

# The Royal Marsden NHS Foundation Trust

Histopathology

Risk-based Review (on-site visit)



## Quality Review report

16 October 2018

Final

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## Quality Review details

<b>Background to review</b>	<p>Health Education England (HEE) conducted a quality review of the histopathology department at the Trust in 2016. At the review and through other feedback mechanisms, trainees had reported that access to sub-specialty experience was limited and unpredictable. This was partly due to the management of internal trainee rotations. Since this review a new educational lead had been appointed and work had been done to address issues around delivery of training and the culture in the department. HEE planned this follow-up review to assess the progress of this work. In particular, the review team sought assurance that there was an appropriate balance between training needs and service delivery, that all trainees were able to access a good range of training opportunities and that there was trainee input and agreement around improvements to training.</p>
<b>Training programme / learner group reviewed</b>	<p>Histopathology</p>
<b>Number of learners and educators from each training programme</b>	<p>The review team met with two histopathology trainees. The review team also met with educational and clinical supervisors from the department and the following Trust representatives:</p> <ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Director of Workforce</li> <li>• Deputy Director of Medical Education</li> <li>• Clinical Director</li> <li>• Educational Lead and College Tutor.</li> </ul>
<b>Review summary and outcomes</b>	<p>The review team identified several areas of good practice, including the regular educational supervision meetings for trainees, the high standard of training and the work done to make improvements in the department since the last HEE quality review. Some areas for improvement were also noted:</p> <ul style="list-style-type: none"> <li>• The trainees were not encouraged to present at multidisciplinary team meetings</li> <li>• The department did not have a formal local faculty group</li> <li>• Trainees were not involved in clinical governance processes or discussions</li> <li>• The Trust information technology infrastructure and lack of stable secretarial support was not conducive to training as it caused delays and increased administrative burden on the trainees</li> <li>• The trainees noted that there were some issues in the working relationships between consultants. It was reported that this had not impacted on training.</li> </ul>

Quality Review Team			
<b>HEE Review Lead</b>	Dr Martin Young Head of London Specialty School of Pathology	<b>External Clinician</b>	Dr Morgan Moorghen Consultant Histopathologist, London North West University Healthcare NHS Trust  Histopathology Training Programme Director for North West London
<b>Lay Member</b>	Catherine Walker Lay Representative	<b>HEE Representative</b>	Louise Brooker Learning Environment Quality Coordinator  Quality, Patient Safety and Commissioning Team (London & South East)
<b>Observer</b>	Tolu Oni Learning Environment Quality Coordinator  Quality, Patient Safety and Commissioning Team (London & South East)		

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

The review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process.

The review lead discussed the historic issues of departmental culture and problems with the working relationships between the consultants which had been identified at the last quality review in 2016. This had caused division within the department and had impacted on the trainees. The education lead (EL) advised that the consultants had been through a mediation process and there had been staffing changes in the department since the last review. There had also been significant work done to improve the training environment in terms of resources and culture. Departmental meetings were held each month and included a trainee representative. There were also consultant meetings every two weeks. The EL held regular meetings with the trainees and reported that their feedback was mostly positive. The arrangements for rotational training posts had been changed so that study leave was blocked out in advance and equal time was spent working with each specialist team within the department. A structured training programme had been introduced which included monthly pan-London training sessions and local teaching. This programme was planned for the rotational trainees but fellows and trainees from other departments were also invited to attend relevant sessions.

There were two trainees at the time of the review; one on a six-month rotation and one clinical fellow (locum appointment for service). The department has an establishment comprising three tariff-funded training posts and two further Trust-funded posts.

The service was largely consultant-delivered due to the complexity of cases referred to the department. The EL reported that the consultants were conscious of the potential conflict between training and service provision but that they were accustomed to working without trainees so did not rely on them to deliver the service. For example, the review team heard that trainees did sufficient cut-up to meet the curricular requirements and complete their logbooks but were not required to do more than this, as consultants, biomedical scientists and associate practitioners also performed cut-up.

The EL advised that the department did not offer 'black box' training sessions at present due to the small number of trainees. Instead the department participated in the pan-London Health Education England (HEE) Pathology training days and trainees were encouraged to participate in other regional courses and show cases.

The review lead asked whether trainees were able to sign out cases independently. The EL reported that, due to the complexity of the Trust's caseload, there were fewer opportunities for trainees to do this than at other Trusts. However, this was assessed on a case-by-case basis and trainees could sign out some cases independently.

Often the trainees reported on specimens as if they were going to sign them out and then reviewed the cases with a supervisor at the end of the process.

## 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
H1.1	<p><b>Rotas</b></p> <p>The department had planned the trainee rota to include three-week long placements in each specialist team. This gave the trainees exposure to a variety of cases and enabled them to develop a range of skills. The trainees reported that there were few opportunities to report independently on cases. The trainees believed that this was because they worked with each consultant for very brief periods and consultants were reluctant to allow trainees to work independently without sufficient time to assess their skill levels.</p> <p>The review team heard that the rotation programme was fixed but that there was sufficient flexibility to allow trainees to work on interesting cases from elsewhere in the department without changing placements. The trainees reported that there were high numbers of cases available and that many of the specialist teams had sufficient work for two trainees, so the presence of locum trainees and clinical fellows did not create competition for training opportunities.</p> <p>It was reported that no exception reports had been submitted by histopathology trainees in the past year.</p>	
H1.2	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The review lead enquired about the trainees' experience of molecular pathology and was advised that trainees did not prepare these specimens but interpreted and reported on the results. A two-week molecular pathology rotation had recently been added to the curriculum and the trainees were advised to look into this as much of the</p>	Yes, please see H1.2

	<p>teaching material was available as online learning as recommended by the Royal College of Pathologists. The EL had worked with the training programme director (TPD) to decide how to introduce this rotation and planned to have two trainees complete it every six months. The review lead offered to provide information on two other Trusts which had started providing this rotation.</p> <p>The Trust did not offer a gynaecological cytology placement and the trainees were asked how they could obtain experience of this if needed. The trainees were aware of previous instances where the Trust had arranged for trainees to visit other hospitals to gain additional experience required by the curriculum. The trainees did not know if a there was a long-term agreement in place with another hospital but felt confident that this could be arranged on a case-by-case basis if required.</p> <p>The review team heard that trainees had good opportunities to conduct audits and were encouraged to publish papers.</p> <p>Both trainees advised that they would recommend their training posts to other senior trainees. However, due to the specialist and complex nature of the cases referred to the Trust, the trainees felt that junior trainees would not gain sufficient experience of normal specimens or more routine cases.</p>	Yes, please see Other Actions
H1.3	<p><b>Protected time for learning and organised educational sessions</b></p> <p>It was reported that trainees were able to attend regional and local teaching. There was a structured teaching programme in place for trainees in rotational posts. Due to the small number of trainees there were not 'black box' teaching sessions or opportunities for higher trainees to teach others. The trainees advised that they had the opportunity to report on almost all the specimens they cut up.</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.**

H2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The review team heard that there were regular multidisciplinary team (MDT) meetings but that trainees were not encouraged to participate and most cases were presented by consultants. Trainees worked with consultants to prepare cases for the MDT but did not present them. The trainees advised that they were eager to gain experience presenting at MDT and that they had done this in rotations at other Trusts.</p> <p>The trainees were aware that there were regular Trust-wide governance meetings but were unsure of the of the arrangements for governance meetings within the department. The trainees had not been involved in incident reporting but were aware of the Datix system and how to use it.</p>	<p>Yes, please see H2.1a</p> <p>Yes, please see H2.1b</p>
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	The supervisors advised that there was no formal local faculty group (LFG) in place, although there were regular consultant meetings and departmental meetings which included trainee representation.	Yes, please see H2.1c
H2.2	<p><b>Impact of service design on learners</b></p> <p>The trainees reported that they usually performed all or most of the cut up work for the sub-specialty team they worked with. Consultants were available to assist or advise if needed. The trainees usually reported on the samples they cut up and then reviewed the case with the consultant, rather than using double-headed microscopes. If additional tests were required, trainees could order these independently but would usually seek the advice of a consultant before ordering non-routine tests.</p> <p>There were biomedical scientists (BMSs) who did some cut up for less complex specimens. The department also had assistant practitioners (APs) that mainly worked on cut up for the specialist breast team. The trainees advised that this did not impact on training opportunities at ST4-5 level but that if more junior trainees rotated into the department they might face difficulty in gaining sufficient experience in breast tissue cut up.</p> <p>During cut up the trainees dictated macroscopic descriptions to the BMSs, who wrote these out by hand to be typed up by medical secretaries. The review team heard that high staff turnover among the medical secretaries meant that these staff were inexperienced and the reports often needed significant correction and rewriting. This prolonged the reporting process and increased the amount of time spent by the trainees in checking and correcting the reports. The review team heard that the Trust's information technology (IT) infrastructure was not fit for purpose and that frequently used programmes ran slowly and crashed often, resulting in delays and lost work. The trainees did not have access to the software used by the secretaries, so made their corrections by hand on printed copies of reports and returned these to the secretaries to edit the reports. These issues also impacted on the consultants and other staff in the department. The trainees suggested that a digital dictation system and updates to the IT system in general would save them time and make the reporting process more efficient.</p> <p>The supervisors were aware of these issues and advised that plans and funding had been approved for an overhaul of the Trust IT systems. This work was due to take place during 2019 and 2020. The Trust also planned to carry out refurbishment during this time, which would include the offices used by the trainees and consultants.</p>	Yes, please see H2.2
H2.3	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The review team heard that the trainees were able to raise concerns with their educational supervisors (ESs), at the regular education lead (EL) meetings or with their Training Programme Director (TPD). The trainees suggested that, if they wished to raise concerns outside the department, they could go to members of senior management or to HEE or the British Medical Association (BMA). It was reported that the trainees did not interact with the postgraduate medical education (PGME) team often.</p>	
H2.4	<p><b>Organisation to ensure access to a named clinical supervisor</b></p> <p>The trainees had assigned clinical supervisors and reported no difficulty in carrying out case-based discussions or supervised learning events.</p>	
H2.5	<p><b>Organisation to ensure access to a named educational supervisor</b></p> <p>The review team heard that the trainees had regular meetings with their ESs and had signed learning agreements when their posts commenced. The EL also held fortnightly meetings with the trainees.</p>	

<b>3. Supporting and empowering learners</b>		
<p><b>HEE Quality Standards</b></p> <p><b>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.</b></p> <p><b>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.</b></p>		
H3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The supervisors and trainees were aware of the historic cultural issues in the department and the difficult working relationships between different groups of consultants in the past. The trainees felt that some tensions remained between certain consultants but that this had not impacted on their training so far. The trainees reported that staff in the department were generally friendly and approachable. The supervisors were aware of the continued issues and noted the efforts made to improve the department culture and trainee experience. The supervisors felt that the atmosphere within the department was significantly better.</p>	
<b>4. Supporting and empowering educators</b>		
<p><b>HEE Quality Standards</b></p> <p><b>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</b></p> <p><b>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</b></p>		
	<b>Not discussed at this review</b>	
<b>5. Developing and implementing curricula and assessments</b>		
<p><b>HEE Quality Standards</b></p> <p><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></p> <p><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></p> <p><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></p> <p><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></p>		
H5.1	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>The trainees advised that there was a good balance between training and service provision in their posts. Trainees were able to attend local and regional teaching as well as supervision meetings. The review team heard that the majority of the service was delivered by consultants and the rota was not dependent on trainees, so when</p>	

	trainees took leave they were able to hand over work to the consultants. This allowed the trainees time to seek out cases which presented good learning opportunities.	
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## 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.

	Not discussed at this review	
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## Good Practice and Requirements

### Good Practice

No patient safety concerns were reported to the review team.

The trainees had regular meetings with the EL.

The review team commended the work done by the EL to improve training within the department and address issues highlighted at previous reviews.

The trainees reported that training was delivered to a high standard and they would recommend their posts to colleagues.

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
H2.1a	The department should support and encourage trainees to present at MDT meetings with the support of a consultant.	Please provide written feedback from the trainees on their experience of presenting at an MDT meeting. Following the next	R1.15



	This should be included in the learning agreement at the trainees' initial educational supervision meetings.	rotation date in February 2019, please provide confirmation that the trainees' learning agreements include a plan to present at an MDT.	
H2.1b	The trainees should be drawn into the Trust governance framework.	Please provide evidence that trainees have attended relevant governance meetings (including those in other departments if appropriate).	R2.1
H2.1c	The department should establish a formal LFG. Initially it is advised that the LFG meets every six months, but this can be adjusted depending on the needs of the department.	Please provide minutes of the first LFG meeting, including participation from a trainee representative and a planned date for a second meeting.	R2.4

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
H1.2	The department is advised to support the current trainees to complete the two-week molecular pathology training module.	Plan the time and resources needed for trainees to complete this training, including support from senior staff and access to the online training components.	R1.15
H2.2	The department is advised to address the issues with IT and secretarial support available to trainees and other staff.	The department should seek advice from the Trust human resources team on how to address the lack of stable staffing in the medical secretarial team. There are plans in place to improve the Trust IT infrastructure.	R2.3

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
The review lead will provide the EL with details of the molecular pathology training provision at other Trusts.	Martin Young

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	
Date:	

### 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.

