

Programme Review Findings Form

To be completed by the Visit Chair, please return your fully completed form to the Quality Manager. Incomplete forms will be returned.

SECTION 1: DETAILS OF THE VISIT	
Programme Name:	Radiology (South)
LEP (Trust/Site) reviewed:	Health Education England (working across Yorkshire and Humber) Radiology Programme Review
Date of Visit:	25 th April 2016

SECTION 2: FINDINGS FROM THE VISIT

SUMMARY

There was excellent representation from both Educational Supervisors (ES) and Trainees. 22 Trainees attended representing grades ST1, 2, 3 and 4 and the following sites: Royal Hallamshire Hospital, Northern General Hospital, Doncaster Royal Infirmary, Rotherham Hospital and Barnsley Hospital. Eight Educational Supervisors attended.

Generally the Trainees feel very well supported by their ESs and commented that working in Sheffield Teaching Hospitals is conducive to learning due to the size of the training cohort and the resulting supportive environment; 90% of training is conducted at STH. Those based in Doncaster, Rotherham and Barnsley feel slightly isolated due to the lower numbers of trainees there. HEE YH are keen for Radiology training to expand, if further training places could be identified this would alleviate the issues of trainee isolation in the smaller sites. Another Interventional Radiology (IR) post may be introduced as this is a developing area. Doncaster has good IR training facilities but there is currently a shortage of IR training capacity and some trainees have moved to other Trusts because of this.

The Sheffield departments are very busy with Northern General identified as an especially busy site. A large volume of calls come in to the department every day, there had been problems regarding irrelevant calls coming in although this issue is deemed to have improved due to better management of calls by the secretaries.

All trainees received a thorough induction; Dr Highland explained that induction is conducted over four days with the fourth day covering Radiology specifically. The trainees are given the opportunity to see the ultrasound equipment and to familiarise themselves with the training facilities. All have a named ES and have met with them, initial, mid and end of placement appraisals are taking place. The trainees feel that they are receiving useful feedback from their ESs. All know what to do in the event of an SUI, none are involved in any investigations and SUI numbers are generally low in this department. The trainees deemed the ARCP process useful for those struggling with training.

Placement rotas are available in advance although the rota was changed at short notice without consideration of the educational impact that this would have and this has led to an increase in Zero days. Trainees are attending training days voluntarily on Zero days as they would not be able to meet the requirements of the curriculum without doing so.

On call rotas, which are cross site rotas, are released late which makes it difficult for trainees to plan. Trainees are getting less than three weeks' notice. Concerns were raised over trainee workload in relation to the on call rota. The issue centred on duty radiologists accepting a large number of CT scans during the day and then when the consultant finishes work at 5pm the registrar is left to deal with this workload as well as any semi urgent work that should be dealt with by a consultant. The trainees feel that they would benefit from consultant feedback on the work done out of hours. Duty radiology is significantly busier than in the past and it was noted that this can cause stress and anxiety for those holding the bleep. This was felt to teach resilience as it is labour intensive and service intensive. Dr Highland commented that the demands on service are impacting on training and that this situation is unlikely to improve until

more consultants are appointed.

At the larger sites, consultants are not always available to check films and trainees are left feeling discouraged and reluctant to request checks. Originally a consultant at the Northern General had been assigned to this role but this is no longer the case. At the smaller sites trainees are benefitting greatly from having access to consultants that have time to discuss the scans and this has become a valued part of training. The Hallamshire was previously identified as not having adequate consultant support; this is now felt to be much improved although there are still supervision issues. There are insufficient work stations at the Royal Hallamshire and reduced supervision since acute service reconfiguration, Dr Highland is attempting to encourage ESs to move sessions back to the Hallamshire. Supervision at Weston Park is sparse although improved. Some sessions are not consultant covered although this is happening less frequently. There are plans to expand consultant numbers and this should help to alleviate these problems. At present consultants are regularly covering weekends.

There was a further concern expressed over out of hours consultant cover. A consultant will be on call for each site however; the consultants' expertise may not cover all cases coming in for urgent action. MSK and vascular intervention were given as examples. The trainees do not feel out of their depth although there may be some delay in a patient receiving treatment if the relevant consultant is not present to advise. Patients must have a scan within 24hrs so there is high pressure for this service to be delivered with 5-10 scans normally required in the early evening period. If the trainee then has a major trauma call this can become problematic. It was mentioned in the ES section of the review that trainees are remotely supervised at these times and that trainees are probably undertaking work that should be done by consultants. This issue will be improved on increasing consultant numbers.

The group considered being 2nd on call to be challenging but rewarding in terms of access to training opportunities. The ESs stated that during exam periods there would be fewer instances of trainees undertaking two duty sessions per week. The trainees feel that having a member of the team on call protects them and allows them to carry out their duty sessions unimpeded. They also feel that if a consultant could be a second reporter that this would be helpful. At ST2 level trainees are on a banded post so complete on call with a senior trainee present. First on-call conducted alone occurs at ST3 when the trainee has completed their CT exam and a basic ultrasound assessment.

Teaching is held every Tuesday; trainees have no problems getting to teaching sessions. Consultants provide additional teaching; this was praised with particular emphasis on consultants at the Royal Hallamshire. The trainees feel that they would benefit from more MR training, but generally consider the training offered to be very good. One trainee brought up physics teaching as he felt that the teaching was not appropriately geared to radiology training or the exams. Some disagreed with his opinion about questionable relevance of content to the exam but some did feel that a teacher with more of a medical background could more successfully impart this information to trainees. Radiology is exam dependent and in the ESs' opinion the strong exam focus can reduce the emphasis on actually practicing radiology. The exams are likely to alter in 2018 and will revert to single 2a exam. One of the strengths of the programme mentioned by Dr Highland is the willingness of consultants to give up their time to support trainees on the run up to exams.

All 1st and 2nd years undergo Ultrasound simulation training; Dr Highland expressed his disappointment that the Trust see development of the SIM unit as low priority. Development in SIM training could increase the potential to place more trainees within the department. Lack of level 2 cardiac training and limited ENT training were identified as weaker points of the programme.

Voice recognition software was identified as a tool that would save vast amounts of trainee time. This is something due to be introduced in the near future and this will allow trainees to dictate reports.

Concerns were raised about trainee safety when trainees are accessing hospital sites late at night. Northern General Hospital was highlighted as a particular issue with trainees feeling unsafe parking in the vicinity and walking to sites at night.

The trainees feel that the vast majority of consultants are supportive and on the whole they are happy.

The group were confident that they will be able to get consultant roles due to the training received and that there are plenty of opportunities available to them.

All ESs have completed ES training. ESs have training time in their job plans but not all CSs do.

No bullying or undermining was reported.

AREAS OF STRENGTH

No	Site	Area	
1			Trainees receive a comprehensive induction including a day devoted specifically to Radiology.
2			Trainees are given a good variety of experience across the sites.

AREAS FOR IMPROVEMENT

No	Site	Area	ITEM	Recommendation	Timeline
1	All			<p>The rota was altered at short notice without consideration of impact on educational aspects. As a result trainees are accruing Zero days. In order for trainees to meet the requirements of the curriculum they are voluntarily using Zero days to attend training.</p> <p>Suitable consideration must be given when making changes to the rota so as not to decrease educational potential.</p>	Any change to the rota should be communicated to trainees with a minimum three month notice period.
2	All			<p>The group considered being 2nd on call to be challenging but rewarding in terms of access to training opportunities. The ESs stated that during exam periods there would be fewer instances of trainees undertaking two duty sessions per week. Limiting trainees to one duty session per week may be beneficial for training.</p>	October 2016
3	Northern General			<p>Car parking facilities to be reviewed in light of reports of trainees feeling unsafe when working at night. The parking facilities at Northern General hospital were of particular concern.</p> <p>Consider alternative parking arrangements for trainees.</p>	October 2016
4	Barnsley, Doncaster & Rotherham			<p>Medical Directors to be contacted to establish whether the number of training places can be increased. HoS and TPD to be involved in this. If the Trust can pay half of the trainee salary HEE YH can fund the rest.</p>	October 2016
5	All			<p>Consultant support must be appropriate to patient need. There have been delays in some assessments of patients. Appropriate cover is required.</p> <p>Identification of a named radiologist timetabled for report checking and authorising is important for support of the duty doctor.</p>	Immediate

SECTION 3: OUTCOME (PLEASE DETAIL WHAT ACTION IS REQUESTED FOLLOWING THE REVIEW)					
No further action required – no issues identified					
Monitoring by School					Yes
Speciality to be included in next round of annual reviews					
Level 2: Triggered Visit by LETB with externality					
Level 3: Triggered Visit by LETB including regulator involvements					

Section 4: Decision (To be completed by the Quality Team)
NEXT PROGRAMME REVIEW TO TAKE PLACE IN THREE YEARS (2019).

Section 5: Approval	
Name	Mr Jon Hossain
Title	Deputy Dean, Health Education Yorkshire & Humber
Date	6 th June 2016
DISCLAIMER:	
In any instance that an area for improvement is felt to be a serious concern and could be classed as detrimental to trainee progression or environment this item will be escalated to a condition and included on the Quality Database for regular management.	