

Imperial College Healthcare NHS Trust

Medical Oncology

**Risk-based Review (Education Lead
Conversation)**



Quality Review report

18 January 2017

Final report

**Developing people
for health and
healthcare**

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Quality Review details

Background to review	<p>In November 2015, Health Education England London and South East's Quality and Regulation Team undertook an on-site visit at Imperial College Healthcare NHS Trust to review the quality of training following the release of that year's GMC National Training Survey (NTS) results; medical oncology at Imperial College returned three red outliers (overall satisfaction, adequate experience and local teaching) and six pink outliers (clinical supervision, clinical supervision out of hours, induction, supportive environment, access to educational resources and feedback). At that visit, the visit team was made aware of potentially serious patient safety concerns resulting in two immediate mandatory requirements being issued to the Trust ('all trainees were required to have workplace-based assessments on the job before being authorised to prescribe chemotherapy' and 'clinics must have a named consultant supervisor') and of other training issues resulting in six other mandatory requirements being issued to the Trust pertaining to induction, workload, local faculty group meetings, clinical governance and educational supervision.</p> <p>Despite the issuing of these requirements and subsequent monitoring, the 2016 NTS demonstrated four red outliers (overall satisfaction, clinical supervision, supportive environment and local teaching) and four pink outliers (clinical supervision out of hours, reporting systems, induction and adequate experience).</p> <p>Consequently, the Deputy Head of School of Medicine and local training programme director decided to undertake a further review to investigate the ongoing concerns raised by the GMC NTS.</p>
Training programme / learner group reviewed	<p>Medical Oncology</p>
Number of educators from each training programme	<p>The review team met the Trust's training lead for medical oncology, the Divisional Director of Medical Education, the Head of Operational Management of Medical Education and a consultant medical oncologist.</p>
Review summary and outcomes	<p>The review team was encouraged by the work that the Trust had undertaken to tackle the red outliers in the 2016 NTS.</p> <p>The Trust advised that it has been working closely with trainees to explore their concerns and make changes; programme leads met trainees, both 1:1 and in group settings. Findings indicated that trainees were opposed to the outcome of the 2016 NTS for the medical oncology programme, felt improvements had been made to their experience of the programme, and were surprised at the number of red outliers returned in the survey.</p> <p>The Trust believed that, in part, a number of the red outliers returned could be explained by two trainees who were disillusioned with the programme. In order to ascertain the exact nature of concerns affecting trainees, the medical education team undertook 'deep dives' independent of the medical oncology training leads. The review team heard that the results were generally positive. However, trainees reported an excessive workload in terms of administrative tasks, unnecessary bleeps and calls from the chemotherapy day unit (often during clinical MDTs), and the Trust advised that it had taken steps to alter trainee work patterns and administrative workload in order to alleviate the pressure placed on trainees.</p> <p>The medical oncology leads stated that they were also working hard to improve the training experience following changes to the unit as a whole that involved a ward-based system.</p> <p>The medical oncology team advised that it responded to feedback by implementing fixed times in consultant job plans to optimise interaction with</p>

	<p>trainees and improve clinical supervision. In addition, leads incorporated ‘close watch’ meetings into every job plan and post, so that team members could sit and discuss patients to develop interaction across teams.</p> <p>More generally, the education leads advised that they were aware of the specific needs of their medical oncology trainees, acknowledging that they had different expectations than those of other specialties and when compared to the medical oncology training provision at other sites; as a result, the review team was encouraged to learn that trainee expectations were now being managed accordingly, to tailor and improve their training experience at the Trust.</p>
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Quality Review Team			
HEE Review Lead	Dr Jonathan Birns, Deputy Head of the London School of Medicine and Medical Specialties	External Clinician	Jennifer Quinn, Learning Environment Quality Coordinator, Health Education England North West London

Findings

1. Learning environment and culture		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.</p> <p>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.</p> <p>1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.</p> <p>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.</p>		
Ref	Findings	Action required? Requirement Reference Number

	<p>Appropriate level of clinical supervision</p> <p>The review team heard that trainees working in outpatients' clinics had increased clinical supervision, with consultant supervision at every clinic.</p>	
	<p>Rotas</p> <p>The review team was advised that the medical oncology rota was operating with a number of vacancies, including one that remained unfilled by Health Education England North West London. The Trust stated that it was committed to optimising posts, which it was reviewing with training leads and the Clinical Director to explore how training was run in order to evenly spread jobs, ensuring that trainees achieved curriculum requirements.</p>	
	<p>Induction</p> <p>The Trust stated that it invested a considerable amount of time in planning trainee inductions, with particular reference to those trainees that started at dates outside of normal rotations; medical oncology trainees did not usually start outside of September (occasionally March). The induction process could be complicated by occasions where trainees needed a full Trust induction as well as site-specific. However, department leads advised that they ensured that an induction was arranged for every new starter, with training on the prescribing of chemotherapy provided by pharmacists.</p> <p>Trust policy prohibited new trainees from prescribing chemotherapy for their first month in post, and any treatments needed to be signed off by one of a recently-instated group of consultants. As part of initial training in their first month in post, trainees sat with consultants to review chemotherapy prescriptions and treatment plans, as any new course of treatment provided to a patient must only be started by a consultant. The review team learned that an additional safeguard was established in the form of an electronic chemotherapy register, to which trainees could not gain access until pharmacists were content that the trainee was safe to undertake prescribing of cytotoxics.</p>	
	<p>Protected time for learning and organised educational sessions</p> <p>The review team learned that the Trust offered cross-site teaching every Wednesday at Charing Cross Hospital. However, the site offered no dial-in facility and trainees were often unable to attend, so the Trust made changes to rotas to ensure that trainees were released from clinic responsibilities to guarantee attendance.</p> <p>It was reported that it was occasionally more difficult for Specialty Training grade 3 and academic trainees to balance their workload with teaching/learning commitments; the department had implemented a system of cross cover to resolve this or would switch rotas to put people into other jobs in order to coordinate, which had the unavoidable effect of increasing the workload across the unit.</p>	

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.

	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The Trust advised that local faculty group meetings were held quarterly, with recent positive feedback given by the medical oncology trainee representative, which was felt by the Trust to demonstrate the medical oncology team's commitment to making long-lasting improvements to its training provision.</p>	
	<p>Organisation to ensure time in trainers' job plans</p> <p>The medical oncology team revised supervisors' job plans to increase the amount of time protected for contact with trainees following concerns raised about the lack of patient contact and overall team environment following the ward system restructure.</p>	
	<p>Organisation to ensure access to a named clinical and educational supervisor</p> <p>The Trust acknowledged that supervision was historically 'vague' but stated that it had made significant changes and recently nominated four team leads to work as educational supervisors. More generally, the Trust reported that nearly every consultant in the department had undertaken training in educational supervision.</p>	

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.

	<p>The review team was encouraged to learn of the progress that the medical oncology team had made in addressing trainee concerns and improving the training experience across the medical oncology department.</p>	
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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.

Sufficient time in educators' job plans to meet educational responsibilities

As set out above, the Trust was very supportive in ensuring that trainers had appropriate time in their job plans for educational responsibilities.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
	N/A		

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 Jonathan Birns, Deputy Head of the London School of Medicine and Medical Specialties
Date:	21 February 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.