NIMDTA

Review of Clinical and Medical Oncology,
ıern Ireland Cancer Centre BCH, BHSCT
Altnagelvin Area Hospital, WHSCT

FINAL MEDICAL ONCOLOGY TPD REPORT

Hospital Visited	**Northern Ireland Cancer Centre BCH, BHSCT and Altnagelvin Area Hospital, WHSCT**			
Specialty Visited	**Medical Oncology**			
Type of Visit	**Specialty Review**			
Training Programme Director	**Dr X, TPD Medical Oncology, BHSCT**			
Date of Review	**30th September 2021**			
Visiting Team	**Dr X, Associate Dean for Deanery Visits (Chair)** **Dr X, Head of School for Medicine** **Mr X, Lay Representative** **Dr X, Foundation Representative** **Dr X, Trainee Representative** **Mrs X, Quality and Revalidation Manager, NIMDTA**			
Rating Outcome	**Red**	**Amber**	**Green**	**White[1]**
	N/A	N/A	N/A	N/A

Purpose of Deanery Visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the NI Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPS). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in NI.
Purpose of this Visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Clinical and Medical Oncology in NI Cancer Centre BCH and Altnagelvin Area Hospital
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Clinical and Medical Oncology in NI Cancer Centre BCH and Altnagelvin Area Hospital
Relevant Previous Visits	Cyclical Visit to Clinical and Medical Oncology in NI Cancer Centre BCH and Altnagelvin Area Hospital
Pre-Visit Meeting	30th September 2021
Purpose of Pre-Visit Meeting	To review and triangulate information about postgraduate medical education and training in the units to be visited.
Pre-Visit Documentation Review	Background Information Template from Clinical and Medical Oncology in NI Cancer Centre BCH and Altnagelvin Area Hospital Sept 2021 Previous visit report 12th Jan 2012 and subsequent Trust Action Plan 26th July 2012 Quality Placement Surveys 2021 GMC National Training Survey 2017-2021
Types of Visit	Cyclical Planned visitation of all Units within 5 years Re-Visit Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service Problem-Solving Visit Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.

This report reflects the findings from the trainees and trainers who were available to meet with the visiting team on the day of the visit and information arising from the pre-visit survey.

Please note the following recommendations from the Francis Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry on Training and Training Establishments as a Source of Safety Information:

- **Recommendation 160: Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.**
- **Recommendation 161: Training visits should make an important contribution to the protection of patients. Obtaining information directly from trainees should remain a valuable source of information.**

[1] Risks identified during the visit which were closed through action planning by the time of the final report.

Educational Leads Interviewed	
Dr X, TPD Medical Oncology	
Trainees Interviewed	
	ST3+ Medical Oncology
Posts	15
Interviewed	12

Trainers Interviewed

Trainers
12 x BCH (TPD Clinical Oncology, TPD Medical Oncology, 5 x Clinical Oncology, 5 x Medical Oncology)
3 x ALT (Clinical Oncology) *note: one trainer not recognised

Feedback provided to Trust Team

BHSCT:
Dr X, Director of Postgraduate Medical Education and Training
Dr X, Deputy Director of Postgraduate Medical Education and Training
Dr X, TPD Clinical Oncology (Interim)
Dr X, TPD Medical Oncology
Prof X, Clinical Director NI Cancer Centre

WHSCT:
Dr X, Director of Postgraduate Medical Education and Training
Prof X, Clinical Oncology
Dr X, Clinical Director Oncology
Ms X, Head of Service, Medical and Dental Education and Training

Contacts to whom the visit report is to be sent to for factual accuracy check

TPD
Dr X, TPD Medical Oncology, BHSCT

BHSCT
Dr X, Director of Medical Education
Dr X, Deputy Director of Medical Education
Mr X, Postgraduate Coordinator (Interim)

WHSCT
Dr X, Director of Medical Education
Ms X, Head of Service, Medical and Dental Education and Training

Background

Organisation: Clinical and Medical Oncology trainees are based at Northern Ireland Cancer centre, Belfast City Hospital, BHSCT and Clinical Oncology trainees also based at Altnagelvin Area Hospital, WHSCT.

Staff/rota: There are 42 consultants working across Clinical and Medical Oncology in BHSCT (1:24) and 7 consultant posts (current vacancies) in Clinical Oncology in WHSCT (1:11)

- 4 SAS grade BHSCT and 6 SAS posts WHSCT (current vacancies) (1:8)
- 17 ST3+ Clinical Oncology BHSCT and 3 in WHSCT (1:8); 15 Medical Oncology BHSCT. Some OOP and others LTFT
- 3 IMT in BHSCT
- 7 Foundation posts in BHSCT

NTS 2021: induction; feedback; adequate experience; curriculum coverage WHSCT.

Previous Visits/Concerns: WBAs/ACATS; workload; tasks of limited educational value; practical experience.

Feedback from Training Programme Director (TPD)

Recruitment and Selection to the Programme (R2.20)
No issues Identified.

Induction to the Programme (R3.5, 3.8, 5.9c)
The Trust inductions are comprehensive. No issues with login passwords and ID badges encountered on either site.
BHSCT: Unit induction described as good. No walk around or orientation offered.
WHSCT: Unit induction not reported as an issue. Information sent out in advance.
Medical oncology specialty induction could be a more streamlined process with easy access to the relevant packages and software.

Allocation Process (R3.7)
This is guided by the tumour-specific curriculum needs of each trainee.

Trainee Support (R3.2, 3.3, 3.5, 3.11, 3.14, 5.12)
BHSCT: ST3+ trainees feel supported by senior colleagues.

LTFT Trainees (R3.10)
Currently have one LTFT trainee in programme.

Regional Training Events (R1.16)
BHSCT: Local teaching has continued virtually for medical oncology. Local teaching is consultant led and there are no barriers to attending. Teaching was reported as relevant to their training. Specialty trainees attend their regional educational meetings

Exam Preparation/Pass rates (R2.5)
There are no specific exam preparation courses but general oncology courses that contribute to the exam preparation are supported. Pass rate has been 100% at first attempt, since inception of the SCE.

Study Leave (R3.12) Study Leave (R3.12)
No issues.

Support for Academic Opportunities (R3.8)
Opportunities to engage in QiP and audit.

Support and Development of Trainers (R4.4-4.6)
Trainer roles are included in job plans in each Trust and each has an annual educational appraisal.
WHSCT: Trainers are seeking support with building a middle grade tier and replacing and retaining consultant colleagues.

Specialty Training Committee (R2.4)
Medical oncology has established STC with regular meetings to discuss of any curriculum changes and review of trainees, with early identification of training needs or additional support required.

ARCP Process (R2.12, 2.16)
ARCP process is adhered to. There is engagement from trainers for the ARCP panels.

Quality Management of Programme (R2.5, 2.8, 2.9, 2.17)
NTS Survey results, local audits, feedback from teaching and ARCP outcomes contribute to the quality management of the programme. There are discussed regularly at training committee meetings and with trainees at TPD/trainee annual meetings, with the outcome of these discussions used to constantly review and improve the programme.

Summary of Programme Review Findings

Comments:

Despite being a busy clinical area, the trainees feel well supported. Trainees that have not previously worked in NI, have required significant additional support.

Areas of Opportunity:
1. Sufficient opportunities for practical experience for ST3+. **2.** Regular weekly local teaching sessions. **3.** Regional teaching programme in place **4.** AUDIT/QI opportunities.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG
There were no areas of improvement identified.			

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance	RAG
There were no areas of concern identified.			

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance	RAG
There were no areas of significant concern identified.			

FINAL CLINICAL ONCOLOGY TPD REPORT

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Trainees Interviewed

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Trainers
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Feedback provided to Trust Team

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Dr X, Deputy Director of Postgraduate Medical Education and Training
Dr X, TPD Clinical Oncology (Interim)
Dr X, TPD Medical Oncology
Prof X, Clinical Director NI Cancer Centre

WHSCT:
Dr X, Director of Postgraduate Medical Education and Training
Prof X, Clinical Oncology
Dr X, Clinical Director Oncology
Ms X, Head of Service, Medical and Dental Education and Training

Contacts to whom the visit report is to be sent to for factual accuracy check

TPD
X, TPD Clinical Oncology (Interim), BHSCT

BHSCT
Dr X, Director of Medical Education
Dr X, Deputy Director of Medical Education
Mr X, Postgraduate Coordinator (Interim)

WHSCT
Dr X, Director of Medical Education
Ms X, Head of Service, Medical and Dental Education and Training

Background

Organisation: Clinical and Medical Oncology trainees are based at Northern Ireland Cancer centre, Belfast City Hospital, BHSCT and Clinical Oncology trainees also based at Altnagelvin Area Hospital, WHSCT.

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- 3 IMT in BHSCT
- 7 Foundation posts in BHSCT

NTS 2021: Induction; Feedback; Adequate Experience; Curriculum coverage (WHSCT).

Previous Visits/Concerns: WBAs/ACATS; workload; tasks of limited educational value; practical experience.

Feedback from Training Programme Director (TPD)

Recruitment and Selection to the Programme (R2.20)
TPD post has been difficult to fill. Current interim TPD assured panel that they intend to remain in post until a formal TPD appointment is made.

Induction to the Programme (R3.5, 3.8, 5.9c)
The Trust inductions are comprehensive. No issues with login passwords and ID badges encountered on either site.
Clinical oncology specialty induction was reported as excellent.
BHSCT: Unit induction described as good. No walk around or orientation offered.
WHSCT: Unit induction not reported as an issue. Information sent out in advance.

Allocation Process (R3.7)
The Educational Supervisor meets their trainees and then meet together to discuss educational needs and placements in the various posts/ rotations. In general, we would try to allocate at least 2 attachments back to back in NWCC.

Trainee Support (R3.2, 3.3, 3.5, 3.11, 3.14, 5.12)
BHSCT: ST3+ trainees feel supported by senior colleagues.

LTFT Trainees (R3.10)
Currently 2 LTFT trainees in clinical oncology.

Regional Training Events (R1.16)
BHSCT: Local teaching has continued virtually for clinical oncology. Local teaching is consultant led and there are no barriers to attending. Teaching was reported as relevant to their training. Specialty trainees attend their regional educational meetings.
WHSCT: The ST3+ trainees in WHSCT do not always receive sufficient notification of the training day, to organise clinical cover. This needs to be addressed. Also, current pressures at ward level are preventing attendance.

Exam Preparation/Pass rates (R2.5)
There is an exam preparation course funded by NIMDTA in Manchester for Part 1 FRCR and exam preparation courses in various locations in the UK for Part 2. Also undertake exam preparation with viva practice in the NICC. Pass rates are currently unavailable for this year.

Study Leave (R3.12) Study Leave (R3.12)
No issues.

Support for Academic Opportunities (R3.8)
Opportunities to engage in QiP and audit.

Support and Development of Trainers (R4.4-4.6)
Trainer roles are included in job plans in each Trust and each has an annual educational appraisal.
WHSCT: Trainers are seeking support with building a middle grade tier and replacing and retaining consultant colleagues.

Specialty Training Committee (R2.4)
Clinical Oncologies have established STC with regular meetings to discuss of any curriculum changes and review of trainees, with early identification of training needs or additional support required.

ARCP Process (R2.12, 2.16)
ARCP process is adhered to. There is engagement from trainers for the ARCP panels.

Quality Management of Programme (R2.5, 2.8, 2.9, 2.17)
NTS Survey results, local audits, feedback from teaching and ARCP outcomes are used to aid in the quality Management of the Programme.

Summary of Programme Review Findings

Comments:
Despite being a busy clinical area, the trainees feel well supported. Trainees that have not previously worked in NI, have required significant additional support.

Areas of Opportunity
5. Sufficient opportunities for practical experience for ST3+. **6.** BHSCT Workload although variable, manageable for ST3 + Clinical Oncology. **7.** Regular weekly local teaching sessions. **8.** Regional teaching programme in place. **9.** AUDIT/QI opportunities.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG
1. Regional Training Events. Limited notification regarding confirmation of regional training days with ST3+ trainees in WHSCT.	✓		N/A

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance	RAG
There were no areas of concern identified.			

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance	RAG
There were no areas of significant concern identified.			

Annex for Belfast Trust:

Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

Theme 1: Learning Environment and Culture
S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

Induction (R1.10, 1.13, 1.19)
Trust inductions are comprehensive. Unit induction described as good. No walk around or orientation offered. IM trainees would appreciate immediate access to the ABG analysing machine. Clinical oncology specialty induction was reported as excellent.
Medical oncology specialty induction could be a more streamlined process with easy access to the relevant packages and software.
No issues with login passwords and ID badges encountered.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)
No formal consultant ward rounds. IM trainees and F2 trainees lead daily ward rounds. Consultant and registrars are largely based in clinic. Patients are admitted under their original consultant. Approximately 50 inpatients under a number of different consultants. Trainees spend a significant proportion of their time seeking the specific registrar responsible for the care of a patient if advice is required. Individual consultants will round twice per week and review their patients, but these ward rounds are not timetabled or co-ordinated with the junior trainees. Trainees find out consultant's plans from notes left in patients' charts. Consultants will see new patients and any unwell patients at the weekends with the registrar. There is an on call registrar and consultant available at all times, accessible on the phone.

OOH there is no oncology specialty trainee resident on site. There is no longer a medical specialty registrar resident on site in BCH. The IM trainees raised concerns that they were being asked to work at a level above their grade, replacing the on site medical registrar. They raised concern on behalf of F2 colleagues.

The ST3+ trainees in clinical and medical oncology have good clinical supervision.

Handover (R1.14)
Occurs twice daily. Led by junior trainees. No consultant in attendance. No senior nursing or patient flow in attendance.

Practical Experience (R1.19)
Experience gained through a wide inpatient case mix. However consultant ward rounds are not routinely scheduled, which leads to a reduced educational opportunity for F2 and IM trainees. At the weekends the specialty registrars carry out ward rounds, but the F2 and IM trainees don't get the opportunity to join them as they tend to be caught up in routine tasks. The difficulty of getting ACATS raised in the previous visit report, still exists as a result. F2 and IM trainees have no protected time to get to clinic. F2 and IM trainees have limited chance of carrying out procedures due to the lack of protected time. F2 and IM trainees do not routinely get an apportunity to assess or clerk in emergency admissions as this is done through an admissions unit and the F2 and IM trainees are largely ward based.

ST3+ trainees in both clinical and medical oncology would rate their practical experience as good. ST3+ in medical oncology have access to 4-5 clinics per week available. Some are off site in peripheral units but vast majority are on site. Mix of new, reviews and chemo clinics. Sufficient exposure to procedures to meet curriculum requirements. ST3+ in clinial oncology enjoy a rreasonable amount of variability. The day job is usually outpatient based and if not in clinic they can be allocated to taking calls from other parts of the province.

There is a medical oncology and clinical oncology registrar on call rotas during the hours of 9-5. OOH the 2 rotas are then pooled leaving 1 oncology registrar on call.

Workload (R1.7, 1.12)
Workload is generally manageable. However, at times the F2 and IM trainees are asked to hold the on-call bleep and the cardiac arrest bleep (covering the whole BCH site). They shared that this can be overwhelming. IM trainees reported that they frequently carry out number tasks that are not of educational value. Examples given: doing all inpatient ECGs and analysing ABGs.
ST3+ trainees in Clinical Oncology reported the workload to be just right.

Medical Oncology ST3+ trainees find workload intense, especially outpatient work, clinic and helpline. They report that they have limited time to complete admin associated with each clinic. They reported an imbalance between service and training, commenting that they felt they were behind in their training compared to trainees in other UK medical oncology programmes.

EWTR Compliance (R1.12e)
Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16)
Local teaching has continued virtually for medical and clinical oncology. Local teaching is consultant led and there are no barriers to attending. Teaching was reported as relevant to their training. IM trainees and specialty trainees attend their regional educational meetings

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)
BHSCT: No concerns identified.

Quality Improvement and Audit (R1.3, 1.5, 1.22)
Opportunities to engage in QiP and audit.

Patient Care (R1.1, 1.3, 1.4)
BHSCT: patient care reported as good, despite current pressures.

Patient Safety (R1.1-1.5)

[redacted]

A junior doctor forum has been set up to address issues arising from the recent reconfiguration of services within the BHSCT. Trainees have been asked to complete a Datix on every event where the lack of medical registrar on site and removal of some medical specialties have an impact on patient care or safety. IM trainees requested an update in resuscitation training. ST3+ trainees said that they would be happy to raise concerns within cancer centre (service level) but not at a higher Belfast Trust level.

Theme 2: Educational Governance and Leadership
S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.
S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.
S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Educational Supervision (R2.11, 2.14, 2.15) Trainees reported that their educational supervision was good and that they had no difficulties securing time to meet with their ES.

Theme 3: Supporting Learners
S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.

Feedback on Performance, Development and Progress (R3.13)
Informal feedback on performance is limited with F2 and IM trainees due to the lack of direct clinical supervision.
ST3+ trainees receive feedback at clinic and on ward rounds as they work closely with consultant colleagues
Formal feedback is offered at educational meetings with educational supervisors.

Trainee Safety and Support (R3.2)
IM trainees raised concerns that they felt pressured to work at a level above their training grade with the medical registrar's removal from BCH site. They do not feel fully supported. They worried about the F2 trainees. Examples given of oncology registrars being reluctant to come in when called, as they didn't feel they could add anything. This is in the setting of acute medical issues, already discussed with the on call medical registrar (offsite) and possibly waiting for a transfer to RVH or MIH. Trainees would feel more supported if other members of the multidisciplinary team could help with tasks such as running ECGs and ABG analysis. ST3+ trainees feel supported by senior colleagues. Trainees commented that they had raised these concerns with Trust management.

Undermining (R3.3)
No concerns reported.

Study Leave (R3.12)
No issues.

Theme 4: Supporting Educators **S4.1:** Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities. **S4.2:** Educators receive the support, resources and time to meet their education and training responsibilities.
Trainer Support (R4.1-4.6) Trainer roles are included in job plans and each has an annual educational appraisal. Medical and clinical oncology have established STCs with regular meetings to discuss of any curriculum changes and review of trainees, with early identification of training needs or additional support required. Trainer in clinical oncology felt they could be better supported by the Trust and NIMDTA particularly in the situation of a trainee in difficulty or a difficult trainee. TPD post has been difficult to fill. Currently interim clinical oncology TPD in post, who reassured panel that he has plans to stay until a colleague is identified to take up the permanent position. There was plea to NIMDTA to recognise the commitment of the interim TPD and allow recruitment to continue to the specialty.

Theme 5: Developing and Implementing Curricula and Assessments **S5.2:** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.
Difficulties still identified in securing ACATS for F2 and IM trainees.

Summary of Conclusions

The below conclusions have been categorised as follows:

i) Educational governance (training)

ii) Clinical governance or patient safety issues

Comment (if applicable):
The reconfiguration of services within the BHSCT affecting the BCH site has had a significant impact on Clinical and Medical Oncology within NI Cancer Centre, BCH.

Areas Working Well
There were no areas identified.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
1. Sufficient opportunities for practical experience for ST3+ **2.** Workload although variable, manageable for ST3 + Clinical Oncology **3.** Regular weekly local teaching sessions. Regional teaching programme in place **4.** AUDIT/QI opportunities

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG
1. Induction. No unit walk around or orientation offered.	✓		N/A
2. Handover. BHSCT: No consultant presence. Educational opportunities being missed.	✓		Amber

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):			
	Educational Governance	**Clinical Governance**	**RAG**
1. Clinical Supervision: No co-ordinated ward rounds with F2/IM trainees. Recommendation would be to introduce regular co-ordinated consultant led, team ward rounds; F2/IM trainee most senior on site OOH. The line for escalation should be F2/IMT → oncology specialist registrar on call → medical registrar on call. Recommendation would be for the on call oncology specialist registrar to be resident on site OOH to offer direct supervision and support more junior trainees.	✓	✓	Amber
2. Practical Experience: No ward rounds F2/IMT; limited opportunities (clinic/procedures/acute admissions) F2/IMT. Ward based tasks of limited educational value F2/IMT.	✓		Amber
3. Workload: Intense for F2/IMT OOH.	✓	✓	Amber
4. Workload: Medical Oncology ST3+ trainees find workload intense, especially outpatient work, clinic and helpline.	✓	✓	Amber
5. Feedback on Performance, Development and Progress: F2/IMT, limited due to lack of direct clinical supervision.	✓		Amber
6. Trainee Safety: F2/IMT feel that they are expected to be working at a level higher than their grade with the removal of medical registrar from BCH site and no onsite oncology specialist registrar on site OOH. The line for escalation should be F2/IMT → oncology specialist registrar on call → medical registrar on call. Recommendation would be for the on-call oncology specialist registrar to be resident on-site OOH to offer direct supervision and support more junior trainees.	✓		Amber
7. Trainee Support: Trainees raised concerns regarding pressures as a result of the medical registrar's removal from BCH site.	✓		Amber
8. Trainer Support: Trainers do not feel fully supported by the Trust or NIMDTA when encountering trainees in difficulty.	✓	✓	N/A

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):			
	Educational Governance	**Clinical Governance**	**RAG**
1. Patient Safety. Removal medical specialty registrar and some medical specialties from BCH site. F2/IM trainee most senior on-site OOH. The line for escalation should be F2/IMT → oncology specialist registrar on call → medical registrar on call. Recommendation would be for the on-call oncology specialist registrar to be resident on-site OOH to offer direct supervision and support more junior trainees.		✓	Amber

Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

Theme 1: Learning Environment and Culture

S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

Induction (R1.10, 1.13, 1.19)

Trust induction comprehensive. The unit induction was reported as good. Information sent out in advance. No issues with login passwords and ID badges encountered. 1 ST3+ trainee only interviewed; a second ST3+ trainee had to leave due to a clinical pressure. Clinical oncology specialty induction was reported as excellent.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)

Clinical supervision is a challenge at the minute. Clinical oncology consultant and SAS numbers have reduced significantly recently. Specialty trainees described the situation where one of their colleagues currently has no direct consultant supervision in the area of breast cancer. This is creating anxiety and stress re ARCP and portfolio. The trainee is trying to deal with emails and queries that would normally be dealt with by the consultant.

Handover (R1.14)

Occurs twice daily. Led by junior trainees. No consultant in attendance.

Practical Experience (R1.19)

current staffing level is having a major impact on training. F2 and IM trainees frequently pulled to medical wards to cover staffing gaps. If not pulled to the medical wards, then haematology often prioritised over clinical oncology. As a result junior trainees tend not to be available for clinical oncology ward rounds. The ST3+ trainees are being called to cover the oncology ward as the junior trainees are called away. This is having a significant impact on ST3+ training, with the trainees being taken away from planning clinics and other educational opportunities. Current trainees are engaged in tasks that would normally fall to more junior grades. Senior trainees stressed that in the past this post offered excellent experience. The Trust have a focus on building the middle grade tier, and shared that there have been 2 new SAS appointments to help address these issues.

Workload (R1.7, 1.12)

Workload across all training grades currently intense due to the current staff shortage. The increased workload is due to the fact that trainees are covering areas outside of this specialty area and the lack of a sufficient middle grade tier. Monthly rota is issued with limited notice (1 week reported)

EWTR Compliance (R1.12e)

Compliant.

Hospital and Regional Specialty Educational Meetings (R1.16)

The ST3+ trainees in WHSCT do not always receive sufficient notification of the regional training day, to organise clinical cover. Also, current pressures at ward level are preventing attendance.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)

No concerns identified.

Quality Improvement and Audit (R1.3, 1.5, 1.22)

Opportunities to engage in QiP and audit.

Patient Care (R1.1, 1.3, 1.4)

Patient care reported as good, despite current pressures.

Patient Safety (R1.1-1.5)

Trainees are concerned that current staffing levels could have a potential impact on patient safety. Trainees comfortable to raise concerns and would have no issues in escalating within department and with the Trust management team. All are aware of the trust reporting system.

Theme 2: Educational Governance and Leadership

S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.
S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.
S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Educational Supervision (R2.11, 2.14, 2.15)

Trainees reported that their educational supervision was good and that they had no difficulties securing time to meet with their ES.

Theme 3: Supporting Learners

S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.

Feedback on Performance, Development and Progress (R3.13)

Limited informal feedback at all training grade levels due to reduced staffing levels. ST3+ trainees receive feedback at clinic and on ward rounds as they work closely with consultant colleagues. Formal feedback is offered at educational meetings with educational supervisors.

Trainee Safety and Support (R3.2)

No concerns reported.

Undermining (R3.3)

No concerns reported.

Study Leave (R3.12)

No issues.

Theme 4: Supporting Educators

S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.
S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.

Trainer Support (R4.1-4.6)

Trainer roles are included in job plans and each has an annual educational appraisal. Medical and clinical oncology have established STCs with regular meetings to discuss of any curriculum changes and review of trainees, with early identification of training needs or additional support required.

Trainers are seeking support with building a middle grade tier and replacing and retaining consultant colleagues.

The TPD post has been difficult to fill. Currently interim clinical oncology TPD in post, who reassured panel that he has plans to stay until a colleague is identified to take up the permanent position. There was plea to NIMDTA to recognise the commitment of the interim TPD and allow recruitment to continue to the specialty, limiting further pressures especially felt in WHSCT.

Theme 5: Developing and Implementing Curricula and Assessments

S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

There were no concerns identified.

Summary of Conclusions

The below conclusions have been categorised as follows:

iii) Educational governance (training)
iv) Clinical governance or patient safety issues

Comment (if applicable):

Current low staffing levels experienced in the WHSCT is having a significant impact on Clinical Oncology training.

Areas Working Well

There were no areas identified.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
1. Sufficient opportunities for practical experience for ST3+ **2.** Workload although variable, manageable for ST3 + Clinical Oncology **3.** Regular weekly local teaching sessions. Regional teaching programme in place **4.** AUDIT/QI opportunities

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG
1. Handover. No consultant presence. Educational opportunities being missed.	✓		N/A
2. Hospital and Regional Specialty Educational Meetings. Limited notification regarding confirmation of regional training days with ST3+ trainees in WHSCT.	✓		N/A

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance	RAG
1. Clinical Supervision. Reduced clinical supervision due to staffing issues.	✓	✓	N/A
2. Practical Experience. Ward based tasks of limited educational value F2/IMT/ST3+. ST3+ covering for reduced middle grade tier reducing educational opportunities.	✓		N/A
3. Workload. All trainees due to currently reduced staffing levels.	✓		N/A
4. Feedback on Performance, Development and Progress. ST3+ due to consultant/CS absence.	✓		N/A

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance	RAG
There are no areas of significant concern.			