QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

The Royal Marsden NHS Foundation Trust
Medical Oncology
Risk-based Review (on-site visit)

Quality Review report

Date: 19 July 2016
Final Report

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Quality Review details

Background to review	The visit team was interested to learn more about the medical oncology department as it had not been visited previously. The visit team was keen to learn about the areas of good practice within the department and where this could be shared within the Trust and other local education providers. The pre-visit questionnaire sent to trainees prior to the visit, raised some areas the visit team wished to explore further: • Educational and clinical supervision • On-call experience • Workload • Local teaching sessions being bleep free
Specialties/ grades reviewed	Higher specialty trainees within medical oncology.
Number of trainees and trainers from each specialty	The visit team initially met with the senior management team this included the medical director, director of medical education, chief operating officer, chief nurse, director of workforce, chief finance officer. The visit team met with the training programme director, deputy training programme director and consultant medical oncologist for medical oncology. The visit team met with 11 higher trainees within medical oncology. The visit team also met with three educational supervisors and clinical supervisors.
Review summary and outcomes	The visit team would like to thank the Trust for organising the visit and the well-attended sessions. The visit team had no serious concerns. The visit team heard the following areas that were working well. • The visit team heard that the Trust was very supportive of trainees and they were always able to contact consultants for support and advice. • The Trust provided good opportunities for education and training. • The trainees were all aware of learning from serious incidents through emails, morbidity and mortality meetings and being part of serious incident panels. • The trainees were very positive about the ANP, CNS and pharmacist support that was available within the department and the visit team felt that this should be explored further. • The trainees appreciated the mentors that were allocated to them on arrival at the Trust. However not all trainees had been allocated mentors. • The visit team heard that Prof. David Cunningham, Dr Gary Wares and Dr Uday Banerj were very supportive. The visit team heard of the following areas for improvement. • The trainees would like to be involved within the acute oncology service and would be interested in having a higher acute oncology service trainee of the week. • The trainees commented that they had limited secretarial support to type up chemotherapy clinic letters and to scan consent forms in clinics, and this extra administrative work impacted on their training time.

	• The visit team heard that the trainees had limited support when having to respond to complaints and requested guidance on how to respond to complaints. • The visit team suggested that the Trust should review the educational supervisors' job plans to ensure that they had adequate time for educational responsibilities.

Educational overview – meeting the Trust executive team

The visit team heard that the Trust had been focusing on raising the profile of education and training across the organisation and had recently approved at the transformation board a document to look at long term planning for sustainable medical education to improve the education and training provided at the Trust.

The director of medical education (DME) was now part of the formal leadership team and had a direct link into the medical director and management executive team.

The Trust was the top serious incident reporting Trust in the country and felt that the safe reporting culture had filtered down to the trainees.

The Trust commented that there was a tick box on the Datix forms which asked if a junior doctor was involved in the incident and if so the DME was automatically involved. The learning from events was disseminated to all trainees via emails and was reported in the junior doctor forum and in each departments local faculty group (LFG). The Trust had feedback from staff that they wished to have more personal feedback and the risk management team now report back on each incident to the reporter via email and phone. There was a pool of trainees at the Trust who would sit on serious incident panels when a trainee had been involved which aimed to increase trainee engagement and learning.

The visit team heard that the Trust had a zero tolerance policy for bullying and undermining behaviours; the Trust had not had a reported incident for 14 months.

The Trust had met with departments already to discuss immediate responses to the GMC national training survey (NTS) 2016 and actions were already underway.

The visit team heard that job planning was an on-going issue and the Trust was in the process of reviewing all trainers' job plans and ensuring that they had adequate time within these plans to carry out educational responsibilities. The Trust had appointed an appraisal lead who would work on developing high quality appraisals.

The visit team heard of the Trust's commitment to expanding the non-medical workforce and that currently in post across the Trust they had six nurse consultants, one allied health professional consultant, four therapeutic radiographers, 25 advanced nurse practitioners and a pathway to radiographer reporting in diagnostic radiology.

The visit team heard that the Trust planned to review the use of multi-professional workforce within clinical oncology to support trainees and their training experience. This model will be applied to all medical specialties and the Trust was developing a medical model that does not rely as heavily on trainees recognising the challenging environment to fill rota gaps. The model was signed off recently and a report was going to the Trust board in autumn 2016 with full implementation likely to have taken place by 2019.

The visit team was informed that the ward based acute oncology doctors managed the non-elective patients at the Chelsea site and the Trust was making appointments to replicate the model at the Sutton site.

The Trust had worked closely with the postgraduate dean regarding private patients and the care trainees could provide to these patients. The Trust had created an integrated model of NHS and private patient care and how trainees worked through this model to ensure it complemented their education and training.

Meeting the education leads for medical oncology

The department was clear that they would not expect a trainee to provide a second opinion on a patient.

The education leads commented that the consultant body was engaged with research and training and this provides trainees with a supportive environment for education and training.

The trainers received 0.25 professional activities per trainee they educationally supervised. The educational supervisors all had access to refresher courses and were adequately trained.

There was one pink outlier in the GMC NTS 2016 survey for 'feedback'. The education leads reported that they had asked trainees what feedback meant to them and they found that they received suitable formal feedback

however they would prefer more informal feedback. The department was going to encourage the educational and clinical supervisors at the medical oncology committee meetings to incorporate this into training.

The department had a trainee representative who would ask trainees for feedback for the twice yearly departmental meeting with the education leads regarding education and training. The trainee representative also attended the junior doctor forum every three months.

Quality Review Team			
Lead Visitor	Dr Suzannah Mawdsley, Head of London Specialty School of Clinical Oncology	**Trainee Representative**	Dr Heather Shaw, Trainee Representative
Trust Liaison Dean	Dr Chandi Vellodi, Trust Liaison Dean, Health Education England North West London	**Dean of Healthcare Education**	Catherine O'Keefe, Dean of Healthcare Education, Health Education England North West London
Lay Member	Jane Gregory, Lay Representative	**Observer**	Mahvish Qureshi, Quality Support Officer
Scribe	Vicky Farrimond, Learning Environment Quality Coordinator		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
MO 1.1	**Patient safety** There were no patient safety concerns.	
MO 1.2	**Serious incidents and professional duty of candour** The trainees reported that they received email updates summarising the previous months Datix reports and the learning points from these however the emphasis was on the trainees to read these emails. The morbidity and mortality meeting discussed all cases across the department and highlighted cases when further discussion or learning was required. The trainees had been invited to take part in the serious incident panel reviews.	
MO	**Appropriate level of clinical supervision**	

1.3	The trainees reported that they had no concerns regarding their clinical supervision and that they would always be able to contact a consultant if required. The trainees reported that the consultants cross-covered each other within their team when they were on leave which ensured supervision was always available. There was always consultant presence in the clinics and they were available to discuss cases at the end of the session. The trainees felt this was beneficial prior to a large outpatient clinic however the more senior trainees found it not as beneficial prior to chemotherapy clinics. The visit team heard that for the trainees first time within the chemotherapy clinic there would be a consultant present which provided the trainees with support for their first time prescribing chemotherapy and enabled the trainees to complete their competency sign off. The education leads stated clinics were all supervised and there was a pre-clinic meeting with the consultants to discuss new patient cases, cases with progressive diseases, difficult patient and to flag when trainees may require consultant level input. Due to the team-based structure there was always suitable cover for clinics when consultants were on leave.	
MO 1.4	**Responsibilities for patient care appropriate for stage of education and training** The trainees reported that there was a lack of secretarial support within the department which meant they were typing up their chemotherapy clinic letters and scanning consent forms which impeded on their workload. The visit team heard that the CNS would offer to help however they were often too busy. The visit team heard that the trainees received educational value from reviewing private patients as it would provide them access to drugs which were not available on the NHS. In some cases trainees had used drugs on the private patients prior to them being introduced into the NHS which meant they already had some knowledge of the drug. The trainees stated that their only interaction with the private patients was reviewing the inpatient private patients on the ward round and out of hours. The trainee reported that they knew which consultant to contact within the team regarding private patients and had minimal impact on their workload. The trainees reported that they had no outpatient contact for private patients and there was a Trust doctor who was employed to look after the private patients. The trainees reported that they were receiving more complaints and they would appreciate some guidance on what to expect when they received complaints and reassurance they were not doing a bad job. The trainees commented that they were usually left to respond to complaints by themselves and they had no structured help or learning points to know how to respond.	Yes, see MO1.4a below Yes, see MO1.4b below
MO 1.5	**Rotas** The trainees commented that some of the teams' workloads were excessive and other teams' were manageable. The trainees recognised that the workload differed depending on the team and that overall the workload balanced out over the period of their placement. The trainees reported that they spent a lot of time prepping for patients, sending emails and calling patients and could stay late some nights. The trainees reported that their timetabled time for audit usually ended up being used to complete administrative tasks. The visit team heard that the trainees had limited exposure to the acute oncology service (AOS). The trainees commented that they would like to be included in the AOS service as they felt it would add benefit to their training. The visit team heard from the education leads that the AOS worked well. The two acute oncology consultants were based at the Chelsea site and would see all acute	Yes, see MO1.5 below

	admissions alongside the core trainee, Monday to Friday 9am to 5pm. The department had not fully established how to include higher trainees within the acute oncology service. There were plans in place to introduce the same model at the Sutton site. Out of hours the higher trainees were on-call and reviewed all oncology patients in the department. There was a medical and clinical oncology trainee in the Trust until 9pm and then only one trainee would work the overnight shift. The trainees contacted the consultants if there were any issues with their patients out of hours and there was always the on-call consultant available to support them. The visit team heard that there was a site practitioner who would triage calls to trainees out of hours. The less than full time trainees altered their rota days to ensure they were working when the consultant was in the department. The department had team-based structures and this was reported as working well. The education leads reported that the department worked in team-based structures which were all consultant led. The trainees had a weekly timetable which had ward rounds built in that the trainees would present cases for all NHS and private patients to provide educational value.	
MO 1.6	**Induction** The department had established induction packs for each team within the team based structure this included a welcome letter and the key information the trainees should be aware of straight away. The trainees also had access to online resources for letter templates, consent checklists and landmark papers. The department was introducing face to face departmental inductions for September 2016.	
MO 1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees requested more informal feedback on areas where they were progressing well and areas which required improvement. Currently the feedback was mainly within an educational formal ePortfolio-based interaction.	
MO 1.8	**Protected time for learning and organised educational sessions** All trainees who were undertaking the MSc course were released to attend their relevant sessions. The trainees who had completed the MSc course were encouraged to attend national and international meetings, develop their leadership skills and personal development. The trainees had access to the study leave budget for this. The trainees across the Trust also had access to a donation from a patient to support trainees to attend conferences which they could apply for.	
MO 1.9	**Adequate time and resources to complete assessments required by the curriculum** The trainees reported that they had no problems approaching consultants to complete their workplace-based assessments (WPBAs). The less than full time trainees reported that if they had limited interaction with their consultant the department would alter their supervisor so that they did not miss out on training and educational opportunities.	

GMC Theme 2) Educational governance and leadership

Standards

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and

responding when standards are not being met. **S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.** **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**		
MO 2.1	**Appropriate system for raising concerns about education and training within the organisation** The trainees confirmed that they had a trainee representative who would pass on any concerns the trainees had to the education leads. The trainees reported they all knew how to raise concerns within the department. They were able to approach their educational supervisor or mentor. The trainees also received an email when they started in the department from the college tutor informing the trainees they could also approach them with any concerns. The visit team heard that the trainees were assigned a mentor when they started at the Trust who they would develop a relationship with and would support them through their training programme. The trainees commented that they could approach other consultants to be their mentor. Some of the trainees who had recently started at the Trust had not been allocated a mentor. The visit team heard that some of the mentors were excellent and trainees considered them invaluable. The educational supervisors supported all trainees being assigned a mentor and that the college tutor had implemented the system and it worked well. The educational supervisors agreed that trainees were able to approach any consultant to ask them to be their mentor if they wished.	Yes, see MO2.1 below
GMC Theme 4) Supporting educators		
Standards **S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.** **S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.**		
MO 4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The educational supervisors commented that the yearly appraisal worked well and job plans would be reviewed within this.	
MO 4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard that within the last four years all new consultant appointments who were educational supervisors had education included within their job plans. The educational supervisors who had been at the Trust longer did not have time within their job plan for education. The Trust was in the process of reviewing the job plans. The educational supervisors found time to meet trainees and supervise them within the department but it was more ad-hoc.	Yes, see MO4.2 below
MO 4.3	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** The DME supported the educational supervisors in accessing development opportunities and providing support which was tailored to their level of involvement with education.	

	The visit team heard that consultants who wished to become educational supervisor were informed of the requirements and supported to become an educational supervisor.	
GMC Theme 5) Developing and implementing curricula and assessments		
Standards **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.** **S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**		
MO 5.1	**Opportunities for interprofessional multidisciplinary working** The visit team heard that the multi-professional team members within the department were fantastic. The trainees reported that the clinical nurse specialist (CNS) often dealt with a patient following an multi-disciplinary team meeting and filled out all the relevant forms and requests so that the trainees only had to sign them off which alleviated the trainees' workload. The trainees stated that they learned considerable amounts from the nurses from their vast knowledge of oncology and how the Trust systems worked. The trainees found great educational benefit from having a pharmacist with them in the chemotherapy and gastrointestinal clinics. The trainees also commended the support received from both the research nurses and ward nurses. The education leads commented that they wished to introduce a mixed model of working with more advanced nurse practitioners. This would be implemented following the Trust review of the medical model. There was a pilot within kidney cancer to have a senior pharmacist and CNS work together to provide patient care which worked well. The trainees would be able to learn from them and removed some of the service pressures.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The Trust's sharing of learning from serious incidents.	College Tutor	Please complete and return attached proforma.	September 2016
The local induction packs provided to trainees in each team.	College Tutor	Please complete and return attached proforma.	September 2016
The mentor system for each trainee in the department.	College Tutor	Please complete and return attached proforma.	September 2016

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
MO1.4a	The Trust is to review the secretarial support available to trainees for typing up chemotherapy letter, scanning consents	The Trust is to provide evidence of a review of the support available to trainees for administrative tasks.	R1.9

	forms in clinics and other administrative tasks. The trainees should not be doing this regularly and should not impede on their education and training.	Please provide copies of the LFG minutes in which this is discussed.	
MO1.4b	The Trust is to produce guidance for trainees and staff on how to deal with complaints. The Trust should ensure that trainees have access to pastoral support following complaints.	The Trust is to provide evidence of guidance on dealing with complaints and pastoral support available to trainees and how this can be accessed. Please provide copies of the LFG minutes in which this is discussed.	R1.9, R3.2
MO1.5	The Trust is to review the higher trainees' rota to include exposure to the acute oncology service.	The Trust is to provide evidence of a review of the rota to include access to the acute oncology service which has trainee input. Please provide copies of the LFG minutes in which this is discussed.	R1.12
MO4.2	The Trust is to review the educational supervisors' job plans to ensure they include time for educational responsibilities.	The Trust is to ensure that the educational supervisors have educational activity included within their job plan. Please provide copies of the LFG minutes in which this is discussed.	R4.2

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
MO2.1	The Trust is to ensure that all trainees at the Trust have been assigned or have chosen a mentor.	The Trust is to confirm that all trainees have been assigned or chosen a mentor.	R2.12

Signed

By the Lead Visitor on behalf of the Visiting Team:	Dr Suzannah Mawdsley, Head of London Specialty School of Clinical Oncology
Date:	23 August 2016