

Guy's and St Thomas' NHS Foundation Trust

Clinical Oncology

Urgent Concern Review (focus group)



Quality Review report

16 August 2019

Final report

Developing people
for health and
healthcare

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Quality Review details

Background to review	<p>Health Education England (HEE) conducted an Urgent Concern Review (focus group) on 23 July 2019 to discuss the General Medical Council National Training Survey (GMC NTS) red outliers for 2019 with the current cohort of trainees who completed the survey. Three Immediate Mandatory Requirements (IMRs) were issued with regards to supervision, clinics and bullying and undermining. This visit was arranged to see changes implemented and progress made by the Trust since.</p> <p>The 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 show pink outliers in clinical supervision and feedback.</p>
Training programme / learner group reviewed	Clinical 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 tried to implement changes to the learning environment and was trying to make improvements, however, a number of areas of concern were noted.

Quality Review Team			
HEE Review Lead	Geeta Menon Postgraduate Dean, South London	Deputy Postgraduate Dean	Jo Szram Deputy Postgraduate Dean, South London
Head of School	Suzy Mawdsley Head of School for Clinical Oncology	GMC Representative	Emily Saldanha Education Quality Assurance Manager (South of England)
Lay Member	Jane Gregory Lay Representative	HEE Representative	Andrea Dewhurst Quality, Patient Safety & Commissioning Manager Health Education England (London)
HEE Representative	Bindiya Dhanak Learning Environment Quality Co-ordinator	Observer	Gemma Berry Learning Environment Quality Co-ordinator

	Health Education England (London)		Health Education England (London)
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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
CO1.1	<p>Patient safety</p> <p>The clinical oncology trainees who met with the review team reported that, overall, they would feel comfortable to have family or friends treated at the hospital, but this would be highly dependent on which sub-specialty team was treating them.</p> <p>When asked whether the trainees would recommend their roles to colleagues, the review team was disappointed to hear the trainees would not feel comfortable doing so due to the cultural issues within the department. It was noted that the trainees felt this was not an appropriate placement for junior specialty trainees as education was not prioritised.</p>	
CO1.2	<p>Serious incidents and professional duty of candour</p> <p>Most trainees had not been involved in serious incidents (SIs). However, in instances where this had occurred it was reported that the individuals involved did not receive one-to-one acknowledgment or feedback from the relevant senior staff. The review team heard that trainees had seen SIs discussed by email between groups of staff rather than being followed up privately with the people involved.</p>	
CO1.3	<p>Appropriate level of clinical supervision</p> <p>The review team was concerned to hear that trainees were still expected to cover clinics where no consultant was present, including clinics relating to tumour sites that they were not familiar with. The trainees informed the review team that clinics were not</p>	

	<p>always cancelled when consultants were on leave, leaving them with unsupervised clinics.</p> <p>The trainees also reported that there was a continued lack of clear consultant supervision for inpatient areas in clinical oncology, which meant that they were not able to access senior support for decision-making. The review team heard that trainees felt anxious about approaching consultants with regards to their own patients and was concerned that trainees felt they could only approach 50% - 75% of the consultants for critical decision making.</p>	
CO1.4	<p>Rotas</p> <p>It was noted that the rota had improved and was more manageable due to additional staff recruitment. Although trainees advised that they had been encouraged to leave on time after clinics since the last quality review, the review team heard that patients were still being booked into appointment slots after the rostered hours. The trainees informed the review team they did not have a problem with staying beyond their rostered shift times, but this was not recognised by consultants. The trainees informed the review team that there was a reluctance to submit exception reports for additional hours worked to complete necessary administrative tasks, as there had been instances where these reports were challenged by senior staff. The review team heard of examples of exception reports being discussed openly amongst consultants in a negative way in front of other consultants and trainees.</p>	
CO1.5	<p>Induction</p> <p>The trainees informed the review team that they participated in the departmental induction for Core Medical Trainees (CMTs). This induction session included information about support arrangements, such as the presence of a named ward higher trainee and the 'buddy' system where higher trainees and CMTs or foundation trainees were paired. This was aimed at providing additional support and escalation pathways for the junior trainees. It was noted that the trainees felt keen to be more involved in the induction of the junior trainees, beyond this single session.</p>	Yes, please see CO1.5

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.

CO2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p>	
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	When asked about local faculty group (LFG) meetings, the trainees reported that no such meetings took place. This issue had been addressed with the ESs and there were discussions underway about setting up LFG meetings for clinical oncology.	Yes, please see CO2.1
CO2.2	<p>Impact of service design on learners</p> <p>The trainees reported to the review team that there was a lack of allocated administrative time due to busy workloads. Trainees felt that they had to work at home in the evenings and at weekends to catch up on administrative duties. When the trainees were asked if they felt stressed when leaving work, they reported that they often went home worrying about work.</p> <p>It was also noted that when trainees attended radiotherapy planning, they were often required to hold up to four bleeps with constant calls coming through. The review team heard that some consultants were approachable and accepted calls, but that some consultants had refused to support trainees in these situations.</p> <p>It was heard from trainees that rotas were planned around service provision such that clinic cover took priority. It was noted that clinics were highly busy and higher trainees were often required to cover satellite clinics as well as cover a number of bleeps.</p>	
CO2.3	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>All trainees the review team met with indicated that most educational supervisors (ESs) were approachable. However, the trainees felt they were unable to address issues around the wider learning environment as they were told by the ESs that these issues were already actively being dealt with by other members of the department.</p>	
<h3>3. Supporting and empowering learners</h3> <p>HEE Quality Standards</p> <p>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.</p> <p>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.</p>		
CO3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>When asked what changes had been made since the review in July 2019, the trainees advised that the Clinical Director (CD) for oncology and the Freedom to Speak Up Guardian had attended the most recent weekly higher trainee teaching to address the issues raised. The trainees noted that they had been shown an action plan document but were not involved in the preparation and felt they were unable to suggest any ideas. The review team was informed that most of the actions addressed in the document were not of high concern to the trainees.</p> <p>It was noted that the consultants had given up some of their office space to the trainees. However, trainees informed the review team that this did not improve access to the wards as the offices were located in a separate building.</p>	Yes, please see CO3.1
CO3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team heard from some trainees that there had been a slight improvement in the culture and there was a willingness to listen among many senior staff. Although</p>	

	<p>some trainees felt there had been improvements, it was reported that some consultants were defensive and emphasised to trainees that there was not a cultural problem within the department, but rather a problem with the current cohort of trainees. The trainees still felt that feedback from some consultants was not given in a constructive and balanced way in a private environment and were concerned that their feedback to the consultants was not kept confidential. The trainees stated that they had avoided attending patient planning meetings after hearing several consultants talk negatively about trainees in this forum. Therefore, the trainees missed out on educational opportunities and a chance to obtain feedback.</p>	
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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	
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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.

CO5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The trainees informed the review team that training placements were mapped to the curriculum and that they focused on one or two tumour sites per rotation as opposed to being team-based. When asked if they were able to sign off Direct Observation of Radiotherapy Planning Skills (DORPS), it was noted that trainees were often not able to discuss volumes with a consultant or to obtain feedback. This was because some consultants would review and amend the volumes on the system themselves, without discussing their changes with the trainee. The trainees would then automatically lose access to their original volumes. Trainees kept their own logs of volumes as a result.</p>	
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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.

	N/A	
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Good Practice and Requirements

Good Practice

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.
CO2.1	The Trust is to provide evidence of Local Faculty Group meetings being held, with trainees in attendance.	HEE would like to see minutes from Local Faculty Group meetings showing trainee attendance, by 1 December 2019.	R2.1
CO3.1	The Trust is to review and revise action plans in collaboration with trainees.	HEE would like to see evidence that trainees are actively involved in the action plan process, via Local Faculty Group meeting minutes, by 1 December 2019.	R1.5

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
CO1.5	HEE recommends that the Clinical Oncology department involves higher trainees more in the induction of junior trainees, via the Chief Registrar.	HEE would like to see evidence of increased input from higher trainees into junior trainees' induction, through Local Faculty Group meeting minutes, by 1 December 2019.	R1.13

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
<p>In terms of the next steps, the concerns raised in this focus group will be monitored through the Trust action plan. HEE plans to undertake a follow-up review with the relevant Trust representatives in November 2019 to further assess progress.</p> <p>HEE remains committed to working with the Trust to improve the learning environment.</p>	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Professor Geeta Menon, Postgraduate Dean for South London
Date:	30 October 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.