

# HEE Quality Interventions Review Report

**Royal Free London NHS Foundation Trust  
(Royal Free Hospital)  
Ophthalmology  
Urgent Concern Learner and Educator Review**



**Quality, Reviews and Intelligence Team, HEE London**

**15 June 2021**

**Final Report 26 July 2021**

## Review Overview

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| <b>Background to the review:</b>  | <p>Health Education England scheduled this urgent concern review to Ophthalmology at Royal Free Hospital due to reports received from the Directors of Medical Education of serious concerns expressed about the working environment in ophthalmology by several trainees. Concerns included bullying and undermining, difficulty in raising concerns and patient safety issues.</p> <p>Bullying and harassment within Ophthalmology at Royal Free Hospital was also reported in the National Education and Training Survey (NETS) in November 2020.</p>  |
| <b>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</b> | Ophthalmology (including higher specialty trainees and fellows)   |
| <b>Who we met with:</b>   | <p>The review team met with the following attendees at the review:</p> <ul style="list-style-type: none"> <li>- Two Directors of Medical Education – Royal Free Hospital (job share)</li> <li>- Deputy Director of Medical Education – Royal Free Hospital</li> <li>- Clinical Director for Ophthalmology</li> <li>- Postgraduate Education Head of Quality</li> <li>- Head of Quality Governance/Freedom to Speak up Guardian</li> <li>- Senior Medical Education Manager</li> </ul> <p>The review team also met with seven Ophthalmology trainees at ST2-5, two Clinical Fellows and fourteen Clinical and Educational Supervisors.</p> |
| <b>Evidence utilised:</b>   | <p>The following evidence was utilised for this review:</p> <ul style="list-style-type: none"> <li>- 2021-05 RFHBU The Safety Pin Issue 1 v1</li> <li>- 21.06.21 Ophthalmology LFG Minutes</li> </ul>   |

## Review Panel

| Role  | Name / Job Title / Role  |
|---|--|
| <b>Quality Review Lead</b>                                  | Dr Bhanu Williams<br>Deputy Postgraduate Dean                          |
| <b>HEE Head of Specialty School of Ophthalmology</b>        | Dr Emma Jones<br>Head of London School of Ophthalmology                |
| <b>HEE Deputy Head of Specialty School of Ophthalmology</b> | Dr Cordelia McKechnie<br>Deputy Head of London School of Ophthalmology |
| <b>Specialty Expert</b>                                     | Dr Susie Morley<br>Training Programme Director                         |

|                                   |  |
|-----------------------------------|--|
| <b>Lay Representative</b>         | Robert Hawker<br>Lay Representative                                |
| <b>HEE Quality Representative</b> | Nicole Lallaway<br>Learning Environment Quality Coordinator        |
| <b>HEE Representative</b>         | Ummama Sheikh<br>Quality, Patient Safety and Commissioning Officer |

## Executive summary

This Urgent Concern review was scheduled due to recent concerns pertaining to the training environment around inability for trainees to raise concerns, bullying and patient safety. The National Education and Training Survey (NETS) in November 2020 also highlighted some bullying and harassment concerns at Royal Free Hospital.

The review team were pleased to hear that there were no patient safety concerns identified by trainees and clinical and educational supervisors at the review. The supervisors were also commended for their preservation of training opportunities in theatre and clinic, particularly during the Covid-19 Pandemic and redeployment of trainees. Some of the trainees also reported that Royal Free Hospital was a good training environment for Ophthalmology.

However, the review team found that there was a perceived culture of bullying and undermining within the Ophthalmology department for example alleged instances of inappropriate public criticism on emails and within WhatsApp groups. Trainees also reported that they felt unable to escalate concerns via the Trust mechanisms due to fear of repercussions and were actively discouraged from exception reporting and raising concerns via the General Medical Council's National Training Survey (GMC NTS). The majority of trainees reported that they would not recommend their placement as a place to train, and 50% of trainees reported that they would not want their friends and family to be treated within the department.

## Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

### ***Mandatory requirements***

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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.

| <b>Immediate Mandatory Requirements</b><br>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 |
|  | None                          | None                                |
| Requirement Reference number   | Progress on immediate actions | Required Action, timeline, evidence |
|  | None                          | None                                |

| <b>Mandatory Requirements</b><br>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  |
| Oph1.2a   | Some trainees reported that they were discouraged from exception reporting and were warned of repercussions if they did.  | The Trust is required to ensure that trainees are encouraged to exception report by all members of staff, including the PGME team and Ophthalmology supervisors. Please provide evidence demonstrating that trainees feel comfortable to exception report by the next QMP cycle.                                     |
| Oph1.2b   | Trainees spoke of instances whereby feedback about their training was given in an unconstructive and intimidating manner, for example, via the WhatsApp group and emails copying in other members of staff.   | The Trust is required to ensure that supervisors are using appropriate methods of providing feedback to trainees in a confidential, 1:1 manner. Please provide evidence demonstrating that trainees are provided with feedback appropriately by the next QMP cycle.  |
| Oph2.1b   | The review team found that there was a culture within the department whereby trainees felt unable to escalate concerns pertaining to patient safety or education and training. This was despite the appropriate mechanisms being in place at the Trust. | The Trust is required to encourage an open culture which enables trainees to raise concerns about education and training and patient safety. Please provide an update on local work being done to foster this environment and provide evidence that trainees feel able to escalate concerns by the next QMP cycle.   |
| Oph5.1b   | The review team heard that trainees were not always able to attend weekly teaching due to clinical responsibilities.  | The Trust is required to enable trainees to prioritise weekly teaching on a Friday afternoon. It is also recognised that the recording of sessions for trainees unable to attend would be beneficial. Please provide evidence demonstrating trainee feedback that this is no longer a concern by the next QMP cycle. |

## Recommendations

Recommendations are not mandatory but intended to be helpful, 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  |
| Oph2.1a                         | In an instance of further HEE Quality Reviews at the Trust, the Trust is required to ensure that all trainees in scope for the review would be relieved of their clinical duties in order to attend the session.  |
| Oph2.1c                         | The review team heard that there was a high workload in eye casualty at Royal Free Hospital and were pleased to hear of work being done to improve support including allocation of three consultants per clinics, and support from a nurse and a GP trainer. However, the review team felt that the additional training of Allied Health Professionals would be beneficial to provide different routes of care for patients. The Trust and HEE are therefore recommended to work collaboratively to introduce Allied Health Professionals into the workforce. |
| Oph4.4                          | The Trust is recommended to provide additional administrative staff to reduce the burden of administrative tasks, with the intention to enable consultants to devote more time to training.   |
| Oph5.1a                         | The Trust is recommended to provide more educational support for the Clinical Fellows within the department, including but not limited to, devising a set curriculum for teaching.  |
| Oph6.1                          | The Trust is recommended to review the annual leave process to ensure that requests are processed fairly and equitably for trainees.  |

## Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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) |
|---|---|---------------------------------|
| Ophthalmology Supervisors                         | A huge effort had been made by the clinical and educational supervisors to preserve training opportunities for trainees in theatre and clinic during the Covid-19 Pandemic and redeployment of trainees | 5.1                             |



## HEE Quality Standards and Domains for Quality Reviews

| Domain 1 - Learning environment and culture  |  |                              |
|--|--|------------------------------|
| <p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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&amp;I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p> |  |                              |
| HEE Standard   | HEE Quality Domain 1 - Learning Environment & Culture  | Requirement Reference Number |
| 1.2  | <p><b>Bullying and undermining</b></p> <p>The Trust highlighted the November 2020 National Education and Training Survey (NETS) results which demonstrated that trainees felt unable to raise concerns and had witnessed bullying and harassment within the department. Following this, a Trainee Engagement Forum was facilitated by the Trust with the Freedom to Speak Up Guardian, which highlighted that there was an inability to raise concerns about patient safety for fear of repercussions to progression in training, experiences of bullying and harassment and favouritism among the trainees. It was also fed back that it was clear that trainees feared being identified by concerns being raised. The Trust highlighted that action plans were in place to address some of the process issues, for example the recent establishment of the Local Faculty Group. However, it was acknowledged by educational leads that more work was needed to be done to address all of the concerns. The Trust welcomed Health Education England's intervention into the Ophthalmology department and hoped it would provide some valuable insight to improve the trainee's experience of education and training at Royal Free Hospital.</p> <p>The review team heard that some trainees did not feel appreciated when working out of hours. Some trainees reported that there was a lack of recognition for the work trainees were putting into the department, and that locum rates out of hours were not perceived to adequately reflect the volume of work required. It was also reported that if there were staffing issues out of hours when colleagues are on sickness leave in the department, then some trainees had been asked to cover two doctors' roles.</p> <p>Trainees reported that a Local Faculty Group (LFG) for Ophthalmology trainees had been recently established, however the culture of bullying had not been addressed at this meeting.</p> <p>Prior to the review and due to the inability for all Ophthalmology trainees to attend the session, trainees put together collective feedback on the Ophthalmology education and training environment within Royal Free Hospital. This included some feedback from previous Ophthalmology trainees in the department. As part of this collective feedback, the review team heard of a perceived culture of bullying within the department which included slamming doors in front of trainees and inappropriate statements being made, which led to some trainees feeling demoralised. Trainees reported being actively</p> |                              |

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|            | <p>discouraged from exception reporting and warned of repercussions to their training. Lastly, trainees reported they were told not to complain in the General Medical Council National Training Survey (GMC NTS) survey.</p> <p>Trainees shared with the review team further examples of perceived bullying whereby feedback was provided in an unconstructive way. The review team heard of an instance where an unspecified trainee faced public criticism by a supervisor in a WhatsApp group. It was felt this was an inappropriate method of communication. A second demonstration of inappropriate public criticism pertained to an email sent to a trainee from a supervisor raising issues about the management of a patient, which was copied to multiple colleagues. It was felt that this was an inappropriate way to raise the issue, and it would have been better received if the supervisor approached the trainee in person to share feedback in a constructive way.</p> <p>Trainees reported that many of the consultants were passive about the trainee experience of bullying within the department, and that consultants did not acknowledge when trainees were upset about an incident. The review team heard that trainees would appreciate it if supervisors would use their senior position within the department to speak up if they witnessed poor behaviour exhibited by colleagues.</p> <p>When asked what they would do if they witnessed bullying and undermining, or if concerns were raised to them, CS and ES reported that they would be able to speak with the person themselves or escalate concerns as appropriate. It was also reported that due to the Covid-19 Pandemic and the lack of meetings in person, supervisors felt that there was a loss of an informal and un confrontational way for trainees to raise concerns about education and training. It was highlighted that due to this, issues developed further into a formalised process.</p> | <p>Yes, please see Oph1.2a</p> <p>Yes, please see Oph1.2b</p> |
| <b>1.4</b> | <p><b>Appropriate levels of Clinical Supervision</b></p> <p>There was a consensus among Ophthalmology trainees that the majority of consultants were approachable, and that generally consultants were happy to take calls from trainees when not on-call.</p>  |   |

| <b>Domain 2 – Educational governance and leadership</b>  |   |                                     |
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| <p><b>2.1.</b> The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p><b>2.2.</b> The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p><b>2.3.</b> The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.</p> <p><b>2.4.</b> Education and training opportunities are based on principles of equality and diversity.</p> <p><b>2.5.</b> 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.</p> |   |                                     |
| <b>HEE Standard</b>  | <b>HEE Quality Domain 2 – Educational Governance and Leadership</b>                               | <b>Requirement Reference Number</b> |
| <b>2.1</b>   | <b>Effective, transparent and clearly understood educational governance systems and processes</b> |                                     |



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|            | <p>Trainees collectively fed back that some trainees were not informed of the meeting and were not aware that they could be relieved of their clinical duties in order to attend the review. As a result, a summary of feedback on the education and training environment was presented to the review team.</p> <p>The review team were pleased to hear that there were no specific patient safety concerns identified by the trainees and the clinical and educational supervisors. Trainees also reported that there was an appropriate process in place to escalate concerns about patient safety concerns or incidents. However, whilst there were systems in place to raise concerns, trainees did not always feel that the culture within the department enabled trainees to comfortably escalate concerns relating to patient safety or their education and training.</p> <p>The review team heard from supervisors that there was a lack of communication and detail about the types of concerns raised within the department, and that this had caused some frustration among the consultants. Supervisors reported that the lack of specific examples of perceived bullying and undermining instances meant that they felt a level of uncertainty and distress, and also felt that there was a lack of support from Health Education England (HEE) and the Trust. The review team acknowledged the frustration felt by supervisors and highlighted that due to the nature of the concerns and issues around the confidentiality of trainees, some specific examples were not able to be shared.</p>   | <p>Yes, please see Oph2.1a</p> <p>Yes, please see Oph2.1b</p> |
| <b>2.1</b> | <p><b>Impact of service design on users</b></p> <p>Trainees reported that there was a high workload in eye casualty, and that it felt rushed and overstretched. The review team heard that patient confidentiality issues had been raised previously, however there were no solutions put in place at this point. It was also reported that when approached by trainees with concerns, some trainers could be defensive if feedback was given of problems without solutions.</p> <p>The review team heard that all trainees, including the Fellows, were required to work in eye casualty, and it was reported that junior colleagues from ST1-3 were meant to be paired in clinic with more senior Ophthalmology trainees at ST4 and above. However, some trainees reported that they did not receive adequate support from a senior colleague in their clinics and felt that there was differential treatment among different trainees within the department.</p> <p>When asked about consultant presence in eye casualty, the CS reported that staffing levels were not adequate to enable allocation of consultants to each session. It was reported that consultants were conducting other clinics and that if a trainee required support for an eye casualty case, the consultant would be accessible whilst in clinic. It was noted that if their consultant was on annual leave, trainees could speak to a dedicated on-call consultant of the week for support. The review team heard that throughout the Covid-19 Pandemic and due to restrictions on admission to Moorfield's Eye Hospital, the volume of patients in eye casualty had increased at Royal Free Hospital as the next closest eye casualty for patients. CS reported that if a trainee was unable to finish their clinic in the morning, cases would be handed over to the afternoon trainee. Similarly, if a trainee was unable to finish clinic in the afternoon, cases would be handed over to the on-call trainee. CS reported that there was a culture of 'chipping in' among the consultants and trainees to ensure there is no backlog of patients. The review team heard that with the provision of more space, from August 2021 the Trust would try to allocate</p> | <p>Yes, please see Oph2.1c</p>                                |

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|  | <p>three consultants per session, as well as support from a nurse and a GP trainer. It was acknowledged that having sufficient space was a barrier, and that this was a work in progress.</p> <p>When the review team queried trainees' equitable access to training opportunities, the CS reported that trainees were not allocated to one consultant for the year at the Trust, and instead trainees had two main rotations where they were supported by multiple consultants. It was reported that as a result, trainees should have equitable access to training opportunities due to exposure to multiple consultants. CS raised that there may be discrepancies in senior support due to difficulty with timetabling, however it was felt that throughout the year at the Trust this would be evened out. It was recognised that timetabling could be difficult and that the distribution of clinics among trainees was a constant effort for consultants. The CS reported that if an individual felt that they were being treated unfairly due to lack of senior support in clinics, that this was not the intention of any members of the consultant body.</p> |  |
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### 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 |
|--------------|--|------------------------------|
| 3.2          | <p><b>Time for learners to complete their assessments as required by the curriculum or professional standards</b></p> <p>The review team were pleased to hear of a consensus among trainees that they were able to have their workplace based assessments signed off by their supervisors.</p> |                              |

### 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 |
|--------------|--|------------------------------|
| 4.4          | <p><b>Appropriate allocated time in educators job plans to meet educational responsibilities</b></p> <p>There was a consensus among the Clinical and Educational Supervisors that they had appropriate allocated time in their job plans to provide sufficient</p> | Yes, please                  |

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|  | educational supervision for their trainees. However, some CS reported a need for more administrative staff to reduce the day-to-day administrative tasks of the consultants. It was felt that this would enable the department to devote more time to training. | see<br>Oph4.4 |
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| Domain 5 – Delivering curricula and assessments  |  |   |
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| <p><b>5.1.</b> The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.</p> <p><b>5.2.</b> 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.</p> <p><b>5.3.</b> 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.</p> |  |   |
| HEE Standard   | HEE Quality Domain 5 – Developing and implementing curricula and assessments   | Requirement Reference Number                                      |
| <b>5.1</b>   | <p><b>Placements must enable learners to meet their required learning outcomes</b></p> <p>The Fellows reported that they did not have a set curriculum for teaching. The review team heard that despite not being in an official training position, the Fellows were still learning and were not in a consultant post, and so would have appreciated educational support for their learning within the department. They reported instances of requesting more straightforward cases in theatre as they were still learning, however it was felt that the consultants were not receptive to their suggestions and did not answer their requests.</p> <p>Trainees reported that regional teaching was held on Friday afternoons and that these were usually well-organised teaching sessions. However, it was reported that in the second half of the year it was difficult to access regional teaching due to the number of patients booked into the clinic. The review team heard that as part of on-call cover, trainees were required to cover Friday evenings on-call which overlapped with weekly teaching. It was also reported that every one in eight Fridays, trainees were unable to attend teaching due to providing cover for eye casualty. Trainees reported that despite asking consultants if they could record sessions to access at a later date, teaching sessions were generally not recorded for trainees who could not attend. When discussed with supervisors, the review team heard there had been issues on patient confidentiality which prevented the recording of teaching.</p> <p>The review team heard positive feedback from trainees about teaching during clinics. Trainees reported that consultants would take time to teach during clinics and were happy to discuss patients and cases. Specific positive feedback was given by Ophthalmology trainees about Fluorescein Angiography in afternoon clinics, where some consultants were happy to go through and explain the process.</p> <p>Trainees reported no concerns about training opportunities in theatre and clinic within the Ophthalmology department at Royal Free Hospital. Trainees reported that they had access to a good selection of appropriate cases, and that surgical opportunities were good. It was reported that clinics were busy which was felt to be beneficial to training, and trainees had access to a variety of different types of clinics. HEE recognised the huge amount of effort that had been made by the supervisors to preserve training opportunities for</p> | <p>Yes, please see<br/>Oph5.1a</p> <p>Yes, please<br/>Oph5.1b</p> |

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|  | the Ophthalmology trainees, particularly considering the redeployment of trainees during the Covid-19 pandemic. |  |
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## 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          | <p><b>Retention and attrition of learners</b></p> <p>The majority of trainees reported that they would not recommend their placement to colleagues as a place to train. In addition, half of trainees reported that they would want their friends or family to be treated within the Ophthalmology department at Royal Free Hospital.</p> <p>The review team heard that some trainees reported instances of difficulty receiving approval for annual leave requests, despite being requested within the appropriate period of time. It was reported that within the same time period, some trainees' requests would be approved, and other requests would be declined. This was particularly evident among the Fellows in attendance at the review.</p> | Yes, please see Oph6.1       |

## Report sign off

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| <b>Quality Review Report completed by<br/>(name(s) / role(s)):</b> | Nicole Lallaway<br>Learning Environment Quality Coordinator |
| <b>Review Lead name and signature:</b>                             | Dr Bhanu Williams<br>Deputy Postgraduate Dean, North London |
| <b>Date signed:</b>  | 23.07.2021  |

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|----------------------------------|--|
| <b>HEE authorised signature:</b> | Dr Gary Wares<br>Postgraduate Dean, North London |
| <b>Date signed:</b>              | 23.07.2021                                       |

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| <b>Date final report submitted to<br/>organisation:</b> | 26.07.2021 |
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### 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 develop 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups