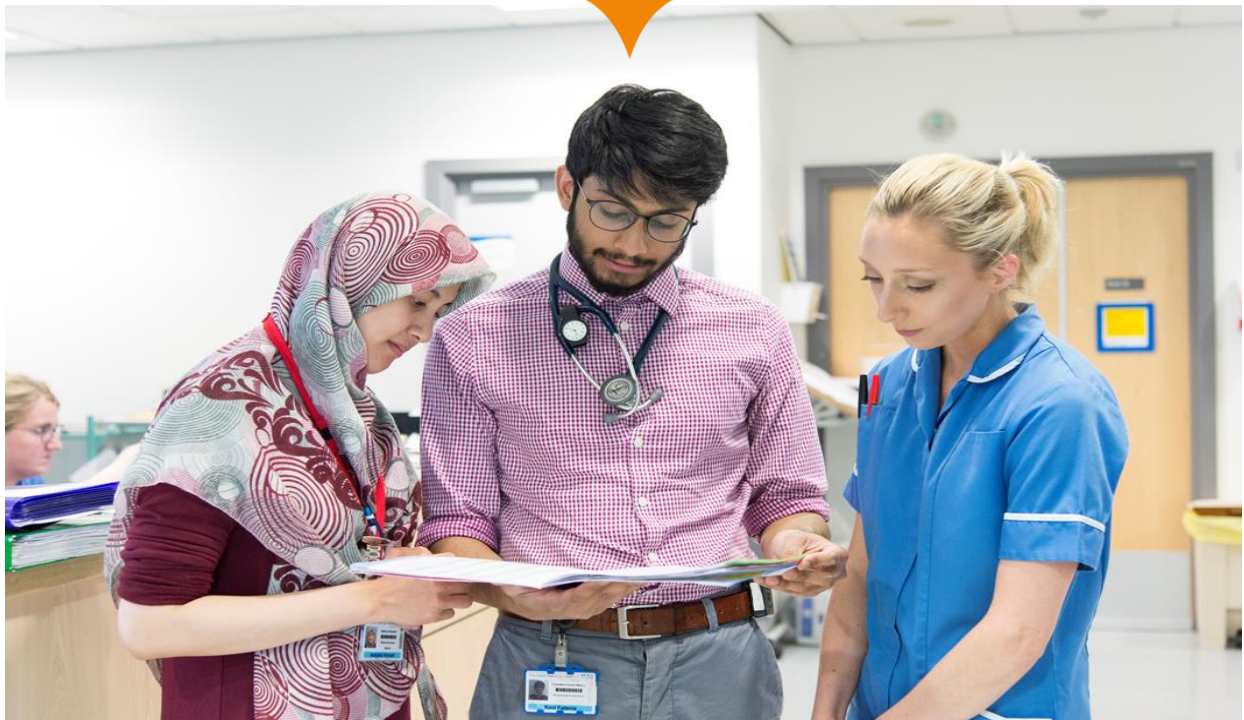


HEE Quality Interventions Review Report

**University College London Hospitals NHS Trust
(University College Hospital)
Clinical Oncology
Learner and Educator Review**



HEE London

2 December 2021

Final Report 31 January 2022

Review Overview

<p>Background to the review:</p>	<p>This risk-based review is scheduled due to the performance of Clinical Oncology in the GMC National Training Survey 2021 University College Hospital.</p> <p>Clinical Oncology red outliers:</p> <ul style="list-style-type: none"> • Reporting systems • Workload • Induction • Local teaching • Regional teaching • Study leave • Facilities
<p>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</p>	<p>Clinical Oncology, core and higher specialty trainees</p>
<p>Who we met with:</p>	<p>The review panel met with the following Trust representatives:</p> <ul style="list-style-type: none"> - Director of Postgraduate Medical Education - Medical Director, Specialty Hospitals Board - Medical Director, Surgery and Cancer Board - Associate Director of Education - Guardian of Safe Working Hours - Divisional Clinical Director (Paediatrics and Adolescents Division) - Clinical Lead for Radiotherapy - Two College Tutors for Paediatrics - Local PGME Lead for Paediatric Oncology - College Tutor for Clinical Oncology - Medical Education Manager - Seven Clinical Supervisors in Clinical Oncology <p>The review panel also met with four core and higher specialty trainees in Clinical Oncology</p>
<p>Evidence utilised:</p>	<p>The following documentation was utilised for this review:</p> <ul style="list-style-type: none"> - Clinical Oncology Education Faculty Minutes 19.08.2021 - Clinical Oncology Local Faculty Group Minutes 18.11.2021 - Report on Safe Working Hours 15.09.2021 - Surgery and Cancer Board (SCB) Medical Education Committee (MEC) Minutes - 16.06.2021 - SCB MEC Minutes 14.09.21 - SH MEC Minutes - 15.06.2021 Final - SH MEC Minutes - 16.09.2021

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
HEE Head of Specialty School of Clinical Oncology	Dr Edward Won-Ho Park Head of School for Clinical Oncology
HEE Head of London Specialty School of Paediatrics	Dr Jonathan Round Head of the London Specialty School of Paediatrics
Lay Representative	Jane Gregory Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
HEE Representative	Ummama Sheikh Quality, Patient Safety and Commissioning Officer
HEE Representative (shadowing)	Kiera Cannon Quality, Patient Safety and Commissioning Officer

Executive summary

This review was conducted due to the performance of Clinical Oncology at University College Hospital in the General Medical Council's National Training Survey (GMC NTS) 2021. This review sought to explore some of the red flags raised in the survey in order to improve the quality of the learning environment for Clinical Oncology trainees.

The review panel were pleased to hear that the trainees felt their educators were supportive and committed to training, and that educators had access to Continuing Professional Development (CPD) courses and appraisals. Trainees also reported that University College Hospital had a wealth of interesting cases and opportunities for learning.

However, the review panel identified the following areas requiring improvement:

- Clinical supervision on the wards was unclear
- Clinical Oncology trainees were required to cross-cover the wards for Medical Oncology trainees which continually interrupted opportunities to go to clinics and undertake radiotherapy planning
- Some trainees did not receive feedback on their radiotherapy planning or feedback was delayed
- There was a large administrative workload for trainees when preparing for clinics
- Trainees did not exception report when they stayed late

Further details around the Mandatory Requirements and Recommendations can be found on pages 6-7.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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

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
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	N/A

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
CO1.4	The review panel heard that clinical supervision arrangements on the ward was 'minimal' and unclear, and that it was difficult for trainees to get in touch with their Clinical Supervisor (CS).	The Trust is required to improve consultant support and supervision for Clinical Oncology trainees whilst working on the ward and to establish clear routes to access supervisors where required. Please submit evidence including Local Faculty Group (LFG) trainee feedback that levels of clinical supervision on the ward are no longer of concern for trainees by 1 March 2022.
CO2.1	Trainees reported that they did not exception report when they stayed late due to a lack of awareness of the exception reporting process and a lack of log in details for the majority of Clinical Oncology trainees.	The Trust is required to increase awareness of exception reporting among the Clinical Oncology trainees and encourage them to exception report when they work late. The Trust is also required to ensure that all trainees have the required log in details to access the exception reporting system. Please submit progress against this action by 1 March 2022.
CO2.1b	The review panel heard that the trainees' timetabled radiotherapy planning time was regularly interrupted and that they were often pulled away from their session due to a variety of clinical and administrative reasons.	The Trust is required to reduce interruptions on trainees' dedicated radiotherapy planning sessions and to ensure these sessions are better protected as a learning opportunity. Please submit progress against this action by 1 March 2022.
CO2.1c and CO5.1	Trainees reported that when they needed time of to attend a course for their training programme or weekly teaching, they were responsible for finding appropriate cover for the ward.	The Trust is required to reduce the responsibility of the trainee to find appropriate cross-cover when they need to attend external teaching, and to ensure appropriate ward-cover is identified by the rota coordinator. Please submit progress against this action by 1 March 2022.
CO3.1	The review panel heard from the majority of trainees that they were unable to meet with their CS for face to face radiotherapy planning, and that they completed it on their own	The Trust is required to ensure CSs provide regular constructive feedback on trainees' radiotherapy planning within a timely manner. Please submit trainee feedback via Local

	instead and sent it to the CS for review. However, the review panel heard that trainees did not always receive feedback or that feedback was delayed.	Faculty Group (LFG) minutes that this is no longer a concern to trainees by 1 March 2022.
CO4.4	The review panel heard that while educational supervisors (ESs) had appropriate time in their job plans to do their role as educators, this was not replicated for CSs and teaching was delivered on an ad-hoc basis.	The Trust is required to ensure that CSs have dedicated Supportive Professional Activities (SPA) time in their job plans to adequately deliver educationally. Please submit progress against this action by 1 March 2022.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
CO2.1a	The Trust is recommended to reduce the large administrative workload around preparation for clinics for trainees in Clinical Oncology. This is to ensure that this does not impact on their educational opportunities and is not completed outside of their working hours.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review panel, 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)
	N/A	

HEE Quality Standards and Domains for Quality Reviews

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
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review panel heard from Clinical Oncology trainees that the majority of their clinical supervisors (CSs) were supportive and approachable. However, the arrangements for consultant clinical supervision on a daily basis on the wards were unclear. The review panel heard from some trainees that the level of supervision was minimal whilst on the wards and that it was difficult to get in touch with the CSs.</p>	Yes, please see CO1.4

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	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>Clinical Oncology trainees reported that they did not exception report when they stayed late. The review panel heard that this was not because trainees were told not to exception report, rather they reported that exception reporting was not mentioned in induction and so there was a lack of awareness of the process among some of the trainees. The review panel also heard from the majority of Clinical Oncology trainees that they did not have the required log in details to exception report.</p>	Yes, please see CO2.1
2.1	Impact of service design on users	

	<p>Some Clinical Oncology trainees reported that they had a large administrative workload involving preparation for clinics and the review panel were concerned to hear that some trainees had to catch up on this paperwork at home outside of working hours. Trainees felt that this administrative workload was not replicated at their previous placements in different Trusts, and that this was taking their time away from other educational opportunities.</p> <p>The review panel heard that Clinical Oncology trainees had timetabled radiotherapy planning time, and that this was one day per week. However, the trainees reported that this was not fully protected and that they were often pulled away from their session to do clinical work, including a combination of covering the cancer centre, outpatients, the wards, home-calls to patients, queries from Pharmacy colleagues and blood test requests. The review panel heard from some trainees that CSs were supportive and tried to protect their dedicated radiotherapy planning day, however clinical pressures had to take priority to ensure patients were not affected.</p> <p>The review panel heard from CSs that trainees had timetabled radiotherapy planning sessions and that with remote learning, this could take place at different times. The CSs also reported the trainees were able to take part in a peer review and obtain feedback from other trainees on their radiotherapy planning, and that this was easier virtually as they were not crowding around a computer.</p> <p>The majority of Clinical Oncology trainees reported that they were required to cross-cover the Medical Oncology patients if there were issues around staffing levels, and that this was not reciprocated by the Medical Oncology trainees due to the nature of their work. Trainees reported that this had a negative impact on their training as they had to regularly stay late to finish tasks and undertake their radiotherapy planning, and this also impacted on their ability to get adequate experience in clinics.</p> <p>The CSs echoed some of the trainees' concerns around providing cover for other specialties and being pulled away from clinics and radiotherapy planning. The review panel heard from CSs that sometimes trainees would be asked to cover other Clinical Oncology teams, Medical Oncology teams and wards. As a department, the CSs felt that they tried to prioritise clinics and radiotherapy planning for the trainees however they found covering for other teams challenging.</p> <p>The review panel heard from the CSs that cross-cover occurred between 'firms' or 'tumour-site' whereby Clinical Oncology trainees would provide cross-cover for Medical Oncology trainees who worked on the same tumour-site, for example, Urology. However, it was acknowledged by the CSs that whilst ideally this cross-cover would be reciprocated from Medical Oncology trainees to Clinical Oncology trainees, sometimes this was not possible as issues around radiotherapy were not within their level of competence and confidence.</p> <p>Clinical Oncology trainees reported that when they needed time off to attend a course relevant to their training programme, the responsibility fell upon the trainee to find appropriate cover for the ward. The review panel heard that whilst there was an agreement as to who covers the ward when a trainee was away on a course, if the dedicated cover was on annual leave or sick leave, the trainees were responsible for finding alternative cover.</p>	<p>Yes, please see CO2.1a</p> <p>Yes, please see CO2.1b</p> <p>Yes, please see CO2.1c</p>
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	<p>The Trust representatives reported that they had undertaken a further questionnaire of Clinical Oncology trainees to understand some of the issues raised in the General Medical Council's National Training Survey (GMC NTS) 2021. The Trust reported that they found consistent issues around the importance of protecting radiotherapy planning time and cross-cover of colleagues within Oncology. The review panel heard that as a result, the Trust were working on a Standard Operation Procedure (SOP) on cross-cover between Medical Oncology and Clinical Oncology which will seek to enable trainees to have fewer interruptions within their training.</p>	
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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	<p>Induction (organisational and placement)</p> <p>The review panel heard from Trust representatives that they were working to improve induction within the department. It was reported that the Trust were putting together a list of all members of the department to increase visibility and were distributing the rota on time so that trainees knew their rotas in advance of starting their placement. The review panel also heard that trainees led a session on the Epic electronic patient record (EPR) system which was delivered to all staff at induction.</p>	
3.1	<p>Regular constructive and meaningful feedback</p> <p>The review panel heard from the majority of Clinical Oncology trainees that they did not receive feedback on their radiotherapy planning from their consultants, or that it was not received in a timely manner. Some of the trainees reported that they were unable to meet face to face with their supervisor to do a plan together. Instead, the review panel heard that trainees put together radiotherapy planning on their own and this was sent to the consultant for review, however it was not always sent back within a timely manner. By contrast, a small number of trainees reported that they were able to meet with their consultants weekly to discuss radiotherapy planning, however it was noted that this sometimes had to take place early in the morning before their shift as this was the only time the consultant may be available.</p>	Yes, please see CO3.1
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The CSs reported that if a trainee required extra support, the trainee would speak to their educational supervisor (ES) or if the trainee did not seek support themselves, their CS could speak to the trainee's ES to discuss their needs and identify an appropriate personalised plan for support. The review panel</p>	

	also heard that trainees could be referred to occupational health if necessary, or they could create a personalised training plan if a trainee was struggling with modules or exams.	
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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
4.1	<p>Access to appropriately funded professional development, training and appraisal for educators</p> <p>The review panel were pleased to hear that CSs had their appraisal and accreditation documentation reviewed every three years and were able to undertake relevant Continuing Professional Development (CPD) training to develop in their roles as educators. It was encouraging to hear that the CSs felt the Postgraduate Medical Education (PGME) team were engaged and had good relationships with the department.</p>	
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>The review panel heard that ESs had Supporting Professional Activities (SPA) time in their job plans to conduct their roles as educators effectively, however allocation of SPA time for CSs was unclear. The CSs reported that they did not have dedicated SPA time in their job plans however they all conducted ad-hoc teaching to trainees as part of their daily job.</p>	Yes, please see CO4.4

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	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The majority of Clinical Oncology trainees reported that they had regular ad-hoc teaching from their CSs on a weekly basis and that weekly department teaching was well organised. The review panel heard that weekly teaching occurred on Tuesday and Wednesday, were led by consultants most of the time, and were occasionally led by a senior trainee. However, the review panel also heard that weekly teaching was difficult to attend due to clinical</p>	Yes, please see CO5.1

	<p>requirements and that trainees were responsible for finding cover in order to attend.</p> <p>Trust representatives reported that they were working to improve local teaching within the department and that these sessions were now recorded and available for trainees to access for two weeks after the teaching session. This sought to provide opportunities for trainees who missed local teaching to catch up, as well as providing opportunities for less than full time (LTFT) trainees to access all local teaching sessions.</p>	
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Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>The review panel were pleased to hear that trainees felt there were a variety of educational opportunities for learning and interesting cases to further their learning and knowledge whilst on their Clinical Oncology placement at University College Hospital.</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Date signed:	20 January 2022

HEE authorised signature:	Dr Gary Wares Postgraduate Dean for North London
Date signed:	29 January 2022

Date final report submitted to organisation:	31 January 2022
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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 development 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups