NHS
Health Education England

HEE Quality Interventions Review Report

Croydon Health Services NHS Trust (Croydon University Hospital)

Emergency Medicine, covering Foundation (F1 and F2), GP, Acute Care Common Stem (ACCS) and higher training

Risk-based Review (learner and educator review)

London Quality, Reviews & Intelligence Team

12 November 2020

Version Final

Review Overview

Background to the Review:	This risk-based review was arranged to discuss the General Medical Council (GMC) National Training Survey (NTS) results for 2019 relating to foundation year one (F1) and two (F2), general practice (GP), Acute Care Common Stem (ACCS) and higher training in emergency medicine at Croydon Health Services NHS Trust (Croydon University Hospital (CUH)). Emergency medicine higher training at CUH received two red and eight pink outliers (negative results) on the GMC NTS 2019. The red outliers related to clinical supervision and supportive environment. The pink outliers related to overall satisfaction, clinical supervision out of hours, reporting systems, teamwork, handover, curriculum coverage, educational governance and feedback. F1 training in emergency medicine at CUH did not generate any results on the GMC NTS 2019 due to a low number of survey responses, but F2 training overall received five red and four pink outliers. The red outliers related to workload, curriculum coverage, educational governance, rota design and feedback. The pink outliers related to overall satisfaction, clinical supervision, teamwork and educational supervision. GP training in emergency medicine at CUH did not generate any results on the GMC NTS 2019 due to low trainee numbers but received four red and three pink outliers in the 2018 survey. Acute Care Common Stem (ACCS) training at CUH received three pink outliers on the GMC NTS 2019, related to supportive environment, educational governance and local teaching.
Training Programme/Learner Groups Reviewed:	• Emergency medicine higher/specialty training • F1 and F2 training in emergency medicine • GP training in emergency medicine • ACCS training

Who we met with:	The review team met with: • six F1 and F2 trainees; and • four higher and GP trainees based in emergency medicine at CUH (no ACCS trainees were available to join the review). The review team also met with the following Trust representatives: • Chief Executive Officer • Medical Director/Deputy Chief Executive Officer • Deputy Medical Director • Clinical Lead for Emergency Medicine • Director of Medical Education and incoming Director of Medical Education • Programme Director for GP Training • Medical Education Manager • College Tutor • Educational leads • Educational and clinical supervisors • Guardian of Safe Working Hours • Head of Medical Workforce
Evidence utilised:	The review team received the following supporting evidence from the Trust in advance of the review: • Trust Health Management Board Paper (undated but received on 11 November 2020) regarding preparations for this review • Local Education Committee meeting minutes dated 1 November 2019 • Local Faculty Group (LFG) Reporting Form (emergency medicine) dated March 2020. The review team also utilised evidence from the GMC NTS 2019, Health Education England's (HEE) National Education Training Survey 2018 and 2019, and the Trust's action plans relating to the training programmes under review.

Review Panel

Role	Job Title / Role
Quality Review Lead	Orla Lacey, Deputy Postgraduate Dean for North West London, Health Education England
Specialty Expert	Jamal Mortazavi, Head of the London Specialty School of Emergency Medicine, Health Education England
Foundation School Representative	Jan Welch, Director of South Thames Foundation School, Health Education England
General Practice Representative	Veni Pswarayi, Associate GP Dean for South London, Health Education England
External Specialty Expert	Darryl Wood, Emergency Medicine Specialty Tutor, North East London
Lay Representative	Robert Hawker, Lay Representative

HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator for South West London, Health Education England
Supportive Role	James Oakley, Quality & Patient Safety Officer for South London, Health Education England

Executive summary

The review team would like to thank the Trust for accommodating the review.

The review team was pleased to note a number of areas that were working well within the emergency medicine department at Croydon University Hospital (CUH).

It was clear to the review team that the department had a hugely dedicated and committed body of consultants, whom trainees found to be approachable. The department offered a supportive multi-disciplinary and collegiate working environment, providing pastoral support to junior-level trainees.

The foundation trainees were particularly positive about their training experience and reported receiving robust clinical supervision and sufficient learning opportunities to meet their curriculum requirements.

All of the trainee groups met with found their induction programmes to be appropriate and useful.

However, one serious concern was highlighted to the review team, requiring attention by the Trust. The review team heard from several different groups about unprofessional obstructive behaviours from the surgical department with regards to referrals, that had both staff undermining as well as potential patient safety implications. This contrasted with the collegiate relationship described with other departments within the Trust.

Other areas for improvement included night-time handover processes, feedback processes (both from and to trainees), teaching access and provision, security and safety of the workspace configuration and completion of workplace-based assessments.

Actions have been set for all of the above concerns (outlined in this report), which will be reviewed by Health Education England as part of the three-monthly action planning timeline.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture

1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).
1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
1.6. The learning environment promotes interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning environment and culture	Requirement Reference Number
1.1	**Handover** The foundation year one (F1) and year two (F2) trainees in emergency medicine informed the review team that a multi-professional handover between nurses and doctors was conducted at 08:00 every weekday, when the higher trainee/locally employed doctor (LED) coming off a night shift would discuss cases listed on the board. The consultant present would then allocate cases and tasks to members of the team. The foundation trainees reported that night-time handover was more informal, less structured and could be improved. If they were leaving between 21:00 – 23:00, they said they had to actively seek another doctor to take their handover, but there was no process in place for this. They suggested having an assigned person to hand over to in the evenings. Furthermore, the foundation trainees said that if they were covering a 14:00 – 23:00 shift, during handover they could be overloaded with cases from more than one doctor. The higher and GP trainees also thought a more formal night-time handover process was required. Whilst working in the major emergencies area, they generally spent the first 30 minutes of a night shift checking through patients' notes to understand their treatment plans. However, if a critically ill patient arrived at that time, the trainees did not have an opportunity to determine what was happening in the department overall and there were no formal processes to fall back on. When coming to the end of a shift, some of the higher and GP trainees (depending on their training grade) would discuss active patient cases with a more senior doctor and then allocate another trainee to take over their care. Again, this was not a formal process.	Yes, please see EM1.1a Yes, please see EM1.1a
1.2	**Bullying and undermining** The foundation trainees said they had not been subjected to any bullying or undermining behaviour. They advised that the working environment of emergency medicine was stressful at times and discussions could be fraught. However, they did not feel their questions were undermined and they felt their senior colleagues cared about them.	
1.4	**Appropriate levels of clinical supervision**	

	The managerial and educational leads for emergency medicine told the review team that F1 trainees were not allowed to discharge patients and all of their patients had to be jointly reviewed with a more senior doctor (core training level one (CT1) or above). F2 trainees were asked to discuss discharges with a more senior doctor in their first two to four weeks in post, but they could admit patients themselves if confident to do so. The review team was informed that the foundation trainees were closely supervised. The foundation trainees reported feeling well supported in their clinical duties. They said that senior support was always readily available and that fellow team members were approachable. The review team heard from the foundation trainees that the clinical supervision they received from the locum doctors in emergency medicine was of a high standard, and many of these doctors had worked at the Trust for a long time. The trainees felt they knew some of the locum doctors better than the substantive consultants. The higher and GP trainees thought the majority of locum doctors in the department had a good level of competence, but some were more proactive than others, which could be challenging. The higher trainees said they tended to be more wary of the locum doctors' clinical decisions and some needed more supervision than others, but the trainees did not have any patient safety concerns in this regard. To date, none of the foundation trainees had had to raise a Datix and they felt this was unlikely, given the extent of the clinical supervision they received. They were not sure how to raise a Datix if required, although they thought they had been given an overview of the system during induction. The foundation trainees did not report having any patient safety concerns. Whilst the higher and GP trainees thought the emergency medicine consultants were accessible and approachable, they felt that clinical supervision was variable. They said they knew which consultant was in charge in the morning, as they attended handover, but that changes to these arrangements were often made during the course of the day without informing the trainees. If a consultant left the department to attend a meeting or to go home at the end of a shift, this was not always communicated to the rest of the team either. The higher trainees also felt unsure at times whether their role was to manage the emergency department or to see patients. The review team heard from some of the higher and GP trainees that their clinical supervisors were easily contactable and they had conducted meetings upon commencing in post to discuss learning objectives, expectations and what the trainees hoped to achieve.	Yes, please see EM1.4a
1.4	**Appropriate levels of educational supervision** The foundation trainees advised that they each had one joint clinical and educational supervisor whilst working in emergency medicine. They had all met with their assigned supervisors in the first couple of weeks of commencing in post. However, these meetings had not necessarily covered how their clinical duties would meet their curriculum requirements. Some of the trainees also reported that their supervisors were a little difficult to access and although they had not yet needed to discuss any issues with them, they thought they may have struggled if this was the case. Despite this, the trainees said there were plenty of other consultants they felt they could approach if needed.	Yes, please see EM1.4b

	The higher and GP trainees said they had received clear information about their supervision arrangements, including contact details, before commencing in post. The supervisors told the review team that they held several formal supervision meetings with their assigned trainees during the course of their placements, when they would discuss their progress.	
1.6	**Multi-professional learning** The higher and GP trainees felt that the multi-professional emergency medicine team was accessible and they could approach anyone to watch and learn procedures.	

Domain 2 – Educational governance and leadership
2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met. **2.2.** The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training. **2.3.** The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership. **2.4.** Education and training opportunities are based on principles of equality and diversity. **2.5.** There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

HEE Standard	HEE Quality Domain 2 – Educational governance and leadership	Requirement Reference Number
2.1	**Effective, transparent and clearly understood educational governance systems and processes** The foundation trainees said they had not yet been given the opportunity to share feedback on their training with departmental leads. They did not necessarily know who they were supposed to raise concerns with, although some suggested they might go to an approachable consultant to discuss such matters informally, if required. The higher and GP trainees were not aware of any named emergency medicine trainee representatives at the Trust. They knew of the south London trainee representative for emergency medicine but had never raised a concern with them about Croydon University Hospital (CUH). The trainees had not been informed about Local Faculty Group (LFG) meetings, although they said they would be keen to attend and provide feedback. The supervisors said they tended to receive feedback from trainees during clinical duties, such as handover, as well as supervisor meetings. They also acted upon trainee feedback during fortnightly consultant meetings, and quarterly LFG meetings had recently been re-established following a hiatus during the first surge of the Covid-19 pandemic. They said that, in conjunction with the Trust's Medical Education Manager (MEM) (who also took minutes), the LFG meetings were scheduled based on rota arrangements, to try to ensure representation across all grades, but they had had to be cancelled on occasion. The review team was told that a higher trainee had recently accepted the role of trainee representative for the department, with the aim of	Yes, please see EM2.1a

	obtaining feedback from other trainees to share at LFG meetings. The supervisors felt that trainees were often reluctant to speak openly if consultants were present. The review team also heard that the consultants had conducted an anonymised trainee survey around one year ago in response to some negative feedback, the results of which were generally very positive. The review team was told by the higher and GP trainees that although they were advised on exception reporting during induction, they had never felt the need to submit any reports. The trainees found the Trust's Guardian of Safe Working Hours (GOSWH) to be approachable. The managerial and educational leads confirmed that they encouraged trainees to submit exception reports for additional hours worked and missed educational opportunities. However, the GOSWH, who was also a consultant in emergency medicine, advised that the level of exception reporting for emergency medicine was low. Historically, the majority of submissions were made by F1 trainees and related to their on-call shifts for surgery and medicine, rather than their emergency medicine duties. In order to avoid a conflict of interest, it had been agreed that the trainees supervised by the GOSWH could submit exception reports or raise concerns around working hours with the Director of Medical Education if needed.	
2.1	**Impact of service design on users** The managerial and educational leads told the review team they had been surprised by the 2019 General Medical Council (GMC) National Training Survey (NTS) results for emergency medicine at CUH. They said the Trust had a strong teaching and training ethos and, prior to the survey, they thought they had addressed all of the issues they were aware of in relation to the emergency medicine programmes. However, they recognised that the survey coincided with the opening of a new emergency department, which had had a significant impact upon the team's workload. Additionally, while rotas were compliant with the junior doctors' contract terms, it was acknowledged that they were suboptimal in terms of staffing. Prior to the Covid-19 pandemic in spring 2020, the leads told the review team that they had overhauled the rotas and filled any gaps with trainees and doctors recruited from abroad. They thought the department now offered a much less intense working environment and they were able to deliver better teaching and training as a result. The foundation trainees advised that their workload was variable depending on whether they were working a day or night shift. Day shifts from 08:00 – 17:00 were said to be steady, whereas evening and night shifts were very busy, with not much time to discuss cases. However, the trainees said they had never been asked to work beyond their contracted hours and their senior colleagues encouraged them to leave on time. The foundation trainees said they would recommend the services of the emergency department at CUH to friends and family. In particular, they thought patients in the minor injury unit were seen very quickly and efficiently and triage processes worked well. Their only reservation was around a lack of surgical cover at night-time, which was not in the emergency department's remit to resolve.	

	However, the trainees did raise some concerns about the level of security and safety in the emergency department, particularly relating to some of the more unwell psychiatric patients awaiting assessment, who could be highly erratic and disruptive. Whilst CUH had 24-hour security provision and work was underway to improve this, the trainees advised that there were no dedicated security personnel for the emergency department, and they did not feel safe at times. This was not helped by the closure of one of the department's exits due to Covid-19 provisions, which meant there was only one exit to use in the event of a serious incident. The review team heard from the higher and GP trainees that referring patients to other departments was generally straightforward, with the exception of surgery. One particular consultant surgeon was reportedly obstructive and would actively discourage their team from accepting referrals, to the extent that they would sometimes remove the bleep from the surgical higher trainee/LED on-call. This caused significant issues for the emergency medicine trainees. The supervisors confirmed that the emergency department's relationship with surgery (including the trauma team) could be difficult, in stark contrast to their collegiate relationship with the medical teams. The supervisors said that although they tried to shield their trainees from disagreements with surgery as much as possible, they were concerned that trainees might make risky clinical decisions to avoid confrontation. The supervisors suggested this longstanding cultural and systemic issue required intervention from the Trust's Medical Director. The higher and GP trainees thought their newly restructured rota arrangements were reasonable and the department was accommodating to their annual and study leave requests. The trainees were satisfied with their zero day allocations. They did not have any allocated shifts in paediatric emergency medicine, as the paediatric team was quite well-staffed, but they said they could spend time there if they proactively sought the opportunity. They said they were often assigned to the various emergency medicine teams on an ad hoc basis, depending on service requirements that day. Whilst the review team did not meet with any Acute Care Common Stem (ACCS) trainees during the review, the higher and GP trainees shared some feedback about the programme. They advised that ACCS trainees were only allocated six weeks in paediatric emergency medicine whilst at CUH. The trainees did not consider this long enough to gain the necessary level of experience for those who wanted to pursue paediatrics as a specialty. The supervisors confirmed that core training level three (CT3) trainees spent six weeks of dedicated time in the paediatric emergency medicine department and six weeks on paediatric secondments, with no other emergency medicine responsibilities, such as on-call. They did not think the trainees would have any issues completing their workplace-based assessments (WPBAs) in paediatric emergency medicine, particularly as a new consultant had been recruited to the team to offer more robust supervision.	Yes, please see EM2.1b Yes, please see EM2.1c
2.2	**Appropriate systems to manage learners' progression** The managerial and educational leads were keen to highlight to the review team that the emergency medicine department had always supported trainees experiencing difficulty and had a good reputation for offering pastoral support.	

Domain 3 – Supporting and empowering learners
3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required. **3.2.** Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes. **3.3.** Learners feel they are valued members of the healthcare team within which they are placed. **3.4.** Learners receive an appropriate and timely induction into the learning environment. **3.5.** Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	**Learners being asked to work above their level of competence, confidence and experience** None of the foundation, GP or higher trainees who attended the review had been asked to undertake any tasks beyond their clinical competence.	
3.4	**Induction (organisational and placement)** The foundation trainees confirmed that they had received a satisfactory departmental induction on starting in post in emergency medicine. The induction for F2 trainees was conducted over one afternoon, whereas the F1 trainees' induction was slightly longer and they undertook shadowing for a week beforehand. They also attended the F2 induction. The foundation trainees advised that they received an induction 'starter pack' outlining what to expect from the department in general, as well as specific areas, such as the Urgent Care Centre, paediatrics and resuscitation. They also received information about referral pathways. The higher and GP trainees also reported receiving a good half-day departmental induction that was well-structured, relevant and helpful for setting expectations.	
3.2	**Time for learners to complete their assessments as required by the curriculum or professional standards** The F2 trainees confirmed that they were all allocated a clinical audit to complete during their four-month block in emergency medicine. They were mostly partnered with a junior clinical fellow for support, and they were given time off from clinical duties to complete these. They said they were given the opportunity to present on audits every month. Whilst the F1 trainees were also allocated clinical audits, not all of them had the opportunity to complete these. The higher and GP trainees reported that the ease with which they could arrange and complete WPBAs was variable, depending on how busy the emergency department was on any given day and which consultants were involved. The trainees said they did not have any dedicated time in their schedules to complete these assessments. They felt it was relatively easy to discuss cases with the consultants, who were generally approachable and helpful, but some consultants were more present than others during their clinical shifts.	Yes, please see EM3.2a

	The review team was told that GP trainees were assigned and encouraged to complete Quality Improvement and Patient Safety (QIPS) competencies.	
3.1	**Regular constructive and meaningful feedback** The review team heard from the higher and GP trainees that they only received very limited feedback on their progress and where this was provided, it was on an informal basis. There was no formal feedback process or forum in place. They said they did not necessarily know if they were meeting their training objectives. The supervisors told the review team that during fortnightly consultant meetings, they would discuss each of the trainees' progress and this feedback should be given to the trainees via their supervisors. However, they acknowledged that this often only happened in cases where trainees were either doing exceptionally well or where there were some difficulties. They recognised the need to improve feedback processes for trainees who were on track with meeting their learning requirements.	Yes, please see EM3.1a
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** The supervisors said they operated an open-door policy for trainees to approach them if they needed support, and they treated trainees as colleagues, taking a genuine interest in them as individuals. The review team also heard that the emergency department had a longstanding secretary who was highly commended for the pastoral support they offered to trainees. The managerial and educational leads advised that during the initial surge of the Covid-19 pandemic in spring and summer 2020, they sent trainees home earlier than usual to ensure they had sufficient time to relax and recover from the stress and intensity of their shifts. They also conducted daily debriefs for psychological support.	

Domain 4 – Supporting and empowering educators

4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
4.2. Educators are familiar with the curricula of the learners they are educating.
4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
4.4. Formally recognised educators are appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.2	**Educators are familiar with the learners' programme/curriculum** The review team heard that around three quarters of the emergency medicine supervisors attended the Annual Review of Competence Progression (ARCP) sessions each year, to ensure the Trust was well represented and to keep abreast of any curriculum changes, so they could support trainees with their examinations and offer careers advice. They felt they were well informed about their trainees' learning requirements.	

4.4	**Appropriate allocated time in educators job plans to meet educational responsibilities** The supervisors advised that, within their job plans, they had 1.5PA (programmed activities) for their supporting professional activity (SPA) duties and 0.25PA for each trainee they supervised, although most of them had a cap of 2.5PA in total. The review team was informed that foundation training programme directors at the Trust had recently decided foundation trainees should have separate educational and clinical supervisors (they were currently one and the same). Whilst the supervisors recognised this to be educationally appropriate, they said that the workload implications on foundation trainee supervisors was significant and required further consideration. The supervisors told the review team that as well as supervising trainees, they offered equivalent support to LEDs, to avoid a tiered system across the team. However, this added to their workload and they suggested the only solution was to recruit more consultants to the department. Whilst funding was approved for four additional substantive consultant posts three years ago (taking the consultant body to 12), they said they had experienced recruitment difficulties due to CUH's location (which was outside the remit of the NHS inner London high cost area salary supplement), competition from other trusts and the inability to offer annualised job plans.	

Domain 5 – Delivering curricula and assessments		
5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards. **5.2.** Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models. **5.3.** Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.		
HEE Standard	**HEE Quality Domain 5 – Developing and implementing curricula and assessments**	**Requirement Reference Number**
5.1	**Placements must enable learners to meet their required learning outcomes** The foundation trainees thought they were getting sufficient practical experience to meet their learning requirements and they were generally very happy with their placements. The F1 trainees in particular had to review all of their patients with a more senior doctor, which meant they received plenty of feedback on their clinical skills. The review team heard that the foundation trainees got adequate exposure to minor injuries. However, they said there were a lot of Advanced Nurse Practitioners (ANPs) in the emergency department and a significant proportion of procedures (and henceforth, learning opportunities for the trainees) were undertaken by them. They also said that junior-level trainees often had to see those patients who should have sought treatment from their GP instead, so the cases they dealt with were less serious or varied. Only the F2 trainees were assigned to work in paediatric emergency medicine, where an ANP was also based. The trainees said they had the opportunity to see a variety of straightforward cases with the ANP, but often the ANP would	Yes, please see recomm-endation EM5.1a

	perform the procedures. The trainees felt that clinicians in the emergency department should be more forthcoming in allowing them to test their practical skills, and that currently they had to be proactive in seeking such opportunities. The foundation trainees confirmed that they were able to attend their scheduled teaching sessions and that the departmental leads helped to facilitate this. F1 and F2 trainees both received one hour of generic teaching per week, but separately. They also received 90 minutes of departmental teaching every Wednesday, reportedly without fail. These departmental sessions were based upon an established rolling programme, largely focussed on practical skills and delivered by consultants, higher trainees/LEDs or external speakers, although the trainees suggested they were variable in terms of usefulness for their daily duties. The managerial and educational leads said that, based on trainee feedback, they were trialling the use of MS Teams to enable trainees to participate from home. In contrast, the review team heard from the higher trainees that their monthly departmental teaching days did not always go ahead, or the trainees were often unable to attend due to rota arrangements. These sessions were supposed to be comprised of a morning of teaching and an afternoon dedicated to completing assessments. However, the higher trainees said that on a recent teaching day, there was no consultant presence in the morning and the afternoon session did not take place. Furthermore, it was reportedly difficult to attend GP vocational training scheme (VTS) teaching sessions on Wednesday afternoons due to rota arrangements or workload, even with the option to participate remotely. Only some of the departmental teaching sessions were said to be relevant and useful for GP trainees. The views of the higher and GP trainees regarding teaching were somewhat contrasting to those of the managerial and educational leads. The leads advised that the GP trainees were released for teaching more often than they used to be and that the monthly teaching days for higher trainees were working well. Referring to the latter, the leads said that the topics covered during the morning teaching sessions were mapped to the trainees' curriculum and were planned in advance by consultants and higher trainees/LEDs, with external speakers invited to join on occasion. The afternoon sessions were designed to allow trainees to undertake tasks such as audits or WPBAs. Consultants and locum doctors reportedly covered trainees' clinical duties while they attended teaching and if a trainee had missed out on teaching previously due to service provision, the leads said they altered the rota to ensure they could attend the next session. The higher and GP trainees felt that, although working in the emergency department at CUH offered plenty of learning opportunities in terms of the variety of patient cases, teaching was regrettably not prioritised. The trainees felt that a greater emphasis on teaching would have significantly improved their training experience to date. They thought that the departmental leads needed to be more proactive at discussing cases, including opportunistic teaching during board rounds, and holding more regular, consultant-led teaching sessions. The review team was advised that higher trainees were allocated four days of SPA in 10 weeks, which were built into their rotas. They had to come into the	Yes, please see EM5.1b Yes, please see EM5.1b

	department on these days, rather than working from home, but they had never been pulled away to cover other clinical duties.	
5.1	**Appropriate balance between providing services and accessing educational and training opportunities** The review team heard that F1 trainees in emergency medicine were also rostered to cover surgical and medical on-call shifts. Although daunting at first, the trainees felt these arrangements worked well as they were able to get ward-based experience alongside their experience in emergency medicine. The managerial and educational leads advised that they had previously felt pressure from Trust management to cancel teaching and training during winter, due to increased pressures around service provision. The leads reported that they had had to defend the continuation of educational activities to ensure trainees received the teaching they were entitled to. However, the department had not had any issues obtaining funding for locum doctors to cover training days.	Yes, please see EM5.1c

Domain 6 – Developing a sustainable workforce		
6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes. **6.2.** There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities. **6.3.** The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service. **6.4.** Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.		
HEE Standard	**HEE Quality Domain 6 – Developing a sustainable workforce**	**Requirement Reference Number**
6.1	**Retention and attrition of learners** Overall, the foundation trainees said they would recommend their placements in emergency medicine to their peers. They thought the department offered a supportive learning environment and a broad range of educational opportunities. Some of the trainees felt their enjoyment of the training programme varied depending on whether they were on day or night shifts.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider.

Immediate Mandatory Requirements **Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales**		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
	N/A	N/A

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	**Review Findings**	**Required Action, timeline, evidence**
EM1.1a	There is a good handover process from the night to the day shift, but there does not appear to be a robust handover system to the night team, specifically to the night higher trainee/locally employed doctor (LED) in charge.	Please provide evidence that night-time handover processes have been established within the emergency department, in the form of handover process documentation. Please submit this evidence by 1 March 2021, in line with Health Education England's (HEE) action plan timeline.
EM1.4a	The review team heard that the consultant in charge sometimes changed during the course of a shift or left clinical areas without notifying trainees. Communication processes need to be established to address this concern. Furthermore, on commencing a shift, the expectations and responsibilities of higher and GP trainees need to be clearly communicated by the consultant in charge.	Please provide evidence in the form of a documented process and/or written communications to demonstrate how any changes to consultant duties or presence during the course of a shift will be communicated to trainees. Please also provide written evidence to demonstrate how higher and GP trainees will be notified of their responsibilities during the start of a shift. Please provide updated feedback from trainees on these matters via Local Faculty Group (LFG) meeting minutes or equivalent. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM1.4b	The foundation trainees reported difficulty in meeting with some of their assigned supervisors. Regular 'check-ins' need to be arranged between trainees and supervisors throughout the duration of their placements.	Please provide evidence in the form of meeting schedules and/or trainee feedback to confirm that trainees are able to access their supervisors on a regular basis and when required. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.

EM2.1a	Whilst acknowledging the disruption of the Covid-19 pandemic, some of the trainee feedback processes have become less effective. For example, the department would benefit from re-establishing a trainee representative and this would help with developing and refining formal and informal teaching and training opportunities.	Please provide evidence in the form of LFG meeting minutes to demonstrate that an emergency medicine trainee representative has been established and that trainee feedback is being sought. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM2.1b	The foundation trainees raised some concerns about the level of security and safety in the emergency department, including the closure of one of the exits due to Covid-19 provision. The review team requests that the Trust reviews its security provision and workspace configuration within the emergency department, giving consideration to dedicated security personnel.	Please provide evidence in the form of meeting minutes and/or written plans to demonstrate that the security and safety arrangements for the emergency department are being reviewed. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM2.1c	The review team heard from several different groups about unprofessional or obstructive behaviours from the surgical department with regards to referrals. As this has both staff undermining as well as potential patient safety implications, the review team would like the Trust to look into this more fully.	Please provide evidence in the form of meeting minutes to demonstrate that discussions are underway between Trust management and the emergency and surgical departments to improve referral processes. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM3.1a	The review team heard from both the higher and GP trainees and supervisors that formal processes around sharing feedback with trainees could be improved. Regular meetings should be held between supervisors and trainees, and supervisors should use those opportunities to share feedback on the trainees' progress towards meeting their learning objectives.	Please provide evidence in the form of trainee feedback to demonstrate that they are receiving formal feedback from their supervisors on a regular basis. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM3.2a	The review team requests that the consultants in emergency medicine make every effort to facilitate the completion of trainees' workplace-based assessments (WPBAs) and that trainees are given sufficient time in their schedules for these, in order to meet their curriculum requirements.	Please provide trainee feedback to demonstrate that they are able to complete WPBAs in a timely manner. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM5.1b	The higher and GP trainees reported difficulties attending teaching days due to rota arrangements and	Please provide a copy of the departmental teaching programmes (all trainee grades) and recent attendee lists or equivalent to evidence

	advised that these sessions did not always go ahead as planned, nor were they necessarily led by consultants. Furthermore, the trainees felt that more regular teaching sessions should be held alongside more opportunistic/ad hoc teaching (during board rounds, for example). The educational leads for emergency medicine must ensure that all trainees are released to attend regional and departmental teaching and that the coordination and delivery of teaching is prioritised in the department.	that trainees are able to attend. Please also provide trainee feedback on the content of, and their access to, teaching. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.
EM5.1c	The Trust must support the educational leads in emergency medicine in continuing to deliver teaching and training during winter.	Please provide LFG meeting minutes, trainee feedback and/or equivalent evidence to demonstrate that teaching and training is taking place during winter 2020/21, noting any conflicts with service management/provision. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	**Recommendation**
EM5.1a	The review team recommends that Advanced Nurse Practitioners (ANPs) in the emergency department (including paediatrics) are supported as educators for foundation trainees, to facilitate learning opportunities.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	N/A	

Report sign off

Outcome report completed by *(name)***:**	Gemma Berry, Learning Environment Quality Coordinator
Review Lead signature:	Dr Orla Lacey, Deputy Postgraduate Dean, North West London
Date signed:	31 December 2020

HEE authorised signature:	Prof Geeta Menon, Postgraduate Dean, South London
Date signed:	31 December 2020

Date final report submitted to organisation:	31 December 2020

What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.
As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link)Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups