

HEE Quality Interventions Review Report



St George's University Hospitals NHS Foundation Trust
Haematology
Learner and Educator Review

London – South West London
Date of Review/Intervention: 15 December 2022
Date of Final Report: 1 February 2023

Review Overview

Background to the review

This Learner and Educator Review was planned in response to the 2022 General Medical Council (GMC) National Training Survey (NTS) results for haematology specialty training at St George's Hospital. This programme received negatively outlying (red outlier) results for the Induction, Educational Governance and Facilities indicators. Additionally, negative results (in the lower quartile but not outliers) were reported for; Overall Satisfaction, Clinical Supervision, Reporting Systems, Supportive Environment, Adequate Experience, Educational Supervision, Feedback, Regional Teaching and Rota Design.

Subject of the review:

Haematology higher specialty training

Who we met with

Five doctors in postgraduate training in Haematology

Site Managing Director
Site Chief Medical Officer
Assistant Director of Medical Education for Medicine and Cardiovascular Division
Director of Medical Education
Medical Education Manager
Clinical Director
Divisional Chair
General Manager
Assistant General Manager
Clinical Lead
Consultant lead for Trainees
College Tutor
Educational Lead
Haematology Lab Manager
Guardian of Safe Working Hours

Evidence utilised

2021-22 Investigation of diseases Overall Satisfaction Summary
Action plan – HEE overview 2022
Actions from meeting with trainees November 2021
Agency fill rate data 2022
Agenda for Haematology Local Faculty Group Meeting 2nd November 2022
Datix summary, related emails
GOSW Report – Haematology
Induction feedback

Induction timetable
 Internal communications around rota gaps
 Intro to Haem at STG 10.22
 LFG reporting form October 2021
 LFG reporting form November 2022
 Local Haematology Induction 2021 September
 MDT attendance 2021
 Minutes from meeting with trainees November 2021
 Registrar on-call rotas 2021-2023
 SpR feedback
 T Year 2021-2022 Haematology
 Training records for Intrathecal Cytotoxic MDT training session and Morphology teaching session

Review Panel

Role	Name, Job Title
Quality Review Lead	Geeta Menon Postgraduate Dean, South London Health Education England
	Richard Bogle Deputy Postgraduate Dean, South London Health Education England
Specialty Expert	Raj Patel Deputy Head of the London Specialty School of Pathology Health Education England
Specialty Learner Representative	Kayleigh McCloskey Learner Representative
HEE Quality Representative(s)	Louise Brooker Deputy Quality, Patient Safety & Commissioning Manager, South London Health Education England
Supporting roles	Anne Sinclair Lay Representative
	Aishah Mojadady Quality, Reviews & Intelligence Officer, South London Health Education England

Executive Summary

The review panel thanked the Trust for accommodating the review. Some positive aspects to training in the Haematology department were discussed. Doctors in postgraduate training (DPTs) respected their consultants and valued their expertise. They were also highly complimentary of the Clinical Director and Clinical Lead. DPTs felt well-supported by their educational supervisors and said that most consultants were approachable and willing to assist with queries. The DPTs felt that when they formally gave feedback around their training this was listened to, and they were aware of some positive changes which had been made as a result. They reported that the morphology teaching sessions were of high quality.

The review panel identified some areas of concern, including two issues which resulted in the issuing of immediate mandatory requirements. The first of these related to the DPTs' lack of access to the exception reporting system, which meant that they were not compensated for additional hours worked and the department was unable to adequately monitor their workloads. The second was that the DPTs described a lack of clarity around which consultant was responsible for covering each subspecialty, which raised concerns around both clinical supervision and escalation pathways.

Further issues identified included a low level of morale and signs of burnout among the DPTs, none of whom wanted to take up consultant posts in the department in the future. The DPTs were reluctant to recommend the Trust as a place for friends and family to be treated, stating that they respected the expertise of the staff but were concerned about understaffing and complexity of systems.

The registrar rota was planned around 10 registrars but was staffed by six doctors in training, which was not sustainable. There were also logistical concerns which impacted on training. The DPTs reported information governance concerns relating to sharing logins and passwords due to the delay in assigning logins following induction. The registrar room was not considered fit for purpose and did not have the appropriate IT equipment to support them to complete their work during their shifts and to participate in online training.

HEE plans to conduct a follow-up review in summer 2023 to determine whether sufficient improvements have been made. This review will include representation from the GMC.

Review Findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
Ha1.11	The department requires investment in facilities so DPTs have a clean room of sufficient size and with appropriate IT equipment to support them to complete their work during their shifts and to participate in online training.	<p>The Trust is required to ensure that the DPTs have an appropriate space or spaces to facilitate their work and participation in online training. Please provide evidence of this in the form of DPT feedback.</p> <p>Please provide an update and evidence for this action by 1 March 2023.</p>
Ha3.9	DPTs were not allocated logins for all the necessary applications and systems on starting their rotations, which led some to use other staff members' logins to be able to complete necessary tasks.	<p>The Trust is required to ensure that DPTs starting in the department have access to the necessary systems and applications for their roles prior to their first shift. Please provide feedback from DPTs following the next two induction periods confirming that this has been done.</p> <p>Please provide an update and evidence for this action by 1 March 2023.</p>
Ha6.4a	The DPTs were reluctant to recommend their training posts to colleagues or to consider taking up consultant posts in the department. The DPTs were aware of cases of burnout among their colleagues and found the high workloads difficult to manage at times.	<p>The department training leads should work with the Trust wellbeing lead to ensure that the DPTs are aware of the support that the trust offers.</p> <p>Please provide an update and evidence for this action by 1 March 2023.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
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Ha2.6	The doctors in postgraduate training did not have access to the exception reporting system. The review panel heard that the instructions on the intranet to gain access to the system were out of date and that doctors had to email to request access for themselves, which could take weeks to be set up. This meant that the doctors were unable to file exception reports and gain appropriate compensation.	The Trust should ensure that all doctors in postgraduate training in Haematology are allocated login details for the exception reporting system and given accurate instructions on how to use it.
Ha3.5	The doctors in postgraduate training were not always aware of which consultant was responsible for covering which subspecialty area on a given day. They described having to contact multiple leads and managers to find out, which was time consuming and created potential safety risks.	The Trust is required to issue weekly rotas including details of which consultant is covering which area and how they can be contacted.
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
Ha6.3	6.3	The review panel advised that the Trust consider introducing more physician associate and prescribing pharmacist roles, as well as looking at ways to increase the medical workforce such as additional clinical fellow roles or the Medical Training Initiative. The panel also suggested that the department leads work with their counterparts at neighbouring trusts to explore different rota arrangements.

Ha6.4b	6.4	The department is advised to consider working with the Trust wellbeing lead to hold teambuilding workshops or events with the aim of improving the working environment and therefor the working lives of staff and the DPTs.
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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
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The DPTs reported that they had not been involved in or witnessed any incidences of bullying or undermining in this training year. They acknowledged that consultants sometimes disagreed but that this was not done in an inappropriate or public way.</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 DPTs said that they would not recommend the Trust to friends and family members requiring treatment. They stressed that the medical and nursing staff were knowledgeable, caring and hardworking but said that there were too few of them. In addition, the DPTs felt that the complexity of the administrative systems and processes led to disorganisation and the potential for mistakes.</p> <p>The DPTs were aware of how to use the Datix reporting system for clinical incidents. The review panel heard that there were not excessive or unusual numbers of safety incidents in the department. The DPTs suggested that where incidents did occur it was often a result of overworked staff working with overly complex systems.</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 review panel was informed that the registrars' office was not fit for purpose. The office was described as unclean and too small. There were only four computers for all the central doctors and registrars to use, and the room also contained the multi-head teaching microscope. The computers did not have cameras for the DPTs to use when accessing online teaching sessions or meetings, and the DPTs found it difficult to concentrate on learning when others were working in the room. The DPTs</p>	Yes, please see Ha1.11

	<p>described having to stay late at work on some days because they had been unable to access a computer to complete their administrative work during the shift.</p> <p>The Training Leads and Educational Supervisors (ESs) were aware of the difficulties the DPTs faced in using the room, particularly for teaching. They advised that there were discussions ongoing with the Estates service and the Cancer directorate to try and find an alternative space for teaching, which would include in-person teaching with the multi-head microscope and online teaching sessions. When asked about this, the DPTs were not aware that this was being done.</p>	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>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.</p> <p>The Trust management representatives explained that all DPTs met their ESs during induction and were aware of who the Clinical and Training Leads were and how to contact them.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>The review panel was informed that there had only been one Local Faculty Group (LFG) meeting in the previous training year, due to a lack of cover for the Training Lead role for several months. There were now two Training Leads in place and LFG meetings had recently been reinstated, with the next meeting due to be held in February 2023. The DPTs were unaware of the term LFG but knew that there was a committee meeting where training was discussed and that there were two Trainee Representatives who took their feedback to present at the meeting. The DPTs noted that some positive changes had been made following the meeting, such as an increase in access to paediatrics and haemophilia clinics. The ESs said that the LFG minutes were circulated to the DPTs after the meeting. They agreed that more could be done to ensure they knew the name and purpose of the meetings.</p> <p>The Trust management representatives expected the LFGs to encourage communication between DPTs and consultants, and to create a feedback loop which would increase DPTs'</p>	

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	<p>awareness of work being done to improve both training and the service.</p> <p>The Training Lead role had previously included elements of workforce management such as recruitment and rotas, but this had now been separated and the role was more focused on the DPTs and training programme.</p> <p>The DPTs felt that the most impactful change made in the department was recruiting more staff at all levels, including adding a Physician Associate role.</p>	
2.6	<p>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.</p> <p>The DPTs advised that they sometimes worked additional hours to complete administrative tasks (see section 1.11) or to clear work in the lab when there were high volumes of films, but that they did not submit exception reports. The DPTs could not access the exception reporting system, which required a login to be set up by a central team. The time required to request this and to submit reports was seen as an extra burden on the DPTs' time, so most of them had not tried to arrange access. In addition, the Training Leads reported that the instructions on the Trust intranet which outlined how to obtain a login and use the system were out of date.</p>	Yes, please see Ha2.6

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>Following the negatively outlying GMC NTS result for the Facilities indicator, the Trust had highlighted to the DPTs where they could access microwaves, kettles, fridges, and hot food during shifts close to the department. It was acknowledged that the registrars' room did not have these facilities.</p> <p>The DPTs said that the Trust was supportive in granting annual leave and study leave requests.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p>	

	<p>The Trust management representatives explained that there were vacant consultant posts in the haemostasis and haemato-oncology subspecialties. This meant that these services were cross covered by the other consultants. The review panel noted that the Trust may need a contingency plan in case it was not possible to recruit to these posts, as other hospitals also had long-standing vacancies in these areas.</p> <p>The DPTs were aware of the vacancies at consultant level. They felt that the consultants worked very hard and found the majority of them supportive and willing to give advice and assistance outside their own subspecialty. However, the DPTs said that they sometimes had difficulty working out who was covering each subspecialty and locating consultants to ask questions because of understaffing. They described sometimes taking a few hours and having to contact multiple people to find out which consultant they should call to review patients. The DPTs advised that they relied on one another for support and that more junior DPTs would often seek advice from those at higher grades. There was a weekly timetable which named the doctors covering each subspecialty at registrar and central doctor level but did not list the consultants' names. There was one senior lead that the DPTs could rely on to know who was covering and help them to resolve issues but that this was more challenging when this individual was not present.</p> <p>Following feedback from the DPTs, the laboratory rota had been altered to assign a named on-call consultant who was responsible for checking in with the registrar(s) in the laboratory each afternoon. The Training Leads had confirmed with the registrars that this was being done and advised that the consultants helped with reporting when there were high volumes of films. They also reported that consultants would hold registrar bleeps to cover gaps and zero days, to avoid the registrars on shift holding multiple bleeps simultaneously.</p> <p>The Trust management representatives were aware that feedback had been raised as an issue in the GMC NTS 2022 results and reported that they were discussing this with the consultants to identify additional feedback routes such as teaching sessions or Greatix reports. The DPTs did not think that there had been a change in the way they were given feedback. They reported receiving feedback from supervisors during practice, which was useful, but felt there should be more opportunities to have reflective conversations and to discuss their wellbeing with supervisors. The DPTs said that the Clinical Lead often came to the registrar room to ask how they were, but that they had done this prior to the survey.</p>	<p>Yes, please see Ha3.5</p>
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum</p>	

	<p>or professional standards to achieve the learning outcomes required.</p> <p>The DPTs all had ESs assigned to them as part of their induction. They described the ESs as helpful and supportive.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>Following the release of the GMC NTS 2022 results, the Trust management representatives had requested further anonymous feedback from the DPTs on areas of concern such as induction. They found that the main induction at the start of the training year was good but that DPTS starting rotations at different points during the year had more variable experiences and felt less supported around their inductions.</p> <p>One of the main issues identified was that the DPTs' identification and access cards and their accounts for the multiple applications and systems they needed to access were not set up in advance. The Trust management representatives hoped that the introduction of a second Training Lead in the department would create more capacity to ensure that contracts and related paperwork were sent in advance, as the DPTs required this to obtain their Trust identification. The induction programme had been updated to include training on intrathecal and chemotherapy prescribing within the first two weeks of the rotation, as doctors could only be granted access to the prescribing system for these medications once this training was complete. Work was underway to include a half day of training on the iClip and Cerner systems in the induction period to allow those accounts to be set up in a timely way. A new induction booklet had been introduced to ensure that doctors received the information they needed about the department and could refer to.</p> <p>The DPTs described continued issues in getting login details for the various applications and systems they needed in their roles, which had led some to use other staff members' logins. When asked how long it would take for a new doctor in the department to get all the necessary login details set up, the DPTs estimated a month. They noted that at registrar level, doctors would be on call during that month, perhaps as the only registrar on call in the department due to rota gaps. This made a lack of access to certain systems even more difficult to work around. They noted that this problem was not unique to the Haematology department but seemed to be Trust-wide due to the complexity of the IT and administration systems. The DPTs found the new induction booklet useful and appreciated the support of the departmental managers in working to get their logins and permissions set-up but reported that this was still a slow process. The ESs agreed</p>	<p>Yes, please see Ha3.9</p>

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	that this process could be streamlined but felt this was outside the control of any individual in the department as some permissions could not be pre-arranged and even when logins were requested, they were not necessarily created immediately.	
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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 stated that their job plans included time for supervision activities and that they were able to access training and development opportunities, such as joining Annual Review of Competency Progression (ARCP) panels, working with doctors in academic training posts and managing cases for Trainees Requiring Additional Support (TRAS). The Trust Postgraduate Medical Education (PGME) team also ran supervision courses which the ESs found helpful. The ESs felt that newer supervisors would benefit from more suggestions or guidance on which training to undertake once they had completed the basic supervision courses.</p> <p>The ESs discussed changes to the role in recent years, including working with higher numbers of DPTs working less than full time and the increase in the pastoral support side of supervision work. This required more knowledge of processes such as TRAS and services such as occupational health and practitioner health and made the role more logistically and emotionally challenging. The ESs felt well-supported by the Training Leads and the Training Programme Director.</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 Trust management representatives explained that they were working with colleagues at St Helier Hospital to explore shared training opportunities now that St George's and St Helier Hospitals had become part of the same group structure (St George's, Epsom and St Helier Hospitals Group [GESH]). They were aware that DPTs were under pressure to gain certain experience at each trust they rotated through and that having consultant vacancies in some subspecialty areas made it more difficult for them to do this. There was an item on the LFG agenda</p>	

	<p>for February 2023 to check that all the DPTs were on track to complete the requisite number of supervised learning events.</p> <p>Overall, both the Trust management representatives and the DPTs agreed that there was a good range of learning opportunities available in the department. The DPTs were also very complimentary of the teaching programme, particularly the morphology teaching.</p>	
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HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.3	<p>The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.</p> <p>The review panel heard that the registrars were on call overnight on average every three days, and that these on call shifts were non-resident. The current rota was planned around 10 registrars although there were only six in post at the time of the review, meaning there were frequent gaps. The DPTs explained that they worked so many on-calls because they felt pressure to cover these gaps at night and at weekends. When an on-call was part of a DPT's rota, they would be allocated the following morning as non-working time to allow them to rest, however this was not done if they took additional on-calls as a locum. The ESs noted that much of the on-call work focussed on emergency care which did not provide learning opportunities for doctors in Haematology training in the same way it did in some other specialties. The ESs discussed the possibility of moving to resident on-calls for registrars as many other trusts had but were aware that whilst this improved cover at night-time, it then had an impact on providing cover during the day and could result in reduced access to clinics and teaching for DPTs with a loss of training opportunities. They explained that consultants sometimes stepped down to cover registrar shifts due to the number of gaps but did not think this was sustainable long-term.</p> <p>The Trust management representatives stated that they were looking at the registrar role and whether elements of this could be covered by other staff groups to ensure that they could access learning opportunities. The ESs outlined plans to develop more clinical fellow posts which were aligned to subspecialty areas within the department such as haemostasis, transplant and haemoglobinopathies. The department had had difficulty in recruiting to clinical fellow posts in recent years, but it was hoped that making these roles more specialised would make them more attractive to potential applicants. The department was trying to become a CAR-T cell specialist treatment centre and there was a</p>	Yes, please see Ha6.3

	business case in place including an additional clinical fellow to cover this extra new work.	
6.4	<p>Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.</p> <p>The DPTs were reluctant to recommend their training posts to colleagues or to consider taking up consultant posts in the department. They described several positive aspects to working in the department such as the range of learning opportunities, the variety of cases and supportive colleagues, but felt that staff were overworked, and the department was disorganised. The DPTs were aware of cases of burnout among their colleagues and found the high workloads difficult to manage at times. The ESs considered it important to consider DPTs as future consultants and help them plan their careers.</p>	Yes, please see Ha6.4a and Ha6.4b

Report Approval

Quality Review Report completed by	
Name	Louise Brooker
Role	Deputy Quality, Patient Safety & Commissioning Manager, HEE London

Review Lead	
Name	Professor Geeta Menon
Role	Postgraduate Dean, South London
Signature	Professor Geeta Menon
Date signed	30 December 2022

HEE Authorised Signatory	
Name	Professor Geeta Menon
Role	Postgraduate Dean, South London
Signature	Professor Geeta Menon
Date signed	26 January 2023

Final Report submitted to organisation	1 February 2023
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