

University College London Hospitals NHS Foundation Trust

GP Prog – Obstetrics and Gynaecology
Risk-based review (On-site visit)



Quality Review report

30 October 2019

Report

Developing people
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healthcare

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Quality Review details

Background to review	<p>There have ongoing issues within this programme dating back to the mid-2000s. HEE most recently visited Obstetrics and Gynaecology (O&G), including General Practice (GP), in January 2018. Despite that intervention the Trust has continued to return disappointing trainee feedback via the General Medical Council (GMC) National Trainee Survey (NTS). In the 2019 survey red outliers were returned for:</p> <ul style="list-style-type: none"> - Overall satisfaction; - Clinical supervision; - Clinical supervision out of hours; - Work load; - Handover; - Supportive environment; - Adequate experience; - Curriculum coverage; - Feedback; - Local teaching; - Study leave; and - Rota design <p>There was also a pink outlier for educational supervision.</p>
Training programme / learner group reviewed	<p>GP Prog – Obstetrics and Gynaecology</p>
Number of learners and educators from each training programme	<p>The review team met with a mix of seven Specialty Training Year 1 (ST1) to ST3 GP trainees that were either currently working or had formerly worked within O&G at the Trust.</p> <p>The review team also met with:</p> <ul style="list-style-type: none"> - Director of Postgraduate Medical Education; - Medical Education Manager; - Divisional Clinical Director; - College Tutor, Obstetrics and Gynaecology; - Divisional Manager, Women’s Health Division; and - Three Clinical Supervisors, including the recently designated Consultant GP Coordinator
Review summary and outcomes	<p>The review team thanked the Trust for facilitating and hosting the review. From its conversation with trainees the review team found that the following areas were working well:</p> <ul style="list-style-type: none"> - The review team was encouraged to hear that the new rota arrangements

for ST1-2 GP trainees and ST1-2 O&G trainees, particularly for out of hours working were showing some tentative signs of benefit;

- The review team heard from the current trainees that they felt that the Trust had recognised the issues around the workplace culture within the department towards GP trainees to an extent, such as GP curriculum coverage, and access to scheduled teaching, and had taken, or planned to take, a number of steps to address them, acknowledging that this was still at an early stage in the process; and
- The review team recognised the potential for the new role of the Consultant GP Coordinator to have oversight of GP training and trainee experience and the commitment that this individual had given to lead the improvement activity in the learning environment.

However, the review team remained seriously concerned about the clinical and training environment for GP trainees within O&G. These concerns were:

- Whilst the review team welcomed the Trust's proposals for improving the training environment for GP trainees within O&G, it was felt that the timescale to implement these changes would be too long to have a positive impact for current trainees. The Trust must give attention to improving the environment and look to areas where rapid interventions could be realised;
- The review team welcomed the Trust's plans to introduce blocks of curriculum-focused training and clinical experience but was concerned that this was being done in isolation without the input from the local Training Programme Director (TPD). HEE would like the Trust as a matter of urgency to include the TPD in its plans to introduce these rota blocks;
- The Trust is required to review the higher specialty O&G trainees' responsibility for the management of the ST1-ST2 rota. It was felt that their influence over the rota had a detrimental effect on GP trainees in terms of access to clinics, exposure to GP-appropriate O&G practices, and access to study leave;
- The review team was concerned to hear of numerous incidences of higher specialty trainees displaying undermining and dismissive behaviour towards GP trainees. The Trainees the review team met with also unanimously named a single Consultant whom they felt had displayed similar behaviour. The name of the individual was fed back to the Trust leadership team in a closed feedback session; and
- The review team was disappointed to hear of the challenges trainees faced for getting paid for working beyond their contracted hours. The review team heard that trainees needed to join the Trust's bank staffing pool – which required going through full pre-appointment checks – due to trainees' parent employer scheme being the Royal Free London NHS Foundation Trust. The Trust was asked to work with its HR department to streamline its payroll processes in this regard.

Quality Review Team

HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	GP School	Dr Naureen Bhatti, Head of General Practice School, North Central and East London
GP School	Dr Lucy Farley, UCLH GP Training Programme Director	Lay Representative	Jane Chapman, Lay Representative

HEE Representative	John Marshall, Learning Environment Quality Coordinator, HEE	Observer	Saira Tamboo, Lay Representative

Educational overview and progress since last visit – summary of Trust presentation

The College Tutor for Obstetrics and Gynaecology (O&G) gave the review team an overview of the department, its staffing, clinical and educational opportunities available, and the Trusts plans to address trainee feedback and HEE concerns about the quality of the learning environment for General Practice (GP) trainees within O&G.

The review team heard that the department offered a broad range of O&G services and clinics and that, in addition to the five GP posts within the department, one of which was vacant, there were seven O&G specialty programme trainee posts (one vacant), one Foundation Year 2 trainee, one Sexual and Reproductive health trainee, as well as five Trust-grade doctor posts (three vacant) and one Royal College of Obstetricians and Gynaecologists Medical Training Initiative trainee. It was reported that an additional two ST1 Trust-grade doctor posts had been added to the rota to alleviate pressures from gaps on the rota but that these posts were not yet filled.

The review team heard that from October 2019 there would be two ST1 trainees on-call at night, one GP trainee and one O&G specialty programme trainee. It was reported that this was beginning to breakdown what was described as an 'artificial divide' between GP trainees and their fellow trainees. It was hoped that the new rota arrangement would allow each trainee group more clinical exposure to their respective broader training needs, with GP trainees primarily covering acute gynaecology. The review team also heard that the department had recently introduced Medirota, an e-rostering software package, and that a band 6 administrator responsible for coordinating the rota had recently been appointed. It was hoped that the introduction of Medirota in particular would have a positive impact in planning for scheduled Trust and regional teaching, ensuring the fair allocation of clinics, as well as identifying gaps in the rota in advance.

In addition to the changes to the rota the review team heard that there was now a designated Consultant GP Coordinator in place. The role of the Coordinator would provide oversight of the GP trainee experience in O&G and would be beneficial for identifying issues and raising concerns instead of individual trainees feeding back to their clinical supervisors. The review team was pleased to hear that the Coordinator was leading the Trust's plans to introduce blocks of curriculum-focused training and clinical experience for all trainees, with a view to these being established in time for the February 2020. However, the review team was concerned that this was being done in isolation without the input from the local Training Programme Director (TPD). The review team stressed to the Trust that it would like the Trust as a matter of urgency to include the TPD in its plans to introduce these rota blocks.

Whilst the review team welcomed the Trust's proposals for improving the training environment for GP trainees within O&G, it was felt that the timescale to implement these changes would be too long to have a positive impact for current trainees. In light of this, the Trust was urged to identify areas where rapid interventions could be realised. The review team was particularly encouraged by the introduction of the Consultant GP Coordinator role. However, with 0.5 PA resource allocated to the role the review team asked to see an established job description for the role, along with a set of key performance indicators. The review team was also reassured that the issues within O&G for GP trainees had been discussed at board level.

At a local level the review team heard that there had been a slow realisation among the consultant body of the extent to which the culture within the department had negatively impacted GP trainees. It was reported that there was an appetite within the department to develop a more collaborative working environment for all trainees and that it was wrong to differentiate between trainee cohorts.

In summary, the review team heard that the ongoing issues for GP trainees in O&G, and the most recent GMC NTS results, had been 'intolerable' to the Trust. The Trust stated that it would welcome the contribution that the TPD, and HEE more widely, could make in supporting its work in improving the GP trainee experience and was keen to note that the interventions it had taken to date were beginning to have a positive impact.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
GP O&G 1.1	<p>Serious incidents and professional duty of candour</p> <p>None of the trainees the review team met with reported being involved in any serious or clinical incidents.</p>	
GP O&G 1.2	<p>Appropriate level of clinical supervision</p> <p>The review team heard that current trainees had no concerns around clinical supervision or escalation pathways when working out of hours. However, former trainees noted that at the time when they were in post there were occasions that they had been expected to lead or attend gynaecology and antenatal clinics with minimal consultant supervision. It was reported that these clinics would be carried out alongside O&G specialty trainees of similar clinical experience or with more senior O&G specialty trainees and that access to consultants at these times was variable.</p> <p>Trainees also reported that the culture within the department had a detrimental effect on GP trainees with reported incidences where they had been dismissed easily whilst seeking senior advice from some higher specialty trainees.</p>	
GPO &G 1.3	<p>Rotas</p> <p>The review team was pleased to hear that the recent introduction of the Medirota e-rostering system had had a positive impact on trainees and wider workforce planning. Current trainees had been well aware of the issues that trainees on previous rotations had faced. Prior to August 2019 GP trainees in O&G had been on a separate rota to their fellow trainees. It was reported that this had a doubly negative impact on GP trainees. In the view of trainees this had created a barrier between them and the rest of the department – something that had been recognised earlier by the Trust education leads – and also meant that the particular education and training requirements of GP trainees were not factored in when the rotas were being planned.</p> <p>The trainees from previous rotations that the review team met with reported feeling that that their time within the department was primarily spent covering service provision and covering the wards with few opportunities to get to clinics. This was recognised by the</p>	

	<p>current trainees who reported that they had a similar initial impression when they started in their posts. However, the review team was pleased to hear that it was felt that this was beginning to change. This improvement was in part attributed to the new joint rota for ST1-2 GP O&G trainees and ST1-2 O&G specialty programme trainees. Trainees reported enjoying the clinical exposure working out of hours offered them, as well as the opportunity it presented to work more closely with trainees on the O&G programme. This new arrangement broadly saw the GP O&G trainees working across gynaecology subspecialties, whilst the O&G specialty programme trainees covered obstetrics and theatre. However, it was noted that the increase in out of hours working meant that there was a knock-on effect on trainees' ability to get to scheduled and regional teaching due to post-nights and zero days.</p> <p>The introduction of Medirota and the recent appointment of an administrator with emphasis on supporting the design and maintenance of the rota was seen as positive by both trainees and the clinical supervisors alike. The use of this software would allow for better planning of the rota and would flag any gaps in the rota well in advance to allow cover to be sought. Another potential advantage of this software was hoped to bring was that it could systematically map and plan for the scheduled teaching sessions for all trainee groups and allow for appropriate cover arrangements to be made. The review team heard that this software would also record trainees' clinic attendance and allow the new Consultant GP Coordinator to monitor these and take action where necessary to ensure trainees met their curriculum requirements.</p> <p>Whilst the introduction of the e-rostering software was welcomed, the trainees noted that the benefit it had since its introduction may not be maintained. It was reported that the current rota had input from two clinical fellows who were familiar with the training needs and appropriate curriculum areas for ST1-2 trainees. There was concern among trainees that if this perspective was not maintained that the issues former trainees had expressed may re-emerge. The review team heard that it had previously been the case that higher specialty O&G programme trainees had had too great an influence over rota design and that this had a detrimental effect on GP trainees in terms of access to clinics, exposure to GP-appropriate O&G practices, and access to study leave. The clinical supervisors (CS') that the review team met with noted that the recently appointed rota administrator would bring a neutral influence and oversight to the design of the rota to counter any bias in the design that favoured O&G specialty programme trainees over GP trainees.</p> <p>It was also noted that current trainees felt that, whilst they had benefited from recent changes to the rota, that these changes had been implemented primarily to allay concerns raised by O&G specialty programme trainees.</p>	Yes, please see GPO&G 1.3
GP O&G 1.4	<p>Induction</p> <p>Whilst trainees welcomed the recent changes to their rota which meant that they were now required to work nights when they had not formerly been required to, the review team noted it was not until their induction that they were made aware of this substantial change to their work patterns.</p> <p>Aside from this the review team heard that trainees had no particular concerns about either their Trust-wide or departmental induction.</p>	
GP O&G 1.5	<p>Handover</p> <p>Former trainees reported that the handover on the postnatal ward had been informal and lacked robustness in the past. The review team heard that patient information was recorded in a book but that this was not done in a systematic way and that it was a challenge to maintain oversight of the whole ward. It was reported that such a lack of clear and defined handover process had posed a risk to patient safety. The review team was pleased to hear from current trainees that this was no longer the case and that there was now a formal and sufficient multidisciplinary board round at 10:00 that included consultants and had representation from midwifery and pharmacy colleagues.</p>	

<p>GP O&G 1.6</p>	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>Former trainees reported limited access to attending clinics. The review team heard that trainees had variable experience with regard to attending clinics. Some reported that they were assigned to the same clinic on a regular basis. This was thought to be down to a lack of willingness on the part of the consultants to train multiple a number trainees in the same processes and procedures, meaning that the same trainee was assigned to the same clinic at the expense of their fellow trainees.</p> <p>The review team was encouraged to hear that current trainees were now getting access to special interest clinics – something that none of the former trainees reported having access to – and it was reported that trainees welcomed plans to introduce to the rota blocks of curriculum-specific ward, clinic, and theatre duties for all trainees within the department. However, when the review team met with the CS' it reinforced its view that such blocks should be designed with input from the local TPD.</p>	<p>Yes, please see other actions</p>
<p>GP O&G 1.7</p>	<p>Protected time for learning and organised educational sessions</p> <p>Whilst former trainees reported limited access to scheduled and programme-specific educational sessions, the current trainees reported that there was a Friday morning session that they could attend. However, the review team was disappointed to hear that this clashed with the ward rounds for both Obstetrics and Gynaecology and that there was a reluctance for the consultant to release trainees to attend this session or that trainees felt pressured or obliged to stay on the ward.</p>	<p>Yes, please see GPO&G 1.7</p>

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

<p>GP O&G 2.1</p>	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team recognised the potential for the new role of the Consultant GP Coordinator to have oversight of GP training and trainee experience and the commitment that this individual had given to lead the improvements in the learning environment.</p>	<p>Yes, please see GPO&G 2.1</p>
<p>GP O&G 2.2</p>	<p>Impact of service design on learners</p> <p>All of the trainees the review team met with reported that it was common to be called to theatre at short notice and that this often came at the expense of what trainees saw as training opportunities that would have been more beneficial to their future careers in General Practice. The review team heard that being called to theatre meant working through the theatre list for that day, something that often meant working beyond their</p>	

	<p>scheduled hours.</p> <p>Whilst such occurrences were generally exception reported, the review team heard that on occasion trainees had been discouraged from doing so in some cases and that the Trust did not proactively offer payment or time back in lieu. The review team was disappointed to hear of the challenge trainees faced for getting paid for working beyond their contracted hours. It was reported that trainees needed to join the Trust's bank staffing pool – which required going through full pre-appointment checks – due to trainees' parent employer scheme being the Royal Free London NHS Foundation Trust. The Trust was asked to work with its HR department to streamline its payroll processes in this regard.</p> <p>From the CS' the review team heard that it was felt that two inter-related issues were the cause of the continued trainee dissatisfaction borne out in the GMC NTS survey over a number of years. The root causes of this dissatisfaction were the culture within the department and some of the behaviour displayed toward GP trainees, along with limited educational opportunities tailored for GP training. It was also recognised that service demands, particularly the morning handover on Fridays, limited trainees' ability to attend what scheduled teaching was available. The review team heard that rota gaps had meant trainees had also found attending the GP Vocational Training Scheme Wednesday afternoon teaching challenging. The CS' stated that the increased number of Trust-grade doctors had mitigated some of these gaps, but it was noted that they had not had as great an impact as initially anticipated.</p>	Yes, please see GPO&G 2.2
GP O&G 2.3	<p>Organisation to ensure access to a named clinical supervisor</p> <p>All of the trainees the review team met with reported meeting with their clinical supervisor at the beginning of their rotation to discuss their curriculum objectives and that they had opportunities throughout their time in the department to meet and receive feedback both formally and informally.</p> <p>The review team was also encouraged to hear that trainees were aware of the recent formal designation of the role of the Consultant GP Coordinator.</p>	
<h3>3. Supporting and empowering learners</h3> <p>HEE Quality Standards</p> <p>3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.</p> <p>3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.</p>		
GP O&G 3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team was concerned to hear of numerous incidences of higher specialty programme trainees displaying undermining and dismissive behaviour towards GP trainees. The trainees the review team met with also unanimously named a single Consultant whom they felt had displayed similar behaviour. The name of the individual was fed back to the Trust leadership team in a closed feedback session.</p> <p>The review team heard that trainees felt that there was an element of favouritism showed to O&G programme specialty trainees at their expense. This was illustrated with examples of GP trainees being removed from theatre lists at short notice to ensure that O&G specialty programme trainees met their curriculum requirements, even if the GP trainees themselves had the same educational needs.</p> <p>It was noted among both trainees, trainers, and the educational and clinical leads that there was a sense of division between GP trainees and the other trainee cohorts within the department. It was clear to the review team that this lack of cohesion and feeling part of a team had a significantly detrimental effect on trainee wellbeing and professional confidence. However, the review team was encouraged to hear that the current trainees recognised the steps the Trust was beginning to take to address this.</p>	

	<p>The CS' reported that there was an appetite among consultants and the wider department to devise a more cohesive team structure and educational offering for all trainees within the department.</p> <p>When the review team fed back trainees' reported instances of undermining by their higher specialty programme O&G trainees it was agreed by the Trust that the Coordinator would meet regularly with the GP trainees to ensure that trainees had a formal forum to report any further occasions where they had felt undermined.</p>	Yes, please see GPO&G 3.1
GP O&G 3.2	<p>Access to study leave</p> <p>The review team was disappointed to hear that on occasion trainees had their requests for study leave rejected even if these were made well in advance and were for nationally mandated examinations if they were scheduled to be on-call on the same day.</p>	Yes, please see GP O&G 3.2

4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

GP
O&G
4.1

Sufficient time in educators' job plans to meet educational responsibilities

The review team heard from the clinical supervisors that it met with that they had time within their job plan to meet their educational commitments.

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

N/A

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored,

including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

GP O&G 6.1	<p>Learner retention</p> <p>The review team was disappointed to hear that none of the former trainees that it met with would recommend their training posts to their peers. Trainees cited the lack of programme-specific clinical and educational opportunities, workload and a lack of staffing across the multidisciplinary team to meet service demands, the physical clinical environment, and culture of undermining behaviour within the department toward GP trainees.</p> <p>These trainees had concerns for patient safety due to what they felt was an unsafe lack of continuity of care – noting a heavy reliance on locum doctors and agency staff out of hours – and previously the lack of formal handover procedures on the postnatal ward.</p> <p>The overwhelming impression former trainees had of their time within the department was that they were primarily there to cover the wards and were made to feel undervalued and not part of a well-functioning team. The review team heard the GP O&G rotation described as a ‘noticeably worse’ experience than other GP rotations at the Trust.</p> <p>The review team heard that current trainees had shared similar misgivings at the beginning of their rotations but that the steps the Trust had started to take had begun to have a positive impact on their training experience.</p>	
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Good Practice and Requirements

Good Practice

N/A

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

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

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
GPO&G 1.3	The Trust is required to review the oversight of the rota to ensure that all trainee groups are fairly represented with curriculum appropriate clinical and educational opportunities, including	Please provide HEE with a guideline and the roles and responsibilities of the administrative rota coordinator that demonstrates how all trainee cohorts feed into the design of the rota.	R1.12

	protected time for learning.		
GPO&G 1.7	The Trust is required to monitor trainee attendance of the scheduled Friday teaching and should record the instances where trainees have been on-site but did not attend, including the reason given for not attending.	Please provide HEE with a record of trainee attendance of the scheduled Friday teaching that covers the period from the date of the review through to the end of the next reporting cycle (1 March 2020).	R1.12
GPO&G 2.1	The Trust is required to develop the role specification of the Consultant GP Coordinator, including how the role fits into the Trust's educational governance framework.	Please provide HEE with a copy of the finalised role specification.	R2.2
GPO&G 2.2	The Trust is required to review trainees' requirement to join the UCLH bank staffing pool and ensure the timely receipt of payment for extra hours claimed by trainees when submitting exception reports.	Please provide HEE with an update on how the Trust plans to expedite payment to trainees for extra hours worked where the trainee is on a programme where the parent Trust is not UCLH.	R1.12
GPO&G 3.1	The Trust is required to monitor and record all reported instances of bullying and undermining behaviour experienced by GP trainees working in O&G.	Please provide a record of meetings between trainees and the Consultant GP Coordinator that includes any reported instances of bullying and undermining, including any actions taken.	R3.3
GP3.2	The Trust is required to ensure that all reasonable requests for study leave made in advance for curriculum mandated exams are approved.	Please reassert to trainees and the department that trainees are to be granted study leave for exams where the request was made in advance. Please raise this issue at the next available local faculty group meeting and record this in the minutes.	R3.12

Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
	N/A	

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

Requirement	Responsibility
The Trust is required to work with the local Training Programme Director when devising the rota blocks of curriculum-specific ward, clinic, and theatre duties for all trainees within the department. This should be done as a matter of urgency and an update provided to the Postgraduate Dean by colleagues from the GP School by Friday 20 December.	UCLH/HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London
Date:	3 December 2019

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.