Health Education England

HEE Quality Interventions Review Report

King's College Hospital NHS Foundation Trust (Trust-wide)
Clinical Radiology
Learner and educator review

London – South London
7 April 2022
Date of Final Report: 6 July 2022

Review Overview

Background to the review

A Risk-based Learner and Educator Review was requested following the 2021 General Medical Council National Training Survey (GMC NTS). The survey results identified several areas of concern across the programme, including negative outlier results in nine areas: Overall Satisfaction, Clinical Supervision, Clinical Supervision out of hours, Reporting Systems, Teamwork, Supportive Environment, Induction, Curriculum Coverage and Educational Governance. Clinical radiology training at the Trust had previously been of concern, resulting in a temporary suspension of specialty training levels one to three (ST1-ST3) posts from March 2017, which were reinstated in April 2018 following further reviews where the Trust had demonstrated significant improvements to the learning environment.

Subject of the review:
Clinical Radiology

Who we met with

13 postgraduate doctors (PGDs) at ST1-ST3 and 12 PGDs at ST4-ST6.

Chief Executive Officer
Site Chief Executive for King's College Hospital
Chief Medical Officer
Director of Medical Education
Director of Operations
Clinical Director for Clinical Radiology Care Group
General Manager for Radiology
Guardian of Safe Working Hours – King's College Hospital
Training Programme Director – King's College Hospital
College Tutor for Radiology
Senior Medical Education Manager – King's College Hospital
Medical Education Manager – Princess Royal University Hospital
Clinical and educational supervisors in Clinical Radiology

Evidence utilised

Local Faculty Group meeting minutes: 8 March 2021, 19 April 2021, 10 May 2021, 21 October 2021, draft minutes January 2022
KCH Radiology FFT Response Feb 2022
2021-03 to 2022-02 Greatix
2021-03 to 2022-02 Red and Never Event incidents – Radiology
21-22 Main Teaching Attendance
KCH MEC Minutes
27 Aug 2021 Ultrasound simulation timetable
Draft MDEC Minutes 20.10.2021

Feedback US simulation sessions
Induction Feedback Aug 21
Local induction – August 2021
Local induction – March 2022
QPP GSWH report Q2 & Q2 July – Dec 2021
Registrar led induction Aug 2021
Ultrasound Training academy simulation Sep 2021
Ultrasound Training academy simulation Feb 2022

The review panel also considered information from the GMC NTS 2019 - 2021 and HEE National Education and Training Survey (NETS) 2020 – 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	Geeta Menon Postgraduate Dean, HEE London Anand Mehta Deputy Postgraduate Dean, HEE London
Specialty Expert	Jane Young Head of London School of Clinical Radiology
External Specialty Expert	Samantha Chippington Deputy Head of London School of Clinical Radiology
HEE Quality Representative(s)	Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager, HEE London
Supporting roles	Kate Brian Lay Representative, HEE London Aishah Mojadady Quality, Patient Safety and Commissioning Officer, HEE London

Executive Summary

The review panel thanked the Trust for accommodating the review. The Trust management representatives presented evidence of improvement work which was ongoing within the department and the PGDs described positive change in several areas. Some sub-specialty teams were highly complimented by the PGDs for the quality of their training experience, including breast, neuroradiology, nuclear medicine and interventional hepato-pancreato-biliary (HPB). The teaching programme was described as significantly improved since the beginning of the year. Relocation of the acute hub had improved access to sub-specialty consultant opinions when needed.

Some areas for improvement were also identified. The review panel heard that significant issues remained around departmental culture. Consultant support was described as variable both in and out of hours, and the more junior PGDs reported that there were a group of consultants that they felt unable to approach as they felt intimidated. Trainees reported witnessing conversations where consultants were critical of PGDs and other colleagues. As a result of these issues, PGDs felt they could only approach a minority of consultants for advice and support.

Additionally, the review panel felt there was an overreliance on PGDs who had passed their Fellowship of the Royal College of Radiologists exams to check scans. Trainees described variability in consultant engagement with training, especially for core-level PGDs. The ST1-3 PGDs in attendance all said that they would not recommend their posts to colleagues, and some had discouraged others from coming to the Trust.

This report includes some 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. Initial responses to the requirements below will be due on 1 September 2022.

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
CR1.1a	Consultant support was described as variable both in and out of hours, and more junior PGDs reported that	Please provide evidence of a robust plan to address cultural issues in the department. This could include

	there were a group of consultants that they felt unable to approach as they felt intimidated. Trainees reported witnessing conversations where consultants were critical of PGDs and other colleagues. Trainees felt they could only approach a minority of consultants for advice and support.	meeting minutes, training course attendance (by consultants), learner feedback, evidence of reflection/discussion sessions and any other relevant information to demonstrate that these cultural issues are being addressed. Please provide this evidence by 1 September 2022.
CR1.1b	More robust consultant ownership of scans is needed in the acute hub. The review panel felt there was an overreliance on PGDs who had passed their Fellowship of the Royal College of Radiologists exams to check scans.	Please provide PGD feedback indicating that consultants are taking ownership of scans and that PGDs at all levels are able to get scans checked if required. Please provide this evidence by 1 September 2022.
CR2.6	Trainees were unsure of how their feedback was used or whether it would lead to changes.	Please provide evidence that PGDs receive responses to feedback and updates on action taken as a result of their feedback. Please provide this evidence by 1 September 2022.
CR3.9	ST1-3 PGDs did not undergo a period of shadowing or supernumerary status prior to working on-call.	Please provide evidence, such as rotas, showing that PGDs are allocated at least one supernumerary on-call shift prior to undertaking on-call work. Please provide this evidence by 1 September 2022.
CR5.1a	There was a lack of capacity for diagnostic HPB training at core and higher level due to the focus on interventional radiology in the team.	Please provide a training plan outlining how the HPB team can meet the curricular requirements and training needs of diagnostic radiology PGDs. Please provide this evidence by 1 September 2022.
CR5.1b	There appeared to be a lack of capacity of HPB consultants to review adequate numbers of scans reported by core PGDs, which prevented PGDs being able to progress in the placement and develop their skills.	Please provide evidence of a plan to ensure that scans reported by PGDs are checked in a timely way and feedback from PGDs showing that this is being followed and that they are able to progress to more complex scans. Please provide this evidence by 1 September 2022.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
None		
Requirement Reference Number	**Progress on Immediate Actions**	**Required Action, Timeline and Evidence**

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)

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	**The learning environment is one in which education and training is valued and championed.** The Trust management representatives outlined some of the work which had been done to improve departmental culture since the previous HEE reviews. This included individual reflection sessions with supervisors to discuss PGD feedback, coaching and mentoring training, active bystander training and encouraging open and honest communication so that issues could be identified early. When training had been reinstated from spring 2018, the Trust had worked to improve supervision in the acute hub, including increasing the consultant workforce, ensuring there were named consultants on PGD timetables and increasing the out of hours support. Prior to the COVID-19 pandemic, there had been plans to work with a neighbouring trust to address the culture issues, but the Trust representatives did not think that these plans were relevant any more given the changes that had already taken place. It was suggested that external involvement may no longer be needed for the department to continue making improvements. The Trust management representatives reported that a new teaching programme had been introduced in response to PGD feedback. This included weekday morning teaching rota involving all consultants, covering clinical topics as well as sessions on risk, time management and non-clinical skills. There were also plans to introduce weekly curriculum-based teaching to help prepare PGDs for Fellowship of the Royal College of Clinical Radiology (FRCR) part 2a and 2b examinations. The ST1-3 PGDs agreed that the new teaching programme was better than the previous arrangement and that some of the consultants worked more collaboratively with the trainees now. The supervisors acknowledged that there was further work to be done around improving the departmental culture, but felt that there had been significant improvement in this area and in the working relationships between consultants and PGDs. However, PGDs at all levels felt that there were continued issues around culture, particularly in general radiology. Trainees described instances where they had overheard some consultants making negative remarks about PGDs or other consultants. This made PGDs, particularly at ST1-3, unwilling to check scans with certain consultants.	Yes, please see CR1.1a

	The PGDs advised that around a quarter of the consultants were highly engaged with training and proactive about teaching, but that others would avoid checking films and delegate this to higher PGDs or to the Medica service. The review panel heard that in previous years there had been more PGDs who had already passed the FRCR part 2b examinations (referred to as post-FRCR PGDs) and were able to take on more complex work. Now that there were fewer of these post-FRCR PGDs to delegate to, the PGDs thought that more of the consultants had been obliged to spend time in the acute hub and work with PGDs. They were unsure whether this would continue if the number of post-FRCR PGDs was to increase again.	Yes, please see CR1.1b
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.** The majority of PGDs who joined the review said that they were satisfied with the care given to patients. Several of the ST4-6 PGDs said that they would not recommend treatment in the department at the King's College Hospital (KCH) site to friends or family due to concerns around the building where the service was situated.	
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.** The Trust management representatives explained that a new training team had started in 2021 and had carried out a series of discussions with PGDs to get feedback. This had resulted in an action plan which was in progress at the time of the review. The ST1-3 PGDs advised that they had been included in the action plan meetings, but that they had mainly involved the Trust and departmental leads presenting plans, with only brief opportunities for the PGDs to give feedback on these. The ST4-6 PGDs felt more engaged in the process and that they had been listened to. The PGDs gave the example of the introduction of the new teaching timetable as a situation which had been addressed following their feedback. Both PGD groups expressed concern that long-term change, particularly around culture, would not be possible unless all of the consultants were willing to commit to the improvement work. They reported that some consultants and department leads were	

	committed to teaching and were proactive in working to improve training, but regarded other consultants as unwilling to make changes.	
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.** The supervisors acknowledged that challenges remained around infrastructure and physical space. The new location of the acute hub represented an improvement, but the supervisors reported that there still was not enough space in the hub for all the doctors. They also advised that not all consultants had offices and that the junior doctors needed a dedicated room. IT resources were described as improving but still lacking in some areas. Supervisors suggested additional computers, access to additional MS Office 365 apps for teaching, and better transcription software would be beneficial. The Trust management representatives noted that all workstations, both on site and remote, now had MS Teams installed so that colleagues could discuss cases and hold remote appointments with patients.	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
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.** The Trust management representatives outlined a number of feedback mechanisms open to the PGDs, including Local Faculty Group (LFG) meetings, junior doctor forums, email cascades and informal conversations with consultants. The review panel heard that the majority of meetings around improving departmental culture were multiprofessional and that the Radiology Care Group Board included representatives from all professions involved in the service. The ST1-3 PGDs felt that their feedback and opinions were sought but that they were unsure how much difference this made. The PGDs reported that they had brief opportunities at the end of meetings to give feedback and that they were asked to complete internal, anonymised surveys, but that they did not know how their responses would be used.	Yes, please see CR2.6

2.8	**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).** The Trust management representatives and supervisors explained that during the first surge in cases of COVID-19 in 2020, clinical radiology PGDs were redeployed to cover the intensive care unit. Consultants and PGDs had been redeployed during the second surge. This had led to a backlog in clinical radiology, which was compounded by increasing patient numbers and staff turnover. The Trust management representatives discussed a business case to increase the consultant workforce by 25 posts over the following five years to keep pace with the projected increase in modality. This business case was seen as a priority for the year as it was hoped that stabilising the consultant staffing would enable sustainability of the other plans for improvement. The supervisors outlined the positive changes the department had made, such as the move of the acute hub at the KCH site, the new teaching programme, the introduction of a district general hospital placement, and interactive ultrasound scan training at the Princess Royal University Hospital (PRUH) site. There were plans in place to have more PGDs based at the PRUH site from May 2022 and to increase the opportunities for cross-site working. The supervisors reported that moving the acute hub had improved interaction with the PGDs, as there was more opportunity for informal conversation and supervisors were more available to PGDs while working in the hub. The hub was now co-located with the main radiology reporting room, which meant that it was easier for doctors working in the hub to access colleagues in different sub-specialty teams to discuss scans. The consultant cover for the acute hub during the week had also been extended, with the first consultant on shift on Monday responsible for checking scans from the weekend.	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** The ST1-3 PGDs felt that the supervision arrangements in the department were sufficient to ensure PGD and patient safety, as	

they were always able to find a consultant, more senior PGD or clinical fellow to check scans. When subspecialty expertise was required, PGDs reported that they were responsible for locating the appropriate consultant. It was noted that moving the acute hub had led to increased consultant presence there, although some PGDs advised that even if consultants were present, they often delegated checking scans to the post-FRCR PGDs. The ST1-3 PGDs described the consultant and junior doctor services as being quite separate, and felt that they had more interaction with and informal teaching from PGDs at higher grades.

The review panel heard that the PGDs were expected to check their own plain film x-rays from ST2 level, after passing a test to check their competence. Trainees expressed concern about being expected to check these films alone and said it made them reticent to pick up more complex films. The PGDs reported that some plain film training was offered at the start of the ST1 rotation, but that after that they were expected to pick up plain films and find a consultant or more senior PGD to supervise them in checking the films.

The ST1-3 PGDs advised that certain consultants would give feedback after checking films and that PGDs knew to seek them out because of this. These were the same consultants that the PGDs described as being proactive about teaching.

The ST4-6 PGDs agreed that some consultants were more supportive than others. They reported that the consultant rota for the acute hub consisted of four two-hour cover periods during weekdays and that most consultants who covered the hub were able to answer queries on general radiology cases. In addition, sub-specialty consultants were frequently present. The ST4-6 PGDs stated that they could contact a consultant when needed, either directly or by phone, though they did find it more difficult when consultants worked remotely. Sessions did not always have consultant cover, which PGDs advised was due to sessions not being reallocated when consultants left the Trust. In some cases, PGDs found there was a lack of clarity around which sub-specialty team was responsible for certain scans, such as neck CTs which could fall under general radiology or neuroradiology.

Out of hours in the acute hub, the ST4-6 PGDs reported that they reported most of their own work and that of the more junior PGDs, and that they could discuss queries with the on-call consultant who was off-site. At weekends ST4-6 PGDs had sometimes felt overwhelmed by high volumes of work, and advised that they could contact the on-call consultant, but they varied in terms of whether they would come in to assist or not.

The review panel was informed that the consultants held overall responsibility for checking scans, though in practice this was often

	done by post-FRCR PGDs or by the Medica service if no post-FRCR PGDs were on shift. Trainees did not get feedback from Medica, so lost learning opportunities when this was used. After completing the FRCR part 2b exams, the PGDs advised that they were supported by consultants to start checking scans, but that scans were not routinely checked following this initial transition period. Some PGDs described instances where consultants had refused to check scans and informed the PGDs that it was their responsibility, or told them to use Medica if there was a high volume of scans to check.	
3.8	**Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.** ST1-3 PGDs reported feeling like they were at the bottom of the department hierarchy and felt that administrative staff and allied health professionals (AHPs) viewed them as a problem. The ST4-6 PGDs were more positive, reporting good relationships with their radiographer colleagues. The review panel heard that there had been some issues between the PGDs and the ultrasound scanning team, which had been reported and resulted in some changes to rotas.	
3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** The review panel heard that the induction programme had been updated to increase the initial support available to PGDs through a buddy system (where they were paired with a PGD already in the department) and regular meetings to check on new PGDs during their first week. The corporate and local inductions had been blended. All of the ST1-3 PGDs at the review had undergone an induction which they found useful and which provided an opportunity to meet people across the department. It was reported that due to changes in the rota the new ST1 PGDs started on-calls earlier in their placements but that there was no opportunity for them to shadow a colleague on-call prior to this. The PGDs advised that the altered rota had been released around four weeks in advance and was due to start in May 2022, which they had not expected. The PGDs felt that the rota arrangements should have been better communicated.	Yes, please see CR3.9

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number

4.2	**Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.** The supervisors advised that there was time for supervision and mentoring activity in their job plans, but that meeting the requirements of the service and the PGDs was difficult. They suggested that there should be more formal teaching time allocated but felt that they made up for this by capitalising on learning opportunities in practice. The new teaching programme involved all supervisors, which they felt was a positive change, although some reported that they undertook teaching activity in their own time or during clinical sessions as there was not enough time allocated. The department at the PRUH was smaller so the supervisors there reported that they sometimes had to ask the more senior PGDs to cover teaching if they were called to an emergency. In some subspecialties, such as paediatric radiology and interventional hepato-pancreato-biliary (HPB) radiology, involved consultants working alongside a PGD to perform procedures and so promoted an apprenticeship training model. There was a discussion around the Trust's capacity to support PGDs at ST1-3 given the challenges around increasing workloads. The supervisors felt that supporting more junior PGDs required more resources but that the department was able to meet their needs, particularly when there were higher numbers of more senior PGDs who had passed the FRCR exams. They added that the increase in training numbers at the PRUH site, as well as the introduction of a placement at Croydon University Hospital, increased capacity for training and the range of learning opportunities available.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	**Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.** When asked whether they would recommend training posts at the Trust to colleagues, the majority of ST1-3 PGDs said they would not, and some had already advised colleagues against applying for posts there. A few added the caveat that subspecialty training was good but that the Trust was almost too specialised to provide good core training. The PGDs were complimentary about the learning experience in several subspecialties, including breast, neuroradiology, nuclear medicine and interventional HPB. They cited regular feedback from the consultants, frequent teaching and consultants checking	

	most or all scans as examples of good training practice in these areas. Musculoskeletal radiology (MSK) was described positively by the ST4-6 doctors, but the ST1-3 doctors described it as more challenging and felt that the MSK consultants expected them to work at the level of post-FRCR doctors from an early stage. HPB was seen as a less positive for diagnostic radiology PGDs, as it was reported that the consultants in the team spent the majority of their time on interventional work due to service demands. This meant that the PGDs and supervisors had different priorities and the supervisors were on the interventional radiology rota, which made them less available to the diagnostic PGDs. Trainees had found it difficult to get scans reviewed by consultants, but this meant that they did not gain sufficient experience to move onto more complex scans. The PGDs were not aware of whether these issues had been fed back to the department leads. The ST4-6 PGDs said that the acute hub worked as a service but that the learning experience varied significantly depending on which consultants were present and whether they were engaged with training. Some PGDs had been on placement at Croydon University Hospital to gain district general hospital experience and found this very useful in developing skills around reporting on magnetic resonance imaging scans.	Yes, please see CR5.1a Yes, please see CR5.1b

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Not discussed at this review	

Report Approval

Quality Review Report completed by	
Name	Louise Brooker
Role	Deputy Quality, Patient Safety and Commissioning Manager

Review Lead	
Name	Geeta Menon
Role	Postgraduate Dean, HEE south London
Signature	Geeta Menon
Date signed	5 July 2022

HEE Authorised Signatory	
Name	Geeta Menon
Role	Postgraduate Dean, HEE south London
Signature	Geeta Menon
Date signed	5 July 2022

Final Report submitted to organisation	6 July 2022