NHS
Health Education England

Guy's and St Thomas' Hospital NHS Foundation Trust

Oncology

Urgent Concern Review (focus group)

Quality Review report

23 July 2019

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	The General Medical Council National Training Survey (GMC NTS) 2019 results showed red outliers in clinical oncology in overall satisfaction, clinical supervision out of hours, reporting systems, work load, teamwork, handover, supportive environment, induction, adequate, experience, curriculum coverage, educational governance, educational supervision, local teaching and rota design. The results also showed pink outliers in clinical supervision and feedback. The GMC NTS 2019 results in medical oncology showed a red outlier for handover and pink outliers for reporting systems, feedback, local teaching, regional teaching and rota design.
Training programme / learner group reviewed	Oncology
Quality review summary	The quality review team would like to thank the Trust for accommodating the focus group and for ensuring that all sessions were well attended. The quality review team appreciated the fact that the Trust had implemented changes to the learning environment and were trying to make improvements. However, the quality review team noted a number of areas of concern: – The review team was concerned to hear of the bullying and undermining from consultants to all groups of trainees and Physician Associates (PAs), which did not seem to be confined to specific individuals. There appeared to be an intimidation and blame culture amongst the consultants towards the trainees, and in some cases each other, which overall created an unsupportive and demoralising environment. – The clinical oncology higher trainees reported that they were regularly expected to cover clinics where no consultant was present, including the four tumour sites that they were not familiar with. Clinics were not being cancelled when consultants were on leave, leaving them with unsupervised clinics and excessive patient workload. The review team heard that patients were booked into appointment slots after the rostered hours for the trainees. – The trainees reported to the review team that there was a lack of clear consultant supervision for inpatients for clinical oncology, which meant that they were not able to access senior support for decision-making. – The review team heard that the outpatient environment was not suitable for learning, as access to rooms was challenging, and trainees felt unwelcome in clinics. The trainees reported that the current clinic structure was not meeting the Core Medical Training (CMT) curriculum requirement to see patients independently with subsequent discussion and review by the consultant in clinic.

Quality Review Team			
HEE Review Lead	Jo Szram Deputy Postgraduate Dean, South London	**External Clinician**	Andrew Deaner Head of the London Specialty School of Medicine
Trust Liaison Dean/County Dean	Won-Ho Edward Park Deputy Head of School for Clinical Oncology	**Lay Representative**	Robert Hawker Lay representative
HEE Representative	Andrea Dewhurst Quality, Patient Safety & Commissioning Manager Health Education England (London)	**HEE Representative**	Bindiya Dhanak Learning Environment Quality Co-ordinator Health Education England (London)

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
O1.1	**Patient safety** The review team heard that there were patient safety concerns from the Core Medical Trainees (CMTs), no specific examples given, however some were provided by email to the visit lead after the meeting and were passed on to the clinical and medical directors. The review team was concerned to hear that the majority of CMTs and clinical oncology trainees who met with the team would not feel comfortable to have family or friends treated at the hospital, nor would they recommend their roles to colleague.	

O1.2	**Appropriate level of clinical supervision** The review team heard from the CMTs that there had been improvements with supervision on the wards due to the registrars introducing a new ward 'reg of the week' model in the last two months. The higher trainees in clinical oncology also reported the positive impacts this has had on them as it reduced the intensity of the bleeps for tumour specific higher trainees and it allowed more time for palliative radiotherapy planning. The clinical oncology higher trainees reported that they were regularly expected to cover clinics where no consultant was present, including for tumour sites that they were not familiar with. The trainees informed the review team clinics were not being cancelled when consultants were on leave, leaving them with unsupervised clinics and excessive patient workload, which has a negative impact on training opportunities. The review team also heard that patients were being booked into appointment slots after the rostered hours for the trainees. It was noted that when trainees had asked for support in clinics, they were often told to refer to the guideline booklet, which was given to the trainees at induction rather than being given an opportunity to discuss a case and receive feedback. The trainees reported that there was a lack of clear consultant supervision for inpatients in clinical oncology, which meant that they were not able to access senior support for decision-making. The review team heard that higher trainees in clinical oncology had difficulty in identifying consultants who were willing to help with palliative plans and to observe them prescribing chemotherapy in order to complete prescribing forms. The higher trainees in medical oncology informed the review team that there was always a named consultant supervising and they knew whom to contact if their consultant was on leave. It was noted that the medical oncologists were supportive and approachable.	Yes, please see CO1.2a Yes, please see CO1.2b
O1.3	**Rotas** The CMTs informed the review team that there were staff shortages in the junior tier rota and CMTs felt that the workload was too intense. The higher trainees in clinical oncology also reported a heavy workload due to short-staffed rotas, and informed the review team that it was expected, often at short notice, for them to "step down" and fill rota gaps at the CMT level, even when these were known well in advance. It was noted that rostering had improved recently with hiring of a number of long-term locum junior grade doctors to fill gaps. The higher trainees in clinical oncology informed the review team that the rotas were generally well structured. It was noted that the rotas had significantly improved due to additional doctors being employed to join the higher trainee rota. The higher trainees in clinical oncology felt that the weekend shifts in medical oncology were not safe as they were expected to cover complex patients who that they had not met before. The higher trainees reported that they felt weekends were now a manageable workload with an additional higher trainee. The review team heard that the CMTs and higher trainees in clinical oncology would regularly stay beyond their rostered hours. It was also noted by the higher trainees that patients would often be booked in for outpatient clinic appointment times between 17:30 – 18:30, which meant trainees would regularly not finish clinic until 20:00. When asked by the review team if trainees had exception reported these additional hours, the trainees reported a lack of feedback when they had filed exception reports and reported that there had been no discussions with their educational supervisors with regards to additional payments and time off in lieu (TOIL). It was heard by the higher	Yes, please see CO1.3

	trainees that there were a number of consultants who were actively discouraging trainees to exception report. The medical oncology higher trainees reported to the review they had not stayed beyond rostered hours unless they were covering a clinic, which finished later but was known well in advance.	
O1.4	**Induction** All groups of trainees reported that they had attended both a Trust and local induction. The CMTs informed the review team that they received a good programme-specific induction and educational supervisors (ESs) and clinical supervisors (CSs) were identified clearly and were approachable. It was reported that supervisor information was not updated clearly on the e-portfolio system, which therefore meant a delay in the initial meeting with their CS. It was reported by the higher trainees in clinical oncology that they felt the local induction was poor and the trainees did not feel this was sufficient for working on the ward and clinics. The trainees felt they were expected to cover the wards and clinics when they started in March 2019 with very little guidance, and were directed to the written guidelines with no time to read or discuss these with the consultants.	Yes, please see CO1.4a Yes, please see CO1.4b
O1.5	**Handover** The higher trainees in clinical oncology informed the review team that there was a good process for handover and were surprised by the red flag for this domain, however they explained that handover was not multi-professional and was often a one to one activity rather than as a whole group. It was noted that the 'reg of the week' would hand over to the weekend higher trainee face to face on Friday afternoons. The medical oncology trainees reported to the review team that there were handover meetings which involved the consultant, higher and junior trainee and a new admissions spreadsheet was updated for new patients. In addition to this, an email would be sent amongst the higher and junior trainees on Friday afternoon to handover patients. Some trainees felt that this was inappropriate to be sent in this way via multiple emails and resulted in a duplication of work.	Yes, please see CO1.5
O1.6	**Protected time for learning and organised educational sessions** The CMTs informed the review team that they were able to attend local weekly teaching which took place on Wednesday mornings and was bleep free. It was also noted that trainees had no issues attending regional teaching days.	

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.		
O2.1	**Impact of service design on learners** The review team heard from the CMTs that the clinic experience was poor, partly due to logistics such as access to rooms for patients, and also because trainees felt unwelcome in clinics. The trainees reported that the current clinic structure meant that they spent their time on observation of seniors rather than seeing patients and discussing them with seniors, which was not meeting the CMT curricular requirements. It was heard from all groups of trainees that workload was highly dependent and varied with each speciality. The higher trainees in medical oncology reported their jobs to be busy but valued the experience they were gaining as a result. The higher trainees in clinical oncology reported to the review team that clinics were often overbooked with a lack of allocated administrative time. It was noted that there had been recent attempts to cap patient numbers within specific clinics which had been received positively by the trainees. It was heard from trainees that rotas were planned around service provision such that clinic cover took priority. With the current rota, the higher trainees in clinical oncology reported they were doing busy clinics with consultants who they only met with once a week which they found to be inadequate for good training. Due to the intense workload of the job, the trainees reported that they had no administrative time in their work schedule and an inadequate adjustment to job planning for Less Than Full Time (LTFT) trainees.	Yes, please see CMT2.1a Yes, please see CO2.1b
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.**		
O3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The review team was concerned to hear of the bullying and undermining from consultants to all trainees and Physician Associates (PAs), which did not seem to be confined to specific individuals. There appeared to be a very intimidating and blameful culture amongst the consultant towards the trainees and in some cases with each other which overall created an unsupportive and demoralising environment. It was noted that trainees often felt feedback was not given in a constructive and balanced way in a private environment and feedback to consultants from trainees was not kept confidential.	Yes, please see CO3.1
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.**		

	N/A	

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.

	N/A	

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	

Good Practice and Requirements

Good Practice
N/A

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CO1.2a	Clinics must be supervised by a clearly identified consultant and registrars must not be covering additional lists when consultants are on leave. Patient appointments must be scheduled during rostered hours for trainees.	The Trust must provide a response within five working days.	R1.7
CO1.2b	The Trust must ensure that each patient has a named consultant for the period of the inpatient admission. If the consultant is not available to be contacted regarding the patient's care, there must be another named consultant clearly identified.	The Trust must provide a response within five working days.	R1.8
CO3.1	The Trust must provide a plan within five working days as to how they will address the intimidating and blameful culture amongst the consultant towards the trainees	The Trust must provide a response within five working days.	R3.3

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
CO1.3	The Trust is to ensure that all trainees are consistently encouraged to exception report when they have worked beyond rostered hours and ensure TOIL or additional payments are arranged, and that schedules are reviewed and adjusted if appropriate.	Please provide HEE with trainee feedback to confirm this and ensure this is visible within work schedules for September 2019 onwards. Please provide a response by December 2019.	R1.12
CO1.4a	The Trust is to ensure that all trainees have their posts updated on the e-portfolio system in order to arrange initial meeting with ESs.	Please provide HEE with evidence to support and trainee feedback from the next foundation rotation. Please provide a response by December 2019.	R1.19
O1.4b	The Trust is to ensure that adequate local induction takes place to ensure that trainees feel comfortable to work on wards and in clinics.	Please provide HEE with the programme structure and content as well as trainee feedback from the next induction. Please provide a response by December 2019.	R1.13
CMT2.1 a	The Trust is to ensure that attending clinics is of direct curricular and educational value for CMTs/IMTs with appropriately supervised clinical experience to meet their training requirements.	Clinics must be supervised by a clearly identified consultant to be of educational value for trainees. Please provide evidence of this and trainee feedback through LFG meetings in December 2019	R2.4
CO2.1b	The Trust is to ensure that all trainees are allocated administrative time, so that they are not required to complete this work beyond their rostered hours. This should be visible within work schedules for September 2019 onwards.	Please provide HEE with trainee feedback to confirm this and ensure this is visible within work schedules for September 2019 onwards. Please provide a response by December 2019.	R1.7
CO1.5	The Trust is to ensure that handover of clinical oncology patients has a formal	Please provide HEE with a working plan for this by December 2019	R1.14

	structure, occurs with a consultant and a member of senior ward nursing staff at least once a day and that weekend handover is documented systematically with clear instructions for review and escalation procedures for each patient.		

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
In terms of the next steps, HEE would like to undertake a follow-up Senior Leads Conversation (SLC) with the relevant Trust leads and to undertake a Focus Group with the clinical oncology trainees during August 2019 to further assess progress. HEE remain committed to working with the Trust to improve the learning environment.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Jo Szram, Deputy Postgraduate Dean, South London
Date:	15 August 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.