

HEE Quality Interventions Review Report

**Royal Free London NHS Foundation Trust
(Royal Free Hospital)
Emergency Medicine
Learner and Educator Review**



HEE London

06 October 2021

Final Report 16 November 2021

Review Overview

Background to the review:	<p>This risk-based review was scheduled due to red flags in the General Medical Council's National Training Survey (GMC NTS) 2021 for Emergency Medicine Foundation Year 2 (FY2) at Royal Free Hospital.</p> <p>Emergency Medicine FY2 red outliers:</p> <ul style="list-style-type: none"> • Workload • Supportive environment • Educational governance • Study leave <p>There was no available data at site level for Emergency Medicine so the review was extended to include all programme groups as part of an exploratory Learner and Educator review.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Emergency Medicine – Specialty higher, specialty core, Foundation and GP trainees</p>
Who we met with:	<p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> - Director of Medical Education - Deputy Director of Medical Education - Divisional Clinical Director - Interim Medical Director - Freedom to Speak up Guardian - College Tutor - Clinical Education Lead - Head of Quality - Medical Education Manager - Eleven Emergency Medicine consultants/clinical supervisors <p>The review team also met:</p> <ul style="list-style-type: none"> - Six trainees in FY2 and General Practice Vocational Training Scheme (GP VTS) - Five specialty higher trainees
Evidence utilised:	<p>The following evidence was utilised for this review:</p> <ul style="list-style-type: none"> - FY2 teaching programme October 2021 - FY2 rota template - FY2 supervisors Aug 2021 - GMC survey 2021 ED F2s - LFG ED 27 Sept 2021 minutes - LFG ED 27 September 2021 - RFH ED Teaching Rota July Aug 2021

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Specialty Expert – Emergency Medicine	Dr Jamal Mortazavi Head of London School for Emergency Medicine
Specialty Expert – Foundation School	Dr Keren Davies Head of Foundation School for North Central and East London
Specialty Expert – General Practice School	Prof Joe Rosenthal Training Programme Director
Lay Representative	Kate Brian Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
Supporting role	Ummama Sheikh Quality, Patient Safety and Commissioning Officer

Executive summary

This Learner and Educator Review was scheduled due to red flags in the GMC National Training Survey (GMC NTS) 2021 for Emergency Medicine F2 at Royal Free Hospital, and the review was expanded to all Emergency Medicine programmes due to a lack of available data in the GMC NTS.

The review team were pleased to hear that trainees would recommend their friends and family to be treated within the Emergency Department at the Royal Free Hospital. It was also encouraging to hear trainees describe their educators as friendly and approachable, and that trainees had no concerns about bullying and undermining or patient safety within the department.

However, the review team identified the following areas for improvement at the review:

- There was a disconnect between trainee and trainer perception of educational delivery within Emergency Medicine, with trainees reporting that their supervisors had minimal time available to provide teaching or feedback to them in their placement
- Educators did not have dedicated time in their job plans to meet their educational requirements, including SPA time and completing workplace-based assessments
- Foundation trainees were not able to access their weekly Foundation Programme teaching
- The Local Faculty Group meeting for Emergency Medicine did not have representation across all of the trainee programmes
- Trainees and Trainers were unaware of the Guardian of Safe Working

The Mandatory Requirements and Recommendations are detailed below on pages 6-7 and actions will be monitored via the Quality Management Portal (QMP).

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.

Immediate Mandatory Requirements 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
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	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
EM1.1	The review team heard from Foundation trainees that they were not invited to attend a formal handover with senior colleagues and that this impacted on their morale.	The Trust is required to ensure that Foundation and GP trainees are invited to attend a formal handover with senior members of the Emergency Department. Please submit trainee feedback via Local Faculty Group minutes or other feedback that handover is no longer a concern to trainees by the next Quality Management Portal (QMP) deadline.
EM2.1b	The review team heard that trainees did not exception report when they stayed late on a shift.	The Trust is required to encourage trainees to exception report when they stay late on a shift. HEE recommends that this is highlighted at the Local Faculty Group meeting. Please submit evidence in support of this action by the next QMP deadline.
EM2.1c	The review team heard that Foundation trainees were not invited to attend the Local Faculty Group (LFG) meeting.	The Trust is required to ensure that all learner groups are represented at the Emergency Medicine LFG. HEE suggests that the department should appoint trainee representatives and ensure that the trainees are informed about this appointment. Please submit evidence that LFGs have appropriate representation by the next QMP deadline.
EM3.1	It was apparent at the review that there was a disconnect between trainee and trainer perception of educational delivery within Emergency Medicine. Trainees reported that they did not receive the expected regular feedback, teaching and discussions with supervisors about specific cases in the Emergency Department, and that this was perceived to be due to the workload of the department. In contrast, the consultants perceived	The Trust is required to encourage Clinical Supervisors to signpost more clearly to trainees when discussions and interactions were developmental and educational. Please provide Local Faculty Group (LFG) feedback or other forms of trainee feedback that trainees perceive they are receiving adequate educational experience in terms of teaching and developmental feedback.

	that they were delivering educationally and that this was perhaps not necessarily made evident to trainees whilst discussions were happening.	
EM3.3	The review team heard that some trainees were unable to access study leave due to technical difficulties.	The Trust is required to develop their study leave process and to resolve the technical errors which impact on trainees' accessing their requested study leave. Please submit evidence that work has been done to resolve this by the next QMP deadline.
EM4.4	The review team heard that educators did not have dedicated time in their job plans to delivery educationally, including completing workplace-based assessments, Extended Supervised Learning Events (ELSEs) and Supporting Profession Activity (SPA).	The Trust is required to allocate dedicated time clinical supervisors' job plans to meet their educational responsibilities. This includes dedicated SPA time in order to supervise trainees appropriately. Please submit evidence in support of this action by the next QMP deadline.
EM5.1b	Foundation trainees reported that they were not able to access their weekly Foundation Programme teaching and were told to attend an alternative departmental teaching instead. The review team highlighted that Foundation teaching was mandatory for Foundation trainees to attend.	The Trust is required to enable Foundation trainees to attend their weekly Foundation Programme teaching. Please submit LFG feedback or other forms of trainee feedback that Foundation trainees are attending their core Foundation teaching by the next QMP deadline.

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
EM2.1a	The Trust is recommended to ensure the Guardian of Safe Working is made known to all trainees and supervisors working within the Emergency Department at the Royal Free Hospital.
EM3.4	HEE recommend that the Trust updates the induction programme to include a more detailed tour of the equipment in resus for middle and higher-grade trainees, and for the Foundation and GP trainee induction to include a variety of common cases in the Emergency Department, including minor injuries, eye emergency and plastering.
EM5.1a	HEE recommend that Foundation and GP trainees are rostered to undertake sessions in the Resuscitation area and Paediatrics in order to obtain a variety of experience on their Emergency Medicine placement at Royal Free Hospital.

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)
	N/A	

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&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
1.1	<p>Handover</p> <p>The review team heard from Foundation and General Practice (GP) trainees that they often left the department at the end of a shift without speaking or checking in with anyone. Some of the Foundation and GP trainees felt that this was a missed opportunity to handover to incoming doctors on the next shift, and for the department to check on how the shift was for trainees. It was recognised by the trainees that the geography of the department was large and fragmented, and that this made it difficult to have a dedicated person to check-in with at the end of a shift. However, the review team heard that while there was a formal handover of patients for senior colleagues, the Foundation trainees were not expected to attend and that this impacted on their morale. It was reported that they felt like service provision, and this impacted on their ability to feel part of the team.</p> <p>Foundation trainees reported that they did not have difficulties in handing patients over to other specialties. It was highlighted that surgical handover was sometimes difficult, however it was acknowledged that this was a universal issue.</p>	Yes, please see EM1.1
1.2	<p>Bullying and undermining</p> <p>The review team were pleased to hear that none of the trainees in attendance at the review experienced or witnessed any bullying and undermining within the department. Trainees also reported that they would feel comfortable reporting any concerns around bullying and undermining to the Trust.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>There was a consensus among all attendees at the review that there was a large consultant presence within the Emergency Medicine department in the Royal Free Hospital. The review team were also pleased to hear that all the trainees felt they were able to seek support from senior colleagues and reported that consultants were friendly and approachable.</p> <p>Foundation trainees reported that while consultants were willing to offer support when approached, they felt that the consultants could have been more proactive with providing support. Some of the Foundation trainees reported that they felt tentative about reaching out for support from consultants, and</p>	

	<p>that they felt there was an expectation that trainees should seek support from the registrar instead of the consultant in the first instance. The review team also heard from a small number of Foundation trainees that while it was easy to find senior support during the day, out of hours it was more difficult to find a senior colleague who was available to discuss patients with.</p> <p>Some of the Foundation trainees reported that it was difficult to know which nurse was looking after their patient and reported that it would be easier to identify with the implementation of the new Electronic Patient Record (EPR) in October 2021 within the Trust. The review team heard from Foundation trainees that name badges would be useful for nursing staff to have.</p> <p>Some of the Foundation trainees reported that there were comments from senior colleagues on their efficiency, including the perceived expectation that trainees should spend 20 minutes with each patient. It was reported that at the beginning of their placement, Foundation trainees generally took longer with patients and that they felt they were not working efficiently at first. The review team heard from trainees that it would have been beneficial to set expectations during induction, with the understanding that Foundation trainees would take longer with patients at the beginning of their placement and would become quicker as they became accustomed to the placement.</p> <p>The review team heard from some of the middle grade trainees that due to the fragmented way the department is laid out, they felt they did not see many other trainees while on their placement. Trainees reported that as a result, they sometimes felt isolated from other trainees having only worked with a Foundation trainee and a consultant on a typical day.</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p>The review team heard that Foundation and General Practice (GP) trainees had all met with their educational supervisor at the beginning of their Emergency Medicine placement in the Royal Free Hospital.</p> <p>The middle and higher-grade specialty Emergency Medicine trainees reported that they had all met with their educational supervisor at some point during their placement. The review team heard that this meeting did not cover the new curriculum requirements for the programme and next steps for trainees, however the trainees felt that they were aware of what was required of them for their stage of training.</p>	

Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number

2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team were concerned to hear that none of the trainees or supervisors in attendance at the review were aware of who the Guardian of Safe Working was at Royal Free London NHS Foundation Trust.</p> <p>Foundation and GP trainees reported that they stayed late after shifts approximately 20% of the time, and that this was due to the nature of the Emergency Department (ED). The review team heard that this varied between 10-45 minutes in length, and it was not due to an expectation to stay late, but rather trainees found it more time efficient to complete final paperwork as opposed to handing over to colleagues. When asked if they submitted an exception report when they stayed late, Foundation and GP trainees responded that they did not exception report. The trainees also reported that they were not concerned about exception reporting, and that they felt they would be supported by the department if they did use the process. The review team encouraged trainees to use the exception reporting process as this would help the Trust to recognise where there were pressures in the system.</p> <p>The review team heard from middle and higher-grade specialty trainees that they also regularly stayed late due to the volume of patients they saw, which resulted in a large amount of patient notes to take at the end of the day. Trainees reported that they felt there was a culture of staying late within the ED, and that they also did not utilise the exception reporting process when they stayed late.</p> <p>The review team heard that Local Faculty Group (LFG) meetings were organised for middle and higher-grade specialty trainees, however it was highlighted that Foundation trainees were not invited to LFGs at present. Supervisors also highlighted the importance of having a variety of trainee representatives attending LFGs so that the LFG was not always attended by the same trainee. Supervisors felt this would be required to obtain a variety of trainee voices in the meeting.</p>	<p>Yes, please see EM2.1a</p> <p>Yes, please see EM2.1b</p> <p>Yes, please see EM2.1c</p>
2.1	<p>Impact of service design on users</p> <p>The review team heard from Trust management that the Royal Free Hospital had an emphasis on wellbeing of their trainees. It was reported that there were many avenues in place to support trainee wellbeing, including wellbeing hubs, a dedicated psychiatrist providing weekly support to the department during the Covid-19 pandemic and consultants who had set up an initiative for the local hub to gather and offload concerns every Wednesday evening. The review team also heard that the Trust had a previous good record for providing support to trainees in difficulty.</p> <p>The review team heard from Trust management representatives that one of the main challenges of the ED placement in the Royal Free Hospital was the geographical footprint of the department. It was reported that the ED was massive and fragmented and was hosting nine different areas during working hours and eight areas during out of hours.</p> <p>The Trust management representatives emphasised that they perceive that the recent results for Emergency Medicine in the GMC NTS 2021 was an outlier due to the Covid-19 pandemic, rather than a reflection of the educational experience within the ED. The review team heard that the</p>	

	<p>department has had staffing pressures, particularly within the nursing team where it was described that on a 'good shift' the ED would be down four nurses, and on a 'bad shift' the ED would be functioning with seven fewer nurses. It was recognised that this placed a strain on the department as a whole and could impact on the experience of the Royal Free Hospital as a training environment.</p> <p>Trust management representatives reported that there were instances whereby a Foundation trainee may be the only doctor in a particular area out of hours, however it was reported that there was always between two-three middle-grade doctors for them to access for support. The review team heard that due to the workload of the ED, this support may not be immediately available.</p> <p>The review team heard from Trust management representatives that trainees were not expected to work beyond their shift hours and that they were receptive to exception reports where necessary. It was acknowledged by the Trust that they had two or three exception reports submitted within the last couple of years and that they hoped this was due to trainees leaving their shift on time. The review team heard that there was a thorough handover process which took place at 08:00 and 23:00 at the end of each shift, which was emphasised as a departmental safety management process that trainees were expected to follow.</p> <p>Foundation trainees reported the perception that the ED was a 'tired department' that hadn't had a break in a long time, and that members of staff were tired and worn out from the volume of work. The review team heard that the consultant body generally worked well together, however the perceived tiredness and heavy workload of the members of staff meant that trainees were dissatisfied with the training on offer at the Royal Free Hospital. It was also reported among some Foundation trainees that they found themselves feeling 'deflated and stressed' on their shifts.</p>	
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Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<p>Induction (organisational and placement)</p> <p>The review team heard from Foundation and GP trainees that they had a two-day departmental induction when they began their placement which covered a variety of relevant processes. However, trainees reported that there were some processes that would have been beneficial to include in an induction to a placement within Emergency Medicine. The review team heard that cases that came up in the ED included minor injuries, eye emergency and plastering. This meant that some of the trainees felt ill-equipped to deal with some patient</p>	Yes, please see EM3.4

	<p>presentations, particularly out of hours. Trainees felt that practical run-throughs would have been beneficial in their induction, including common cases seen in the ED.</p> <p>The middle and higher-grade specialty trainees reported that they also had a two-day departmental induction at the beginning of their placement. The review team heard that the trainees felt their induction covered what they needed to know for their placement, however it was highlighted that they would have benefitted from a more thorough tour of the equipment and machines in the resuscitation area (resus).</p>	Yes, please see EM3.4
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards</p> <p>The review team heard from middle and higher-grade trainees that they found it difficult to have their workplace assessments completed by their supervisors. The review team heard from a majority of the trainees that they were able to have occasional developmental discussions with consultants while working in the ED, however this was perceived as driven by the trainees rather than proactively offered by their supervisors. The review team heard of a number of instances whereby middle and higher-grade trainees had emailed assessments to their supervisors and had not been completed or received a response. It was also reported that the majority of trainees had not had their Extended Supervised Learning Events (ELSEs) discussed or completed with their educational supervisor.</p> <p>The middle and higher-grade trainees felt that Foundation and GP trainees did not receive a broad experience on their placement and, the review team heard that they had minimal experience in resus and spent the majority of their time managing primary care-oriented presentations in the ED. The middle and higher-grade trainees reported that they were concerned that their placement would dissuade junior trainees to pursue a career in emergency medicine.</p>	
3.3	<p>Access to study leave</p> <p>The review team heard from a small number of middle and higher-grade specialty trainees that they experienced difficulty in accessing study leave during their placement at the Royal Free Hospital. It was reported that there was a technical error with the online booking system which meant that requests for study leave would only be processed if they were compliant with their statutory mandatory training. The review team heard that some of the trainees had completed their training at a previous Trust, but it did not carry over to their new placement. The review team advised that trainees speak to senior members of the department to speed up the approval process.</p>	
3.1	<p>Regular constructive and meaningful feedback</p> <p>Owing to demanding workloads, trainees reported that they felt they did not receive regular feedback from supervisors and that they were not maximising the full opportunities of their placement at the Royal Free Hospital. It was however acknowledged by some of the trainees that if they had any clinical questions, they were able to have discussions with consultants, but trainees perceived this as more reactive teaching than proactive. Trainees reported that they were able to seek informal feedback, however there were limited opportunities to take time away with a consultant to review specific cases and enter a detailed discussion to support their development as clinicians.</p>	

	In contrast, the supervisors in attendance at the review reported that they did examine individual cases with trainees and discussed patient plans, however it may not have been perceived by trainees as teaching. It was reported that due to the pressure on the department, learning opportunities were identified and delivered to trainees in an ad-hoc manner. The review team understood that there was a disconnect between the trainee and trainer perception of educational delivery in the department, as trainees reported that they perceived interactions were not developmental and that teaching was not happening on their placements.	Yes, please see EM3.1
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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>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>The review team heard that supervisors did not have enough SPAs as a consultant group to support over fifty trainees in the ED at Royal Free Hospital. It was also reported that they did not have sufficient consultant numbers required to cover the large number of trainees within the department. The review team heard that there were eleven whole time equivalent (WTE) supervisors providing support to over fifty trainees within the ED.</p> <p>Supervisors in attendance at the review reported that they did not have dedicated time in their job plans to complete workplace-based assessments. The review team heard that the consultant body struggled with finding time for this, and often used their own time to complete any assessments. In addition, the previous concerns around educational delivery and feedback to trainees was perceived as attributable to a lack of dedicated time in educator job plans to meet their educational responsibilities. Supervisors suggested that it would be helpful to appoint clinical educators for the ED to help the trainees as well as the trainers to enhance the learning experience within the department.</p>	Yes, please see EM4.4

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	

	<p>The middle and higher-grade trainees felt they did not know what they were going to do regarding Educational Development Time (EDT) and how to organise it. The review team heard that trainees were going to self-roster until November 2021, and until then they had one administrative day every couple of weeks. It was reported that from November 2021, trainees would have EDT time incorporated into their rota.</p> <p>The review team heard from Foundation trainees that they had limited opportunities to experience a variety of cases and areas within the ED. This was mainly relevant to opportunities to gain experience in resus and in Paediatrics. There was a perception among Foundation trainees that resus and Paediatrics was specifically allocated to middle and higher-grade trainees and consultants, while the Foundation trainees felt they were providing service provision across other areas of the department. The review team heard that the majority of cases in the ED were related to primary care concerns, which was felt to be less relevant to a placement in Emergency Medicine.</p> <p>The review team heard that by contrast, GP trainees were gaining appropriate experience in the ED which was relevant to their programme, including experience in the Urgent Treatment Centre (UTC). It was noted that it would be beneficial to have more opportunities in Paediatrics to gain broader clinical experience.</p> <p>The review team heard from supervisors that based on previous trainee cohorts, experience in Paediatrics and resus was not compulsory and that they devised the rota so that it was optional for trainees to gain experience in the two clinical areas. Supervisors perceived that there were opportunities for trainees to gain experience in Paediatrics and resus if they wanted to. The review team understood that the department may be too busy for trainees to find opportunities to gain additional experience in these areas if they wanted to. It was highlighted that it would be beneficial for Foundation trainees to gain experience in these areas, and that including them on the rota would mitigate this issue.</p> <p>Foundation trainees reported that they were unable to access formal Foundation Programme teaching. The review team heard that trainees were informed they were not allowed to attend weekly Foundation Programme teaching on Thursdays as there was a departmental teaching session on Tuesdays which was devised by the Trust. The review team emphasised that Foundation Programme teaching was mandatory for Foundation trainees to attend, and that ideally trainees would be able to access both forms of teaching for development whilst on their placement.</p>	<p>Yes, please see EM5.1a</p> <p>Yes, please see EM5.1b</p>
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Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number

6.1	Retention and attrition of learners <p>The review team were pleased to hear a consensus among trainees that they would recommend their friends and family to be treated within the ED at Royal Free Hospital. There was an emphasis on the quality of care within the department and patient safety was described as a high priority within the department.</p> <p>However, the vast majority of trainees in attendance at the review fed back that they would not recommend the Royal Free Hospital ED as a place for colleagues to train in Emergency Medicine. This was largely attributable to the Foundation trainees but was also present for middle and higher-grade specialty trainees in Emergency Medicine. It was evident to the review team that there was a perception of Foundation trainees being used for service provision within the ED with a focus on primary care concerns due to the nature of cases within the department. The review team heard that this left junior trainees uninspired to train in Emergency Medicine.</p>	
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Report sign off

Quality Review Report completed by <i>(name(s) / role(s)):</i>	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Date signed:	15 October 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean for North London
Date signed:	12 November 2021

Date final report submitted to organisation:	16 November 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