NHS
East of England

Multi-Professional
Deanery

SCHOOL VISIT REPORT

Visiting School	Date visited
Medicine	July 9th 2013

Local Education Provider (LEP) visited

The Southend University Hospital Foundation Trust

Visiting team

Ian Barton, Head of School of Medicine
Sue Agger, Quality and Academic Training Manager
*Gill Sadler, HoS Clinical Oncology, Shared Services (London)
*Amen Sibtain, TPD Clinical Oncology (London)
*Tina Suttle-Smith, Quality and Visits Manager, Shared Services (London)
*Faith Stow, Quality and Visits Officer, Shared Services (London)

*For review of Clinical (and Medical) Oncology only

LEP team

Jacqueline Totterdell, Chief Executive
Patrick Harnett, College Tutor
John Kinnear, Director of Medical Education
Emily Simpson, Associate Director of Medical Education
Katie Palmer, Medical Education Manager
Pam Barton, Posts and Placements Manager
Representatives from relevant specialities

Summary (including recommendation of posts by trainees)

This visit had two purposes:

1. A focussed review of clinical oncology training, jointly with a team from Shared Services (formerly London Deanery) in response to concerns raised by trainees through their training committee and significant numbers of negative outliers in the 2012 and 2013 trainee surveys

The clinical oncology department provides good educational opportunities. Dr Wendy Ella and Dr Mandip Khara provide exemplary educational leadership and considerable efforts have been made to improve the learning environment in 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. However, CMTs experience difficulties attending OPD. Previous concerns about unsafe prescribing of chemotherapy have been resolved. Additional staff have been recruited at CMT and middle grade levels, reducing the workload of the daytime on-call ST3+.

Despite the changes to date, both the frequency (1 in 5) and intensity of daytime on-calls remain unacceptably high. The ST3+s feel that this detracts significantly from their experience of their placements in Southend and they are unable to recommend their posts (solely for this reason).

The more junior trainees would all recommend their posts. However, it is generally agreed that the department is more suited to trainees more senior than F1s

It became apparent during the visit that training in medical oncology requires significant improvements; there is poor sessional supervision (including large numbers of unsupervised OPD clinics and difficulties contacting one consultant), poor access to WPBAs and significant undermining by one of the two consultants.

The School of Medicine is able to recommend conditional approval of the ST3+ posts in clinical oncology and medical oncology for a period of one year. The Trust must provide an action plan to meet the requirements outlined below by the deadline given. The School will re-visit the Trust in approximately eight months to ensure that the Trust's proposed action plan has been successfully implemented.

In the short term, it is felt that the ST3+ post in medical oncology is not a suitable training environment and Shared Services (London) have elected not to fill the post for the coming year, in order to allow the Trust time to address the problems outlined in this report.

2. A review of training in other specialities to assess progress since the last visit in May 2011

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 29th July 2011. An action plan was received on 6th December 2011, which indicated that some requirements had not yet been met.

The current progress with meeting the requirements is as follows:

- *The Trust must review and modify the medical working teams' working patterns in order to ensure that the CMTs are able to make best use of the good training opportunities in the Trust.* **This requirement has not been met.** CMTs still have poor junior cover on the wards and feel they are working at the level of F1s. When on-call, they are still receiving a high volume of calls from GPs and the A&E Department. They still find it very difficult to attend OPD in all specialities.
- *The Trust must ensure that the CMTs feel able to approach all their trainers.* **This requirement has been largely met.** Senior staff are generally very available, approachable and supportive. There are still some concerns about an individual consultant in the respiratory department, but there has been a significant improvement since 2011.
- *The Trust must put in place an effective mechanism for handover which is adhered to and ideally consultant led.* **This requirement has been partially met.** There is effective morning handover of new admissions, but, in common with many other Trusts, less effective handover in-patients. Evening handover is effective. However, there is no effective handover to the weekend team on Friday afternoons.
- *The Trust must ensure that Departmental Induction occurs consistently and is of high quality.* **This requirement has not been met.** Departmental induction for CMTs is very poor (except in haematology).

The following new concerns were identified:

- The CMT on-call rota is unsafe for both patients and trainees and includes seven consecutive nights immediately after two weeks of high intensity daytime and twilight shifts.
- The on-call rota is not made available in a timely fashion and can contain clerical errors.
- The CMT educational supervisors have a poor knowledge of the ePortfolio and there is a widely-held belief that it is the trainees' and not the trainers' responsibility to understand the ePortfolio and the curriculum.
- There is a high drop-out rate from the CMT programme.
- The acute medical admissions pathway is described as "chaotic"

Despite these concerns, 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 majority of CMTs would recommend their posts.

There are no significant concerns about ST3+s training other than in oncology and the ST3+s would generally recommend their posts.

The School of Medicine is able to recommend conditional approval of all CMT post for a period of one year. The Trust must provide an action plan to meet the requirements outlined below by the deadline given. The School will re-visit the Trust in approximately eight months to ensure that the Trust's proposed action plan has been successfully implemented.

The School of Medicine is able to recommend approval of all ST3+ posts (other than those in medical and clinical oncology) for the full period of three years.

Examples of Good Practice

The consistently high quality of training in the geriatrics department; this could be used as a model for other departments. A good example is the encouragement of trainees to attend outpatient sessions at the beginning of their twilight shifts

Actions required by visiting team and timeframe

The Trust must provide a written action plan to meet the following requirements by 30th September 2013.

Clinical and Medical Oncology

- All OPD clinics in medical oncology must be supervised by a consultant (with immediate effect)
- Undermining by the named consultant in the department must be stopped
- The frequency of on-call weeks of the medical oncology and clinical oncology trainees must be reduced
- The work intensity of on-call weeks of the medical oncology and clinical oncology higher speciality trainees must be further reduced
- 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
- The "temporary SHO" post in clinical oncology should be made a permanent

position
- The appropriateness of F1 placements in the department must be reviewed

Other specialities

- 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
- 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
- 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
- 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)
- An effective mechanism (ideally consultant-led) for safe and effective handover of patients to the weekend team must be implemented
- An effective mechanism which allows CMTs to meet the curriculum requirement of attending 12 OPD clinics per year must be implemented
- How the HEEoE-funded PA for the RCP College Tutor is being utilised by the Trust must be clarified.

Additional recommendations of visiting team

- The acute admission pathway should be urgently reviewed; trainees should be involved in this review and in the quality improvement of the acute admissions pathway
- The Trust should consider recruiting additional middle grades to support the acute medical specialities
- The possibility of including exposure to other specialities such as rheumatology, neurology and cardiology in CMT should be explored.

Planned re-visit date

Approx. 8 months (date to be confirmed with a representative from the Senior Deanery team)

RELATED EVIDENCE

Previous visit (date and summary)
May 19th 2011; Higher speciality training was very good; there were areas requiring improvement in core medical training including working patterns, lack of approachability of some trainers, handover and departmental induction
2012 Trainee survey outliers
Clinical oncology: ***Negative outlier*** for overall satisfaction, workload, adequate experience, local teaching and access to educational resources **Diabetes & Endocrinology:** ***Negative outlier*** for workload **Geriatrics:** ***Positive outlier*** for induction, adequate experience and access to educational resources **Medicine F1:** ***Positive outlier*** for overall satisfaction and regional teaching **Medicine F2:** ***Positive outlier*** for regional teaching **Respiratory medicine:** ***Positive outlier*** for overall satisfaction; ***Negative outlier*** for handover and workload **Rheumatology:** ***Positive outlier*** for overall satisfaction and clinical supervision
2013 Trainee survey outliers
Clinical oncology: ***Negative outlier*** for overall satisfaction, clinical supervision, workload, adequate experience, study leave and access to educational resources **Diabetes & Endocrinology:** ***Negative outlier*** for workload **Geriatrics:** ***Positive outlier*** for overall satisfaction, clinical supervision, induction, adequate experience, study leave and access to educational resources **Medicine F1:** ***Negative outlier*** for workload **Medicine F2:** ***Negative outlier*** for handover and workload **Rheumatology:** ***Negative outlier*** for overall satisfaction, clinical supervision, workload and adequate experience
2013 GMC Survey: Patient safety concerns for medical specialities
Concerns raised by 4 trainees (incl one from clinical oncology) mainly re high workload
2013 GMC Survey: Free text comments for medical specialities
Undermining by a single consultant in cardiology Poor supervision of GIM clinics and ward rounds in rheumatology
Conditions from DPQR December 2011 and current RAG Scores in GMC report
Green: 15.1 Concerns re departmental induction **Amber:** 15.2 Concerns re training in respiratory medicine and clinical oncology **Red:** None

MEETINGS WITH TRAINEES (1 OF 3)

Trainee Group	Number of trainees met
Clinical Oncology Trainees	11, including F1s, CMTs and ST3+s from clinical and medical oncology
Domain 1: Patient safety	
Adequacy of sessional supervision; Generally good, except in medical oncology, where the trainee has frequently worked unsupervised in some clinics, while being supernumerary in others; one medical oncology consultant can be difficult to contact. One clinical oncology consultant often fails to provide clear management plans for patients.	
Safety of rota patterns and effectiveness of handover: No safety issues highlighted	
Domain 5: Delivery of approved curriculum including assessment	
Adequacy of clinical (including outpatient) experience: Excellent potential – but learning can be inhibited because of work intensity. Very good for practical procedures for F1s and CMTs; CMTs have difficulties attending OPD	
Quality of internal formal teaching: Good	
Ability to attend internal and external training courses etc: Attendance at RCR training days is facilitated by cross cover between trainees	
Accessibility of assessments including WPBAs: Good, except in medical oncology	
Adequacy of feedback: Good; the acute oncology service provides a particularly good forum	
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): The work intensity and frequency (1 in 5) of on-call weeks for the ST3+s is unacceptably high; Duties include supporting the acute oncology service, taking new referrals from wards/A&E/GPs, supporting the ward staff and providing community advice; Guidelines and pathways are poorly developed; there has been some improvement with the appointments of additional speciality doctors (working in the chemotherapy unit and on the wards) and of a CMT-level locum (working in A&E and seeing other acute referrals)	
Experience of bullying and harassment, awareness of whistle-blowing policy: Undermining behaviour by one consultant has been experienced by trainees at all	

levels
Accessibility of study leave: Good
Opportunities for academic training: Not discussed
Support from postgraduate education team and pastoral support: Very good; Most trainees felt that the department could be a stressful environment for F1s
Domain 8: Educational resources and capacity
Adequacy of library, IT, clinical skills/simulation resources: Good
Domain 9: Outcomes
Trainee progression and examination achievements: Not discussed

MEETINGS WITH TRAINERS FROM CLINICAL ONCOLOGY

Domain 1: Patient safety
Chemotherapy prescribing: Previously reported problems with trainees being asked to prescribe chemotherapy for patients from other teams have been resolved
Domain 5: Delivery of approved curriculum including assessment
Training in the Department is generally delivered to a high standard and there is good educational leadership
Domain 6: Support and development of trainees, trainers and local faculty
Intensity and educational content of work and adequacy of learning opportunities: The adverse effect of the on-call week on the trainees' experience of the department is well recognised; additional speciality doctors and a CMT-level locum have been recruited and this has led to some lessening of the work intensity; the need to reduce the on-call frequency is seen as a priority. From September 2013, the speciality doctors will take part in the out of hours rota, reducing the frequency of on-calls to 1 in 8 weekday evenings and 1 in 7 weekends. However, the frequency of weekday daytime on-calls will remain at 1:5 The learning environment is felt to be more suited to trainees more senior than F1

MEETINGS WITH TRAINEES (2 OF 3)

Trainee Group	Number of trainees met
CMTs and GPSTs	8 (5 CMTs, 3 GPSTs)

Domain 1: Patient safety

Adequacy of clinical supervision: Good, friendly environment; consultants are accessible and approachable; notable consultant presence at weekends

Safety of rota patterns and effectiveness of handover: The arrangements for acute on-call cover (one week of day shifts, then weekend of long day shifts, then one week of twilight shifts, then weekend off, then seven consecutive night shifts) are unsafe for patients and for trainees. Rotas are not made available in a timely manner and can contain clerical errors; some trainees starting in the Trust on night shifts were not aware that this would be the case until the day they joined.

Morning handover is good for acute admissions (but can be poor for sick ward patients). Evening handover is generally good. Friday afternoon handover to the weekend team is very poor

Domain 5: Delivery of approved curriculum including assessment

Adequacy of clinical (including outpatient) experience: Generally good but there are significant difficulties attending OPD in all specialities

Adequacy of content of individual programmes: Trainees would value placements in cardiology, neurology and rheumatology; the majority would prefer four month placements

Quality of internal formal teaching: Good; PACES teaching is arranged by trainees in common with many other Trusts

Ability to attend internal and external training courses etc: Some difficulties because of the 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 (except haematology); this is a particular problem in respiratory medicine as the CMTs are not trained in the use of the equipment in the high dependency area

Quality of educational supervision (including appropriate use of ePortfolio): Both trainees and trainers have a poor knowledge of the ePortfolio

Intensity and educational content of work and adequacy of learning opportunities (including audit): There is insufficient ward cover, particularly when there are outliers and escalation areas are open

Experience of bullying and harassment, awareness of whistle-blowing policy: Some trainees find a particular consultant on the respiratory firm intimidating
Accessibility of study leave: Good
Opportunities for academic training: Limited
Support from postgraduate education team and pastoral support: Good
Domain 8: Educational resources and capacity
Adequacy of library, IT, clinical skills/simulation resources: Good
Domain 9: Outcomes
Trainee progression and examination achievements: No concerns expressed

MEETINGS WITH TRAINEES (3 OF 3)

Trainee Group	Number of trainees met
Other Higher Speciality Trainees	7 from a mix of specialities
Domain 1: Patient safety	
Adequacy of clinical supervision: Good	
Safety of rota patterns and effectiveness of handover: No problems with ST3+ rota; The tiredness of the CMTs/GPSTs by the middle of their week of nights means they are unable to support the ST3+s well Friday afternoon handover is unsafe as described by CMTs/GPSTs	
Domain 5: Delivery of approved curriculum including assessment	
Adequacy of clinical (including outpatient) experience: Good	
Adequacy of content of individual programmes: Good	
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	
Quality of educational supervision (including appropriate use of ePortfolio): Good	
Intensity and educational content of work and adequacy of learning opportunities (including audit): Generally good; haematology trainees would benefit from more junior support	
Experience of bullying and harassment, awareness of whistle-blowing policy: The consultant in the respiratory department expects high standards, but is not intimidating to trainees at this level; those who had worked in the Trust before felt there had been significant improvement	
Accessibility of study leave: No issues reported	
Opportunities for academic training: Not discussed	
Support from postgraduate education team and pastoral support: Good	

MEETINGS WITH TRAINERS AND LEP TEAM

Numbers and roles of trainers and LEP team met
Chief Executive, Director of Medical Education, Associate Director of Medical Education, RCP College Tutor, Medical Education Manager plus representatives from a range of specialities
Domain 1: Patient safety
Processes for sessional supervision: Consultant presence out of hours, particularly at weekends, is exceptionally good
Design of rota patterns and handover processes: Handover is felt to be poor, particularly on Fridays to the weekend team; an electronic system has been put in place but engagement with this is poor
Acute admissions processes: It is recognised that these are sub-optimal and action is being taken to address this
Domain 6: Support and development of trainees, trainers and local faculty
Arrangements for departmental induction (including for intermediate starters): Felt to be good
Identification of time for educational activities in job plans: Time for educational roles is included within SPAs; the College Tutor does not have a PA for this role explicitly identified within his job plan
Accessibility and content of training for clinical and educational supervisors: A programme mapped to the AoME standards is being delivered
Knowledge of ePortfolio: The College Tutor and others expressed the opinion that responsibility for understanding the curriculum and the ePortfolio lies with the trainees rather than with the trainers
Domain 9: Outcomes
Trainee progression and examination achievements: Significant numbers of CMTs leave the programme either prematurely or with the intention of not continuing training in a medical speciality