

# Guy's and St Thomas' NHS Foundation Trust

Clinical Oncology

Risk-based Review (on-site visit)



## Quality Review report

07 November 2019

Final Report

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## Quality Review details

<b>Training programme / learner group reviewed</b>	Clinical oncology
<b>Number of learners and educators from each training programme</b>	The review team met with seven clinical oncology trainees ranging between specialty training level 3 (ST3) and level 7 (ST7). In addition, the review team met with eight clinical and educational supervisors from clinical oncology.
<b>Background to review</b>	<p>HEE held a focus group for oncology on 23 July 2019. The initial focus group in July 2019 was based on the GMC NTS 2019 results that 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.</p> <p>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.</p> <p>Based on the outcome of the focus group on 23 July 2019, it was decided by the Postgraduate Dean and Deputy Postgraduate Dean that an Urgent Concern Review, consisting of a follow up focus group with the clinical oncology trainees and a senior leads conversation, was required in August 2019.</p> <p>This November 2019 review was arranged as a follow-up to the Urgent Concern Review (focus group and senior leads conversation) for clinical oncology held on 16 August 2019 at Guy's Hospital.</p>
<b>Supporting evidence provided by the Trust</b>	<p>The Trust submitted the following evidence ahead of the quality review:</p> <ul style="list-style-type: none"> <li>• Video from the College Tutor outlining the work undertaken by the Trust to address the issues and concerns previously identified</li> <li>• Attendance list of those who would be attending the quality review.</li> </ul>
<b>Summary of findings</b>	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> <li>• The review team was pleased to hear that the Trust had recognised and accepted the fact that there were problems with the department and that since August 2019 there had been significant steps to address the issues. The review team was pleased to hear that the steps outlined by the Trust management and department were reflected in the clinical oncology trainee feedback.</li> <li>• The review team was pleased to hear that the clinical oncology trainees felt psychologically safe, able and comfortable to talk to the College Tutor about any issue or concern that they had. The review team recognised that this was a significant change from the feedback received in August 2019.</li> </ul>

- The review team commented that the clinical oncology trainees were positive about the changes that had been made to ward work, and to their job plans, which now enabled them to consistently attend radiotherapy planning sessions with their clinical team, specifically the consultants who could oversee their work and provide feedback in real time.
- The review team was pleased to hear that the department had been encouraging trainees to take regular breaks and to leave on time. However, it was recognised that clinical oncology trainees would only choose to stay beyond their agreed working hours if it was educationally valuable and their choice.
- The review team congratulated the Trust on the work undertaken to date to address the cultural issues within the department. It was recognised that culture change would be an ongoing piece of work, which would require commitment from all within the department.

However, the quality review team also noted a few areas for improvement:

- The review team was concerned that there was no clear and documented pathway for managing spinal cord compression from the point of referral to the point of treatment. Developing a clear and documented pathway of communication would ensure that trainees were aware of which consultant to approach if a cord compression case was referred to them. It would also ensure that consultants who accepted patients for treatment would directly inform the appropriate trainee of the referral to ensure prompt and effective management.
- The review team was concerned that there was no departmental guidance documenting the criteria for accepting or rejecting accident and emergency referrals, along with clear admission criteria into clinical oncology. This guidance would need to include criteria for escalation to consultants at time of referral including consultant-to-consultant communication if required. Development of departmental guidance, which would require collaboration and agreement with both Trust management and accident and emergency consultants, would ensure that trainees were not in a position whereby they were asked to accept a patient who did not meet the admission criteria.

### Quality Review Team

<b>HEE Review Lead</b>	Professor Geeta Menon Postgraduate Dean, Health Education England (south London)	<b>Deputy Postgraduate Dean</b>	Dr Jo Szram Deputy Postgraduate Dean, Health Education England (south London)
<b>Head of School Representative</b>	Dr Edward Won-Ho Park Deputy Head of School of Clinical Oncology	<b>Trainee/Learner Representative</b>	Sumeet Hindocha Trainee Representative
<b>GMC Representative</b>	Samara Morgan Principal Education QA Programme Manager (London)	<b>General Medical Council Representative</b>	Rosie Lusznat GMC Enhanced Monitoring Associate
<b>Lay Member</b>	Jane Gregory Lay Representative	<b>HEE Representative</b>	Paul Smollen

			Deputy Head of Quality, Patient Safety and Commissioning Health Education England
<b>Shadow Lay Member</b>	Sadhana Patel Lay Representative	<b>HEE Representative</b>	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager Health Education England
<b>HEE Representative (Observer)</b>	Gemma Berry Learning Environment Quality Coordinator Health Education England		

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

The Trust had provided a video (via email link) made by the new College Tutor prior to the quality review that outlined the changes that had taken place in the clinical oncology department since the last quality visit in August 2019.

Further to the presentation by the Clinical Lead, the review team heard that the Guardian of Safe Working Hours (GoSWH) had met with the trainees on a fortnightly basis. The GoSWH reported that these meetings had been an opportunity to reinforce that the trainees' concerns were being dealt with seriously and that the trainees were being listened to. For the trainees to recognise that their concerns had already been translated into change has been a positive experience but the department, and Trust, recognised that this would continue to take time. The Clinical Lead further advised the review team that a continued listening exercise would allow for change to continue and be embedded, by maintaining good relationships between trainees, faculty and service leads. Trainees had fed back that they now had others within the department to talk to. The review team expressed their desire that the trainees would also report on positive changes.

The review team heard that the Trust Medical Director had met with the trainees shortly after the August 2019 quality visit; the Chief Executive had been unable to due to annual leave.

The review team heard that the Trust had taken steps to clarify escalation routes and clinical supervisory responsibilities for spinal cord compression cases. It was noted that there was now an identified registrar of the week on the wards, along with five named consultants, who each did one day a week on-call as part of their job plan. The Trust recognised that this was not an optimal long-term model but explained that they were working towards a model where a group of clinical oncology and medical oncology consultants would each undertake one week blocks of on-call. The review team recognised that this model would take time to implement but encouraged the Trust to continue progressing this.

The Trust confirmed that there was always at least one consultant present at each radiotherapy planning session. The clinical supervisors (CSs) undertook radiotherapy planning with the trainee and the planning room has been noted to be more occupied than previously for these learning opportunities. The review team heard that there had been open discussions with the CSs who had not realised that there was a negative perception amongst the trainees around the planning room.

With regards to the cultural issues highlighted at the last quality visit in August 2019, the review team heard that there had been consultant discussions around types of negative behaviour that were not acceptable. Since the visit in August 2019 there has been a change of structure within the department and the Director of Medical Education (DME) and College Tutor have looked at how education has, and should be, organised. There has been a reduction in the number of educational supervisors (ESs) to six. The review team heard that department away days had been held with a psychologist, who had been provided with feedback from trainees in advance. The senior leadership team had reflected upon the outcome of the away days and the Clinical Lead had also discussed the outcome of these sessions within the department.

The Trust confirmed that by the end of November 2019, it was noted that all consultants would have completed the 'speak up' training session. The review team further heard that the shared resource from the Royal College of Surgeons (Edinburgh) entitled 'Am I a bully?' had been circulated and that the department hoped to hold tailored sessions across the Directorate; these would also incorporate other professional groups. The review team heard that those who had exhibited bullying and undermining behaviour had received feedback and coaching and the trainees had reported a change in behaviour. The Trust confirmed that Organisational Development has provided a programme of what would need to be done to address the cultural issues. Some of the drivers of the bullying and undermining behaviours had been examined. The review team also heard that the Trust was committed to delivering the programme over the next six months.

The DME and College Tutor had also looked at how best to support the ESs and ensure that all mandatory training including supervisor training was up to date. The review team heard that previously the ESs had not felt empowered to take forward any issue or concern raised by the trainees. The Deputy College Tutor advised that that six ESs were engaged with education and did now feel able to support the trainees with ongoing issues

The Trust confirmed that a Local Faculty Group (LFG) had now been established and confirmed that these meetings were being minuted. The review team also heard that the department had recognised how important it was for trainees to have their own office space within the department and that work was underway to address this.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.**

**1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.**

**1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).**

**1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.**

**1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.**

**1.6 The learning environment promotes inter-professional learning opportunities.**

Ref	Findings	Action required? Requirement Reference Number
CO1.1	<b>Patient safety</b> The trainees did not report any concerns related to patient safety. The review team heard that the trainees found the department to be a safe, and much improved, environment.	
CO1.2	<b>Serious incidents and professional duty of candour</b> The review team did not hear of any concerns around professional duty of candour.	

CO1. 3	<p><b>Appropriate level of clinical supervision</b></p> <p>The review team asked about the management of spinal cord compression, which had been raised previously, and the trainees reported that the primary difficulty was finding a named consultant for the patients. The trainees were not always certain of which consultant had named responsibility and were not aware of any specific cover arrangements amongst the consultant body. However, the review team further heard that despite this the trainees had not experienced any difficulties obtaining consultant advice and support with these cases.</p> <p>The education supervisors (ESs) and clinical supervisors (CSs) advised the review team that there were London Cancer Network protocols for managing cord compression cases. The review team heard that if a patient was known by the service then their named consultant would be responsible; new patients would be allocated along tumour lines. However, there would be a proportion of patients where the original site of disease was unclear, so there could be instances of an on-call consultant or a consultant in the planning room assuming responsibility.</p> <p>The review team advised that the current approach was complex and were concerned that there was a lack of clarity to the pathway from acceptance of referral to point of treatment, particularly around named consultant responsibility, such as when a known patient was admitted for treatment in the pathway and their named consultant was away. The team was told that the on-call consultant rota started at 5pm, so there was a difficulty in ensuring named consultant allocation before 5pm for patients where the original disease site was not clear.</p>	Yes, please see CO1
CO1. 4	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The review team heard that the number of ward doctors had increased since the last quality visit in August 2019 and that this had resulted in improvements to ward cover. The trainees advised that they would be allocated to be ward registrar of the week approximately twice in a six-month period.</p>	
CO1. 5	<p><b>Taking consent</b></p> <p>N/A</p>	
CO1. 6	<p><b>Rotas</b></p> <p>The review team heard that in September 2018 the trainees had been required to work a one in four rota pattern. However, since the Trust has increased the number of Trust grade doctors, the on-call rota has improved. Trainees were still required to be on-call at the weekend, but this was now less frequent than a one in four pattern.</p> <p>The review team heard that the trainees were also no longer required to cover medical oncology weekend on-call, previously this had been the case due to rota gaps, which resulted in trainees looking after patients and working with consultants who were unknown to them. The trainees reported that scheduling within the department since the August 2019 quality visit had improved markedly.</p> <p>The trainees reported that there were an increased number of clinical fellows assigned to each sub-site. Each consultant had a higher trainee allocated to work with them whether that was a clinical oncology trainee or staff grade. The 'super team' structure was only for cross-cover purposes; the review team heard that the trainees worked within the team on a daily basis.</p>	
CO1. 7	<p><b>Induction</b></p> <p>The review team heard that the trainees had received a Trust and departmental induction. However, the trainees felt that the induction could have included information pathways and escalation processes for patients when the named consultant was away.</p>	

	<p>The trainees recognised that the department was undertaking a review of job plans at the time of induction and felt that induction could be improved for the next cohort of trainees relatively easily.</p> <p>The trainees reported that there was no induction handbook although there was an interdepartmental (medical and clinical oncology-relevant) handbook for breast oncology. The trainees commented that they had relied on the previous cohort of trainees passing on information and guidance verbally and via emails; there was nothing available on the Trust intranet.</p> <p>The ESs and CSs also informed the review team that the department induction had increased from two to four days and that the College Tutor was present for the duration of this programme. The review also heard that the first time the trainees attended clinic they were present in an observational capacity only and only saw patients on their own when the trainee felt comfortable to do so.</p>	Yes, please see CO2
CO1.8	<p><b>Handover</b></p> <p>There were no concerns raised around handover.</p>	
CO1.9	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The review team heard that the College Tutor was extremely supportive of the trainees and that any issues around access to educational opportunities and breath of clinical experience had been dealt with promptly.</p>	
CO1.10	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team noted that following the department review of job plans, trainees now had dedicated time for administrative duties with separate sessions for teaching.</p> <p>Teaching sessions were organised by trainees and scheduled for Tuesday afternoons between 2pm and 4pm; the first hour was trainee led and the second hour was consultant led teaching. The trainees reported that the ESs had agreed to be available to attend the teaching sessions and had attended for a feedback session in the last month.</p> <p>The ESs and CSs confirmed that Tuesday morning clinics were scheduled to finish well in advance of the teaching starting and that there was no expectation for the trainee to stay in clinic causing them to arrive late or miss their teaching session.</p> <p>However, the review team heard that whilst teaching was set up to be bleep-free, in practice this was not the case. The trainees advised that their bleeps were due to be held by the Physicians Associate (PAs) but that as the PAs were not located near the teaching venue, so the trainees would have to find them and take their bleeps to them. As a result the trainees kept their bleeps with them during teaching. It was recognised by the department that this was not a practical approach and reported to the review team that they had been looking at ways to address this; for instance, moving towards mobile phones (which could be diverted to other staff members) and phasing out bleeps.</p> <p>The review team heard that the trainees were told to take their breaks and were encouraged to leave on time even if patients were still being seen in the service. The trainees reported that whilst they welcomed this approach, there were times when they wanted to stay beyond their agreed hours if there were learning opportunities. It was agreed that this should be a trainee choice and the CSs and ESs agreed that trainees should not feel under any pressure to stay beyond their agreed hours.</p> <p>The trainees reported that they were being given access to a dedicated room with network points and computers. The trainees all felt that they would use this space and were pleased to have been given a dedicated office space, particularly given that space was held at a premium within the Trust.</p>	Yes, please see CO3
CO1.11	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The trainees confirmed that workplace-based assessments (WPBAs) had been easy to complete and that some of the ESs and CSs would actively ask the trainee if they wanted</p>	



CO2. 2	<p><b>Impact of service design on learners</b></p> <p>The review team asked the trainees and ESs and CSs how they felt the department had changed over the last three years when trainees had first started to raise concerns about the clinical learning environment and the support received from the department and Trust management.</p> <p>The review team heard from the trainees that the environment had improved, with consultants aware of the issues and that there was now a trainee-centred attitude. The consultants were checking that breaks were being taken and that trainees were leaving on time. The trainees reported that they felt the department was moving in the right direction and that it was now a positive environment to train in.</p> <p>The new College Tutor was felt to be extremely supportive of the trainees and the trainees further commented that he was very active in resolving any issues or concerns that the trainees had. The work undertaken by the College Tutor and the department since the August 2019 quality visit was recognised by the trainees.</p>	
CO2. 3	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The trainees felt that relationships with the ESs had improved and they were now comfortable that the ESs would be able to resolve issues and provide support to the trainee.</p> <p>The review team heard that the trainees were aware of the systems for raising concerns and that the trainees had access to both the Guardian of Safe Working Hours and the Freedom to Speak Up Guardian, and had met with both of these members of the Trust team.</p>	
CO2. 4	<p><b>Organisation to ensure time in trainers' job plans</b></p> <p>The review team heard that the ESs all intended to ask request that their job plans be adjusted to allow for the fact that each ES now had an increased number of trainees, in the next job planning cycle. Each ES had three trainees, with the College Tutor and Deputy College Tutor allocated two trainees each. The review team heard that there was always an ES available to the trainees on a Tuesday afternoon during their teaching session so that issues could be raised and resolved promptly, in real time.</p> <p>It was recognised that one of the problems with providing consultant support to trainees was recruitment; six consultant posts had been recently advertised but only three posts had been appointed to.</p> <p>Despite this, the ESs recognised that over the last year there has been increased recognition by the Trust of the work being done by ESs and that the job plans were now reflecting activity more accurately.</p>	
CO2. 5	<p><b>Systems and processes to make sure learners have appropriate supervision</b></p> <p>The review team heard that clinics were cancelled if the named consultant, or a consultant from the same tumour group, was not available to attend, including peripheral clinics. There were no issues raised by the trainees around the standard of clinical and educational supervision.</p>	
CO2. 6	<p><b>Systems to manage learners' progression</b></p> <p>The CSs and ESs confirmed that they were aware of escalation processes and who they should speak to if there was a trainee requiring additional support or a challenge to them as trainees. It was felt by some of the CSs and ESs that the "trainee in difficulty" label could sometimes be unwarranted and that this could then place additional pressures on</p>	

	<p>the trainee. It was noted that only the College Tutor and the allocated ES would be aware when a trainee in difficulty had been allocated to the department.</p> <p>The review team advised that the WPBAs should be completed by a range of CSs and ESs and should not be the remit of one person.</p> <p>The department was encouraged to continue with the local faculty group (LFG) meetings as a supportive forum and that consideration should be given to including multi-professional representatives.</p>	Yes, please see CO6
CO2.7	<p><b>Organisation to ensure access to a named clinical supervisor</b></p> <p>The review team heard that there was an Educational Lead who managed the ward doctors including the core medical trainees and foundation year two trainees. The Educational Lead reported that working patterns had been changed since August 2019 and that the workforce had now doubled.</p> <p>The Educational Lead further advised that there was now a focus on the wellbeing, training and working hours of all the trainees and that there had been some significant improvements within the department. The review team welcomed the improvements that had been made by the department and the Trust and encouraged the department and Trust to continue working on improvements and ensure sustainability.</p>	
CO2.8	<p><b>Organisation to ensure access to a named educational supervisor</b></p> <p>The trainees informed that the review team that they would welcome a consultant of the week model. It was noted that there was a consultant on-call at weekend and that they were in contact with the trainee by telephone. The trainees confirmed that the on-call consultant would see all newly admitted patients over the weekend.</p> <p>The review team heard that the ESs and CSs were supportive of a consultant of the week model provided that a cover arrangement was put in place for peripheral clinics, and the department was fully staffed.</p>	
CO2.9	<p><b>Systems and processes to identify, support and manage learners when there are concerns</b></p> <p>The review team heard that the College Tutor was supportive. The trainees further advised that they would be comfortable raising concerns with any of the ESs and that they felt supported by the department.</p>	

### 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 to achieve the learning outcomes required.**

**3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.**

**3.3 Learners feel they are valued members of the healthcare team within which they are placed.**

**3.4 Learners receive an appropriate and timely induction into the learning environment.**

**3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.**

CO3.1	<b>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</b>	
-------	---	--

	<p>The trainees advised the review team that there had been meetings with the Guardian of Safe Working Hours and further advised that they felt that they had been consulted on, and involved in, the departmental changes. The College Tutor had been open and inclusive, and the trainees felt that there was good educational support.</p> <p>The trainees confirmed that they had met with the Trust Medical Director after the August 2019 quality visit but that they had not yet met with the Chief Executive.</p>	Yes, please see CO7
CO3.2	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The review team heard that the culture within the department had improved since August 2019. The atmosphere was described as positive and the trainees could see the effort that everyone within the department was making in order to work together as a unified team. The trainees also confirmed that the intensity of the on-call shifts had been diluted and they felt that this had had a positive impact upon the learning environment.</p> <p>The review team heard that there had been significant pressure from A&amp;E and other referring departments on trainees. However, the trainees commented that the College Tutor, ES' and CS' were supporting the trainees and, where there were difficult conversations with colleagues, were intervening on the trainees' behalf. It was also noted by the review team that the Clinical Director had outlined the various options for raising concerns about professional behaviour within the Trust.</p> <p>None of the trainees the review team met with reported having felt undermined by the consultant body.</p> <p>None of the trainees the review team met with reported having experienced, or witnessed, bullying and undermining behaviour towards other healthcare professionals. The review team asked the ESs and CSs about the culture within the department and heard that ESs and CSs were using their allocated mentor for support and advice.</p> <p>The ESs and CSs further reported that they would feel comfortable challenging bullying behaviour. Information on anti-bullying from the Royal College of Surgeons (Edinburgh) had been circulated and ESs and CSs had also been given speak up training, which had been received favourably.</p>	
CO3.3	<p><b>Shadowing for medical students transitioning to foundation training</b></p> <p>N/A</p>	
CO3.4	<p><b>Timely and accurate information about curriculum, assessment and clinical placements</b></p> <p>N/A</p>	
CO3.5	<p><b>Academic opportunities</b></p> <p>N/A</p>	
CO3.6	<p><b>Less-than-full-time training</b></p> <p>N/A</p>	
CO3.7	<p><b>Access to study leave</b></p> <p>N/A</p>	
CO3.8	<p><b>Regular, constructive and meaningful feedback</b></p>	

	The trainees reported that there was now a trainee-centred approach within the department and the improvements made to the radiotherapy planning arrangements were welcomed as a positive learning experience.	
<b>4. Supporting and empowering educators</b>		
<b>HEE Quality Standards</b>		
4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.		
4.2 Educators are familiar with the curricula of the learners they are educating.		
4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.		
4.4 Formally recognised educators are appropriately supported to undertake their roles.		
CO4.1	<b>Access to appropriately funded professional development, training and an appraisal for educators</b>  The review team heard that there was the feeling that the recent events had, perhaps, helped the ESs and CSs express their views as to how the department was approaching training. As a result of the August 2019 quality visit the ESs and CS' commented that they had been able to request the support needed to deliver the education and supervision required.  All the ESs and CSs the review team met with felt supported by Trust management. It was heard that Trust management had put in place measures to support ESs and CSs, for example, psychological support and mentoring had been offered. The review team heard that the offer of psychological support had been taken up and that all consultants had been allocated a mentor.	
CO4.2	<b>Sufficient time in educators' job plans to meet educational responsibilities</b>  The review team heard that the Trust management recognised the high workload within the department and were trying to appoint more consultants. It was noted that the department had more consultants on 12 or more Professional Activity (PA) sessions per week than any other specialty and this had also been recognised by Trust management.	
CO4.3	<b>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</b>  N/A	
<b>5. Delivering curricula and assessments</b>		
<b>HEE Quality Standards</b>		
5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.		
5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.		
5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.		
CO5.1	<b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b>  N/A	

CO5. 2	<b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b> N/A	
CO5. 3	<b>An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme</b> N/A	
CO5. 4	<b>Opportunities to develop clinical, medical and practical skills and generic professional capabilities through technology-enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation</b> N/A	
CO5. 5	<b>Opportunities for interprofessional multidisciplinary working</b> N/A	
CO5. 6	<b>Regular, useful meetings with clinical and educational supervisors</b> N/A	
CO5. 7	<b>Appropriate balance between providing services and accessing educational and training opportunities</b> N/A	

## 6. Developing a sustainable workforce

### HEE Quality Standards

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.

6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

CO6. 1	<b>Appropriate recruitment processes</b> N/A	
CO6. 2	<b>Learner retention</b> N/A	

CO6. 3	<b>Progression of learners</b> N/A	
CO6. 4	<b>Transition to employment</b> N/A	

## Good Practice and Requirements

### Good Practice


### Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

### Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CO1	The review team asked about the management of spinal cord compression and the trainees reported that the primary difficulty was finding a named consultant. The trainees were not always certain of which consultant had final responsibility and were not aware of a direct cover arrangement amongst the consultant body	The Trust is required to provide details of a clearly defined pathway for spinal cord compression - from point of referral to point of treatment - to HEE by 1 March 2020.	R1.6
CO4	Concerns were raised by the trainees around the referral process from accident and emergency (A&E) and the admission criteria for clinical oncology.	The Trust is required to provide details of the department guidance for accident and emergency referrals. This should include documentation of the criteria for accepting or rejecting referrals along with the criteria for escalation to consultants at the time of referral. This guidance should be submitted to HEE by 1 March 2020.	R1.6

### Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low-level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CO2	The trainees reported that there was no induction handbook. The trainees commented that they had relied on the previous cohort of trainees passing on information and guidance; there was nothing available on the Trust intranet.	The Trust is required to develop an induction handbook for clinical oncology trainees, uploaded to the Trust intranet. Evidence should be provided to HEE by 1 March 2020.	R1.13
CO3	The review team heard that whilst teaching was designed to be bleep-free, in practice this was not the case. The trainees advised that their bleeps were due to be held by the Physicians Associate (PAs) but that as the PAs were not located near the teaching venue, the trainees would take their bleeps with them.	The Trust is required to look at how improvements can be made to the current arrangements to ensure that the weekly clinical oncology teaching is bleep-free. An update should be provided to HEE by 1 March 2020.	R2.6
CO5	The review team was advised that there were currently barriers to trainees undertaking a practice plan as it had potential to influence the data set and had been raised by the physicists as a patient safety issue.	The Trust is required to look at how improvements can be made to the current arrangements to ensure that clinical oncology trainees are given the opportunity to carry out practice radiotherapy plans that can be reviewed for learning purposes, without compromising patient care. An update should be provided to HEE by 1 March 2020.	R1.19

### Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
CO6	The department was encouraged to continue with the local faculty group (LFG) meetings as a supportive forum and that consideration should be given to including multi-professional representatives.	
CO7	The review team recommended that the Chief Executive meet with the clinical oncology trainees to undertake a listening exercise on the trainees' views.	

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

Requirement	Responsibility
-------------	----------------

<p>The review team was pleased to find that significant progress had been made by the Trust and department on addressing the areas raised at the previous quality reviews held in July 2019 and August 2019, particularly in relation to the trainee experience within the unit. The Trust should continue with their Organisational Development plan. HEE will undertake a supportive Work Programme Meeting with the department in spring 2020 to review progress against the actions.</p>	<p>Trust / HEE</p>
--	--------------------

<p><b>Signed</b></p>	
<p><b>By the HEE Review Lead on behalf of the Quality Review Team:</b></p>	<p>Professor Geeta Menon, Postgraduate Dean, South London</p>
<p><b>Date:</b></p>	<p>8 January 2020</p>

**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.