

# University College London Hospital NHS Foundation Trust

Medical oncology

Risk-based Review (on-site visit)



## Quality Review report

19 April 2018

Final Report

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## Quality Review details

<b>Background to review</b>	<p>Following a review of clinical oncology at University College London Hospital NHS Foundation Trust on 30 January 2018 during which concerns were raised, it was felt that it was necessary to also review medical oncology within the Trust, due to the close interaction between the two departments. A number of trainees indicated to the review team that they often covered both the medical and clinical oncology ward rounds due to rota gaps caused by regular study leave. HEE heard as clinical oncology review on 30 January that there was a significant degree of cross cover between medical and clinical oncology trainees. This had resulted in periods of significant work load issues where cross cover of ward rounds was expected. A number of trainees had also expressed their concern that they had been exposed to behaviour that could have been interpreted as undermining or bullying.</p>
<b>Training programme / learner group reviewed</b>	<p>The quality review team met with the following groups:</p> <ul style="list-style-type: none"> <li>– Trust management and educational leads including the Director of Education, Director of Postgraduate Medical Education, Associate Director of Medical and Dental Education, Divisional Clinical Director for Cancer Services, Educational Lead for Medical Oncology for Specialty Training level 3+ (ST3+), Educational Lead for Medical Oncology (ST1-2), Medical Oncology Lead, CMT Training Programme Director, and the Guardian of Safe Working Hours</li> <li>– Core medicine trainees (CMTs) within medical oncology</li> <li>– Higher medical oncology trainees</li> <li>– Clinical and educational supervisors in medical oncology</li> </ul>
<b>Number of learners and educators from each training programme</b>	<p>The quality review team met with:</p> <ul style="list-style-type: none"> <li>– three core medical trainees</li> <li>– two higher trainees at ST3+</li> <li>– five educational supervisors</li> </ul>
<b>Review summary and outcomes</b>	<p>The quality review team thanked the Trust for accommodating the on-site visit, and explained that the visit was in addition to the clinical oncology review on 30 January 2018. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> <li>– The review team noted the renewed vigour for education and training within the Department</li> <li>– The review team noted that sarcoma training for higher trainees was well organised</li> <li>– The higher trainees indicated that they were impressed with the breadth of clinical exposure offered in their posts</li> </ul> <p>However, the quality review team also noted a number of areas of concern that required improvement:</p> <ul style="list-style-type: none"> <li>– Workload was such that trainees reported the potential to compromise patient safety</li> </ul>

- The review team felt that measures needed to be put in place by the Trust to combat rota gaps and ensure appropriate cover is in place
- The Trust needed to ensure a clear structure was in place for assessing and recording the competencies around chemotherapy prescribing for trainees
- The Trust needed to make sure that registrars had time in their job plans to undertake administrative work, reading, and scheduled teaching sessions. The Trust also needed to ensure that trainees can attend regional training days.
- It was felt that the Trust needed to provide an appropriate structure for CMTs to gain the procedural experience necessary for training progression.

### Quality Review Team

<b>HEE Review Lead</b>	Dr Jonathan Birns, Deputy Head of the London Specialty School of Medicine Health Education England	<b>External Clinician</b>	Dr Debashis Sarker, Consultant Medical Oncologist Guy's and St Thomas' NHS Foundation Trust
<b>Deputy Postgraduate Dean</b>	Dr Gary Wares, Deputy Postgraduate Dean Health Education England, North Central and East London	<b>Trainee Representative</b>	Dr Shanthini Crusz, Medical Oncology SpRs Barts Health NHS Trust
<b>Lay Member</b>	Robert Hawker	<b>Scribe</b>	John Marshall, Learning Environment Quality Coordinator Health Education England London and the South East

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

The Director of Postgraduate Medical Education (DPME) introduced the presentation to the quality review team to give an overview of how medical oncology training was structured and delivered by the Trust. Medical oncology training delivery was overseen by the Medical Education Committee – Surgery and Cancer, one of three training committees within the Trust.

The clinical training leads informed the quality review team that there were 27 full-time equivalent (FTE) consultants within Medical Oncology. The Trust had six FTE higher trainee posts (four medical trainees; two clinical fellows) and five CMT posts. Additionally, there were also six trust grade doctors and three Acute Oncology Service (AOS) day care staff at the Trust. The local faculty group (LFG) was comprised of eight educational supervisors and a CMT representative and a higher trainee representative. The quality review team heard that the Trust planned to increase the number of educational supervisors to around half the number of its FTE consultant posts. The DPME informed the review team that all educational supervisors were accredited and that the DPME was responsible for signing this off.

The quality review team heard that the Trust wanted to take a leading role in the training of the cancer workforce as set out in NHS England's Cancer Strategy, providing a broad range of training opportunities across a range of subspecialties. The review team heard that the Trust provided subspecialty training for: gastrointestinal and brain cancer; lung and breast; sarcoma; gynaecology; urology; and early phase clinical trials. The review team was informed that the two educational leads for medical oncology represented the Trust at national recruitment events, specialty training committees and ARCP events.

The quality review team heard that there was scheduled formal teaching for both sets of trainees on Tuesdays, Wednesdays and Thursdays. The session on Tuesdays was consultant led and bleep-free, whilst the Wednesday session was led by a higher trainee, with a consultant leading it once per month. Additionally, there was CMT specific teaching for oncology and palliative care and a journal club as well as sessions on resilience and reflective practice.

The quality review team heard that the Trust recognised that the higher trainee posts were busy and that there were ongoing issues with the CMT rota. However, the Trust felt that it was taking the necessary steps to address these issues.

## 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
MO1.1	<p><b>Patient safety</b></p> <p>The quality review team heard from both the higher trainees and the core medical trainees (CMTs) that they felt that due to the lack of appropriate staffing levels and clinical supervision, there was a potential risk to patient safety. Both groups of trainees felt that the lack of appropriate staff on the wards and increased demands and pressures on them could lead to mistakes being made or cases being overlooked at handover. However, both groups of trainees did state that they had not experienced an event that required the reporting of a serious incident (SI).</p>	
MO1.2	<p><b>Appropriate level of clinical supervision</b></p> <p>The quality review team heard from the higher trainees that the Trust had taken steps to improve the cross cover arrangements with their clinical oncology colleagues. However, they did not feel that they had an appropriate level of working relationship with the clinical oncology consultants, or the necessary experience to confidently provide the cover required of them when needed. However, it should be noted that the</p>	

	higher trainees were aware of the escalation pathway for clinical oncology cases and were not required to do clinical oncology board rounds.	
MO1.3	<p><b>Rotas</b></p> <p>The quality review team heard from the CMTs that the Trust was looking to implement a new rota down from 1:9 to 1:8. The CMTs informed the review team that the workforce was already stretched under the current arrangements when taking into account the service demands, scheduled teaching sessions, regional training days and all other types of leave. The higher trainees raised similar concerns about the planned changes to the rota, but to a lesser extent compared to the CMTs.</p> <p>The quality review team was informed that all of the CMTs had submitted exception reports due to regularly working beyond their contracted hours and in some cases were incurring taxi fares due to missed public transport connections. The CMTs noted that they had increasingly felt the need to submit exception reports in the past three months due to chronic rota issues.</p> <p>The CMTs informed the review team that forward planning for the rota was poor and at times, the rota was inaccurate. The quality review team heard that in the week prior to the review, one of the CMTs, having noticed that insufficient ward cover was scheduled for the next day, had spent 90 minutes emailing, calling and texting fellow CMTs, senior colleagues and admin staff to ensure that the appropriate cover was in place. It was reported that the member of administrative staff responsible in such occurrences was on sickness absence on the day in question and there was no back up plan in place. The CMTs also noted that it was also common to not have a lunch break during their shifts and that the day preceding the review was the first time in over a week that they had been able to take a lunch break because there had been two locums on the ward.</p> <p>The quality review team heard that the higher trainees felt that there was a lack of Acute Oncology Service (AOS) or day care staff to assist in coordinating and maintaining the rota.</p>	<p>Yes, please see MO1.3</p> <p>Yes, please see MO1.3</p>
MO1.4	<p><b>Induction</b></p> <p>The quality review team heard from the ST3+ trainees that they had a two day induction when starting their posts: a one day Trust induction and a one day medical oncology induction. The induction was comprised of lectures, e-modules and prescribing. The higher trainees felt that the induction was suitable for their needs and reflected their experience. The quality review team heard that some subspecialties, for example Sarcoma, had their own induction processes and provided the trainees with induction handbooks.</p> <p>The quality review team was concerned that the induction process did not include a clear framework for chemotherapy prescribing with a defined route to assessing trainees' competencies. The educational supervisors informed the review team that chemotherapy prescribing training was led by the chemotherapy pharmacist leads. For higher trainees without any prior chemotherapy prescribing experience, the process included online tutorials and case scenarios involving dummy patients. Once the trainees were deemed to have sufficient competencies to prescribe chemotherapy they were granted full access to the e-prescribing system. The review team heard that there was no log book or systematic way of tracking the trainees' progress through the process.</p>	Yes, please see MO1.4
MO1.5	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The quality review team heard from the CMTs that they were worried that they may not be able to meet the demands of their training criteria as they were being called away from clinics to provide cover on the wards. The CMTs also informed the review team that the fortnightly CMT training sessions on Thursdays were not bleep-free and it was</p>	

	<p>common to be called away. One of the trainees indicated that they had sacrificed a zero day to attend a regional training day. The review team heard that the CMTs had been coordinating their own rotas to try to get to training days and were informed that some higher trainees had been willing to provide cover where possible, but that the consultants typically were not.</p> <p>The higher trainees informed the review team that they enjoyed their scheduled training sessions, noting that some were consultant led and some were trainee led. However, these sessions were not bleep-free. The quality review team heard that the higher trainees were supposed to have four hours per week in their job plans for administrative work and study but that due to service demands this was rarely taken. The review team heard that ward rounds and clinics took up most of the weeks – one clinic on Tuesday mornings usually ran through into the afternoon. The quality review team heard that the trainees attended a self-funded MCc course (either on Thursdays or Fridays along with their clinical oncology colleagues, which caused issues in relation to having suitable cross cover across both departments. The trainees noted that they were marked down for poor attendance, which could contribute toward failing the course.</p> <p>The quality review team heard that the higher trainees felt that the Trust needed to decide how to meet its training responsibilities – to either allow uninterrupted contact teaching time or to release the trainees for their external training days on Fridays. The trainees noted that they had set up a journal club on Monday lunchtimes but that it was often poorly attended due to work pressures.</p> <p>The educational supervisors for sarcoma informed the quality review team that the higher trainees had time in their job plans built in for administration and study and that clinical oncology cover was in place to allow the trainees to attend the external MSc course on Thursdays. The quality review team heard that for trainees working in breast and lung it was harder to coordinate a consistent approach to cover due to the differing levels of experience across the trainees. However, the educational supervisors felt that cross cover arrangements with clinical oncology allowed for suitable cover to allow trainees to meet all of their training demands. Whilst the quality review team felt that the sarcoma training was well organised, this was not evident across other tumour groups.</p>	<p>Yes, please see MO1.5</p>
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## 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>MO2. 1</p>	<p><b>Impact of service design on learners</b></p> <p>The quality review team heard from the CMTs that due to the service demands placed on them and the lack of sufficient cover on the wards, they had all felt the need to submit exception reports in the three weeks prior to the review. The review team heard from the CMTs that they felt the situation had worsened in recent months. The CMTs</p>	
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	<p>commented that they would not recommend the Trust for training to their peers. One of the trainees reported that they felt that they were not being prepared for the next stage of their training and that they felt as if they were ‘firefighting’ issues as and when they arose and that there was not enough time to provide proactive care. The quality review team heard from another trainee that they had made the choice during undergraduate study to pursue a career in medical oncology but that they were no longer sure they wanted to continue since undertaking a CMT post in Oncology at the Trust. The quality review team also felt that the Trust needed to ensure that the CMTs were provided with an appropriate structure to ensure that they gain the necessary procedural experience to progress their training. Some trainees also noted that on clinic days there was not always suitable clinic space if the majority of trainees were in attendance.</p> <p>The quality review team heard from the higher trainees that the medical oncology department was a cross-site operation and that they could be called away from the clinics to go immediately to the MacMillan Cancer Centre – a seven to eight minute walk – to sign off prescriptions and undertake duties that could be undertaken by day care medical staff (if such staff existed). The trainees noted that this could happen multiple times per day. The trainees did note that there was a pod system in operation but that it was not always reliable. The review team heard from the trainees that they felt that there was not a sufficient amount of other healthcare professionals within the department to run the service efficiently. The trainees did recognise that the Trust had been trying to recruit staff and understood that one post was recruited for in September 2017 before coming up against visa issues for the successful candidate. The trainees felt that the impact of the service design on them and their training would be vastly improved by the addition of more senior nursing or day care medical staff, commenting that this would free up time for study and other administrative work.</p> <p>The quality review team heard from both groups of trainees that the workload for hospital at night (HaN) varied greatly. The review team heard that there was one higher trainee across both medical and clinical oncology on duty at night time. Both groups of trainees felt that the escalation pathways at night were sufficient. One of the CMTs commented that one night they had a number of patients on the ward and one more in the resuscitation unit, as well as the patient in the resuscitation unit’s family, to reassure. As the night continued it was necessary for higher trainees from A&amp;E and the intensive care unit to assist before the medical oncology consultant on-call arrived to take charge of the situation. The trainee informed the review team that they felt supported by the wider multidisciplinary team they worked with that evening and that the consultant and higher trainees all took the time to follow up with the trainee and provide support, offering to talk through any of the issues that arose that night.</p> <p>The quality review team heard from the higher trainees that there was not enough time in their job plans to complete all of their preparation work for one of their clinics. It was reported that trainees often spent several hours on Sunday afternoons preparing for a clinic during the coming week and were expected to present the cases during the pre-clinic meeting, with consultants presenting the cases they were already familiar with. Despite this, the trainees were complimentary about their training and would recommend the Trust to their peers for training posts.</p>	<p>Yes, please see MO2.1</p>
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### 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.**

MO3.1	<b>Access to resources to support learners’ health and wellbeing, and to educational and pastoral support</b>	
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	<p>The quality review team heard that the CMTs felt that they could raise issues with the educational lead for medical oncology and had met prior to the review to discuss issues about the rota. The CMTs did note that when they raised the same concerns to the CMT Training Programme Director it was disheartening to hear them say that previous cohorts of trainees had expressed similar concerns and yet the problems persisted.</p> <p>The CMTs informed the panel that they felt well supported by the Trust when discussing end of life care with patients and their families and did not feel under pressure to discuss such matters, or have do not resuscitate conversations, if they did not feel prepared to do so.</p>	
MO3.2	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The quality review team heard that one of the CMT trainees had felt undermined when they received feedback via email from a consultant. The incident occurred following a busy period where the trainee had felt under immense pressure and it was reported that they felt the feedback was dismissive and insensitive to the circumstances the trainee had been working under.</p> <p>The higher trainees reported no incidences of bullying or undermining.</p>	
MO3.3	<p><b>Academic opportunities</b></p> <p>The quality review team heard from the educational supervisors that trainees were encouraged to get involved in work with clinical trials. It was reported that training for clinical trials and Good Clinical Practice (GPC) was mandatory and once they were completed the trainees were added to the individual trial delegation logs. The review team heard that the trials training took place on a monthly basis.</p> <p>The higher trainees informed the review team that the renown that the Trust had as an academic centre was appealing and the training opportunities were good. The higher trainees, however, commented, on the lack of time in their working week to contribute to academic/research pursuits on offer. The educational supervisors felt that the opportunities to travel to and present at international conferences and to meet with pharmaceutical companies was a strong factor in attracting trainees.</p>	
MO3.4	<p><b>Less-than-full-time training</b></p> <p>The quality review team heard that one of the FTE higher trainee roles was a job share. The trainee felt that the arrangement worked well but that due to the service demands of the role both trainees were working beyond their contracted time. The trainee also noted that on clinic days when both of the trainees were in there was not always suitable clinic space.</p>	
MO3.5	<p><b>Access to study leave</b></p> <p>The quality review team heard that from the CMTs that they were not sure of their entitlement to study leave. The review team heard that the CMTs were particularly unaware of their entitlement to five days study leave to explore future career development paths. One of the trainees noted that they had exception reported a missed training day.</p>	
MO3.6	<p><b>Regular, constructive and meaningful feedback</b></p> <p>The quality review team heard from the CMTs that they received little feedback from consultants when clerking patients and that opportunities to post-take were limited. The review team also heard from the higher trainees that they also had experienced difficulties getting feedback from consultants.</p>	



	The educational supervisors noted that they sometimes found it difficult to support less than full-time trainees due to their differing needs and the impact of their differing working patterns.	
<b>4. Supporting and empowering educators</b>		
<b>HEE Quality Standards</b>		
<b>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</b>		
<b>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</b>		
MO4. 1	<b>Sufficient time in educators' job plans to meet educational responsibilities</b>  The quality review team heard that the Trust had put in place a new governance framework and that the previous leads on education governance had not been as proactive as they could have been. The Trust had recently appointed a new educational lead for medical oncology for higher trainees, who was working with educational lead for CMTs to review all induction and training processes across medical oncology, including the formalisation of a number of standard operating procedure (SOP) documents that were being made available to trainees and trainers. The review team heard from the educational supervisors that they were looking to facilitate and foster closer relationships with their trainees in order to take on more of a pastoral role. The review team heard that where possible, the Trust looked to pair trainees with the same educational supervisor throughout their time at the Trust.	
<b>5. Developing and implementing curricula and assessments</b>		
<b>HEE Quality Standards</b>		
<b>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</b>		
<b>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.</b>		
<b>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.</b>		
<b>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.</b>		
MO5. 1	<b>Opportunities for interprofessional multidisciplinary working</b>  The quality review team heard from the CMTs that getting experience in different disciplines was difficult as consultants did not want to assume the responsibility for practical work undertaken by trainees from disciplines outside of their own. The CMTs did acknowledge that this was a Trust-wide issue and not exclusive to Medical Oncology and adjacent disciplines.	

## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

### 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.
MO1.3	The Trust needs to put in place measures to combat the negative impact the rota gaps in the department has on trainees and ensure appropriate cover is in place	The Trust to submit its plan on how it will tackle its rota gaps and ensure appropriate cover at all times	R1.12
MO1.4	The Trust must ensure a clear structure is in place for assessing and recording the competencies around chemotherapy prescribing for trainees	The Trust to submit a framework for ensuring that the progress of trainees chemotherapy prescribing training is clearly documented and details the assessment process	R2.1
MO1.5	The Trust must make sure that higher trainees have time in their job plans to undertake administrative work, reading, and scheduled teaching sessions  The Trust must also ensure that trainees can attend regional training days	The Trust to submit its plans detailing how it will ensure that higher trainees have enough time in their job plans, and to demonstrate how it plans to arrange cover to allow all trainees to attend regional training days	R1.12
MO2.1	The Trust needs to provide an appropriate structure for core medical trainees (CMTs) to gain the procedural experience necessary for training progression	The Trust to submit its plans detailing how it will ensure that CMTs get the appropriate procedural experience to advance their training	R3.5

### 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	

<b>Signed</b>	
<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Jonathan Birns, Deputy Head of the London Specialty School of Medicine, Health Education England
<b>Date:</b>	23 May 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.