QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

The Royal Marsden NHS Foundation Trust
Clinical Oncology
Risk-based Review (focus group)

Quality Review report

10 January 2017

Final Report

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Quality Review details

Background to review	The decision was taken by Health Education England North West London to hold a trainee focus group following the receipt of trainee feedback detailing a plan to reintroduce trainees to the provision of private patient (PP) care that was potentially of limited to no educational value. This was of particular concern as it pertained to existing outstanding action taken against the Trust following an on-site visit in November 2015 to limit trainees' exposure to the provision of care to PPs, and the existing quintuple red outlier for 'workload' in the GMC National Training survey. In advance of the focus group, the Head of the London Specialty School for Clinical Oncology sent a survey to trainees, the results of which demonstrated that while there were positive aspects to the educational experience at the Trust, concerns were raised about the handover procedure and lack of feedback on suggestions made by trainees to improve the process. Clinical oncology at The Royal Marsden NHS Foundation Trust was under GMC enhanced monitoring at the time of the review.
Training programme / learner group reviewed	Clinical Oncology trainees across the Royal Marsden Hospital Fulham and Sutton sites.
Number of learners and educators from each training programme	The review team met 17 clinical oncology trainees working at specialty training (ST) grades 4 to 7. This report only represents the views of those who attended the focus group.
Review summary and outcomes	The review team was encouraged to note a number of positive improvements to the training experience, with particular reference to the recruitment of fellows and improvement to the rota, leading to the introduction of a more equitable allocation of on call shifts. However, the team remained concerned about the impact on trainees of private patient work at the Trust, which, despite not having officially reintroduced, was reported to have been steadily increasing since September 2016. As clearly established in Health Education England guidelines, it is recognised that private patient work can be of significant educational benefit to trainees, but would reiterate that trainees should not be made to undertake private patient work that offers limited to no educational value.

Quality Review Team			
HEE Review Lead	Dr Suzy Mawdsley, Head of the London Specialty School of Clinical Oncology	**Scribe**	Jennifer Quinn, Learning Environment Quality Coordinator, Health Education North West London
Trust Liaison Dean	Dr Chandi Vellodi, Trust Liaison Dean, Health Education England North West London		

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
1.1	**Appropriate level of clinical supervision** Trainees reported that they generally experienced a good level of clinical supervision from consultants within both their NHS and private patient work with clarity on which consultant to contact and consultant availability. The review team learned that the consultant body had been proactive in changing practice. However, the only difficulty reported related to arrangements for cover provided by the private patient resident medical officer (RMO). One example provided related to a patient experiencing a suspected myocardial infarction where the trainee involved felt that the RMO who was required to attend was not available to attend. The trainees reported that the current RMO was responsible for in-hours chemotherapy day unit outpatients, with no provision for radiotherapy patients. Trainees were concerned at the lack of clarity over the above, and in conjunction with an increase in private patient work there were gaps in understanding who should be treating specific patient groups.	Yes – see CO1.1 below
1.2	**Rotas** The review team was encouraged to hear trainees report an improved rota, with a number of clinical fellows recruited to boost the next six month rota block. Trainees stated that the Trust was working to engage with trainees and has established a mandatory meeting to discuss rota issues and annual leave. However, trainees reported that the clinical oncology rota remained at 20 per cent below capacity, and they remained concerned at how these gaps will be managed for the longer term. Despite the reported variability of quality of fellows, trainees stated that they worked alongside fellows as equals, and their presence had a positive effect on trainees' ability to access training and undertake tasks efficiently. The review team learned that the rota was managed by one trainee who collaborated with the rota manager. Trainees stated that they were waiting to discover whether the	Yes – see CO1.2 below

	newly-established meeting had a positive impact on their rota., One trainee experienced an imbalance in the number of weekends worked on call, having worked four out of eight bank holidays. The review team heard that it took three months to rectify the situation. However, trainees reported that there were two supportive consultant rota 'champions' in place, despite which there was no appropriate system for the raising and timely resolution of rota concerns. Trainees believed that there was a lack of empathy and understanding from the Trust's management about rota problems and their subsequent impact on trainees. Trainees described the new electronic rota system as 'still not fit for purpose'. The review team was disappointed to learn that trainees had still not received their March rota at the time of the focus group. **The Royal Marsden Hospital in Sutton** Trainees reported that the Sutton urology department had recruited advanced radiography practitioners, which had lessened the burden on trainees in that department. Additionally, the gynaecology department employed a nurse specialist who covered radiotherapy and chemotherapy on-treat clinics. **The Royal Marsden Hospital in Chelsea** The review team learned that the urology department employed a number of clinical nurse specialists and radiographers, although trainees were required to sign treatment authorisations. Trainees advised that the head and neck department had a specialist nurse who managed the on-treatment clinics. Overall, trainees working at the Fulham site stated that there was a clear need for more advanced nurse practitioners at that site. It was reported that both the Fulham and Sutton sites had recruited physicists, which had improved the trainees' role in planning.	
1.3	**Handover** **The Royal Marsden Hospital in Chelsea** Trainees reported that the handover process was still complex and further changes were expected. The review team learned that following recent changes, the only days trainees would attend handover were Friday at 4:30pm and Saturday and Sunday mornings at 8am. It was reported that only high-level acutely unwell patients were discussed at this handover, and all other patients were handed over inter-professionally. This resulted in a situation where trainees would receive approximately eight emails every Friday before 4:30pm detailing the various patients being handed over from other teams. Despite this, the move of the Friday handover to the earlier time was seen as beneficial by most trainees. Although a small number of trainees were frustrated at the handover process as being not representative of all opinions, the majority of trainees stressed that patients were missed under the old process and the current arrangements were an improvement. The review team was concerned to learn that in order to attend the weekend morning meetings, trainees had to arrive at work outside of their scheduled rota hours (which officially started at 8:30am) for the handover which was attached to the outreach handover and did not allow for appropriate handing over of issues.	Yes – see CO1.3 below

	The review team heard that the handover process at the Sutton site was due to change in February to institute a Friday 4:30pm handover with medical oncologists, and patient handover information stored on a folder on the shared drive. At the time of the focus group, the trainees were staying onsite until at least 8pm on Fridays to attend the handover. Trainees also reported the absence of a specific electronic handover system, some trainees were using the core trainee lists for the purpose.	
1.4	**Adequate time and resources to complete assessments required by the curriculum** It was reported that trainees working in the head and neck at the Chelsea site occasionally found it difficult to complete assessments, and felt that they had to be really proactive in order to do so. The review team heard that it was increasingly difficult to find time to sit with consultants due to pressured consultant workload and cross-site working arrangements. A number of trainees reported that they only managed to achieve the bare minimum number of assessments every year. Some trainees expressed concern that their clinical and educational supervisors didn't have ePortfolio passwords and trainees had to type their own assessment. However, the review team learned that the situation had improved in comparison to six months previous. More generally, trainees requested clarity on what comprises an eligible assessment, as they were concerned that they were missing opportunities for completion. This item will be managed by the London Specialty school for Clinical Oncology.	Yes – see CO1.4 below
1.5	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The review team was concerned to learn that the frequency of meetings with supervisors was variable between consultants. Trainees reported a 'culture problem' with regard to regular meetings with supervisors; the review team learned that consultants who had received greater exposure to the workplace-based assessment (WPBA) system were often better than others with less experience at spending time with trainees to review plans and retrospectively undertake assessments.	

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.		
2.1	**Impact of service design on learners** Trainees reported that the lack of distinction between inpatient and outpatient work when treating private patients made the caseload difficult to gauge whilst simultaneously maintaining good working relationships with the wider team. Trainees also stated that there remained gaps in understanding who certain patients should be treated by and Trust administration staff struggled as a result of this lack of clarity over patient pathway treatment pathways.	
2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team was concerned to hear that trainees did not receive feedback to concerns and suggestions for improvement raised with the Trust. Trainees were encouraged to raise their concerns via local faculty group meeting channels.	
2.3	**Organisation to ensure time in trainers' job plans** Trainees reported that they believed that consultants did not appear to have protected time in their job plans to meet their educational responsibilities, resulting in a situation whereby some trainees felt like the placed a burden on consultants' already stretched schedules by asking for sign-off of WPBAs.	Yes – see CO1.4 below
2.4	**Organisation to ensure access to a named clinical and educational supervisor** All trainees reported that they had met their supervisors.	
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.**		
3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** Trainees working at the Chelsea site were frustrated at what they described as a cramped and unhygienic trainee room, requiring attendance by pest control.	Yes, see CO3.1 below
3.2	**Regular, constructive and meaningful feedback** As set out earlier in this report, trainees reported a number of occasions whereby they did not receive feedback to concerns raised about the quality of their training experience	
4. Supporting and empowering educators		
HEE Quality Standards		

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities. **4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**		
4	**Sufficient time in educators' job plans to meet educational responsibilities** The review team was disappointed to learn that consultants did not appear to have protected time in their job plans to meet their educational responsibilities, resulting in a situation whereby some trainees felt like the placed a burden on consultants' already stretched schedules by asking for sign-off of WPBAs.	Yes – see CO1.4 below

5. Developing and implementing curricula and assessments

HEE Quality Standards **5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.** **5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.** **5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.** **5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.**		
5	**Appropriate balance between providing services and accessing educational and training opportunities** While trainees reported that there was a balance between service provision and training, the review team heard that trainees were concerned about the latency of private patient care on their workload. The review team was concerned to hear that since September 2016, a number of consultants had established an expectation that trainees would treat private patients, and overall, the expectation of trainee involvement in private patient care was creeping back into their workload. The majority or trainees believed that it should remain separate and did not see that it offered educational value. However, this varied across firms at the Trust, with some specialties, such as head and neck, having a high proportion of private patients, whose treatment was of significant educational value. Trainees stated that while the reintroduction of private patient care had not yet been formally agreed, the wider Trust team had been told that it would be implemented. In response, trainees had drafted and shared with the Trust a list of tasks in relation to the provision of private patient care which they felt were of no educational value, but were yet to receive any feedback. Trainees reported that they have, on occasion, assumed responsibility for admitting emergency private patients in situations where a patient safety risk was posed. It was stated that these private patients should then see a consultant on the same day. However, this did not happen at weekends; in such cases, those patients would be discussed with the consultant who did not attend in person. This could be seen to be a burden on trainees who were covering.	Yes – see CO5 below

	Overall, the majority of trainees stated that they were not missing out on educational experience following the cessation of private patient work, and in a number of cases reported that they had increased opportunity to spend time with consultants.	

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

6	**Appropriate recruitment processes** The review team learned that the Trust did not have in place any radiotherapy RMOs, which it was acknowledged was a difficult role to recruit to.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
CO1.1	The Trust is required to ensure that there is adequate provision for the care of private radiotherapy patients, and that clarity is established with regard to the patients that are to be covered by the Trust's Resident Medical Officer (RMO).	The Trust must provide details of its revised cover arrangements and rotas demonstrating that adequate cover is provided for both in and outpatient private radiotherapy and chemotherapy services by the RMO. The impact of this action should be monitored through trainee feedback at LFG meetings, with the provision of minutes as evidence.	R1.8
CO1.2	The Trust is required to ensure that appropriate cover is provided for the clinical oncology rota to ensure that the trainees' training experience is not compromised.	The Trust must provide details of its plan to manage the gaps across the clinical oncology rota, and its HR policy for filling rota gaps. The Trust's clinical director must provide a plan of action for recruiting to	R1.7

		current gaps. Rota gaps should also be added as a standing item on the LFG agenda, and appropriate and timely action should be taken following each meeting to address any issues in this area. Compliance with this action should be monitored through LFG meetings, with the provision of minutes as evidence.	
CO1.3	The Trust is required to ensure that the time of the weekend AM handover is scheduled in accordance with trainee shift patterns, ensuring that no trainee has to attend outside of their scheduled rota hours. In addition, the weekend AM handover should be attended by both the medical oncology and clinical oncology higher trainees to ensure a comprehensive patient handover is provided.	The Trust is required to submit copies of revised rotas that include a specified time for the weekend AM handovers that demonstrates that no trainee has to attend outside of their scheduled rota hours. The Trust is required to create standard operating procedures for handover across both sites, and must submit a plan detailing how it will resolve these issues. Compliance with this action should be monitored through LFG meetings, with the provision of minutes as evidence.	R1.14
CO1.4	The clinical oncology faculty group should work with trainees to ensure that adequate time is allocated for educational meetings, completion and sign-off of assessments, and that e-Portfolio requests are signed off efficiently.	The Trust is required to review job planning for clinical oncology educational supervisors /clinical supervisors and provide evidence that they have time in their job plans to undertake educational activities. Compliance with this action should be monitored through LFG meetings, with the provision of minutes and associated trainee feedback as evidence.	R4.2
CO5	The Trust is required to ensure that trainees are not tasked with any private patient work that is of no educational value and/or in any way compromises their training experience, with particular reference to increasing workload.	The Trust must provide a robust plan and private patient protocol that offers clarity on trainee responsibility with regard to the provision of care for private patients. The protocol must demonstrate that equitable educational requirements are applied to the management of private patients as to that of NHS patients, e.g. to be of educational value, and to be undertaken with consultant clinical supervision.	R5.9h

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
CO3.1	The Trust should improve the standard of accommodation of communal trainee space at the Fulham site.	This item should be raised as an agenda item at the next LFG meeting with the provision of minutes as evidence that discussion and subsequent action has taken place.	R3.2

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Suzy Mawdsley, Head of the London Specialty School of Clinical Oncology
Date:	21 June 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.