

HEE Quality Interventions Review Report

Guy's and St Thomas' NHS Foundation Trust Clinical Oncology Learner review



HEE London

25 August 2020

Review Overview

Background to the Review:	<p>The review was planned as part of ongoing monitoring by Health Education England (HEE) and the General Medical Council (GMC) of clinical oncology training at Guy's and St Thomas' NHS Foundation Trust (GSTT). Concerns raised at a trainee focus group in July 2019 resulted in an urgent concern review in August 2019, where HEE and the GMC met with trainees and senior leaders from the department and the Trust. The GMC placed the department under enhanced monitoring following the senior leaders' conversation.</p> <p>The current review is the third conducted since that point and was planned to assess the impact of changes made by the Trust on clinical oncology trainees.</p>
Training Programme/Learner Groups Reviewed:	Clinical Oncology
Who we met with:	Eight clinical oncology trainees at specialty training grades four to six (ST4-6)
Evidence utilised:	<p>Clinical oncology exception report data Clinical oncology incident report data Clinical oncology induction pack College Tutor meeting minutes End of training placement feedback Local faculty group meeting minutes Oncology admission criteria document Oncology patient pathway document</p>

Review Panel

Role	Job Title / Role
Quality Review Lead	Geeta Menon, Postgraduate Dean South London
Deputy Postgraduate Dean	Anand Mehta, Deputy Postgraduate Dean South London
Specialty Expert	Ed Won-Ho Park, Deputy Head of Specialty School of Clinical Oncology
External Specialty Expert	Julia Murray, Consultant Clinical Oncologist and College Tutor, The Royal Marsden Hospital
GMC Representative	Samara Morgan, Principal Education QA Programme Manager (London)
Learner Representative	Romelie Rieu, Clinical Oncology Trainee, The Royal Marsden Hospital
Lay Representative	Robert Hawker

HEE Quality Representative	Paul Smollen, Deputy Head, Quality, Patient Safety and Commissioning
HEE Quality Representative	Louise Brooker, Deputy Quality, Patient Safety and Commissioning Manager
HEE Quality Representative	Kenika Osborne, Learning Environment Quality Co-ordinator
HEE Quality Representative	James Oakley, Quality, Reviews and Intelligence Officer
Observer	Louise Schofield, Deputy Postgraduate Dean North Central London
Observer	Chloe Snowden, Learning Environment Quality Co-ordinator
Observer	Nicole Lallaway, Learning Environment Quality Co-ordinator

Executive summary

The review team found that there had been substantial positive changes made in the department during the past year. The trainees indicated that their experiences of clinical supervision, departmental culture, induction and ability to achieve their curricular requirements had all improved compared to those of the trainee cohort who met with HEE in August 2019. Some teaching activities had been paused during the height of the Covid-19 pandemic in spring and summer of 2020, but these were recommencing.

The review team agreed that continued monitoring would be required to ensure that the positive steps taken by the Trust were sustained and embedded, and that further improvements were made (please see Requirements section). It was agreed that a further review would be planned to assess this.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>The review team heard that the department had implemented a 'registrar of the week' and 'consultant of the week' rota. There was also a named doctor responsible for holding the cord compression bleep. These roles were listed on the rota so the trainees were able to easily determine who to contact to handover patients from the ward while on call and who to refer cord compression cases to.</p>	
1.1	Serious incidents and professional duty of candour	

	None of the trainees at the review had submitted a Datix but all were aware of how to do so. Some trainees were unsure about the process and feedback mechanisms after a Datix was submitted, but others were aware of this.	
1.2	Bullying and undermining None of the trainees at the review reported experiencing bullying or undermining behaviour.	
1.4	Appropriate levels of Clinical Supervision The trainees found that having a named 'consultant of the week' had improved clinical supervision and escalation pathways. The trainees advised that this consultant was almost always available to supervise and answer queries on the ward, apart from rare occasions where they were required to provide cover in clinic for part of the day. There was a discussion around the impact of remote working on supervision. More clinics were being conducted online as part of the Trust's Covid-19 pandemic response, but it was noted that new patients were still seen in person. This gave the trainees experience of initiating treatment plans. The review team heard that there was always a consultant available in clinic and that they were able to discuss any queries or concerns regarding patients during the clinic or prior to starting an online appointment. The trainees felt that the number of on-call shifts and workload while on-call was appropriate, and none reported being asked to perform tasks which were beyond their remit or level of competence. The review team heard that the trainees always had an assigned supervisor while on-call.	
1.4	Appropriate levels of Educational Supervision All trainees who attended the review had allocated educational supervisors (ESs) and stated that they had met their ESs within a week of starting their placement.	

Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	Effective, transparent and clearly understood educational governance systems and processes	

	The department had a local faculty group (LFG) and the Chief Registrar attended on the trainees' behalf. The LFG meetings had been paused in recent months due to the Covid-19 pandemic response but had restarted shortly before the review.	
2.1	Impact of service design The trainees advised that they had an allocated room to complete their administrative work, which was co-located with the ward and was a short walk away from the cancer centre.	
2.2	Appropriate systems for raising concerns about education and training The College Tutor had stepped down but planned to remain involved in training and to continue to attend the LFG and trainee forums. The Chief Registrar was also due to leave in early autumn. The trainees expressed some uncertainty about how they would escalate issues around training and education after this, as they had been reliant on these two individuals to raise and manage any concerns. The trainees were aware that there were other pathways and policies relating to whistleblowing and reporting issues but were unsure of where to find these. At previous reviews, trainees had reported being uncomfortable due to the culture in the department and particularly confrontational or uncomfortable conversations which took place between consultants in the presence of trainees. The review team enquired whether the current trainee cohort had experienced this; they responded that they had not, and that departmental culture had significantly improved in the past year.	CO2.2

Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	Induction (organisational and placement) A new induction pack had been introduced the previous year and all trainees who had started since that time had been given this. The review team was informed that outgoing trainees also wrote handovers relating to their specific tumour site and that one trainee had written an e-learning package about radiotherapy which included information about local processes and documentation. These resources sat alongside the Trust and local inductions, as well as a half day radiotherapy training and half day chemotherapy training for all new trainees starting at ST3.	
3.1	Regular constructive and meaningful feedback	

	<p>The review team asked about the trainees' experience of contouring and consultant availability to review draft contours, as previous cohorts of trainees had had difficulties with this. The trainees responded that when the consultant and junior doctor job plans were rewritten, the planning and contouring time was scheduled so that trainees could plan their contours alongside the consultants and then request reviews immediately. The software had also been updated so that draft contours could be saved, whereas previously they had been automatically deleted following review so trainees could not view the consultants' edits.</p> <p>The trainees noted that each tumour site team had opportunities for peer review and discussion of contours, which they found useful for learning.</p>	
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The trainees agreed that their ESs provided good pastoral support. The Chief Registrar and College Tutor were also both commended for the excellent support they gave to the trainees and for their contributions to driving change and improvements to training.</p> <p>The trainees described a positive culture change within the department and were hopeful that this would continue and be maintained. However, because the change was still relatively recent and due to the imminent staffing changes in the Chief Registrar and College Tutor roles, there was some concern that the various improvements made might not be sustained.</p>	CO3.1

Domain 4 – Supporting and empowering educators

- 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.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
	Not discussed at this review	

Domain 5 – Delivering curricula and assessments

- 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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	Placements must enable learners to meet their required learning outcomes	

	All trainees who attended the review confirmed that they were able to complete workplace-based assessments and MiniCex with their supervisors. The trainees informed the review team that they were satisfied with their access to chemotherapy and clinic experience.	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The trainees' rota arrangements were due to change in September 2020. The first change was the introduction of weekend on-call shifts covering both clinical and medical oncology, following a decision to increase the weekend staffing from two junior doctors to three. The trainees advised that they had been consulted about the rota and that the weekend working commitment was a maximum of one in four.</p> <p>The second planned change was for the trainees to start providing cover for the acute oncology service (AOS). This was a temporary measure and the trainees expected it to last from September to November 2020, to allow time for the Trust to recruit clinical fellows to staff the service in the long-term. The trainees stated that they had been assured that this would not be an ongoing arrangement.</p> <p>However, the trainees had some reservations about the potential impact of both of these changes on their access to learning opportunities within clinical oncology clinics and other dedicated clinical oncology areas, as the majority of patients seen both in AOS and at the weekend were medical oncology patients.</p> <p>Prior to the Covid-19 pandemic, the department had held regular bleep-free teaching sessions. This had paused during the pandemic and the trainees advised that they had recently set up a new programme of sessions, which were sometimes led by trainees and sometimes by consultants. The departmental teaching sessions were due to recommence in September 2020 and the trainees were aware that the department planned to make these bleep-free, although they were not yet sure what the cover arrangements would be.</p>	<p>CO5.1a</p> <p>CO5.1b</p>

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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 of patients and service.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>All the trainees who attended the review agreed that they would recommend their posts to colleagues, but they noted that if the recent improvements to training were not maintained they would be reticent to recommend their</p>	

	posts. The trainees unanimously agreed that the department provided good patient care and that they would recommend it to friends or family who required clinical oncology treatment.	
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Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
CO2.2	There was a lack of clarity around the Trust pathways and policies around escalating concerns about training, whistleblowing and reporting bullying and undermining.	Please provide evidence of communication to the trainees outlining these pathways and policies, as well as confirmation from the trainees that they are confident in using these. Please also provide details of the structural organisation of the education team within the department. An update on this requirement and

		associated evidence are required by 1 December 2020.
CO3.1	The trainees were concerned that the improvements made around culture and training might not be sustained once the current College Tutor and Chief Registrar left their roles. In particular, this related to pastoral support and representation at meetings and forums.	Please provide evidence that the trainees have continued to experience improvements to the departmental culture and that there is sustained representation for trainees and trainers at relevant meetings and forums. Evidence could include LFG meeting minutes, trainee survey results or other records of trainee feedback. An update on this requirement and associated evidence are required by 1 December 2020.
CO5.1a	The trainees' rotas were due to change to incorporate AOS cover and increased weekend working to cover oncology on-calls. This has the potential to reduce trainees' access to learning opportunities by reducing their availability for clinic and clinical oncology ward work.	Please provide evidence that trainees are able to meet their curricular requirements and access a range of clinical areas and experience relevant to their curriculum. An update on this requirement and associated evidence are required by 1 December 2020.
CO5.1b	Teaching sessions were not bleep-free at the time of the review, although there are plans in place to change this. The GMC requires that teaching time be protected and not interrupted for service provision (S1/R1.16).	Please provide evidence of trainee feedback confirming that teaching sessions are bleep-free. An update on this requirement and associated evidence are required by 1 December 2020.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.


Recommendation	
Related Domain(s) & Standard(s)	Recommendation


Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)

Report sign off

Outcome report completed by (name):	Louise Brooker
Review Lead signature:	
Date signed:	1 October 2020

HEE authorised signature:	
Date signed:	1 October 2020

Date final report submitted to organisation:	1 October 2020
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups