

# The Royal Marsden NHS Foundation Trust (The Royal Marsden Hospital London)

Clinical Oncology

Risk-based review (Focus Group)



## Quality Review report

12 December 2019

Final Report

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healthcare

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## Quality Review details

<b>Background to review</b>	<p>Health Education England (HEE) conducted a risk-based focus group following a decline in the 2019 General Medical Council National Training Survey (GMC NTS) results. Clinical Oncology at the Royal Marden Hospital London generated four red outliers in:</p> <ul style="list-style-type: none"> <li>• Workload</li> <li>• Supportive Environment</li> <li>• Induction</li> <li>• Feedback</li> </ul> <p>In addition, two Patient Safety, Bullying and Undermining (PSBU) comments were generated.</p>
<b>Training programme / learner group reviewed</b>	<p>Clinical Oncology</p>
<b>Quality review summary</b>	<p>The current challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including:</p> <ul style="list-style-type: none"> <li>• The review team was pleased to hear that an escalation processes had been put in place to raise concerns around undermining behaviour within the department, and that trainees reported that this was helpful.</li> <li>• The trainees spoken to reported that the introduction of Education Champions had had a positive impact on the learning environment.</li> <li>• The review team heard that the Trust had encouraged the trainees to meet with their Educational and Clinical Supervisors and that their initial meeting template had been helpful to help structure discussions.</li> <li>• Most trainees spoken to reported that their induction was good. The review team was encouraged to hear that suggestions for improvement had been discussed with the Medical Education Department and that these suggestions had been listened to.</li> </ul> <p>The review team also noted the following areas requiring improvement:</p> <ul style="list-style-type: none"> <li>• Some trainees were felt to be spending a disproportionate amount of time on administrative tasks.</li> <li>• The review team felt that the Trust should review the trainees' involvement with private patients, especially out-of-hours, to ensure work undertaken was educationally beneficial.</li> <li>• The review team discussed how the department could provide further support to trainees to help measure their progress against the curriculum and assessments.</li> <li>• Trainees discussed that there were challenges in attending bleep-free in-house organised teaching sessions due to timetabling problems.</li> </ul>

<b>Quality Review Team</b>			
<b>HEE Review Lead</b>	Dr Julia Whiteman Postgraduate Dean Health Education England	<b>Lay Representative</b>	Robert Hawker Lay Representative
<b>Head of School Representative</b>	Dr Edward Park Deputy Head of School of Clinical Oncology for London and the South East	<b>HEE Representative</b>	Emily Patterson Learning Environment Quality Co-ordinator Quality, Patient Safety & Commissioning Team Health Education England
<b>Observer</b>	Dr Bhanu Williams Deputy Postgraduate Dean Health Education England		

# 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	<p><b>Patient safety</b></p> <p>It was discussed that the Royal Marsden Hospital London had a private patient day unit and a separate clinical assessment unit, where private patients who walk in could be assessed during the working day. Trainees reported that day unit was covered by a non-training grade doctor during weekday working hours. Out of hours there was no on-call rostered doctor to see these patients and the rostered trainee was expected to see these walk-in patients. The review team expressed concern that seeing patients who were admitted to the hospital with a range of different medical conditions may be outside of the clinical oncology trainees' scope of practice. Trainees advised that consultant support was available if required and that senior doctors were easily contactable.</p>	Yes, please see action CO1.1
CO1.2	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>Trainees advised that they did not routinely provide second opinions to patients by themselves. Trainees were encouraged to see all new patients for their educational benefit, however a consultant would review the patients afterwards.</p>	
CO1.3	<p><b>Induction</b></p> <p>All trainees spoken to had received an induction, which most reported to be good. Trainees had discussed improvements to the induction process with the Trust Medical Education Department and felt that these suggestions had been listened to. Suggestions included ensuring that induction was bleep-free and providing trainees with the means to prescribe chemotherapy on the day of the induction. Trainees further advised that the in-house introductory training they had received was informative. Trainees had attended a three-hour training session led by consultants, physicians and radiographers.</p> <p>It was advised that the induction process could be variable for trainees when they returned to work from a long period of leave or rotated outside of the normal induction period. It was discussed that further job specific information was needed. The review team enquired whether trainees had received support from the Trust's Supported</p>	Yes, please see action CO1.3

	<p>Return to Training champion, but trainees advised that they were not aware who this was. Trainees reported that they were working to appoint a Return to Training champion within their trainee group. The review team was informed that that supernumerary funding had acquired to support return to work, however due to issues with cover the planned supernumerary rota had not always been implemented as planned.</p> <p>The review team heard that the Trust were proactive in ensuring trainees met with their clinical and educational supervisors. A template had been created for use in supervision meetings which prompted thought and discussion around expectations and what the trainees wanted to achieve during the placement. A radiotherapy palliative competencies workbook had been distributed and trainees found this helpful.</p>	
CO1.4	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>Trainees advised that they saw both private and NHS patients, although in most departments there had been an active shift away from trainees treating private patients, unless educationally beneficial. Trainees reported that they regularly saw private radiotherapy patients for educational purposes, with trainees receiving feedback on their performance.</p> <p>Trainees spoken to reported that at weekends they would conduct the ward rounds for all patients, stating that this was routine practice within the hospital and that expectations were set out during induction. Trainees further advised that on weekends trainees would be the first point of call for queries through the patient hotline, rather than the consultant. It was discussed that although the patient hotline phone requests were filtered, there was a low threshold for calls being directed to the trainee. Trainees reported that on occasions they had been asked to request investigations for patients who were not known to them by the Clinical Nurse Specialist (CNS).</p>	<p>Yes, please see action CO1.4a</p> <p>Yes, please see action CO1.4b</p>
CO1.5	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team heard that the organised teaching was of good quality, when the trainees were able to attend. Timetabling issues were discussed, where trainees described not being able to get to teaching due to their rotas and conflicting commitments.</p> <p>There were teaching champions within the Trust who advocated for protected training time, however trainees reported that this was not always possible as there was sometimes no one available to hold their bleeps during teaching sessions. Trainees suggested that the bleep could be given to an administrator, who could direct the query to a consultant if it was a clinical matter.</p>	<p>Yes, please see action CO1.5</p>

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.**

**2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.**

**2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.**

**2.4 Education and training opportunities are based on principles of equality and diversity.**

**2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.**

CO2.1	<b>Impact of service design on learners</b>	
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	<p>Trainees advised that a significant amount of time was spent on administrative work, including booking treatment cycles, radiotherapy preparation audits, prescriptions, phoning patients and clinic preparation. It was mentioned that inadequate facilities affected the trainee's ability to complete administrative tasks including, a lack of office space, printers not working and not being able to access computers and telephones. It was suggested that a review of the bookings team processes within the hospital would help to increase efficiency and reduce the administrative burden on the trainees.</p> <p>The review team heard that trainees were expected to prepare clinics for all patients. It was discussed that although clinic preparation could be educationally beneficial, particularly for new patient clinics, some trainees were spending a disproportionate amount of time on the task. Due to the volume of work trainees advised that they would often prepare for clinics outside of their working hours. The trainees thought that it would be more educationally beneficial to prepare for fewer patients and to use the additional time to discuss these cases in more detail.</p> <p>Trainees discussed that it was their responsibility to prepare and present cases for the Multidisciplinary Team (MDT) discussions. The trainees were required to make notes during the MDT meeting, but found it difficult to concentrate on presentations and make notes.</p> <p>The review team heard that trainees spent a large proportion of their administrative time telephoning patients. Trainees conducted telephone clinics, phoned patients to remind them to complete trial paperwork and returned phone calls from patients, including those with appointment time queries.</p> <p>Trainees reported that their working relationships with the radiography team could be disparate and that at times it felt like they were not a team. It was suggested that further work could be done to improve relationships.</p>	<p>Yes, please see action CO2.1a</p> <p>Yes, please see action CO2.1b</p>
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### 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

**Behaviour that undermines professional confidence, performance or self-esteem**

It was discussed that the majority of consultants were supportive and that the overall placement experience was good, with lots of educational value.

Trainees described situations they had observed where colleagues had been spoken to in an undermining manner. Trainees reported that the communication methods for the radiotherapy audits could be seen as belittling. The trainees perceived the placement to be difficult for more junior trainees, especially when they had limited previous clinical oncology exposure.

The review team heard how there were mechanisms in place to raise concerns, and that the trainees had followed these. Trainees had previously raised concerns both within their team and the Medical Education Department. Trainees felt that this had been a supportive process and was sufficient in dealing with the issues in question. Trainees noted that the Trust had appointed Educational Champions, which had been helpful and had improved the learning environment. Trainees felt that the Educational

Yes, please see action CO3.1

	<p>Champions had actively tried to make the placement excellent and had provided the trainees with confidence to support this process.</p> <p>The trainees advised that within their cohort they had good relationships and were supportive of one another.</p>	
CO3.2	<p><b>Regular, constructive and meaningful feedback</b></p> <p>Trainees described their day to day feedback as reasonable, however translating this feedback into a ticket could be more difficult. Trainees acknowledged that they did not always follow up on feedback due to time constraints. It was discussed that if the trainees had less administrative tasks, they would have more time for feedback.</p> <p>Trainees agreed that there were certain clinicians who were excellent at providing feedback and the opportunity for assessment. However, most of the time it was felt that the onus was on the trainee to seek feedback and book in assessments. Trainees advised that they had to be organised and schedule in assessment time to ensure all areas of the curriculum were covered.</p> <p>The review team heard that getting chemotherapy assessments signed off could be particularly challenging for trainees. Trainees were required to attend clinics with the medical oncology department to ensure they had sufficient opportunity to learn about chemotherapy. It was felt that the medical oncology clinics were not always educationally valuable, with trainees being given easier tasks and simpler patient cases. Trainees advised that this prioritised service provision above training and had spoken to supervisors to request that they attend the clinical oncology clinic at the Sutton site instead, to ensure they had enough chemotherapy exposure.</p>	<p>Yes, please see action CO3.2a</p> <p>Yes, please see action CO3.2b</p>

#### 4. Supporting and empowering educators

##### HEE Quality Standards

- 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.

	Not discussed at the review.	
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#### 5. Developing and implementing curricula and assessments

##### HEE Quality Standards

- 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.

	Not discussed at the review.	
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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.

	Not discussed at the review.	
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## Good Practice and Requirements

### Good Practice

The review team was pleased to hear that an escalation processes had been put in place to raise concerns around undermining behaviour within the department, and that trainees reported that this was helpful.

The trainees spoken to reported that the introduction of Education Champions had had a positive impact on the learning environment.

The review team heard that the Trust had encouraged the trainees to meet with their Educational and Clinical Supervisors and that their initial meeting template had been helpful in helping to structure discussions.

Trainees described that the placement was good overall, with a lot of opportunity for learning.

Most trainees reported that their induction was good. The review team were encouraged to hear that suggestions for improvement had been discussed with the Medical Education Department and that these suggestions had been listened to.



<b>Mandatory Requirements</b>			
<b>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.</b>			
<b>Req. Ref No.</b>	<b>Requirement</b>	<b>Required Actions / Evidence</b>	<b>GMC Req. No.</b>
CO1.1	Trainees should not routinely be expected to review patients who have attended the private patient day or clinical assessment units during working hours because they have not had a management plan made during this time. Seeing patients who are admitted due to a medical condition unrelated to oncology may be outside of the trainees' scope of practice.	Please provide evidence that trainees are not routinely seeing patients who are admitted through the hospital's private assessment unit. The trust should undertake a review of trainee involvement with the care of private patients, with reference to admissions out of hours to ensure compliance with previously agreed standards. Evidence may be in the form of LFG minutes.	R1.9
CO1.3	The department to ensure a robust induction is provided to trainees who rotate outside of the normal induction period, or who have returned to work from a long period of leave. The Trust are required to inform trainees who the Supported Return to Training champion is and establish a supernumerary induction period.	Please provide evidence that the induction process has been reviewed and is robust for all trainees independent of their start date.	R1.13
CO1.4a	The department to ensure that all private patient work undertaken by trainees is educationally beneficial. Specifically, the weekend ward round and the answering of the private patient hotline. If tasks are not educationally beneficial the work should not be undertaken by trainees	Please provide evidence that all work undertaken by trainees for private patients is educationally beneficial, this should particularly be reviewed for out-of-hours work.	R1.15
CO1.4b	The department to ensure trainees are not requesting CT scans for patients who are not known to them and that expectations are communicated with the CNSs.	Please review the process around requesting CT scans and provide evidence that expectations have been discussed with all parties involved.	R1.15
CO1.5	The department to work with the education training champions to look at timetabling issues and to ensure organised teaching sessions are protected for trainees.	Please provide evidence that trainees are provided protected time for organised teaching and training sessions.	R1.16
CO2.1a	The department to review the administrative tasks undertaken by trainees. Administrative tasks should be educationally beneficial and should not have a disproportionate amount of time spent on them. The department is advised to explore the administrative models within other Trusts across the Cancer Alliance.	Please provide evidence of a review of the administrative tasks undertaken by trainees and outline the plans in place to reduce the amount of time spent on these tasks.	R1.15

CO3.2a	The department to review how trainees are supported to schedule and track their curricular assessment progress.	Please provide evidence that support provided to trainees to schedule and track assessment progress has been reviewed and discussed with trainees and trainers.	R1.18
CO3.2b	The department is to ensure that trainees are provided with the opportunity to complete the required chemotherapy assessments and that work undertaken is educationally beneficial.	Please provide evidence that trainees have the opportunity to complete the required chemotherapy assessments and that work undertaken is educationally beneficial.	R1.12

### 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.
	None.		

### 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.
CO2.1b	The department is advised to review and look at strengthening the working relationships between the radiographers and clinical oncology trainees.	R5.9
CO3.1	The department is advised to review teaching methods used for the radiotherapy audits, to ensure a supportive culture is demonstrated.	R5.9

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

Requirement	Responsibility
None.	

### Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Julia Whiteman
Date:	25 February 2020

**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.