

University College London Hospitals NHS Foundation Trust

Clinical Oncology

Risk-based Review (on-site visit)



Quality Review Report

30 January 2018

Final Report

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Quality Review details

Background to review	<p>The reasons for the on-site visit to clinical oncology at University College London Hospitals NHS Foundation Trust were as follows; poor results from the 2017 General Medical Councils National Training Survey (GMC NTS) and feedback from trainees regarding training issues whilst attending their Annual Review of Competence Progression (ARCP).</p> <p>The 2017 GMC NTS highlighted five red flags and four pink flags within clinical oncology at University College London Hospitals NHS Foundation Trust. The red flags related to reporting systems, work load, induction, feedback and local teaching. The pink flags related to supportive environment, curriculum coverage, educational governance and educational supervision. It should be noted that both workload and induction have produced red flags for two concurrent years, whilst local teaching has produced a red flag for the last four years in a row.</p> <p>Feedback from trainees at their ARCP's included issues such as; over-burdening due to the amount of administration work trainees were to complete, poor access to radiotherapy planning opportunities, rota issues and unfair distribution of workload between firms when cross covering.</p>
Training programme / learner group reviewed	<p>Clinical Oncology</p>
Number of learners and educators from each training programme	<p>The quality review team met with nine trainees from within clinical oncology, ranging in training level from Specialty Training level 3 (ST3) to Post Certificate of Completion of Training (PCCT). The review team also met with a number of the clinical and educational supervisors for clinical oncology at the Trust.</p> <p>The quality review team also met with members of the senior management team including the Chief Executive, Director of Postgraduate Medical Education, Associate Director of Medical and Dental Education, College Tutor and Educational Lead for Clinical Oncology and Divisional Clinical Director for Cancer Services.</p>
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> • All of the trainees that the review team met with indicated that both the Trust and departmental inductions had greatly improved. • All trainees stated that the teaching environment and opportunities were good at the Trust. • Feedback from the trainees regarding the radiotherapy aspect of their training was very positive. • The review team heard of evidence of good multi professional working in some teams that should be developed to maximize learning opportunities. • All of the trainees that the review team met with would recommend the Trust to a friend or family member family to receive treatment in. <p>However, the quality review team also noted a number of areas that still required improvement:</p> <ul style="list-style-type: none"> • Trainees reported a lack of clear supervision in the Monday Lung clinic, where the consultant assigned to the clinic had left the Trust. The review

team felt that the Trust should be required to provide named consultant supervision to the Monday Lung clinic in advance of the clinic taking place.

- The review team heard that cross cover of medical oncology was significantly impacting the radiotherapy training for clinical oncology trainees on a regular basis
- The review team heard that trainees often had difficulty in finding free clinic space to see patients in and that they were often moved between rooms at short notice
- The trainees informed the review team that they would often only see follow up patients and not new patients. The review team felt that the Trust should review the outpatient clinic arraignments to ensure that trainees are exposed to sufficient number of new patients to meet curriculum requirements.
- The review team were informed that ST3 trainee were attending multidisciplinary team (MDT) meetings with senior colleagues and being expected to present and discuss cases. It was reported that this was beyond the trainee's capability and current training grade. The review panel felt that the trainees should be working within the confines of their competencies and have a named clinical lead for discussions made in that MDT.

Quality Review Team

HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, Health Education England, North Central London	Lay Representative	Ryan Jeffs, Lay Representative
External Clinician	Dr Won-Ho Edward Park, Clinical Oncology Consultant, Imperial College Healthcare NHS Trust	Scribe	Ed Praeger, Learning Environment Quality Coordinator, Health Education England (London and the South East)
External Clinician	Dr Romelie Rieu, SpR Clinical Oncology, Charing Cross Hospital, Imperial College Healthcare NHS Trust		

Educational overview and progress since last visit – summary of Trust presentation

The Trust presented to the review team a presentation highlighting the elements of the educational processes and structures in place within clinical oncology currently at the Trust.

The Trust highlighted that within the clinical oncology department, there were twenty-two consultants and twelve fulltime higher trainee slots. The Trust indicated to the review team that they had not had a full contingent to these slots for some time.

The Trust highlighted to the review team that they held regular local faculty group meetings (LFG's) and that these were made up of educational supervisors and a trainee representative.

The Trust informed the review team of the teaching schedule structure, highlighting that they had a mandatory

consultant led teaching session on Tuesdays, with higher trainee led teaching sessions taking place on a Wednesday and physics based teaching taking place on Thursdays. Regional teaching occurred three times per year and the Trust empowered informal teaching when it could with clinic based work-based experientials, learning from peers and Fellowship of Royal College of Radiologist (FRCR) examination focused informal teaching.

With regards to trainee feedback, the Trust informed the review team that each of the trainees met with their educational and clinical supervisors at the beginning of their post and that the Trust preformed an exit survey when trainees left the post.

The Trust indicated that they were planning to increase the time available to trainees when completing the Trust and local inductions and that the Human Resources (HR) and Information Technology (IT) were to ensure that the time it took for trainees to get passwords for access to resources would be improved.

The Trust highlighted how the department had introduced a policy of no bleeps or mobile phones in the regular teaching sessions and stated that if an urgent call came in during these teaching sessions, that this would be passed to the on call higher trainee or relevant consultant.

The Trust conceded that the on-call rota gaps at higher trainee and core medical training (CMT) level and cross covering of specialties was a problem, but that higher trainees were not expected to cover the CMT level. The Trust highlighted that trainees going on maternity leave or to research posts had not been highlighted fast enough, but that an administrator role was being investigated to take over the rota coordination.

The Trust reported that the workload issues highlighted through the General Medical Council National Training Survey (GMC NTS) results was predominately due to the trainees covering the medical oncology rota gaps, and the Trust assured the review team that the trainees from clinical oncology would only cover annual leave and study leave rota gaps in the future.

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

	<p>the cover for these gaps.</p> <p>The less than full-time trainees informed the review team that there was lack of clarity and consistency in the way junior doctor's contract zero hours' days in relation to Less than Full Time trainees. The trainees informed the review team that the less than full time on-call trainees still undertook a full time on-call rota but needed clarity on the rules and arrangements for zero hour days in that setting.</p> <p>The trainees informed the review team that they had been paid incorrectly for the previous six months. The trainees had brought this up with the management of the Trust and were hoping for a quick resolution.</p>	
CO1.5	<p>Induction</p> <p>The trainees informed the review team that they had received a good and well organised Trust induction, as well as a whole day local induction. The trainees indicated to the review team that there were no problems in receiving passwords for accessing the online e-learning catalogue. However, the trainees highlighted that there was not enough time to complete all of the e-learning material needed at the induction.</p>	
CO1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The trainees indicated to the review team that they had been expected to attend and respond to questions at the clinical oncology multidisciplinary team (MDT) meetings when at a specialty training level 3 (ST3 grade). The ES and CSs indicated to the review team that the ST3 trainee should be attending the MDT on a weekly basis, but felt that the trainees were not being put in a position that was beyond their training level. The review team felt that the Trust needed to look at the way the MDT was run to make sure that any expected input from trainees was not above the training grade of the trainee and felt that the MDT should be used only as a teaching session for the trainees instead.</p>	Yes, please see CO1.6 below
CO1.7	<p>Protected time for learning and organised educational sessions</p> <p>The trainees indicated to the review team that they felt that the local teaching that they received was of a high quality and was delivered on a frequent basis (three time a week), since being introduced in September. The trainees informed the review team that this time was protected and although it would increase the trainee's day by 15 minutes, the trainees indicated that this was not a problem.</p>	
CO1.8	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The review team heard that trainees would often find it difficult to find a free room to review out-patients in, with the trainees often being moved around between rooms at the last minute, whilst in clinic. The trainees indicated to the reviews team that they thought this was a capacity issue, with simply not enough rooms available.</p>	Yes, please see CO1.8 below

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.

CO2. Organisation to ensure access to a named educational supervisor

1

The trainees informed the review team that they felt that the educational supervisors (ES) that were present at the Trust were very good.

The ES and CS informed the review team that if the trainees had not contacted their ES within the first two months of being in post, that the ES would contact the trainees themselves.

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.

Co3. Behaviour that undermines professional confidence, performance or self-esteem

1

A number of trainees expressed an opinion that they had been exposed to behaviour that could have been interpreted as undermining or bullying. They stated that this had reduced over the past few months and none of the trainees interviewed suggested that it was systemic or an ongoing issue.

CO3. Regular, constructive and meaningful feedback

2

The trainees informed the review team that feedback was very much consultant dependent and that it was a possible communication issue between the consultants regarding who should be providing the feedback. The trainees indicated that they had received some informal feedback, but more formal feedback was not as forthcoming.

When asked about feedback from Datix entries, the trainees informed the review team that the feedback received had been thorough and had kept the trainees well informed.

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.

CO4. Sufficient time in educators' job plans to meet educational responsibilities

1

The ES's indicated to the review team that although they had educational supervision time planned in their job plans, that they often gave more time than was indicated to the trainees. The ES's explained that currently they had one to two trainees each and

	<p>that trainees had the option to continue on with their ES whilst progressing. The ESs indicated that with the recent increase in the number of ESs in the department, they felt that they had the time to perform their duties as ESs appropriately.</p> <p>The ESCSs informed that review team that there were a number of online resources and a course for the educational side of the supervision, but were not sure if there were specific clinical supervision courses available to them.</p> <p>The ESCSs informed the review team that any trainee in difficulty was discussed in the local faculty group (LFG) meetings and a plan to support them was put together.</p>	
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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.

CO5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The review team enquired if the trainees were able to see more than one tumour type whilst in post, with the majority of trainees indicating that they did two tumour types. A single trainee indicated that they only covered a single tumour type, but worked closely with a single consultant which they felt was greatly beneficial to their training.</p> <p>Some trainees indicated to the review team that they often only saw follow up patients and not new patients and felt that this was having a potential impact on their learning and curriculum coverage. This was echoed for the majority of the firms that the trainees had worked in, although trainees indicated that within the lung firm, they were often able to see the new patients as well as the follow ups.</p> <p>The trainees indicated that in a number of firms, it had proved difficult to get work based assessments (WBAs) completed. The trainees informed the review team that in certain firms, trainees were able to complete a WBA every week and present them. The trainees indicated that the lack of WBAs being completed was due to the busyness of the hospital, being unable to find time to complete and presenting WBAs. The trainees requested that time for WBAs was protected time.</p> <p>The trainees informed the review team that the protected time and support for radiotherapy was good at the Trust.</p> <p>When asked about the issues raised through the General Medical Council National Training Survey (GMC NTS), the ES and CS informed the review team that the Trust prided itself on the protected time that it was able to give to the radiotherapy training. The ESCSs indicated that the physics teaching programme was working well, but that the attendance had significantly dropped off in the twelve months preceding the review, with only a small number of trainees regularly attending.</p> <p>The ES and CS indicated to the review team that the trainees hot desked within the hospital and that although there was a special single workstation to allow access to the online library with University College London (UCL), this was not overly used due to inconvenience. The ESCSs indicated that better access to online training modules would be of great benefit. With the open plan office space within the hospital, the</p>	Yes, please see CO5.1 below
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	ESCSs informed the review team that informal talks to trainees could prove difficult and indicated that any formal discussions or WBA took place in the planning office or clinic rooms.	
CO5.2	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The review team heard from the trainees that the chemotherapy clinics that they were present at gave them a good learning experience of each of the difference cycles of therapy.</p> <p>The ESCSs informed the review team that they felt that day to day clinic sessions were not recognised by the trainees as informal teaching sessions. The ESCSs allowed the trainees to take the lead, providing feedback on the trainee at the end of the clinic.</p>	
CO5.3	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team heard that the use of non-doctors performing administrative roles worked well within the lung firm, with trainees highlighting that arrangements for a vast majority of duties were taken care of. The ESCSs explained to the review team that the department had a number of clinical nurse specialists (CNSs) that were able to undertake a large amount of the administrative pathway work as well as supporting the higher trainees with some of the more routine clinical work.</p> <p>Trainees highlighted to the reviews team that administrative jobs within the nutritional team were high and required the trainee to spend a significant amount of time filling out forms, when the trainees felt that this could be done as part of a separate administrative role. The trainees informed the review team that they would often spend a significant amount of time printing letters and chasing scan dates, which they felt should not be part of the job plan and again could be part of an administrator role.</p> <p>The trainees highlighted that in gynae-oncology, there was a large amount of clinical preparation required and that was felt to be beneficial to the trainee, but there was also a very competent administrator to oversee the other duties.</p> <p>The trainees reported that there may be an opportunity for core trainees to be trained to undertake chemotherapy prescribing in a limited cohort of regimes, this would free up time for the higher trainee to see more complex patients.</p> <p>The ES and CSs informed the review team of changes to the distribution system of the higher trainees when delivering clinics. The ES and CSs explained that the higher trainees were assigned to a tumour sub type and not a consultant. The ES and CSs explained that they were trying to give the trainees a good training experience, by concentrating on one or two tumour types. The ESCSs highlighted that this system was getting better as the firms bedded in more.</p>	

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.

	N/A	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
All of the trainees that the review team met with indicated that both the Trust and departmental inductions had greatly improved.			
All trainees stated that the teaching environment and opportunities were good at the Trust.			
Feedback from the trainees regarding the radiotherapy aspect of their training was very positive.			
The review team heard of evidence of good multi professional working in some teams that should be developed to maximize learning opportunities.			
All of the trainees that the review team met with would recommend the Trust to a friend or family member family to receive treatment in.			

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CO1.1b	Trainees reported a lack of clear supervision in the Monday Lung clinic, where the consultant assigned to the clinic had left the Trust. The review team felt that the Trust should be required to provide named consultant supervision to the Monday Lung clinic in advance of the clinic taking place.	The Trust to confirm this has taken place.	R1.8

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CO1.1a	The Trust is required to ensure that trainees' radiotherapy training is not limited by the amount of cross cover they are providing for medical oncology. The Trust is required to review the amount of cross-cover for medical oncology that the trainees	The Trust to submit the outcome of the review into how much cross-cover the trainees are providing, e.g. the audit results. The Trust to submit trainee feedback	2.4

	are undertaking, e.g. via an audit	demonstrating that the amount of cross covering they are providing is not impacting upon their access to radiotherapy training. This can be in the form of local faculty group (LFG) minutes.	
CO1.6	The Trust to ensure that there is a named clinical lead for discussions in the multidisciplinary team (MDT) meeting and that trainees at specialty training level three (ST3) are not required to present and discuss cases, as this is beyond the trainees' capabilities.	The Trust to confirm that there is now a clinical lead for the MDT meetings and provide trainee feedback, through LFG minutes, that this issue has been adequately resolved and trainees do not feel they are working beyond their competency level.	1.10
CO1.8	The Trust to ensure that there is adequate, suitable space for the trainees to review patients in outpatient clinics.	The Trust to outline what arrangements have been made and provide trainee feedback (either through LFG minutes or a survey) demonstrating that this issue has been addressed.	1.19
CO5.1	The Trust to ensure that trainees are able to review both new and follow up patients in clinics, in order to meet their curriculum requirements.	The Trust to confirm that trainees are allocated new and follow up patients during clinic and provide trainee feedback, through LFG minutes, confirming that trainees have the opportunity to see new patients in clinic.	1.15

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	N/A

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares
Date:	3 March 2018

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.