QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Royal Free London NHS Foundation Trust
Rheumatology
Risk-based review (focus group)

Quality Review report

21 February 2017

Final report

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Quality Review details

Background to review	There had been concerns raised regarding the standard of rheumatology training at the Royal Free Hospital (RFH) via the annual review of competence progression (ARCP) process. In particular, the trainees identified concerns regarding lack of supervision in some clinical areas which had raised patient safety issues. There were not enough respondents on the GMC NTS 2016 survey to have obtained feedback so further triangulation had been difficult.
Training programme / learner group reviewed	Rheumatology (Royal Free Hospital)
Number of learners and educators from each training programme	The review team met with the rheumatology service line lead and three rheumatology consultants. The review team met with two higher trainees.
Review summary and outcomes	The review team heard the following serious concern: • The review team was appraised of the cyclophosphamide pathway which was widely used throughout London but they received mixed messages regarding the implementation of the pathway at the RFH in particular regarding the follow-up of patients' post-treatment, frequency and length of treatment. Consequently, the review team requested assurance that appropriate monitoring was in place for such patients. The review team heard the following areas which were working well: • There was unique rheumatology training available at the Trust which was not available at other local or tertiary centres. • Clearly the department had taken seriously the concerns raised by the trainees following the annual reviews of competency progression (ARCPs) and made appropriate adjustments to the levels of clinic supervision and intensity. • All trainees would recommend their post to a colleague with the caveat that the learning environment was more suitable and rewarding for more senior trainees (specialty training year five and above - ST5+) The review team heard the following areas which require improvement. • The department was in the process of setting up a local faculty group and the review team supported this as a regular forum for trainees to share any concerns. • The review team required the Trust to ensure that trainees were released to attend 70% of their regional training days.

Quality Review Team			
HEE Review Lead	Dr Karen Le Ball, Head of London Specialty School of Medicine and Medical Specialties	**Trust Liaison Dean**	Dr Andrew Deaner, Trust Liaison Dean

External Clinician	Dr Judith Bubbear, Training Programme Director	**Lay Member**	Jane Gregory, Lay Representative
Scribe	Vicky Farrimond, Learning Environment Quality Coordinator		

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
R1.1	**Patient safety** The consultants commented that the cyclophosphamide pathway protocol was agreed with pharmacy for the department to give the drug on the day ward. The consultants felt the concern arose from when the patients arrived sporadically and there was no fixed time which resulted in the higher trainee not being aware they were coming and having to leave a clinic or other work to assess the patient and review blood results before they were given their dose of cyclophosphamide. The review team heard that all patients receiving cyclophosphamide had their bloods taken on the day or the chemotherapy nurse would not administer the drug followed by a clinical assessment by the higher trainee. The consultants were looking at how they could plan the arrival of patients requiring cyclophosphamide and blocking out certain times when they should not come such as Wednesday afternoons when the trainees were in clinics. The consultants stated that the cyclophosphamide pathway protocol was accessible in the shared drive, planned investigations unit and in the ward. It had also been circulated to the trainees. The trainees commented that patients came into the department sporadically to receive cyclophosphamide and the concerns were predominantly regarding the post-dose monitoring of bloods. The trainees reported that the consultants were considering introducing a cyclophosphamide passport which would detail how many infusions the	Yes, please see IMR R1.1 below

	patient had had of cyclophosphamide and ensuring that their bloods were checked. The review team was informed that patients should have bloods taken 10 days post-cyclophosphamide but it was uncertain whether this was happening regularly. The review team heard that not all the bloods were checked; the trainees sometimes were not clear why patients were receiving cyclophosphamide and how long they had it for as there was poor documentation within the system.	
R1.2	**Appropriate level of clinical supervision** The review team heard that the consultants supported the trainees and always were available to supervise them. The consultants reported that there was always a consultant present in the department and the consultants were all contactable and the trainees all had their contact information. The consultants reported that they had rectified the issues regarding supervision within clinics. There was now consultant presence in all clinics which the trainees attended as a result of clinics either being moved or discontinued. The consultants commented that the trainees were able to contact them regarding any ward or emergency patients. The consultants commented that they would review patients on the ward or in the ED with the trainees. The trainees commented that the consultants were approachable and they could always find a consultant within the department if required although there was no actual consultant rota or on-call system in place.	
R1.3	**Rotas** The consultants reported that the department was busy and they had recruited more staff such as clinical fellows to support this. The consultants reported that they had junior clinical fellows in the department who supported the clinics and ward rounds. The consultants stated that the clinic the junior clinical fellows attended with the nurse specialist on a Tuesday afternoon was suitable for the level of trainee as it was a basic rheumatology clinic. The review team heard that the clinic overbooking culture was being tackled by looking at when patients needed to next be seen and not all automatically booking them into a clinic four weeks later as a different review time may work. The trainees commented that the Tuesday afternoon clinic which the junior clinical fellow attended had been removed. The trainees commented that the higher trainee clinics had been moved to a time when there was going to be a consultant present. The trainees reported that when they were on-call until 9pm on weekdays and 9am till 10pm on weekends they covered rheumatology, respiratory medicine and infectious diseases. If the rheumatology trainee was on-call and a rheumatology patient became sick they would call and inform the consultant. If the other specialty trainees were on-call, they would call the general internal medicine consultant for support, who could contact the rheumatology consultant if required. The review team heard it would be useful to have a formal consultant rota detailing who to go to for acute admissions as there were no formal post-take arrangements. The trainees commented that the clinic sizes had improved and the trainees were well supported. The trainees commented that they would find a de-brief following the CDT clinic useful. However, this clinic regularly ran over as it was usually overbooked, though additional staff within this clinic had helped alleviate this issue. The trainees reported that the workload was manageable and they did not have to stay late often.	

R1.4	**Handover** The trainees commented that they were currently putting together a handover document for the next trainees which would include protocols and contact numbers.	
R1.5	**Protected time for learning and organised educational sessions** The consultants stated that the department had a strong academic ethos and they encourage trainees to get involved in research. The trainees reported that the consultants had given them an audit/QIP to complete within the department.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

R2.1	**Impact of service design on learners** The consultants commented that if they were assigned a trainee that was already struggling then this could be challenging for them and they were looking at how they could improve aspects of the training programme to support this. The review team was informed that the exposure to rheumatology at the Trust was exemplary and would not be seen by trainees elsewhere. The trainees reported that their concerns had been addressed and there were positive changes being made within the department. The trainees felt the consultants had been amenable to change although they felt the management had been resisting. All trainees would recommend their post to a colleague with the caveat that the posts were more suited to trainees at level ST5+. However, within the current training environment within the sector, the review team highlighted that it would not be possible to always guarantee senior trainees being placed at the Trust. The panel suggested that the department should be prepared to support the more junior trainee if this was required.	
R2.2	**Appropriate system for raising concerns about education and training within the organisation** The consultants reported that they were in the process of setting up a local faculty group (LFG) where they could discuss education and training as part of their	Yes, please

	postgraduate timetable. The trainees commented that they felt the LFG would be a good forum in which education and training issues could be raised.	see R2.2 below
3. Supporting and empowering learners		
HEE Quality Standards **3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.** **3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**		
R3.1	**Access to study leave** The trainees reported that they were unable to attend regional teaching at the same time, this meant they would not be able to achieve the mandatory 70% attendance.	Yes, please see R3.1 below

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The trainees are in the process of producing a handover document for subsequent trainees to familiarise them with the working of the department when they arrive.	College Tutor	Please complete the attached proforma and return to the quality and regulation team.	30 April 2017
There is a wealth of training audit and research opportunities available with committed consultants willing to support this.	College Tutor	Please complete the attached proforma and return to the quality and regulation team.	30 April 2017

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
R1.1	The review team received mixed messages regarding the cyclophosphamide pathway, and requested assurance that patients had appropriate monitoring for bloods, as well as additional information regarding how frequently they received cyclophosphamide and how long they remained on it for.	Please provide assurance within five working days.	R1.6

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
R2.2	The Trust is to support the department in introducing a LFG.	Please provide evidence of ToR, standing agenda, attendance lists and the minutes of this meeting.	R2.1
R2.3	The department is to ensure that trainees are released to attend regional teaching to meet the mandatory 70% attendance.	Please provide evidence this has been met.	R1.16

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Karen Le Ball, Head of London Specialty School of Medicine and Medical Specialties
Date:	23 March 2017

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.