

Health Education England

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

Developing people for health and healthcare



Quality Review details

Background to review

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:

UCLH:

- Educational Governance;
- Educational Supervision;
- Local Teaching; and
- Regional Teaching

Royal Free:

- Overall Satisfaction;
- Induction;
- Adequate Experience;
- Curriculum Coverage;
- Educational Governance;
- Education Supervision;
- Local Teaching; and
- Regional Teaching

Training programme / learner group reviewed

Training programme / learner All Haematology trainees from UCLH and the Royal Free.

The review team met with:

UCLH

- Three Foundation Year 2 and Core Medicine Training trainees; and
- 13 Specialty Training Year 3 (ST3+) trainees

Royal Free

- Six ST3+ trainees from the Royal Free London and Barnet Hospitals

Quality Review Team			
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
	University College London Hospitals NHS Foundation Trust The review team heard that all higher trainees felt that their level of clinical supervision at all times was appropriate and were well supported generally in their posts. However, the review team was concerned to hear that Core Medical Trainees (CMT) in Haematology felt that the level of clinical supervision and workload out of hours posed a potential risk to patient safety. The review team heard that out of hours CMT trainees were at times responsible for the care of up to 100 patients, as well as receiving referrals from the Emergency Department. It was reported that whilst supervision was at hand out of hours, the volume of patients, along with gaps in the Advanced Medical Practitioner rota exacerbated the potential risk to patient safety. In contrast, the higher trainees reported that they felt well supported out of hours, noting that there were five consultants on call whose advice could be sought. Additionally, the review team heard that gaps at trainee or Trust grade were covered at weekends	Yes, please see UCLH H1
	by named reserve registrar and that locum rates were offered to trainees or Trust grade doctors during the week. The review team heard that it was generally felt among the higher trainees that their workload was heavily weighted toward service provision rather than education and training, particularly for inpatient focused roles, but that this was variable across the number of different subspecialties within Haematology. It was reported that there had been a noticeable increase in the amount of administrative work expected of trainees in recent years, particularly around patient discharge, which was felt to be duplicated and inefficient. It was also reported that trainees were also responsible for booking follow up appointments, something it was felt was a duty for a Clinical Nurse Specialist to delegate out.	
	It was reported that trainees had encountered difficulty booking both annual and study leave. The review team heard that some trainees could not take annual leave when they requested it and had to take it when rotas would allow. However, it was noted that this was not the case across all subspecialties and in some cases trainees had been asked to submit their annual leave requests prior to starting their rotation, with rotas then designed to try to accommodate annual leave. It was noted that there were some floating Trust grade doctors available to cover some gaps brought about by annual leave. The review team was concerned to hear that in some cases trainees had not been able to book study leave to attend training days or exams, including some cases where some trainees were released whilst others were not for the same exam. It was reported that these issues had been raised at the Local Faculty Group.	Yes, please see UCLH H2
	The review team heard that all trainees had a named educational supervisor who they felt that they could raise issues around their education and training with, and that they had not encountered any issues around completing workplace-based assessments. The review team was encouraged to hear that there was up to six hours per week of	

scheduled teaching that trainees could attend, as well as a culture of learning through feedback, both formally and informally as part of the job.

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. The review team found that all trainees generally felt well supported by the Trust and would recommend their training posts to their peers, with the notable exception from CMT trainees who would only recommend their posts to trainees that wanted to pursue higher training in Haematology, citing the supervision out of hours issues noted previously.

Joint UCLH and Royal Free London NHS Foundation Trust discussion

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.

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 2018 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.

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'.

Yes, please see UCLH H3

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, 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.

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.

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.

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.

Mandato	Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.	
UCLH H1	The Trust is required to ensure that CMT trainees have an appropriate level of out of hours clinical supervision, and that the impact of service design on CMT trainees does not diminish the quality of the educational and training environment.	The Trust is required to assess the impact of out of hours rota design on CMT trainee workload and make the necessary changes to ensure that education and training is not negatively impacted upon by excessive patient numbers. The Trust should develop a standard operating procedure (SOP) and provide a copy to HEE within two months of the issue date of this report.	R1.12	
UCLH H2	The Trust is required to release all trainees to regional teaching days and exams.	The Trust is required to survey all trainees working within Haematology to ensure that all trainees are being released from clinical duties to attend regional teaching and exams and share the findings with HEE within two months of the date of issue of this report.	R3.12	

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
UCLH H3	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
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	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Deepti Radia, Deputy Head of School of Pathology
Date:	5 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.