainees often did not know what the topic was until the day of the session. The trainees reported that the quality of teaching, including for exams, was good and was tailored to the level of training. Whilst trainees reported that teaching had been reinstated and was good quality, it was noted that a more structured teaching programme, which was mapped to the curriculum, would be useful.<br><br>Trainees reported that the department offered a wealth of clinical experience and pathology for them to learn from. It was reported that there was good exposure to gastrointestinal (GI) and musculoskeletal (MSK) cases. However, trainees reported that there was a gap in the curriculum coverage for interventional radiology (IR). Trainees reported that they did not receive enough exposure to IR procedures. It was reported that IR procedure opportunities were often inaccessible to trainees as consultants usually carried out the procedures. It was acknowledged that the trainee in an IR did some of the ultrasound guided drains and aspirations but noted that this did not happen frequently.<br><br>The trainees confirmed that they had been able to gain access to specific sub-specialty experience via other hospitals and that this had resumed following the Covid-19 pandemic. | Yes, please see CR5.1a<br><br>Yes, please see 5.1b |
| **5.6** | **Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.**<br><br>The trainees informed the review panel that prior to the 2021 GMC NTS, the evening (twilight) shifts had been very busy but had only been covered by one trainee. The trainees felt it was unmanageable and unsafe for one trainee to manage between the hours of 17:00 and 22:00. It was noted this was also an issue on weekends. Trainees reported that there was only one trainee on call overnight but that the workload was now manageable.<br><br>The Trust representatives reported that the trainee rota had been changed to increase the number of trainees so that there were two trainees working the twilight shift, therefore making the workload more manageable. It was noted that the workload during the day was more manageable as there was consultant cover. The Trust representatives informed the review panel that the trainees had been included in discussions regarding changing their rota and the Guardian of Safe Working Hours (GOSWH) had been consulted to ensure the new rotas were compliant. The review panel was informed that the Trust representatives had offered the trainees different options to reduce the workload of the twilight shift and the change had been a trainee-led decision. The Trust representatives confirmed that trainees had informed the Trust representatives that this was the most viable option to protect their wellbeing, despite the impact it would have on | |

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| | training. The Trust representatives acknowledged that this change had caused different issues which trainees had alerted them to. Trust representatives confirmed that trainees had reported that as a result of the change there would be a significant loss of training time during the day. The Trust reported that they were monitoring this issue and had discussed this recently with the trainees. It was noted that trainees had given mixed feedback, particularly around whether the change had affected achievement of training competencies. Whilst trainees had reported issues with the change to the rota it was acknowledged that the twilight shift was more manageable. The Trust representatives clarified that they believed an immediate change was needed to protect trainees' emotional and physical wellbeing and their training, however the Trust representatives noted that the change might not be sustainable and that they were in the process of reviewing alternative options.<br><br>The Trust representatives reported that the trainees should have only missed 2.5 days as a result of the changes, not the five that had been discussed. It was also noted that the Trust had added locally employed doctors (LEDs) to the on-call rota to reduce the impact on trainees. The Trust representatives also informed the review panel that there were new trainees joining the department who would also be able to support the on-call rota and the representatives were hopeful that these measures would minimise the impact of the change on trainees.<br><br>The trainees informed the review panel that this change had made the workload more manageable in the evenings and there were more opportunities to take time to report and discuss with colleagues. Trainees also noted that senior trainees had more time to train junior trainees too. However, the trainees reported that as a result of the change to the rota the on-call shifts had become more frequent, and this had impacted their experience of training during the day. The trainees clarified that they were working a one in six on-call rota for evenings and nights. The trainees reported that they had hoped that the extra twilight shifts would have been instead of night shifts, but this had not happened. The trainees reported that they believed the amount of training missed ranged from 35-59 percent the trainees also informed the review panel that the consultants had conducted an audit to confirm how much training time had been missed as a result of the rota change. The supervisors confirmed this, but the results were not discussed. It was reported that the trainees would not recommend their training post to colleagues because of the impact of the on-call rota on training. The supervisors also advised the review panel that trainees were not electing to stay at the Trust for sub-specialty training because of the on-call commitment. The trainees informed the review panel that a survey had also been sent to the consultants and the overwhelming majority felt that the change to the rota had impacted the core and | Yes, please see CR5.6 |

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| | sub-specialty (higher) training during the day. The supervisors informed the review panel that they felt the trainees were not as accessible as they had been prior to the rota change, as they were often on-call or on leave so were not working during the day as much. Some supervisors reported that some trainees had missed 50 percent of the head and neck core block due to being on-call or working on the acute service.<br><br>Alongside the reduction in face-to-face training during the Covid-19 pandemic, the Trust representatives acknowledged that the workload for the service had increased, and this had contributed to a reduced ability to provide teaching. The review panel was informed by the supervisors that the acute team was always very busy and felt the number of scans had significantly increased. The supervisors advised the review panel that the ST1s should have been supernumerary however the service demands meant that ST1s were needed to help with the workload. It was noted that the ST1s did not have as much time to do shadowing or learn anatomy. The review panel was informed by the supervisors that there was pressure for the trainees to become competent faster, which was challenging for the trainees. The supervisors felt that there was not enough time to give one to one feedback to trainees due to the high workload. Junior trainees reported that the workload was high but noted this also meant there were a lot of scans to report on and ultrasound scanning opportunities which had enabled them to develop their skills.<br><br>The Trust representatives informed the review panel that there were concerns about the workload overnight. The trainees reported that there was no outsourcing of work out of hours. It was reported that outsourcing was being explored as a solution, and the Trust was discussing this option at a network level with other Trusts to develop a network-wide solution and explore how training can be improved. | |

| HEE Standard | HEE Quality Domain 6<br>Developing a sustainable workforce | Requirement Reference Number |
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| | Domain not discussed this at this review | |

## Report Approval

| Quality Review Report completed by | |
|---|---|
| **Name** | Rebecca Bennett |
| **Role** | Learning Environment Quality Coordinator, Health Education England |

| Review Lead | |
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| **Name** | Dr Elizabeth Carty |
| **Role** | Deputy Postgraduate Dean, North Central London, Health Education England |
| **Signature** | Elizabeth Carty |
| **Date signed** | 19 May 2022 |

| HEE Authorised Signatory | |
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| **Name** | Dr Gary Wares |
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| **Signature** | Gary Wares |
| **Date signed** | 25 May 2022 |

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| **Final Report submitted to organisation** | 26 May 2022 |