

University College London Hospitals NHS Foundation Trust and Royal Free London NHS Foundation Trust

Haematology

Programme Review (Trainee Focus Group)



Quality Review report

29 January 2019

Final Report

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healthcare

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Quality Review details

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| Background to review | <p>This programme review into Haematology education and training at the University College Hospital NHS Foundation Trust (UCLH) and the Royal Free London NHS Foundation Trust (Royal Free) was conducted to explore the reasons behind the respective red outliers in the General Medical Council (GMC) National Training Survey (NTS) results for 2018:</p> <p>UCLH:</p> <ul style="list-style-type: none"> - Educational Governance; - Educational Supervision; - Local Teaching; and - Regional Teaching <p>Royal Free:</p> <ul style="list-style-type: none"> - Overall Satisfaction; - Induction; - Adequate Experience; - Curriculum Coverage; - Educational Governance; - Educational Supervision; - Local Teaching; and - Regional Teaching |
| Training programme / learner group reviewed | <p>All Haematology trainees from UCLH and the Royal Free.</p> <p>The review team met with:</p> <p>UCLH</p> <ul style="list-style-type: none"> - Three Foundation Year 2 and Core Medicine Training trainees; and - 13 Specialty Training Year 3 (ST3+) trainees <p>Royal Free</p> <ul style="list-style-type: none"> - Six ST3+ trainees from the Royal Free London and Barnet Hospitals |

Quality Review Team

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| HEE Review Lead | Dr Deepti Radia, Deputy Head of School of Pathology | Head of School | Dr Martin Young, Head of School of Pathology |
| Trust Liaison Dean/County Dean | Dr Gary Wares, Deputy Postgraduate Dean, North Central London | Lay Representative | Robert Hawker Lay Representative |
| HEE Quality Team Representative | John Marshall, Learning Environment Quality Coordinator | | |

Findings

| GMC Theme | Summary of discussions | Action to be taken? Y/N |
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| | <p><u>Royal Free London NHS Foundation Trust</u></p> <p>The review team heard that some trainees felt that the departmental induction they received seemed out of date and not wholly appropriate. However, it was noted that improvements had been made to subsequent departmental inductions, thanks in part to the contributions of some trainees and the appointment of a consultant who it was reported championed induction as part of the education and training experience. The review team heard that the Trust induction prepared trainees for their roles within the wider Trust environment, including providing trainees with all logins for the necessary reporting and administrative systems, except for in a few isolated cases where it was reported that logins for the chemotherapy prescribing were delayed. In one case it was noted that one trainee was still waiting for the login credentials after being in post for six months.</p> <p>The review team was alarmed to hear that clinical supervision in laboratory settings was not always available. It was reported that blood film slides could be taken to a consultant where trainees needed advice or to escalate a case but that a consultant was not always available. In the event that no consultant supervision was available, the review team heard that trainees would wait on some slides until a second opinion had been sought. The review team felt that this posed a risk to patient safety through delay or misdiagnosis. The situation described to the review team suggested that trainee competencies for assessing blood films was not robustly assessed and signed off, posing further potential risk to patient safety.</p> <p>The review team heard that changes to the service design across North Central London had had a negative impact on the trainee experience at the Trust. Whilst trainees reported that the six to eight-week haemophilia placement was described as 'excellent', it was reported that the move of malignant haematology services to University College Hospital (UCH) had affected the curriculum exposure to a range of subspecialties for trainees at the Royal Free and Barnet Hospitals beyond general haematology. It was also reported that bone marrow aspirations were centrally reported at UCH which meant that samples taken at either the Royal Free or Barnet Hospitals could not be assessed and reported by trainees based at these sites.</p> <p>The review team heard that trainees could raise issues around the quality of their education and training at the Local Faculty Group (LFG). However, the trainees questioned the value of the LFG as a forum for raising concerns as not all consultants were in attendance, and it was unsure whether the minutes of the meetings were distributed to all staff within the department. It was noted that the issue of raising concerns and how receptive the consultant body was to these concerns was more acute at the Royal Free Hospital. Trainees based at Barnet Hospital reported that the consultant body there seemed more accessible than the situation described at the Royal Free Hospital.</p> <p>Trainees at both sites reported that they had not encountered any issues around booking annual or study leave. However, it was noted that clinic list should have been</p> | <p>Yes, please see RF H1</p> <p>Yes, please see RF H2</p> <p>Yes, please see RF H3</p> |

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| | <p>reduced in the event of fewer staff but due to administrative error there had been several occasions when list had not been reduced.</p> <p>The review team heard that there was protected time in the rota for scheduled teaching at both sites, although it was noted that trainees at Barnet Hospital would like to see more scheduled teaching available on-site. The review team was encouraged to hear that this teaching was bleep-free.</p> <p>The review team was pleased to hear that there were no reported incidences of behaviour that could be construed as bullying or undermining trainee confidence. It was equally encouraging to hear that most of the trainees it met with would be happy for their friends and family to be treated at the Trust and would recommend their training posts to their peers, particularly at ST3 level for the quality of the teaching available.</p> <p>The review team heard that the implementation of a new IT system at Barnet Hospital had caused the loss of blood test results that required patients to be re-tested and had caused undue stress to all staff. It was noted that this led to trainees submitting serious incident reports. Trainees also reported working beyond their contracted hours to help resolve the issues caused by the troubled implementation but had not exception reported these occurrences.</p> | |
| | <p><u>Joint UCLH and Royal Free London NHS Foundation Trust discussion</u></p> <p>During the mixed session of UCLH and Royal Free higher trainees the review team was keen to explore educational governance and educational supervision, both of which the two Trusts returned red outliers for in the GMC NTS for 2018.</p> <p>The review team heard that both the Trust and departmental inductions at UCLH were good and prepared trainees for their roles in the department and the wider Trust. Royal Free trainees noted that whilst the site-specific Trust inductions were good, some trainees reported that their local induction was poor in February but that later iterations had improved significantly. This improvement was attributed to a combination of trainee input, and the appointment of a consultant who championed induction as part of the education and training experience, and was modelled on the departmental induction at UCLH, which was reported to include job profiles across all Haematology subspecialties that trainees could expect to encounter as part of their training.</p> <p>With regard to educational supervision, a common theme that ran through the feedback from trainees at both Trusts was that they felt the educational supervision they received was largely transactional and limited in the value it had on trainee progression. Although the review team did hear of some instances where trainees enjoyed productive relationships with their educational supervisors at both Trusts, it was noted that a majority of trainees felt that there was a lack of mentorship and career guidance offered. Whilst all the trainees from both Trusts said that they had personal development plans in their job plans, trainees often felt that these were nothing more than ‘tick box’ exercises. At UCLH in particular, the format of meetings with educational supervisors was described as ‘perfunctory’.</p> <p>At UCLH, trainees reported that due to the department being large it was possible that a given trainee and their educational supervisor would not share any clinical duties,</p> | <p>Yes, please see RF H4</p> |

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| | <p>and in some cases, trainees felt distant from their supervisor. Trainees at the Royal Free reported that they met with their educational supervisor at the beginning and end of their rotations, whilst some trainees met more regularly with theirs than others it was felt that all trainees would benefit from more scheduled meetings throughout their rotations. The review team also heard that due to the small consultant body across Royal Free sites there was not the same wealth of expertise, experience and learning opportunities afforded to trainees in larger departments at other trusts within the programme. The general feeling among trainees from both Trusts was that there was a lack of enthusiasm among the educational supervisors. Though it should be stressed that trainees at both Trusts reported that they did not feel unsupported.</p> <p>The review team heard from trainees at both Trusts that their curriculum coverage was variable. ST3 trainees at UCLH reported that they did not receive the one-week laboratory placement that is part of the H1 curriculum requirements, with some trainees reporting that they had only received one half-day in the laboratory. This led to some trainees expressing anxiety about acquiring the necessary clinical competencies to pass workplace assessments. Although trainees at the Royal Free reported that they had more laboratory time in their job plans compared to their colleagues at UCLH, there were concerns that at times this was regularly without suitable clinical supervision in place which raised concerns around trainee competencies and how these were assessed. Trainees at the Royal free noted that it felt as though their time in the laboratory lacked a cohesive educational structure. Trainees at both Trusts reported that laboratory time was the first at risk when trainees had to be pulled from other duties to cover clinics.</p> <p>The review team heard that the more senior trainees found the regional teaching offered to be increasingly less relevant to their needs and that there were fewer scheduled sessions than previously.</p> <p>The review team was pleased to hear that all higher trainees would recommend their training posts to their peers, and that despite the issues reported enjoyed their education and training, both the scheduled learning sessions and formal and informal feedback offered whilst learning on the job.</p> | |
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| Mandatory Requirements | | | |
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| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
| RF H1 | The Trust is required to ensure that an appropriate level of named clinical supervision is available at all times to trainees in laboratory settings. | The Trust should implement a standard operating procedure (SOP) that ensures appropriate named clinical supervision is available at all times within two months of the issue date of this report and share a copy of the SOP with HEE. | R1.8 |
| RF H2 | The Trust is required to robustly assess the clinical competencies of all trainees in laboratory settings, commensurate with the | The Trust is required to submit evidence of all trainees' competencies in laboratory settings, commensurate with the level of | R1.8 |

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| | level of training, and ensure that the achieved level of competency is documented. | training within two months of the issue date of this report. | |
| RF H3 | The Trust is required to ensure that all staff are invited to LFG meetings and that minutes are disseminated to all necessary staff. | The Trust should provide HEE with copies of the next two LFG minutes, along with evidence that all necessary staff are copied into the distribution list. | R2.11 |

Recommendations

| Rec. Ref No. | Recommendation | Recommended Actions | GMC Req. No. |
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| RF H4 | The Trust is recommended to draft a checklist of curriculum expectations for all trainees to be completed with the educational supervisor | The Trust is recommended to provide HEE with a copy to the trainee/educational supervisor checklist within two months of the issue date of this report. | R2.15 |

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

| Requirement | Responsibility |
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| To develop an integrated approach for rotational placements across NCL Haematology programme to ensure appropriate curriculum delivery for all trainees mapped against progress in training and examination sittings | Neil Rabin, NCL Haematology Training Programme Director |

Signed

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| By the HEE Review Lead on behalf of the Quality Review Team: | Dr Deepti Radia, Deputy Head of School of Pathology |
| Date: | 4 March 2019 |

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.