

HEE Quality Interventions Review Report



**Guy's & St Thomas' NHS Foundation Trust (Trust-wide)
Clinical Radiology
Learner and Educator Review**

**London – South East London
Date of Review: 5 May 2022
Date of Final Report: 19 July 2022**

Review Overview

Background to the review

Health Education England (HEE) initiated this Trust-wide Learner and Educator Review of clinical radiology specialty training at Guy's & St Thomas' NHS Foundation Trust (GSTT) in response to the 2021 General Medical Council (GMC) National Training Survey (NTS) results for the programme group. Negatively outlying results were reported at a Trust-wide level for Teamwork, Supportive Environment, Educational Governance, Clinical Supervision, Clinical Supervision Out of Hours, Induction, Adequate Experience, Educational Supervision and Feedback.

The clinical radiology service at GSTT operates across three Trust sites: St Thomas' Hospital, Evelina Children's Hospital (on the St Thomas' Hospital site) and Guy's Hospital.

Subject of the review:

Clinical Radiology - specialty training level one to six (ST1-6)

Who we met with

HEE's review panel met with:

- 16 ST1-3 postgraduate doctors (PGDs) and 12 ST4-6 PGDs in clinical radiology; and
- 17 clinical radiology educational supervisors (ESs) and clinical supervisors (CSs) at GSTT.

The review panel also met with the following Trust representatives:

- Medical Directors
- Clinical Directors
- Training Programme Director (TPD)
- College Tutor
- Deputy Director of Postgraduate Medical Education
- Associate Director of Education, Training and Development
- Guardian of Safe Working Hours (GOSWH)
- Clinical Leads
- HR Director
- Head of Medical Workforce
- Head of Nursing
- Assistant Service Manager

Evidence utilised

The review panel received the following supporting evidence from the Trust in advance of the review:

- Trainee meeting minutes 07.12.21
- Trainee meeting minutes 08.02.22
- GSTT NHS Staff Survey 2021
- Friends & Family Test data Feb 2022
- GSTT Medical Education Governance Meeting minutes 26.07.21 and 08.10.21
- The Inside View CLIMP Newsletter Nov and Dec 2021, Jan and Feb 2022
- Ultrasound Training Academy teaching document 27.09.21
- Meeting attendance list for Ultrasound Training Academy DVT teaching Dec 2021
- Meeting attendance list for Ultrasound Training Academy Urology teaching Feb 2022
- Meeting attendance list for Ultrasound Training Academy Anatomy teaching Oct 2021
- Ultrasound Training Academy feedback May 2021
- Overview of Changing of Clinical Radiology Teaching Methods following easing of Social Distancing Restrictions of the COVID-19 Pandemic
- Winter Departmental Teaching Feedback Jan 2022
- August Virtual Induction 2021
- Clinical radiology trainee meeting minutes 12.04.22

The review panel also considered information from the GMC NTS 2017-2021 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	Anand Mehta, Deputy Postgraduate Dean, South London Health Education England, London
Specialty Expert	Jane Young, Head of Specialty School of Clinical Radiology Health Education England, London
Specialty Expert	Samantha Chippington, Deputy Head of Specialty School of Clinical Radiology Health Education England, London
External Specialty Expert	Samir Alwan, Consultant Radiologist Chelsea & Westminster NHS Foundation Trust
Lay Representative	Kate Brian, Lay Representative
HEE Quality Representative(s)	Gemma Berry, Learning Environment Quality Coordinator Health Education England, London
Supporting roles	Aishah Mojadady, Quality, Patient Safety & Commissioning Officer Health Education England, London

Executive Summary

The review panel thanked the Trust for accommodating the review. Whilst the educational leads for clinical radiology at GSTT had been surprised by the department's negative 2021 GMC NTS results, they welcomed the review as an opportunity to share the activity they had undertaken to address the issues raised. They recognised that the survey results had empowered them to put improvements in place and had engaged the department in education and training.

The review panel was pleased to note several areas that were working well in the department. The ST1-3 PGDs reported feeling well supervised whilst working within their competency levels. They attended good quality teaching sessions twice daily and all ST1-3 PGDs said they would recommend their training posts. The ST4-6 PGDs said they enjoyed their apprenticeship model of sub-specialty training and received detailed feedback from their supervisors.

Furthermore, the review team heard that where gaps in the PGDs' curriculum were identified, opportunities to engage with this training at other trusts were proactively explored with their supervisors. The PGDs felt they were listened to, based on the 2021 GMC NTS results, and that departmental leads had addressed their concerns and worked with the PGDs to co-produce solutions.

Whilst the review was predominantly positive, the review panel identified some areas for improvement at a departmental and Trust level. The review panel was concerned to hear that PGDs often had a very heavy workload during out of hours shifts, with multiple demands on their time, and there was no clear escalation policy in place to support this. The Trust's out of hours cross-site taxi service was also reportedly unreliable and PGDs sometimes had to arrange their own transport whilst maintaining a busy radiology service.

Although none of the PGDs reported experiencing any bullying or undermining in the department, there seemed to be some trepidation from PGDs around raising concerns, and there was a perception that doing this may affect their career progression.

This report includes some requirements for the Trust to take forward, which will be reviewed by 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
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CR1.5	The clinical radiology department needs to have a clear escalation policy when out of hours workload becomes very heavy or there are multiple demands, to keep both patients and PGDs safe.	<p>Please provide a copy of the escalation policy in place to support PGDs with heavy workload during out of hours shifts, including details of how this policy has been communicated within the department.</p> <p>Please submit this evidence by 1 September in line with HEE's action plan timeline.</p>
CR1.7	Although none of the PGDs reported experiencing any bullying or undermining, there seemed to be some hesitation from PGDs around raising concerns, and there was a perception that doing this may affect their career progression.	<p>Please provide Local Faculty Group (LFG) meeting notes or equivalent to demonstrate that this topic has been discussed between consultants and PGDs and PGDs have been encouraged to raise concerns without fear of negative consequences.</p> <p>Please submit this evidence by 1 September in line with HEE's action plan timeline.</p>
CR1.11	The Trust's out of hours cross-site taxi service was reportedly not reliable or timely and PGDs sometimes had to arrange their own transport whilst on shift.	<p>Please provide evidence through meeting notes or correspondence to demonstrate that this matter has been raised with the Trust's facilities department and that PGDs have been advised on how they can access other means of Trust transport when the taxi service is not available.</p> <p>Please submit this evidence by 1 September in line with HEE's action plan timeline.</p>
CR5.1	Interventional radiology (IR) PGDs found it difficult to attend IR clinics because clinical fellows in the department were prioritised to cover these lists. Aortic work was also difficult for IR PGDs to access due to rota allocations.	<p>Please provide a copy of the rota to show that IR PGDs are rostered to attend IR clinics and carry out aortic work on a regular basis, as these are curriculum requirements.</p> <p>Please submit this evidence by 1 September in line with HEE's action plan timeline.</p>

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
		N/A

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 majority of PGDs in clinical radiology said they would recommend GSTT as a place to train and the training they received was of high quality.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>The ST1-3 PGDs told the review team that the clinical radiology consultants' approaches to giving feedback on scan reports were variable. Some consultants provided teaching notes via a 'chat' function in the picture archiving and communication system (PACS), whilst others discussed scans and reports directly with the PGDs either in person or via MS Teams. Some consultants reportedly put the onus on PGDs to seek feedback for themselves, by amending and finalising reports without discussing the changes with the PGDs directly. The ST1-3 PGDs felt that some of the consultants' approaches to sharing feedback could be improved.</p> <p>The ST4-6 PGDs advised that during the COVID-19 pandemic there had been issues in the department around delayed feedback on reports, or only receiving feedback via PACS rather than in person. However, since the GMC NTS 2021 results had been discussed and addressed within the department, the ST4-6 PGDs thought the consultants' feedback mechanisms had improved significantly. The ST4-6 PGDs said that the onus was generally on them to check for any addendums to their reports after an out of hours shift, and they would only receive a call or direct message from a consultant if there were major errors. However, in hours, they had scheduled reporting and debrief sessions with their consultants to check through all of their scans (except plain films) and obtain detailed feedback.</p> <p>The educational leads advised the review team that as part of their response to the 2021 GMC NTS results and to support curriculum coverage, all clinical radiology consultants had undertaken refresher training on how to give constructive feedback to PGDs.</p>	

	<p>Some of the ESs and CSs thought that the PACS 'chat' function had made communication with PGDs and reporting much more efficient.</p>	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The ST3-6 PGDs said the number of scans they reported on during an out of hours shift varied from 10 to 50, with the average being around 30. Sometimes they were also required to conduct paediatric gastrointestinal studies during these shifts, which meant they were unable to review any other urgent scans for approximately an hour and there was no one else available to assist with the backlog. The PGDs thought that this variability in the number of scans and the fact that some out of hours shifts were more manageable than others was the reason why a clear escalation pathway had not yet been established within the department to manage a potentially heavy workload. The PGDs suggested the department implement a 'safety valve' pathway, so that an on call consultant could be contacted and reinforcements arranged when the volume of pending scans or the time that patients were waiting for a scan reached a certain threshold.</p> <p>The ST1-2 PGDs expressed some trepidation about the number of scans they would be expected to report on during out of hours shifts when they progressed to more senior training posts (from ST3 upwards). The ST4-6 PGDs confirmed that the workload during out of hours shifts could be stressful and overwhelming, but that they learnt a great deal during these busy shifts and had become more adept at making judgments and producing reports quickly. This was reiterated by the ESs and CSs, whose PGDs had told them they learnt a lot during out of hours shifts and this had made them more independent, in readiness for becoming consultants.</p> <p>The ESs and CSs recognised that the department's out of hours workload could be very heavy. They advised that they were keeping this matter under close review, as well as discussing it with their PGDs, who were told to contact on call consultants if shifts became difficult. However, the supervisors confirmed that there were no specific processes or policies in place to address this issue at present. They advised that the out of hours workload for the department had only increased minimally since before the COVID-19 pandemic (within projected levels). The number of PGDs on these rotas had also increased, meaning they each</p>	<p>Yes, please see CR1.5</p>

	worked fewer out of hours shifts and were available more often during the day for teaching and training.	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>None of the PGDs reported experiencing any bullying or undermining during their time in the clinical radiology department at GSTT.</p> <p>The review team noted some hesitation from the ST4-6 PGDs when asked whether they would feel comfortable about raising any bullying and undermining concerns within the department, should the need arise. The PGDs seemed to perceive that raising concerns may affect their future job applications and career progression, as the clinical radiology community was small. However, they said they would speak up if they had any patient safety concerns.</p> <p>The review team heard that the clinical radiology consultants had conveyed their frustration about the negative 2021 GMC NTS results to the ST1-3 PGDs, and the feedback had been taken as criticism when this was not the PGDs' intention. However, the PGDs hoped that the consultants' perspective had changed since the issues had been discussed and addressed within the department. All of the ST1-3 PGDs felt that they could raise concerns with their consultants.</p> <p>The ESs and CSs told the review team that their PGDs frequently contacted them with any concerns they had, either educationally or clinically. As the supervisors were regularly working directly with their PGDs on site, they often had ad hoc conversations about any issues, rather than formal meetings (although these also took place). The supervisors thought their PGDs felt comfortable about raising concerns with them, without fear of negative consequences, and had generally seemed content with their training during their interactions. The supervisors also highlighted that, as the PGDs were based at GSTT for five years of their specialty training, they got to know everyone in the department very well and many of them had good working relationships with one another. The supervisors were therefore surprised that the 2021 GMC NTS results had been so negative. However, they did acknowledge that some of the altered ways of working during the COVID-19 pandemic had been challenging for the PGDs, particularly when some team members had been deployed to other areas and teaching sessions had not been held face-to-face.</p>	Yes, please see CR1.7

	<p>On consulting with their PGDs about the 2021 GMC NTS results, the educational leads confirmed that no concerns had been raised in relation to bullying or undermining. However, the leads recognised that there were occasionally non-collegiate interactions with other departments at the Trust. The ST4-6 PGDs highlighted that difficult conversations often took place between members of the clinical radiology team and the emergency department (ED), with some PGDs becoming upset after speaking with ED consultants. The PGDs reported that the attitude of some ED consultants was to demand scans without being willing to discuss whether they were appropriate or not.</p> <p>The educational leads said they had reiterated to their PGDs how and who to raise concerns with and emphasised that bullying and harassment was not tolerated within the clinical radiology department.</p>	
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 ST1-3 PGDs reported some issues pertaining to cross-site working between GSTT's three main sites – St Thomas' Hospital, Guy's Hospital and Evelina Children's Hospital. Whilst the majority of their acute work was based at St Thomas' Hospital and the Evelina Children's Hospital, which were co-located, the ST1-3 PGDs said they occasionally had to perform post-operative scans on renal transplant patients at Guy's Hospital at short notice. This required them to quickly move between sites, but the Trust's cross-site taxi service was unreliable and they sometimes had to find their own transport or cycle. This was said to be particularly challenging when the PGDs were working independently on call out of hours trying to maintain the Trust-wide clinical radiology service.</p> <p>The ESs and CSs said that the number of reporting workstations in the clinical radiology department had increased in line with the expansion in consultant, clinical fellow and PGD numbers. However, even with some staff working from home (which was introduced during the COVID-19 pandemic), on certain days and times members of the team were not always able to find an available workstation. The supervisors suggested some work needed to be undertaken to map usage of the workstations across both Trust sites and ensure team members were more organised about where they planned to report from each day. The educational leads advised that in order to sustain a larger</p>	<p>Yes, please see CR1.11</p>

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	<p>workload and workforce with on-site presence, and to ensure training was not affected, extra workstations may be required and job plans may need to be reviewed.</p> <p>The leads confirmed that they did not outsource any of their workload to third party suppliers.</p>	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>On receipt of the 2021 GMC NTS results for clinical radiology, the educational leads for the department initially responded by contacting the Trust's Postgraduate Medical Education (PGME) team, members of senior management and the Head of the Specialty School of Clinical Radiology for London to discuss the concerns raised and how best to address them. The leads also arranged a meeting between the PGDs and PGME team, a clinical radiology consultant meeting and meetings with each training year group to better understand the issues highlighted in the survey.</p> <p>The ST1-3 PGDs confirmed that a useful meeting with the PGME team had taken place for all clinical radiology PGDs to share their reasons why the 2021 NTS results had not been more positive. They advised that the key issues related to a reduction and deterioration in teaching sessions, in-person supervision and feedback from supervisors during the COVID-19 pandemic. They felt that these concerns had been listened to and subsequent PGD year group meetings with the College Tutor and TPD had allowed them to put forward their own ideas for how these issues could be addressed.</p> <p>A follow-up meeting with the PGME team was held in recent weeks and the ST1-3 PGDs felt that their main areas of concern had all improved at that point. It was noted by the review team that not all of the negatively outlying 2021 NTS domains for the department were mentioned by the PGDs during the review.</p> <p>The educational leads confirmed that training was a regular agenda item for the department's monthly consultant meeting and they were keen to ensure that education was valued in the team. They also suggested that some of the improvements that had been made since the 2021 NTS results were straightforward, but regular PGD feedback was crucial to understand what might be required in the future. The leads also emphasised the need</p>	

	for reinforcement from the Trust's PGME team to implement positive change.	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The educational leads emphasised to the review team that all clinical radiology supervisors checked that their PGDs had acquired core competencies before progressing further through their training. The leads said that all ST1 PGDs were closely supervised and did not undertake any independent reporting. ST1 PGDs predominantly focussed on the core skills of ultrasound and fluoroscopy. At ST2-3 level, PGDs completed sub-specialty core training blocks and began to undertake some independent reporting of ultrasound scans and plain films. At ST4 level, PGDs started to choose their sub-specialty. By ST5 level, PGDs were working independently across all modalities prior to undertaking their Certificate of Completion of Training (CCT) examinations and were specialising in a particular sub-specialty of clinical radiology. However, all PGDs' computerised tomography (CT) and magnetic resonance imaging (MRI) scan reports were signed off by consultants. None of the ST4-6 PGDs supervised more junior PGDs' reporting.</p>	
3.5	<p>The ST1-3 PGDs confirmed that on weekdays – covering the whole Trust but based at St Thomas' Hospital - there was a ST2 PGD on shift from 09:00 - 21:00, a ST3-5 PGD rostered from 13:30 - 23:30 and a ST3-6 PGD on shift overnight from 21:00 – 09:00.</p> <p>On weekends – covering the whole Trust from St Thomas' Hospital – one ST3-6 PGD was rostered to work from 09:00 – 17:00 and another ST3-6 PGD was on shift from 13:00 – 21:00. A ST2 PGD was rostered from 11:00 – 19:00, with a ST3-6 PGD working a night shift from 21:00 – 09:00.</p> <p>The educational leads said that the department's consultants reviewed the rota each week to ensure appropriate supervision was in place. On weekdays, there were four named on call sub-specialty consultants (covering diagnostic radiology, paediatrics, IR and neuroradiology) rostered to review acute work and scan reports till approximately 19:00, then after that time consultants would be sent preliminary reports by PGDs to review the next morning. The PGDs confirmed that these reports were checked promptly in the mornings, which they appreciated.</p>	

	<p>During the weekend, these same four named on call consultants were available to offer advice and review scans either on site or from home (using the PACS system). The ST1-3 PGDs said that most of the consultants were engaged and proactive in this regard, but they varied in their receptivity to certain requests from PGDs. The ST1-3 PGDs advised that the majority of their calls to on call consultants overnight were regarding MRI scans, but they otherwise generally managed their workload on their own. Similarly, the ST4-6 PGDs said that they rarely needed to contact an on call consultant during an out of hours shift but they felt able to do so if required. With consultants having access to PACS from home, the ST4-6 PGDs also said they felt more able to contact on call consultants out of hours than they had previously.</p> <p>The clinical radiology PGDs were rostered onto the out of hours rota for paediatric clinical radiology at Evelina Children's Hospital and there was a named on call paediatric clinical radiology consultant available to support each of these shifts. The review team heard from the ST4-6 PGDs that paediatric scans generally made PGDs feel trepidatious, but that paediatric consultants were now more readily available to supervise than they had been previously, and the PGDs felt it was more acceptable to contact them for advice than in the past.</p> <p>The ST1-3 PGDs highlighted that one of the key concerns raised in the 2021 GMC NTS was supervision of acute CT scans. Prior to the COVID-19 pandemic, the PGDs said there had been a lot of consultant presence in the St Thomas' Hospital scan 'box' to support PGDs with reviewing and reporting on CT scans. This consultant presence had reportedly waned during the pandemic but since the NTS results had been discussed within the department, the situation had improved. The educational leads and supervisors confirmed that they were trying to reinforce consultant presence for CT reporting.</p> <p>Overall, none of the PGDs reported feeling unable to call a consultant for advice if needed, although the ST1-3 PGDs felt more hesitant about contacting certain consultants than others. The ST4-6 PGDs had not experienced any problems with consultant supervision in or out of hours.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The educational leads advised that further improvements were being made to the clinical radiology departmental induction. Plans included creating a learning contract between PGDs and supervisors to clearly establish their roles and expectations in relation to training and education.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The ESs and CSs confirmed that they had dedicated time in their job plans for their supervisory roles, including teaching and training. The supervisors said that a lot of their teaching and training was conducted during clinical sessions, due to working in a teaching hospital.</p>	

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 educational leads advised the review team that although the clinical radiology PGDs spent five years of their specialty training at GSTT, the ST1 level PGDs rotated to Lewisham and Greenwich NHS Trust for two months each.</p> <p>The review team heard that the clinical radiology department's routine and urgent workload was markedly reduced during the COVID-19 pandemic, so a twilight shift (when the department was busiest) was introduced to the rota at this time to support PGDs to meet their Annual Review of Competence Progression (ARCP) requirements. A consultant was also rostered on this shift to support the inpatient workload.</p> <p>PGDs were also included as supernumerary on the MRI spine rota to maintain their MRI spine reporting skills.</p> <p>The review team heard that IR PGDs found it difficult to attend IR clinics because the two clinical fellows in the department were prioritised to cover these lists. Aortic work was also reportedly difficult for IR PGDs to access due to rota allocations. The educational leads advised that there were plans in place to introduce more computerised tomography angiography (CTA) reporting to IR PGDs in future, and to increase the number of IR-specific posts within the team.</p> <p>Furthermore, there was reportedly very little sarcoma work or complex cardiac (nuclear medicine) learning opportunities at GSTT, but the ST4-6 PGDs said that their supervisors actively</p>	Yes, please see CR5.1

	<p>encouraged and helped them to arrange placements at other provider organisations to gain this experience.</p> <p>Overall, the ST4-6 PGDs were pleased with the sub-specialty training and teaching provision in place within the department and appreciated the significant amount of time consultants gave to this.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The ST1-3 PGDs advised that local teaching had been one of their key areas of concern whilst completing the 2021 GMC NTS. Prior to the COVID-19 pandemic, there was a set format and schedule in place for the ST1-3 teaching programme and a named ST1 PGD was responsible for coordinating consultant (trainer) availability and PGD attendance, which had been relatively straightforward. During the pandemic, this task reportedly became more problematic as teaching sessions reduced in number along with the range of consultants who were keen to contribute. The sessions were also conducted remotely rather than in-person due to the number of staff working from home at the time, which the educational leads said affected engagement from both trainers and PGDs.</p> <p>However, the review team was pleased to hear that the department's ST1-3 teaching programme had greatly improved since the 2021 NTS. On the PGDs' request, at least one ST5 PGD now supported the named ST1 PGD to address any coordination issues and helped to ensure all subspecialties were covered by the schedule. Moreover, whilst some consultants' interest in teaching had reportedly waned during the pandemic, others had since become more proactive in this regard and they were now delivering regular sessions.</p> <p>The ST1-3 PGD confirmed that most weekdays, they had protected time in their rota to attend good quality, consultant-led teaching sessions twice daily (08:30 – 09:00 and 13:15 – 14:00), appropriate to their level of training. Only when they were rostered to cover acute reporting did they miss an afternoon session, but this shift was shared equally between the PGDs so they were not concerned.</p> <p>The ST1-3 PGDs advised that their local teaching programme covered a wide range of clinical radiology sub-specialties, with nuclear medicine teaching delivered on alternate weeks. ST1 PGDs received dedicated teaching for ultrasound and anatomy, the latter being of a particularly high quality.</p>	

	<p>Those PGDs who were due to complete their Fellow of the Royal College of Radiologists (FRCR) examinations attended structured 45-minute local teaching sessions every two weeks, covering topics such as neonatal lung disease, paediatric bone lesions and neuroblastomas. If there was a specific topic the PGDs were particularly interested in, this would become the focus of the teaching session on that occasion. In response to the 2021 NTS results, the educational leads highlighted that they also now conducted interim reviews to help identify any issues or gaps in training in advance of the final FRCR examinations taking place.</p> <p>Post-FRCR PGDs attended regional teaching sessions covering their own subspecialties along with other subjects. At a local level their training followed an apprenticeship model, which the PGDs said they preferred. The review team heard that the clinical radiology consultants spent a lot of time teaching their post-FRCR PGDs on a one-to-one, ad hoc basis during shifts.</p> <p>The ST4-6 PGDs also said they were now trying to re-establish a journal club programme; attendance had been difficult to coordinate in the past due to rota arrangements.</p> <p>The ESs and CSs recognised that the introduction of home working and reporting for consultants during the COVID-19 pandemic had had a detrimental impact upon teaching and training within the department, and during this time, teaching sessions were not held in person. To address this, the educational leads and supervisors had worked closely with one of the senior PGDs to map curriculum requirements against teaching and training opportunities and updated the rota to ensure consultants were on site to deliver the best teaching possible for each sub-specialty. Furthermore, whilst the ESs and CSs were each allowed to work from home one day per week (included in their job plans) they said they did not usually take these opportunities and predominantly worked on-site instead.</p> <p>Local teaching sessions were predominantly held in person at St Thomas' Hospital, but due to the cross-site working arrangements of the department, those PGDs working elsewhere were able to join remotely via MS Teams. The IT suite at St Thomas' Hospital was reportedly of a higher quality and better for teaching sessions than the facilities at Guy's Hospital.</p>	
HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	N/A	

Report Approval

Quality Review Report completed by	
Name	Gemma Berry
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Anand Mehta
Role	Deputy Postgraduate Dean, South London
Signature	Anand Mehta
Date signed	7 June 2022

HEE Authorised Signatory	
Name	Geeta Menon
Role	Postgraduate Dean, South London
Signature	Geeta Menon
Date signed	18 July 2022

Final Report submitted to organisation	19 July 2022
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