

HEE Quality Interventions Review Report

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



HEE London

09 November 2021

Final Report 17 December 2021

Review Overview

Background to the review:	<p>This risk-based review is scheduled due to the performance of Renal Medicine at the Royal Free Hospital in the GMC National Training Survey 2021.</p> <p>Renal Medicine red outliers:</p> <ul style="list-style-type: none"> • Overall satisfaction • Workload • Teamwork • Handover • Supportive environment • Induction • Adequate Experience • Curriculum Coverage • Educational Governance • Regional teaching • Study leave • Rota design • Facilities
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Foundation, Core and Higher specialty trainees in Renal Medicine placements at Royal Free Hospital</p>
Who we met with:	<p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> - Two Directors of Medical Education (DME job share) - Medical Director - Divisional Clinical Director - Clinical Service Lead – renal inpatients - Renal Trust Education Lead - Guardian of Safe Working - Head of Quality - Medical Education Manager - Medical Education Service Manager - Seven clinical supervisors <p>The review team also met with three trainees in foundation and core programmes, and seven higher specialty trainees.</p>
Evidence utilised:	<p>The review team utilised the following evidence for this review:</p> <ul style="list-style-type: none"> - Local Faculty Group (LFG) Senior House Officer feedback 30.9.21 - Renal reg LFG Minutes 12 Aug 2021 - RFH Exception Report Summary 01.10.21

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Specialty Expert	Dr Andrew Deaner Head of School for Medicine
Specialty Expert	Dr Catherine Bryant Deputy Head of School for Medicine
Specialty Expert	Dr Nick Rollitt Deputy Foundation School Director
Lay Representative	Robert Hawker Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Ummama Sheikh Quality, Patient Safety and Commissioning Officer

Executive summary

This Learner and Educator Review was organised due to the deterioration of the General Medical Council's National Training Survey (GMC NTS) 2021, with the Renal medicine department at the Royal Free Hospital flagging thirteen red outliers.

The review team heard from those in attendance at the review that many of the concerns raised stemmed from the excessive workload within the Renal department and due to the insufficient number of beds on the Renal ward. This meant that there was an increased number of Renal patients on outlying wards requiring specialist care.

As a result, the review team identified the following concerns:

- Some instances of perceived bullying of core and foundation trainees during handover by a small number of consultants
- Excessive administrative workload for core and foundation trainees
- Issues with information technology (IT) systems
- Induction was not aligned to rotation dates
- Trainee difficulty getting competencies signed off

One Immediate Mandatory Requirement (IMR) was issued at this learner and educator review, due to trainee perception that not all patients who came through the Renal take were reviewed by a consultant within a timely manner.

Further details can be found in this report, including the IMR, Mandatory Requirements (MR) and Recommendations on pages 6-8.

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
RM2.1d	There was a clear disconnect between the perception of trainees and some of the consultants about whether all patients who came through the Renal take were reviewed by a consultant within a timely manner. It was felt that this had a negative impact on patient safety and was particularly of concern for patients on outlying wards.	Trainees must be supported by the consultants to review patients admitted on the Renal take within the time specified by national Royal College of Physicians (RCP) guidance, whether that is on the Renal ward or an outlying ward.
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
RM2.1d	<p>The Renal team provides a 24/7 acute admission service to all patients with end-stage Renal failure or advanced chronic kidney disease. Timely review of these acute admissions is an integral part of the role of the Renal on-call consultant. The Renal consultant body was surprised at these comments from the junior team and we agree that there is a disconnect in perception between the two groups. However, in recent weeks there have been exceptional numbers of both Renal admissions and outlying patients and so it is possible that some consultant reviews may not have happened in the appropriate time-frame.</p> <p>We absolutely support that all patients admitted on the Renal take must be reviewed by a consultant within the RCP time-frame guidance. In the short-term, the clinical director has immediately written to all consultants involved in Renal on-call to remind them of this requirement. This will be monitored through the monthly LFG meetings. From the 1st December Renal will restructure early morning activity so that new overnight admissions are seen with the night team rather than the day team which will provide reassurance regarding review and also enhanced teaching opportunities. In the medium term, Renal plan to create a live electronic outliers list which will allow enhanced patient tracking and logging of review,</p>	<p>The next update is required by 17 January 2022:</p> <p>Thank you for submitting this update, we will keep this action open for monitoring. Please share trainee feedback on this issue either via the next Local Faculty Group (LFG) meeting minutes or other means of trainee feedback.</p>

	and also to increase junior doctor/physician's associate staffing which will further help to facilitate early consultant reviews and patient flow.	
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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
RM1.2	The review team heard that some of the Foundation and Core trainees experienced instances of bullying by a small number of consultants during handover.	The Trust is required to investigate and address concerns around bullying during handover. Please submit trainee feedback via the Local Faculty Group (LFG) or other means that bullying is no longer a concern for trainees during handover. Please provide an update by 1 March 2022.
RM2.1c	The review team heard that there was a large administrative workload on core and foundation trainees, including their workload around phlebotomy. It was felt that this limited the educational development of the trainees.	The Trust is required to provide additional support around phlebotomy and administrative tasks to enable more time for the core and foundation trainees to undertake clinical work. Please provide evidence that the provision for this support is in progress by 1 March 2022.
RM2.1e	Higher specialty trainees reported that they had difficulties with the Information Technology (IT) systems within the Trust. This included some computers not working, lack of access to phlebotomy labels and the new patient records system (Cerner) did not copy information across from the Vital Data System used by the renal department.	The Trust is required to resolve IT issues experienced by the trainees. Please submit evidence in support of this action by 1 March 2022.
RM3.4	The review team heard that local induction was not organised in line with trainee rotation dates, and that some trainees began their placement without induction or had to attend an induction prior to their start date.	The Trust is required to organise induction sessions more often to enable trainees to attend in line with their start dates. Please submit evidence that induction is organised more frequently by 1 March 2022.
RM3.2	Trainees reported a perceived difficulty with their Supervised Learning Events (SLEs) being signed off by consultants. The review team heard from trainees that their workload was too high to enable time for them to submit requests, and that this had an impact on getting their competencies signed off.	The Trust is required to ensure the consultants in Renal medicine proactively offer SLEs and feedback to trainees. Please submit trainee feedback via the LFG or other means that this is no longer a concern for trainees. Please provide an update by 1 March 2022.

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
RM2.1a	The Trust is recommended to look into workforce development of the Renal medicine department, and to think about diversifying the workforce multi-professionally. It was encouraging to hear that the Trust was working to recruit two additional Physician's Associates (PAs) to support the department.
RM2.1b	The Trust is recommended to rethink the structure of the Renal medicine department and the types of patients that the Renal department should be responsible for. This is because trainees reportedly felt that they were in a general medicine post rather than a Renal medicine placement.
RM2.2a	The Trust is recommended to encourage the Guardian of Safe Working (GoSW) to meet regularly with the Renal medicine trainees, with the goal to encourage trainees to exception report when they stay late.
RM2.2b	The review team recommend that Local Faculty Group (LFG) meetings are held monthly with trainees while issues within the department are being worked on by the Trust.

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 Core trainees that handover was conducted on Microsoft (MS) Teams in the morning, and that it was generally good. It was also reported that evening handovers were sometimes overly long that trainees felt they had less time to do their job.</p>	
1.2	<p>Bullying and undermining</p> <p>The review team heard from Core and Foundation trainees that there were occasional instances of bullying by a small number of consultants, particularly during handover. It was noted that there were occasions where a junior trainee was singled out and shouted at in an unprofessional manner during handover. Core and higher trainees informed the review team that this had been raised as an issue with the Trust and that it was being handled locally.</p> <p>The review team also heard that the Emergency Department (ED) was a constant cause of friction and that some of the higher specialty trainees had been challenged by their colleagues in the ED with no room for discussion. Trainees reported that they had felt undermined on multiple occasions.</p>	Yes, please see RM1.2
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review team heard that Foundation, core and higher specialty trainees felt that the majority of consultants were supportive and approachable, and that they were able to escalate if they were concerned about an unwell patient. The review team also heard that trainees received adequate clinical and educational supervision from their supervisors, and that if approached, consultants were available to support the trainees as required. It was clear from discussions at the review that the educators had a strong commitment to education and training.</p>	

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	<p>Impact of service design on users</p> <p>The review team heard that from the Trust's perspective, the Renal department has always prioritised training, development and trainee wellbeing. The Trust also reported that they offer an excellent education programme and provide good coverage of the curriculum for its trainees. The Trust acknowledged the increased clinical workload within the Renal medicine department, particularly in inpatient areas, and that the department had been negatively affected by the Covid-19 pandemic. The Trust reported that they had 45 covid patients in the hospital and that this has impacted on the Renal take. It was noted that there was a 16% increase in admissions of Covid-19 patients over the last couple of months. It was reported that the unit had seen an impact on its staff in terms of staff outbreaks, doctors covering shifts as a Healthcare Associate (HCA) and it was reported that the Renal department had particular difficulty with staffing levels. The review team heard that the department had not been fully staffed at any point in the last year despite attempts to recruit, and that this had led to increased pressures on the staff and the system. It was felt that this had an impact on staff morale, particularly where members of staff had to cross cover to fill rota gaps. The Trust reported that during the pandemic, there was a disproportionate amount of resource pulled into the acute medical team and in contrast, not enough resource was allocated to the Renal team, who also provided 24/7 care. The review team heard that the Trust were proactive in dealing with concerns around staffing levels and had begun looking into workforce development and developing support from the wider multidisciplinary team. The review team heard that the Trust had successfully recruited one Physician's Associate (PA) to provide support within the Renal department and were actively working on a bid to recruit an additional two PAs.</p> <p>The review team heard that the Renal ward was not sufficient to handle the volume of Renal patients within the Royal Free Hospital, and that as a result, Renal patients who came into the hospital through the Emergency Department (ED) were managed on outlying wards rather than the Renal ward. The review team heard that many of these patients did not necessarily have immediate Renal concerns, and that many had health issues pertaining to accident and emergency (A&E), however as they had prior Renal medical issues, they became the responsibility of the Renal department. The review team heard from the majority of higher specialty trainees that often their placement at the Royal Free Hospital felt like a general medicine post, rather than a Renal medicine placement. The higher specialty trainees felt that many of the jobs they did could be done by general medicine doctors with their specialist input as required. By contrast, the review team heard from the CSs that if a patient was admitted for a general medical issue and was on Renal replacement therapy, that they should be under the care of the Renal team as</p>	<p>Yes, please see RM2.1a</p> <p>Yes, please see RM2.1b</p>

	<p>they would require specialist care with the appropriate specialty nursing support as well.</p> <p>The review team heard from some of the Clinical Supervisors (CSs) that there was a capacity issue within the Renal department, whereby the number of Renal outliers on non-Renal wards was not what the system was designed to deliver. The review team heard that prior to the Covid-19 pandemic, there would be one to four outlying patients on non-Renal wards, however this had reportedly increased to 10-20 outliers. It was acknowledged that the care received by Renal patients on outlying wards was not the same standard of care provided on the Renal ward, and that this was due to the specialist needs of these patients and specialist nursing care that is difficult to provide to outlying patients.</p> <p>Core and Foundation trainees reported that a large portion of their role within their Renal Medicine placement was based around administrative tasks including booking scans and writing To Take Away (TTA) forms for patients. It was also reported that their workload around phlebotomy was high, and that this limited the educational development for the core and foundation year two (FY2) trainees. It was felt that the strengthening of support for phlebotomy and administrative tasks would enable more time for the junior trainees to do more clinical work and jobs that were appropriate for their level of training.</p> <p>The review team heard from the majority of higher specialty trainees that if a patient was admitted to the Renal ward, they would have their post-take by a consultant within the normal period of time, however if a patient was admitted via the ED and was on an outlying ward, that patient would not necessarily be seen by a consultant in the same period of time. The review team heard from higher specialty trainees that in some cases, a patient would be seen by a consultant within 48 hours. By contrast, the majority of CSs reported that there was an expectation that all Renal medicine patients should be seen by a consultant within the required timeline, and that it was not reasonable to leave patients for period longer than 24 hours. It was recognised that there was a disconnect between what was perceived by the trainees and the CSs within the Renal department on this concern. In response to this, the review team heard that from 01 December 2021 when the junior trainees rotate, post-take ward rounds would be formalised which would seek to mitigate issues around patients not being seen by consultants within a timely manner.</p> <p>Higher specialty trainees reported that the workload in the placement was excessive, and that it was exacerbated by Information Technology (IT) issues within the hospital. The review team heard that some trainees had difficulty with computers not working and reported a lack of access to printers for phlebotomy labels. It was also reported that the introduction of Cerner, the patient records management system, meant that trainees struggled to access information, and that Cerner does not copy information across from the Vital Data System that the Renal department utilise. The review team heard that there was a large duplication of work for trainees who had to copy information across to both systems. As a result of the increased demand and workload, some of the trainees felt that they did not have opportunity to amalgamate cases to present to their supervisors as part of their workplace-based assessments. It was felt that this had a negative impact on their training and development in the placement.</p> <p>The review team heard from some of the CSs that there was a mismatch between the expectations of the ED team and what was deliverable by the Renal medicine team. The review team heard of an instance where an ED</p>	<p>Yes, please see RM2.1c</p> <p>Yes, please see RM2.1d</p> <p>Yes, please see RM2.1e</p>
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	consultant, who was usually approachable, had put undue pressure on a trainee to respond within twenty minutes despite their workload. It was felt that this demonstrated the pressure within the ED to flow through patients and put the trainee in a difficult position and under pressure to deliver.	
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The Trust reported that Renal Medicine trainees submitted two exception reports due to staying late from July to September 2021, and three exception reports in October 2021. The review team heard that these exception reports related to the launch of the new Electronic Patient Record (EPR), which included one trainee staying late for EPR training and others who stayed late due to issues with the EPR.</p> <p>The review team heard from trainees that there was an accepted culture that all staff do overtime, with the majority of trainees reporting routinely finishing their shift two hours late. When probed on if they regularly utilise the exception reporting system, the majority of trainees reported they did not exception report when they stayed late.</p> <p>The review team heard from CSs that the Local Faculty Group (LFG) began in August and that there was an LFG in September, and one planned for the end of November 2021. The review team advised that LFGs were to be held monthly while working to resolve issues within the Renal department.</p>	<p>Yes, please see RM2.2a</p> <p>Yes, please see RM2.2b</p>

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
3.4	<p>Induction (organisational and placement)</p> <p>The review team heard that while the content of local induction into the Renal department was reported as thorough and prepared trainees for their placement, there were concerns raised that local induction was not organised at the correct time to enable trainees to adequately prepare for their placement in advance. The review team heard that there were instances whereby some trainees began their placement before having an appropriate induction, and that this was of particular concern for any trainees who started their placement out of hours. There were instances reported whereby higher specialty trainees attended induction in September 2021 before they began their placement in October 2021. This was because the trainees reported that if they did not attend prior to their placement start date, they thought it would be a long period of time before induction was organised again. It was felt that organising induction more often may help to ensure all trainees had an induction before they began their placement.</p>	Yes, please see RM3.4

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 some of the higher specialty trainees that there was a perceived difficulty with their Supervised Learning Events (SLEs) being signed off by consultants. Some trainees also reported that their workload was too high to enable time to put together and submit requests for their competencies to be signed off by their supervisors. The higher specialty trainees reported that there was no consistent post-take of Renal patients on the outlying wards, and that some trainees felt it would be beneficial for consultants to allocate time after the patient had been treated to provide feedback and learn skills around the aftercare of patients. On the other hand, the CSs reported that there were many opportunities for trainees to meet with consultants when in outpatients in order to provide feedback and complete workplace-based assessments. It was acknowledged, however, that this was less clearly available on the wards. The review team suggested that it would be good to proactively offer feedback as some trainees may be feeling overwhelmed with the workload.</p> <p>Some of the CSs reported that they had no requests for SLEs or workplace-based assessments from the current cohort, and that they were surprised the trainees did not have time to submit their requests. The review team highlighted that this was due to the cultural issue around staying late.</p>	Yes, please see RM3.2
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The review team heard from CSs that the wellbeing of trainees and consultants was being addressed, and that psychologists and group meetings were available to provide support to members of staff during the Covid-19 pandemic.</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
	Domain not discussed at review	

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	<p>Placements must enable learners to meet their required learning outcomes</p> <p>The Trust reported that they had recruited additional members of staff, and that while they were previously running with nine people on the rota, there were now thirteen people on the Renal medicine rota. The review team heard that this enabled the Trust to allocate flexible time on the rota for trainees to identify opportunities available and fill in any gaps in their training.</p>	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team heard from Core and Foundation trainees that due to excessive clinical and administrative workload, that their time spent on the wards was not being utilised appropriately for training. The review team heard that there was not much scope to get the required experience on the ward, and that their placement was largely an observational post with administrative work and scribing. The review team heard from trainees that there was no perceived difference between the role of a Foundation trainee and an IMT trainee. In particular, the review team heard that Foundation and Core trainees felt they had regressed in this placement and in their development as a clinician.</p> <p>The review team heard from some of the Core and Foundation trainees that they had protected clinic time and were offered a couple of days in clinic every four to five weeks, however the review team heard from Core trainees that they experienced difficulty getting to their local IMT teaching at Barnet Hospital.</p> <p>The review team heard from higher specialty trainees that local teaching was organised twice a week and that this was commended by the majority of trainees.</p>	

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	<p>Retention and attrition of learners</p> <p>The review team heard that the majority of trainees would recommend their placement to a colleague to train. Similarly, the majority of trainees in attendance at the review reported that they would be comfortable with their friends and family being treated within the department.</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Date signed:	17 November 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean for North London
Date signed:	17 December 2021

Date final report submitted to organisation:	17 December 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