

London North West Healthcare NHS Trust

Acute Medicine and Endocrinology and Diabetes Mellitus

Risk-based Review (on-site visit)



Quality Review report

Date: 7 July 2016

Version: Final

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Quality Review details

Background to review	<p>The Trust was last visited for a Trust-wide review (TWR) on 22 October 2013 and although acute medicine was not reviewed separately, trainees with experience of the acute medicine block were met by the visit team during the TWR sessions. These trainees expressed concern about the high workload on the acute medicine block but that the Trust had plans to increase the numbers of higher trainees to resolve these workload issues. The specialty had not been visited for a specialty focused visit for several years and as a result, the visit team was keen to explore the education and training provided within acute medicine at the Trust. Trainees in acute medicine were based at both the Ealing Hospital and the Northwick Park Hospital sites. The Trust generated a pink outlier for 'clinical supervision' for acute medicine in the General Medical Council National Survey (GMC NTS) in 2015. 33% of trainees did not always know who was providing clinical supervision and 67% of trainees felt they were supervised by someone incompetent to do so, on a monthly basis. There were no red or green outliers generated for acute medicine.</p> <p>Endocrinology and diabetes mellitus had not been reviewed for several years and as a result, the visit team was keen to explore the education and training provided in this specialty at the Trust. Furthermore, concern was raised around the five red outliers generated in the General Medical Council National Training Survey (GMC NTS) in 2015. These related to 'overall satisfaction', 'clinical supervision', 'clinical supervision out of hours', 'adequate experience' and 'supportive environment'. Furthermore, pink outliers were generated in 'induction', 'workload' and 'regional teaching'. No green outliers were generated for endocrinology and diabetes mellitus at the Trust. The visit team was keen to ascertain whether the red outliers were site specific as trainees in endocrinology and diabetes mellitus were based across the Central Middlesex Hospital site, Ealing Hospital site and the Northwick Park Hospital site.</p>
Number of trainees / specialties / grades reviewed	<p>The visit team met with 17 trainees in acute medicine or those who had had experience of working on the acute medical unit (AMU) at both the Northwick Park Hospital site and the Ealing Hospital site. Those based at the Ealing Hospital site were met via video link. These trainees were at a range of grades including foundation year one (F1) trainees, F2 trainees, core training year one (CT1), CT2 and specialty training year six (ST6).</p> <p>Regarding endocrinology and diabetes mellitus, the visit team met with trainees at grades F1, CT1 and seven higher trainees at grades ST3 – ST6 who were based across the Central Middlesex Hospital site, Ealing Hospital site and the Northwick Park Hospital site.</p>
Number of trainers from each specialty	<p>The visit team met with eight trainers who were based at the Northwick Park Hospital site and five at the Ealing Hospital site (via video link at the latter). These trainers provided both educational and clinical supervision to trainees in acute medicine and were consultants in a variety of specialties including acute medicine, endocrinology, respiratory medicine, gastroenterology, infectious diseases and care of the elderly.</p> <p>The visit team also met with seven trainers in endocrinology and diabetes mellitus who were based across the Central Middlesex Hospital site, Ealing Hospital site and the Northwick Park Hospital site. These trainers provided both educational and clinical supervision to trainees in the specialty.</p>
Review summary and outcomes	<p>The visit team thanked the Trust for accommodating the visit.</p> <p>It was noted by the visit team that the feedback on training in both acute medicine and endocrinology and diabetes mellitus at the Ealing Hospital site was very limited due to low trainee attendance. The visit team would like to arrange a separate meeting with higher trainees at the Ealing Hospital site to discuss their training.</p>

Acute Medicine

Regarding the training in acute medicine, areas that were working well were identified as follows:

- The visit team heard that trainees were well supervised and received supervised learning events (SLEs).
- The visit team was informed that there were effective and functional relationships between acute medicine and the medical sub-specialties.
- The visit team heard that the trainees had a positive experience on the medical High Dependency Unit (HDU) and that patient care was good. There was a good relationship between the medical HDU and the Intensive Trauma Unit (ITU).

In addition, the visit team identified various areas for improvement, which included:

- The visit team heard that feedback from Datix submissions was not always received by trainees.
- The trainees informed the visit team that the local induction on the Acute Medical Unit (AMU) at the Northwick Park Hospital site was minimal.
- The visit team heard that the evening handover was not as robust as the morning handover.
- The visit team was informed that the core medical trainee (CMT) and foundation trainee workload was excessive, especially the weekend morning ward round.
- The trainees reported that obtaining study leave and annual leave was difficult.
- The visit team heard that within the ITU, trainees were unable to access certain websites due to the outdated version of Internet Explorer installed on the computers.

Endocrinology and diabetes mellitus

Regarding the training in endocrinology and diabetes mellitus, areas that were working well were identified as follows:

- The visit team heard that the rotation between the Northwick Park Hospital site and Central Middlesex Hospital site was good and that trainees were receiving an excellent experience. However, as the team did not meet with any higher trainees at the Ealing Hospital site, the visit team would like to arrange a separate meeting with trainees at the Ealing Hospital site. The visit team did meet with CMT and foundation trainees at the Ealing Hospital site who reported receiving a positive training experience.
- The visit team was informed that the Trust was supportive of education by actively supporting education processes. It was reported by trainees that consultants were responsive to trainee feedback.
- Trainees felt generally well supervised by their consultants. The visit team heard that there was strong support for training and education at the highest levels of the Trust.

In addition, the visit team identified an area for improvement as follows:

- The visit team heard that there was a very large trainee inpatient workload but that consultants were doing their best to support trainees and ensure that they could finish their shifts at a reasonable time. In some cases, trainees were responsible for up to 45 patients at one time.

Quality Review Team			
Lead Visitor	Dr Andrew Deaner, Trust Liaison Dean, Health Education England North Central and East London	Lead Provider Representative	Dr Geoff Smith, Lead Provider Director, Imperial College Healthcare NHS Trust
External Representative (Acute Medicine session)	Dr Kevin O’Kane, Consultant in Acute Internal Medicine, Guys & St Thomas’ NHS Foundation Trust	External Representative (Endocrinology and Diabetes Mellitus session)	Dr Bernard Khoo, Consultant Endocrinologist, The Royal Free London NHS Foundation Trust
Lay Member (Acute Medicine session)	Robert Hawker, Lay Representative	Lay Member (Endocrinology and Diabetes Mellitus session)	Ryan Jeffs, Lay Representative
Observer (Acute Medicine session)	Laura Stackpoole, Quality Support Officer	Trainee Representative (Endocrinology and Diabetes Mellitus session)	Dr Rachel Alder, Medical Education Fellow, Health Education England South London
Scribe	Kate Neilson, Learning Environment Quality Coordinator		

Findings

GMC Theme 1) Learning environment and culture

Standards

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.

Ref	Findings	Action required? Requirement Reference Number
AM1.1	<p>Serious incidents and professional duty of candour</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from the trainees at both sites that although they had submitted Datix forms, feedback on these was inconsistent and in the majority of cases feedback had not been received.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team was informed by the trainees that they were encouraged to report incidents and that they had received feedback on these.</p>	Yes. See AM1.1 below.

<p>AM1.2</p>	<p>Appropriate level of clinical supervision</p> <p><u>Acute Medicine</u></p> <p>The trainees in acute medicine informed the visit team that they felt well supervised and supported by consultants and that they always knew who to contact for advice, including when working out of hours.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team heard from all of the trainees that they were always able to seek advice, either from a consultant or a higher trainee both during the week and at weekends.</p> <p>The higher trainees at the Northwick Park Hospital site informed the visit team that ward referrals (average of 4-5 each day) were seen by the higher trainee covering the clinic or the higher trainee on the ward, if urgent. These trainees reported that they were well supported by consultants with these referrals. Furthermore, these trainees also confirmed that they received good clinical supervision when covering outpatient clinics and that they covered the same list as the consultants.</p> <p>Regarding the Central Middlesex Hospital site, the higher trainees confirmed that they were supported by consultants when covering outpatient clinics.</p> <p>Trainees at the Ealing Hospital site advised the visit team that they received clinical supervision from consultants when covering clinics and that they discussed treatment plans prior to discussing with the patients.</p>	
<p>AM1.3</p>	<p>Rotas</p> <p><u>Acute Medicine</u></p> <p>The visit team heard that the trainees in acute medicine at the Northwick Park Hospital site, completed two acute medicine blocks and then an AMU placement within a year. The acute blocks were made up of day shifts, night shifts, post-takes and ambulatory care (AC). There were considerable rota gaps, especially on the AMU with higher trainees filling these. The visit team was informed by these trainees that due to staff shortages within acute medicine, it was difficult to maintain a satisfactory work-life balance and that the consultants within the department appreciated this difficulty. The weekend post-take system was highlighted as a potential concern due to the fact that patient numbers increased compared to weekdays but that trainee numbers decreased, with only one F1 and one core trainee on the rota. This meant that one trainee could be responsible for up to 40 patients.</p> <p>The higher trainees at Northwick Park Hospital confirmed that regarding daytime shifts, they worked standard shifts between 9am-9pm and that a consultant was always around during these times. The shift pattern was a week of day take and then a week of night take, which was the same as that of the trainees in general internal medicine (GIM). The visit team heard from these trainees that there was a dedicated acute physician on the ward about half of the time with a GIM consultant available the rest of the time. The higher trainees based at the Northwick Park Hospital site confirmed that there were no issues with their rota and that they covered one weekend in nine. The visit team heard from these higher trainees that improvements could be made in terms of having access to phlebotomy at the weekends but it was noted that this was not a problem on the acute ward as nurses take bloods. The trainees based at the Northwick Park Hospital site confirmed that the ED take felt well-staffed with an F1, core trainee, two higher trainees and a consultant.</p> <p>Regarding the Ealing Hospital site, trainees completed a four month block in the AMU. These trainees confirmed that there were not as many rota gaps at this site as at the Northwick Park Hospital site and that there were none at foundation trainee level but some at core trainee level, which were filled in-house. It was noted that there were fewer posts to fill at the Ealing Hospital site compared to the Northwick Park Hospital site.</p> <p>The trainees at the Ealing Hospital site reported that during take shifts (9am-9pm), there was always a consultant available. Furthermore post-take ward rounds were carried out by a consultant on the AMU. The evening ward round was consultant-led</p>	<p>Yes. See AM1.3a below.</p>

	<p>and finished between 8-9pm. The ward round was a rolling rather than a formal ward round. The takes at the Ealing Hospital site were significantly smaller than those at the Northwick Park Hospital site. It was noted by the trainees at the Ealing Hospital site that until the week of the visit, there had been no acute medicine consultants on the general medical rota but that two had started on this rota from 04 July 2016.</p> <p>The visit team was informed by the trainees at the Ealing Hospital site that radiology and blood tests were requested via the electronic system, ICE. This was introduced in August 2015 and had streamlined the process compared to the previous paper-based system. These trainees noted that 95% of radiology requests were accepted but that they were not automatically informed when requests were turned down. However, they did not encounter any issues with this system. The Northwick Park Hospital site had been using ICE for years. These trainees reported that they had a good relationship with the Radiology department with the majority of scan requests vetted over the phone, especially when working on the AMU. In the case of requests being turned down, trainees were bleeped by the Radiology department to discuss the issue.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The trainees in endocrinology and diabetes mellitus based at the Northwick Park Hospital site confirmed that they usually finished their shifts between 5.30pm and 6pm and occasionally at 7pm. The visit team heard that there was a very large trainee inpatient workload but that consultants were doing their best to support trainees and ensure that they could finish their shifts at a reasonable time. In some cases, trainees were responsible for up to 45 patients at one time. However a consultant was always contactable when working on the wards.</p> <p>The visit team heard that the rotation between the Northwick Park Hospital site and Central Middlesex Hospital site was good and that trainees were receiving an excellent experience. The trainees with experience of working at the Central Middlesex Hospital informed the visit team that their duties were made up of protected outpatient time (including five clinics a week), referral clinics (including older people in acute care (OPAC) referrals to district nursing teams), covering the ITU on-call rota as a resident (which involved covering typically two or three patients) and covering the urgent care centre (UCC). There was also a diabetes meeting on a Thursday afternoon and a gastroenterology meeting on a Friday morning.</p> <p>The trainees at the Ealing Hospital site, that the visit team met, reported that the workload was manageable but that sometimes it was hard to get a variety of clinic experience as the site did not have renal or vascular clinics.</p>	<p>Yes. See AM1.3b below.</p>
<p>AM1.4</p>	<p>Induction</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from the trainees in acute medicine at the Northwick Park Hospital site that they received no formal induction when commencing the two month training block on the AMU but that they were sent documents to read by way of induction. These trainees noted that this could be an issue for trainees who had not worked within the specialty previously.</p> <p>The acute medicine induction at the Ealing Hospital site was more robust but that similarly there was no formal induction onto the AMU. Departing trainees provided a handover to incoming trainees onto the unit but that this was an informal arrangement.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team was informed by the trainees at both the Ealing Hospital and Northwick Park Hospital sites that they all received both a Trust and local induction.</p>	<p>Yes. See AM1.4 below.</p>
<p>AM1.5</p>	<p>Handover</p> <p><u>Acute Medicine</u></p> <p>The trainees at Northwick Park Hospital reported that the handover arrangements were variable and that the evening handover was not as robust as the morning</p>	<p>Yes. See</p>

	<p>handover. However, there was a formal evening higher trainee to higher trainee handover. It was noted by the trainees at the Northwick Park Hospital site that due to the numbers of patients, there was no formal way to track patients once they had been handed over to the specialty teams. However these trainees confirmed that the handover arrangement worked well and that the relationship between ITU and the medical HDU was good. These trainees also noted that the ITU managed bed capacity so this duty was not passed onto the trainees in acute medicine.</p> <p>The visit team heard from the trainees at Ealing Hospital that there was a formal consultant-led handover at 8.30am everyday where sick patients were flagged to the relevant teams. In addition there was a handover at 9pm which was attended by the take team from the day who handed over to the night team including a Hospital at Night practitioner and outreach nurse.</p>	<p>AM1.5 below.</p>
<p>AM1.6</p>	<p>Protected time for learning and organised educational sessions</p> <p><u>Acute Medicine</u></p> <p>The foundation year one trainees at the Ealing Hospital site confirmed that they received a weekly bleep-free teaching session on a Tuesday for one hour. In addition teaching for the core trainees was held weekly on a Friday. Higher trainee led AMU teaching for trainees at all grades was held weekly on a Wednesday. There were no official teaching sessions for higher trainees.</p> <p>Regarding the Northwick Park Hospital site, weekly teaching sessions for core trainees were held on a Friday but that when on the AMU, trainees were not always able to get to these sessions. The higher trainees reported that there was a grand round on a Thursday and a report on a Wednesday morning with the latter held outside of office hours and not compulsory. The visit team heard that the trainees based at the Northwick Park Hospital site were able to attend most of the regional days except when working on the acute block with some trainees attending on their zero days.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The trainees based at the Ealing Hospital site confirmed that they were able to attend training sessions, including the weekly diabetic multidisciplinary team teaching and weekly AMU teaching with opportunities for trainees to present.</p>	<p>Yes. See AM1.6 below.</p>
<p>AM1.7</p>	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from the trainees in acute medicine that best practice guidelines were not available at the Trust but that it was trying to obtain funding to purchase these.</p> <p>The trainees based at the Northwick Park Hospital site reported that the education department was good but that the Information Technology (IT) resources were insufficient. Furthermore, a firewall meant that websites were blocked and others were not accessible due to the outdated version of Internet Explorer used at the Trust.</p> <p>Regarding resources at the Ealing Hospital site, there was a small library and a computer room containing copies of the Trust's guidelines. The Dr Toolbox application was available at both sites.</p>	<p>Yes. See AM1.7 below.</p>

GMC Theme 2) Educational governance and leadership**Standards**

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the 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, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

AM2.1	<p>Impact of service design on learners</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from all the trainees in acute medicine that they would recommend both the Ealing Hospital and the Northwick Park Hospital sites to their family and friends should they require treatment. However some trainees would caveat this recommendation with a concern around the busy environment at the Northwick Park Hospital site.</p> <p>The trainees in acute medicine based at the Ealing Hospital site informed the visit team that they would recommend the post to a colleague. Furthermore, the majority of the trainees in acute medicine at the Northwick Park Hospital site would recommend the post to colleagues. However, the remaining trainees noted that although the post provided a good medical experience, having a work-life balance could be difficult due to the heavy workload and excessive rotas, including covering up to five weekends in a two month period, and difficulty obtaining annual and study leave.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team heard from all of the trainees in endocrinology and diabetes mellitus that they would recommend the Trust to family and friends for treatment. They would also recommend the Trust as a good place to train to colleagues.</p>	Yes. See AM1.3 below.
AM2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from the trainees in acute medicine that they had not seen the Trust's whistleblowing policy.</p>	Yes. See AM1.4 below.
AM2.3	<p>Organisation to ensure access to a named clinical supervisor</p> <p><u>Acute Medicine</u></p> <p>The visit team heard that all of the trainees in acute medicine at both sites had a clinical supervisor and that they knew who these were at the beginning of their rotation.</p> <p>These trainees noted that all of the clinical supervisors when they were working on the AMU were from acute medicine so there were no issues with receiving supervision when on the AMU.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team heard that all of the trainees had a clinical supervisor and that they knew who these were at the beginning of their rotation</p>	
AM2.4	<p>Organisation to ensure access to a named educational supervisor</p> <p><u>Acute Medicine</u></p> <p>The visit team heard that all of the trainees in acute medicine had an educational supervisor and that they knew who these were at the beginning of their rotation.</p>	

	<p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team heard that all of the trainees had an educational supervisor and that they knew who these were at the beginning of their rotation.</p>	
<p>GMC Theme 3) Supporting learners</p>		
<p>Standards</p> <p>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 their curriculum.</p>		
AM3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p><u>Acute Medicine</u></p> <p>The trainees based at the Northwick Park Hospital site reported that when on the acute block, there was fixed annual leave so it was not possible to take time off outwith these times.</p> <p>The trainees based at the Ealing Hospital site informed the visit team that they often had to negotiate shifts with colleagues in order to obtain annual leave.</p>	
AM3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from the trainees in acute medicine that there were no issues with bullying or undermining and that they would contact their clinical or educational supervisor if they had any concerns around this.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The visit team heard from the trainees in endocrinology and diabetes mellitus that there were no issues with bullying or undermining.</p>	
AM3.3	<p>Access to study leave</p> <p><u>Acute Medicine</u></p> <p>The visit team heard from the trainees at the Ealing Hospital site that study leave was hard to obtain. However Foundation Year One trainees stated that they did receive study leave to attend simulation-based training at the Ealing Hospital site.</p> <p><u>Endocrinology and Diabetes Mellitus</u></p> <p>The trainees reported that they had to take study leave when on the specialty block and that it could be hard to obtain when working on the on-call rota with an evening start.</p>	
<p>GMC Theme 4) Supporting educators</p>		
<p>Standards</p> <p>S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</p> <p>S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.</p>		
AM4.1	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The visit team heard from the trainers that they all receive a Supporting Professional Activities (SPA) allocation.</p> <p>The visit team heard from the trainers in endocrinology and diabetes mellitus that there was recently a dispute with the turnaround team about reducing their SPA allocation to one but that the Trust's chief executive, medical director and director of</p>	

	medical education had supported the trainers to resolve this.	
GMC Theme 5) Developing and implementing curricula and assessments		
Standards		
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.		
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.		
AM5.1	Regular, useful meetings with clinical and educational supervisors All trainees confirmed that they were able to get SLEs completed easily.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

Immediate Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
AM1.1	Trust to review and strengthen the serious incident process. Trust to ensure that all trainees who submit Datix reports receive feedback, including details of how the issue has been dealt with.	Trust to provide summary of feedback to trainees versus a log of Datix forms submitted by trainees. Trust to ensure that serious incident reporting is added as a standing item to the LFG meeting's agenda and register of attendance.	R1.3
AM1.3a	Trust to review the rota gaps within the acute medicine rota at the Northwick Park Hospital site and ensure that there is a Human Resources (HR) policy in place around recruiting to vacant posts.	Trust to submit copies of the new rota as well as evidence that this had been sent to trainees. Compliance with this action should be monitored through LFG meetings.	R1.12
AM1.3b	Trust to review the workload of the trainees in endocrinology and diabetes mellitus based at the Northwick Park Hospital site.	Trust to carry out a diary carding exercise on trainees and submit the results to Health Education England. Compliance with this action should be monitored through LFG meetings.	R1.12
AM1.4	Trust to ensure that all trainees receive an induction when commencing on the AMU at	Trust to submit confirmation of induction arrangements as well as induction	R1.13

	both the Ealing Hospital and Northwick Park Hospital sites, even those trainees who commence placement mid-year. This induction should include the Trust's whistleblowing policy and how trainees can access this.	material. Trust to circulate an induction survey to trainees and submit feedback received. Performance of induction should be monitored through LFG meetings.	
AM1.5	Trust is required to revise the rotas to instate a formal medical evening handover at the Northwick Park Hospital site with a specified time and place.	Trust to submit copies of the revised rota that includes a specified time and place for a formal medical evening handover at the Northwick Park Hospital site. Compliance with this action should be monitored through LFG meetings.	R1.12/ R1.14
AM1.6	Trust is required to revise the rotas on the AMU at the Northwick Park Hospital site to ensure that the core trainees are able to attend the weekly Friday teaching. Additionally, all trainees should be able to attend the regional training days without having to attend on their zero days.	Trust to submit copies of the revised rotas for the AMU on the Northwick Park Hospital site. Compliance with this action should be monitored through LFG meetings.	R1.12
AM1.7	Trust is required to resolve the internet firewall issues raised at the visit and ensure that trainees have access to an up-to-date version of Internet Explorer or other browser to allow them to access websites so that they are able to complete assessments as required by the curriculum.	Trust to submit a plan of action, including clear timescales for resolution, from the Trust's IT department to resolve the firewall and outdated internet browser issues. In addition communications sent to trainees about this issue should be submitted. Compliance with this action should be monitored through LFG meetings.	

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
	N/A		

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

Signed

By the Lead Visitor on behalf of the Visiting Team:	Dr Andrew Deaner
Date:	23 August 2016