

SCHOOL VISIT REPORT

Visiting School	Date visited
Medicine	6 th February 2014
Local Education Provider (LEP) visited	
The Southend University Hospital Foundation Trust	
Visiting team	
<p>Ian Barton, Head of School of Medicine Sue Agger, Quality and Academic Training Manager Anthony Griffiths, CMT TPD *Amen Sibtain, TPD Clinical Oncology (London) *Michelle Turner, Quality and Visits Officer, Shared Services (London)</p> <p>*For review of Clinical (and Medical) Oncology only</p>	
Trust team	
<p>Jacqueline Totterdell, Chief Executive Neil Rothnie, Medical Director Sarietha Kumar, College Tutor John Kinnear, Director of Medical Education Emily Simpson, Associate Director of Medical Education Katie Palmer, Medical Education Manager Representatives from relevant specialities</p>	
Summary (including recommendation of posts by trainees)	
<p>This was a focussed visit to review the Trust's progress with meeting the requirements of the previous visit on July 9th 2013:</p> <p>Clinical and Medical Oncology training, jointly with a team from Shared Services (formerly London Deanery); Following the last visit, the School of Medicine recommended conditional approval of all ST3+ posts in clinical oncology and medical oncology for a period of one year and requested an action plan to meet the requirements below by 30th September 2013. In the short term, it was felt that the ST3+ post in medical oncology was not a suitable training environment and Shared Services (London) elected not to fill the post in September 2013, in order to allow the Trust time to address the problems outlined in this report. An action plan was received on 30th September 2013, which indicated good progress with meeting the requirements.</p> <p>The current progress with meeting the requirements is as follows:</p> <ul style="list-style-type: none"> • <i>All OPD clinics in medical oncology must be supervised by a consultant (with immediate effect): This requirement has been fully met; this was confirmed in a written report from the medical oncology locum middle grade</i> 	

- *Undermining by the named consultant in the department must be stopped: **This requirement has been fully met;*** this was confirmed in a written report from the medical oncology locum middle grade as well as the trainees met
- *The frequency of on-call weeks of the medical oncology and clinical oncology trainees must be reduced: **This requirement has been fully met;*** the trainees are now on-call one in five during days and one in seven out of hours
- *The work intensity of on-call weeks of the medical oncology and clinical oncology higher speciality trainees must be further reduced: **This requirement has been fully met;*** the chemotherapy unit is now covered by a specialist doctor, patients with cancer admitted as emergencies are now initially assessed by the medical on-call team, the “temporary SHO” post has been re-mapped to GPST and the acute oncology service now provides a valuable training experience
- *During their on-call weeks, there should be opportunities for trainees to be involved in the on-going treatment of patients whom they have seen as emergencies; e.g planning of radiotherapy for patients with spinal cord compression whom they have admitted: **This requirement has been fully met;*** this was confirmed by the trainees seen by the visiting team
- *The appropriateness of F1 placements in the department must be reviewed: **This requirement has been fully met.*** Following discussion, it was agreed that F1 placements should continue because the changes made in the Department had enhanced the supportiveness of the training environment

Dr Wendy Ella, Dr Mandip Khara, Dr Kate Gretton, Dr David Tsang and the other members of the Department have all been outstanding in their efforts to improving training. The Oncology Service is also very fortunate to have Dr Helen Swinburn who is clearly highly committed to her patients and the Department. Sessional, clinical and educational supervision are all of a high standard. There is a good formal training programme. ST3+s are able to get to their training days. There is good access to WPBAs and the quality of feedback is good. There are good opportunities for more junior trainees to gain experience with practical procedures. It is anticipated that CMTs will experience less difficulties attending OPD once the GPST is in post. The F1s feel that pre-assessment of patients due for chemotherapy could be a better learning experience.

All the trainees felt able to recommend their posts.

The School of Medicine is able to recommend approval of the ST3+ posts in clinical oncology and medical oncology for a period of three years, provided a substantive consultant is appointed to replace the medical oncologist who is about to leave the Trust. The visiting team agreed that it would be appropriate to place a trainee in the medical oncology ST3+ post from March 2014, provided that either a high quality locum consultant medical oncologist has been appointed or the consultant clinical oncologists agree to provide close sessional supervision for the trainee

ST3+s in other specialities

Following the last visit, the School of Medicine recommend approval of all ST3+ posts (except those in medical and clinical oncology) for the full period of three years. Training of ST3+s remains of a high standard, no new concerns were identified (except undermining by radiologists, see below) and all the trainees met would recommend their posts, so the School of Medicine’s recommendation for approval of these posts remains in place.

CMT

Following the last visit, the School of Medicine recommended conditional approval of all CMT posts and requested an action plan to meet the requirements below by 30th September 2013. An action plan was received on 18th September 2013, which indicated that some requirements had not yet been met. The current progress with meeting the requirements is as follows:

- *The CMT/GPST on-call rota must be changed so that trainees do no more than four consecutive nights and there is a longer break between their week of twilight shifts and the start of their night shifts; this should be implemented from August 2013: **This requirement has been fully met***
- *On-call rotas must be made available to trainees (including those about to join the department of medicine) in a timely manner and should not include clerical errors: **This requirement has not been met**; The last rota was made available less than one month before it was needed, and was subsequently modified without the trainees affected being informed*
- *All educational supervisors and named clinical supervisors must have a clear understanding of their trainees' curricula and ePortfolios, including how to write meaningful educational supervisor's reports which accurately reflect the evidence presented in the ePortfolio: **This requirement has been partially met**; some supervisors still lack familiarity with the ePortfolio; TPDs have been asked to provide feedback about the quality of educational supervisor's reports following ARCP Panels via College Tutors so that this can be addressed*
- *Departmental induction must be delivered to a high and consistent standard; in the respiratory department this should include training in the use of the equipment in the high dependency area (e.g. BiPAP machines): **This requirement has not been met**; departmental induction remains poor in some specialities*
- *An effective mechanism (ideally consultant-led) for safe and effective handover of patients to the weekend team must be implemented: **This requirement has been fully met**; Under the leadership of Dr John Day, a consultant-led session which is of educational value is now in place;*
- *An effective mechanism which allows CMTs to meet the curriculum requirement of attending 12 OPD clinics per year must be implemented: **This requirement has been partially met**; attendance in OPD during the early part of twilight shifts is facilitated in geriatrics; attendance is relatively easy in , some other specialities, e.g. diabetes and endocrinology, but almost impossible in others, e.g. respiratory medicine*
- *How the HEEoE-funded PA for the RCP College Tutor is being utilised by the Trust must be clarified: **It is not clear if this requirement is being met***

The following new concern was identified:

- Undermining by three named individuals in the imaging department

Otherwise, the Department of Medicine provides good educational opportunities for CMTs. Internal teaching, support from the PGMC, library and IT facilities are all of a high standard. WPBAs are relatively easy to access and the quality of feedback is good. Training in the Department of geriatrics is particularly good. The acute admissions pathway is operating considerably more effectively since Dr Patrick Harnett took on a leadership role in acute medicine. All the CMTs met would recommend their posts.

The School of Medicine is able to recommend approval of all CMT post for the full period of three years. The School would be grateful if Professor John Kinnear could undertake an internal visit of the CMT Programme in approximately eight months to ensure that the Trust is continuing to make progress with the action plan developed in response to the visit on 9th July 2013

Examples of Good Practice

- The encouragement of trainees to attend outpatient sessions at the beginning of their twilight shifts in the geriatrics department
- The internal visits undertaken by Professor John Kinnear

Actions required by visiting team and timeframe

There are no specific requirements

Recommendations of visiting team

Clinical and Medical Oncology

- Additional administrative support should be provided to support rota coordination, planning of annual leave, room booking etc
- The Department should consider including the SAS doctors in the daytime on-call rota so that it is reduced to a 1 in 7
- The job plan of Dr Helen Swinburn should be reviewed in order to ensure that best use is made of her skills and commitment; this should include time for study in order to facilitate her own professional development
- F1s should receive a specific training session on assessing patients' fitness for different chemotherapy regimens and what side effects patients might expect to experience from specific drugs/regimens

Other specialities

Further work is needed on the following requirements from the previous visit:

- Ensuring that the on-call rota is made available to trainees in a timely manner
- Ensuring that all educational supervisors and named clinical supervisors have a clear understanding of their trainees' curricula and ePortfolios,
- Improving OPD attendance by CMTs
- Ensuring the HEEoE-funded PA for the RCP College Tutor is being utilised appropriately

In addition, the School recommends that:

- The Trust should involve the CMTs in reviewing the design of their on-call rota, in particular, whether the current afternoon and twilight shift is the best use of their time
- The allegations of undermining in the imaging department should be investigated and, if confirmed, addressed internally

Planned re-visit date

Approx. 18 months (date to be confirmed)

MEETINGS WITH TRAINEES (1 OF 3)

Trainee Group	Number of trainees met
Clinical and Medical Oncology Trainees and SAS doctors	Three separate meetings with: ST3+s (2), F1s (4) and SAS doctors (1) A written report was received from the Medical Oncology LAS
Domain 1: Patient safety	
Adequacy of sessional supervision; Outstanding in OPD and radiotherapy planning sessions; which consultant is responsible for individual patients is clear; F1s experience minor problems contacting consultants working in outreach clinics	
Safety of rota patterns and effectiveness of handover: Safety has improved with the employment of additional SAS doctors and the locum "SHO"	
Domain 5: Delivery of approved curriculum including assessment	
Adequacy of clinical (including outpatient) experience: Good; the Acute Oncology Service is now of much greater educational value; the ST3+s lose some clinics during their on-call weeks and feel that their experience would be further enhanced if the SAS doctors were part of the daytime on-call rota so that its frequency is reduced to 1 in 7	
Quality of internal formal teaching: Good	
Ability to attend internal and external training courses etc: Good	
Accessibility of assessments including WPBAs: Good	
Adequacy of feedback: Good	
Domain 6: Support and development of trainees, trainers and local faculty	
Arrangements for departmental induction (including for intermediate starters): Good; the F1s have asked for this (or their formal teaching) to include a session on assessment of fitness for chemotherapy.	
Quality of educational supervision (including appropriate use of ePortfolio): Good	
Intensity and educational content of work and adequacy of learning opportunities (including audit): This has improved considerably with the employment of additional SAS doctors and the locum "SHO"; however, ST3+ vacancies mean that the benefits are not being fully realised	
Experience of bullying and harassment, awareness of whistle-blowing policy: The previously identified problems have resolved	

MEETINGS WITH TRAINERS FROM CLINICAL ONCOLOGY

Domain 5: Delivery of approved curriculum including assessment

Training in the Department is delivered to a high standard and the educational leadership from Drs Wendy Ella, Mandip Khara, Dr Kate Gretton and Dr David Tsang has been outstanding

Domain 6: Support and development of trainees, trainers and local faculty

Intensity and educational content of work and adequacy of learning opportunities:

- An internal visit to the department had recently been carried out by Prof John Kinnear who was very impressed by the changes that have been made in the Department and learning environment
- The frequency of out of hours on-call has been reduced to 1 in 7 by the inclusion of two SAS doctors in the on-call rota, but the trainees are still doing a 1 in 5 on-call during the normal working day
- The intensity of the workload of the higher speciality trainees has been reduced by:
 - The additional speciality doctors and the CMT-level locum taking over some of the roles of the specialist trainees.
 - The medical team taking over the initial assessment of non-neutropenic patients with cancer who present acutely
 - A more effective Acute Oncology Service with three nurse practitioners
- The CMT-level post has been remapped to GPST; the GPST will not be part of the acute medical on-call rota so should be more available than the CMT in the department to provide direct supervision to the F1s; the presence of the GPST should also facilitate the CMT's attendance in outpatient clinics
- Undermining by a single consultant has been appropriately addressed
- Sessional supervision (including in outpatient clinics) in medical oncology has improved
- Trainees have more opportunities to be involved in the ongoing management of emergencies whom they have admitted (e.g. planning radiotherapy for spinal cord compression)
- There are two areas of concern
 - Many of these improvements have been achieved by the Consultant Educational Leads micromanaging administrative tasks; this is not sustainable and additional administrative support is needed
 - Both the training programmes have vacant posts; identifying and recruiting good quality locums to fill these can be difficult and the resultant gaps in on-call rotas can adversely affect the training of the remaining trainees. The School of Medicine will explore ways of helping the Trust with this issue.

MEETINGS WITH TRAINEES (2 OF 3)

Trainee Group	Number of trainees met
CMTs and GPSTs	9 (8 CMTs, 1 GPST)
Domain 1: Patient safety	
Adequacy of clinical supervision: Good, friendly environment; consultants are accessible and approachable	
Safety of rota patterns and effectiveness of handover: The rota is no longer unsafe, but is still not coming out in a timely way. There are a number of vacancies at ST3+ level which allows the CMTs to act up Friday afternoon handover to the weekend team has improved considerably	
Domain 5: Delivery of approved curriculum including assessment	
Adequacy of clinical (including outpatient) experience: Generally good but there are still significant difficulties attending OPD in the busier specialities	
Quality of internal formal teaching: Good; The new College Tutor, Dr Sarietha Kumar is leading some PACES sessions.	
Ability to attend internal and external training courses etc: Some difficulties because of work intensity	
Accessibility of assessments including WPBAs: Generally good	
Adequacy of feedback: Generally good	
Domain 6: Support and development of trainees, trainers and local faculty	
Arrangements for departmental induction (including for intermediate starters): Very poor in most specialities	
Quality of educational supervision (including appropriate use of ePortfolio): the majority of CMTs are year 2 and feel they have improved their trainers' knowledge of the ePortfolio as well as their own!	
Intensity and educational content of work and adequacy of learning opportunities (including audit): There is insufficient ward cover; in the trainees' opinion the early part of the twilight shift contributes little to service and is of limited educational value (except in geriatrics placements where trainees are encouraged to attend OPD)	
Experience of bullying and harassment, awareness of whistle-blowing policy: Most trainees have experienced undermining from three named members of the imaging department	

MEETINGS WITH TRAINEES (3 OF 3)

Trainee Group	Number of trainees met
Other Higher Speciality Trainees	4 from a mix of specialities
Domain 1: Patient safety	
Adequacy of clinical supervision: Good	
Safety of rota patterns and effectiveness of handover: Gaps in the ST3+ rota were again	
Domain 5: Delivery of approved curriculum including assessment	
Adequacy of clinical (including outpatient) experience: Good	
Quality of internal formal teaching: Good	
Ability to attend internal and external training courses etc: Generally good; dome difficulties in renal medicine	
Accessibility of assessments including WPBAs: Good	
Adequacy of feedback: Good	
Domain 6: Support and development of trainees, trainers and local faculty	
Arrangements for departmental induction (including for intermediate starters): Good	
Quality of educational supervision (including appropriate use of ePortfolio): Good	
Intensity and educational content of work and adequacy of learning opportunities (including audit): Good; the geriatrics department (which currently has two of its three ST3+ posts vacant) have been very supportive to the trainees in post, who has not been asked to provide excessive “service” cover but has instead been positively encouraged to make use of the learning opportunities in the department	
Experience of bullying and harassment, awareness of whistle-blowing policy: The problem of undermining by three named consultants in the imaging department was reiterated	