Health Education England

HEE Quality Interventions Review Report

North Middlesex University Hospital NHS Trust (North Middlesex University Hospital) Medicine Learner and Educator Review

HEE London

25 November 2021

Final Report 25 January 2022

Version 0.1

Review Overview

Background to the review:	This risk-based Learner and Educator review was scheduled due to the Trust's performance in the General Medical Council's National Training Survey (GMC NTS) 2021 for multiple Medicine specialties including Foundation Medicine and Internal Medicine Training (IMT) at North Middlesex University Hospital. Internal Medicine red outliers: - Reporting Systems - Educational Governance - Rota Design Medicine F1 red outliers: - Reporting Systems - Rota Design Medicine F2 red outliers: - Overall Satisfaction - Reporting Systems - Workload - Teamwork - Supportive Environment - Induction - Educational Governance - Rota Design
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	The review panel met with higher specialty trainees, Foundation trainees and Internal Medicine Stage One (IMT) trainees working in the following specialties at North Middlesex University Hospital: - Acute Internal Medicine - Cardiology - Endocrinology and Diabetes Mellitus - Gastroenterology - Geriatric Medicine - Renal Medicine - Respiratory Medicine - Rheumatology
Who we met with:	The review panel met with the following Trust representatives: - Director of Medical Education - Assistant Director of Medical Education - Divisional Clinical Director - Guardian of Safe Working - Foundation Year Programme Director - Royal College Tutor - Freedom to Speak Up Guardian - Medical Director - Chief Executive - 16 Clinical Supervisors for Medicine specialties The review panel also met with: - 15 Foundation, GP and IMT1 trainees - 16 IMT2-3 trainees and higher specialty trainees

Evidence utilised:	The following evidence was utilised for this review: - 13 Oct 21 Minutes Physicians meeting to discuss GMC survey action plan - Agenda Medicine LFG 3 Nov 21 - Email from Divisional Clinical Director (DCD) Minutes and next steps from HEE meeting on Oct 13th - GMC Trainee feedback PowerPoint - Physician's meeting 13 October 21 - HEE Exception Report Nov 21 - Junior Doctors Forum (JDF) Draft Minutes - 1st Nov 21 - Medical Education Annual Review October 2021 - Medicine Educational governance meeting Actions 16.9.21 - Minutes LFG Medicine November 21 - Minutes Physicians meeting to discuss GMC survey action plan - 13 Oct 21 - Medical Workforce Assurance Board (MWAB) Agenda 13 August 2021 (GMC SURVEY) - Minutes Physicians meeting to discuss GMC survey action plan - 13 Oct 21 - MWAB Agenda 13 August 2021 (GMC SURVEY) - MWAB ppt GMC NTS 2021 28 July 21 - North Middlesex University Hospital (NMUH) Medicine Local Faculty Group Agenda Nov 21 - Rota changes and associated recruitment Nov 21 - TERMS OR REFERENCE FOR DEPARTMENTAL LOCAL FACULTY GROUP MEETINGS - Timeline - GMC Results Response for Medicine - Training sessions Register and Evaluation reports 05.11.21 - Version 6 GMC Survey Improvement plan for Medicine - Six 'You Said We Did' (YSWD) meeting minutes

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Specialty Expert	Dr Jonathan Birns Deputy Head of School of Medicine
External Specialty Expert (as appropriate)	Dr Keren Davies Foundation Programme Director
Trainee Representative	Dr Murray Hudson Imperial College Healthcare NHS Trust
Lay Representative	Kate Rivett Lay Representative
HEE Quality Representative(s)	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Aishah Mojadady Quality, Patient Safety and Commissioning Officer

Executive summary

This Learner and Educator Review was scheduled to investigate red flags raised in the General Medical Council's National Training Survey (GMC NTS) 2021 for Medicine specialties at North Middlesex University Hospital.

The review panel were pleased to hear that higher specialty trainees reported positive feedback on their specialty training and that their consultants were supportive and approachable. This was highlighted for Geriatric Medicine in particular.

However, the review panel identified the following areas of concern:

- The review panel heard that there was no formalised morning handover of unwell patients and there was no timetabled post-take or dedicated consultant to post-take patients
- It was reported that there were delayed pathways for critically unwell patients getting access to Intensive Therapy Unit (ITU)
- Trainees were regularly unable to get to teaching and clinics due to staffing issues
- Some of the allocation of Clinical Supervisors for Foundation trainees was inappropriate
- There were infrequent Consultant led ward rounds on the Oncology ward
- There were regular Local Faculty Group (LFG) meetings, however there was no trainee representation at these meetings
- Some trainees reported experiencing unpleasant behaviour from some of the Emergency Department (ED) consultants
- Trainees had difficulties accessing the required IT systems and log in details, with the majority of trainees reporting it took one week to obtain access which they needed to be able to use on the first day
- None of the trainees in attendance at the review would recommend North Middlesex University Hospital for treatment for their family and friends.

Further details around the Mandatory Requirements and Recommendations can be found on pages 6-7.

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**
M1.1	The review panel heard that while evening handover was timetabled, there was no scheduled morning handover and patients were handed over to whoever was available.	The Trust is required to set up a timetabled morning handover within working hours for unwell patients to be handed over efficiently and safely. Please submit evidence in support of this action to the Quality Management Portal (QMP) by 01 March 2022.
M1.2	The review panel heard of confrontational and unpleasant behaviour of specific Emergency Department (ED) consultants to the trainees.	The Trust is required to investigate and address the perceived inappropriate and unpleasant behaviour of some of the ED consultants to the trainees. Please demonstrate via Local Faculty Group (LFG) minutes that trainees are no longer experiencing unpleasant behaviour with consultants in the ED by 01 March 2022.
M1.4a	Foundation trainees reported that they did not work in the same clinical environment as their Clinical Supervisors (CS) and it was felt that this was an inappropriate supervision arrangement for Foundation trainees.	The Trust is required to re-allocate Foundation trainees to CSs who work under the same specialty so that Foundation trainees can be supervised appropriately by consultants working in the same specialty. Please submit work towards this by 01 March 2022.
M1.4b	The review panel heard that the majority of Foundation and IMT1 trainees did not meet regularly with their Educational Supervisors (ES).	The Trust is required to ensure that trainees consistently meet with their ESs to discuss their education and training. Please submit trainee feedback via LFG minutes that this is regularly happening by 01 March 2022.
M2.1c	The review panel heard that there was no specified post-take ward round or consultant to post-take patients. This meant that trainees did not know when consultants would attend for post-take and impacted on trainees leaving on time.	The Trust is required to establish a post-take ward round at a specific time of the day with a rota detailing a dedicated consultant who will lead it. Please submit evidence that this is timetabled and takes place by 01 March 2022.
M2.1d	Foundation trainees in particular felt unsupported when caring for critically ill patients	The Trust is required to describe the supervision arrangements for foundation trainees caring for critically ill patients both in and out of hours and share LFG minutes which show that Trainees

		understand the escalation processes by 1 March 2022
M2.1e	The review panel heard that consultant ward rounds in Oncology were infrequent and that there was no dedicated higher specialty trainee or consultant to contact for support.	The Trust is required to formalise a ward round for Oncology to ensure consistent consultant support for trainees within the ward. Please submit evidence that this is established by 01 March 2022.
M2.2	The review panel heard that there was no trainee representation at the Local Faculty Group (LFG) meetings.	The Trust is required to invite trainee representation at the LFG meetings to enable the trainee voice to be heard. Please submit evidence of trainee attendance by 01 March 2022.
M3.4	Internal Medicine Stage One (IMT1) trainees and GP trainees reported that they were not expected at induction and had to try and join a Foundation departmental induction where there was availability.	The Trust is required to establish a departmental induction for IMT1 and GP trainees that adequately prepares them for their placement. Please submit evidence of this by 01 March 2022.
M4.4	Some of the Clinical Supervisors (CSs) reported that they did not have enough SPA time in their job plan to fulfil the educational needs of the trainees, especially for any trainee who was struggling.	The Trust is required to review SPA time for educators to ensure that they have enough capacity to deliver educationally. Please submit evidence of this by 01 March 2022.
M5.1	Foundation and IMT1 trainees reported that they missed out on educational opportunities, weekly teaching and clinics due to clinical priorities and being pulled away to fill rota gaps.	The Trust is required to ensure weekly teaching and clinics are timetabled in the Foundation and IMT1 trainees' job plans so that they are not pulled away from teaching to fill rota gaps. Please submit evidence of this including attendance lists by 01 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**
M2.1a	Health Education England (HEE) recommends that all trainees have access to the required IT systems when they first start their placement.
M2.1b	HEE recommends that the Trust continues to work closely with NHSE/I to improve the access to beds for critically ill patients both in and out of hours.

Good practice

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

HEE Standard	HEE Quality Domain 1 – Learning Environment & Culture	Requirement Reference Number
1.1	**Handover** The review panel heard that there was a formal handover of sick patients in the evening to the night team. Foundation and IMT1 trainees reported that this took place virtually and that everything on the list was discussed, however this was not scheduled in their working hours and meant they had to stay late to attend. In addition, the review panel heard that this process was not replicated for the morning handover, which was not timetabled, and often unwell patients were handed over to whoever was available on the ward. Some of the trainees felt that this was a missed learning opportunity, and they did not have the opportunity to give or receive feedback on their shift. Foundation and IMT1 trainees also reported that each zone had its own morning handover for the higher specialty trainees, and that one higher specialty trainee in the hospital was meant to cover all of the wards. It was reported that all the handovers happened at the same time and that it was impossible to attend all of them. Foundation and IMT1 trainees also reported that the higher specialty trainee may not have heard directly from the night team who had been unwell, and as a result, they were not aware of concerns and could have missed unwell patients.	Yes, please see M1.1
1.2	**Bullying and undermining** The review panel heard from higher specialty trainees and IMT2-3 trainees that they had experienced rude and abrasive, unpleasant behaviour from some of the Emergency Department (ED) consultants when receiving referrals. The review panel heard from trainees that when they had asked some ED consultants questions about the patients which would help them prioritise or refer patients, the consultants would often become confrontational and would sometimes push back on the trainee's choice of investigation or treatment. The review panel heard that it was often the same specific consultants within the ED who behaved unpleasantly.	Yes, please see M1.2
1.4	**Appropriate levels of Clinical Supervision** Higher specialty trainees in Medicine specialties reported that their Clinical Supervisors (CSs) were supportive and approachable. It was also reported that consultants in Geriatric Medicine were particularly supportive and engaged with training.	

	The review panel were concerned to hear that the clinical supervision arrangements for Foundation trainees was not appropriate. The majority of Foundation trainees reported that their CS worked under a different specialty than they were training in, and as a result, did not work in the same clinical environment nor provide clinical supervision of the trainees. Whilst the Foundation trainees felt their CSs were approachable, the majority of trainees did not have regular clinical experience with them, and some had only met their CS once whilst in their placement. When asked who they would escalate to if they had an unwell patient, Foundation trainees reported that they could phone their CSs, but they were often unavailable and busy with clinics or the post-take ward round. Trainees reported that they would either speak to other Foundation trainees, IMTs or higher specialty trainees if they had a concern. The review panel heard from CSs that for trainees they did not work with on a daily basis, they kept in contact every two weeks either via email or via the LFG. It was also reported that CSs were able to get feedback from the Multidisciplinary team (MDT) working directly with trainees on their experiences in the placement. The CSs reported that they had an informal network of nurses and colleagues who could feed back to the CSs if there were any issues or concerns regarding their trainees.	Yes, please see M1.4a
1.4	**Appropriate levels of Educational Supervision** The review panel heard that the majority of Foundation and IMT1 trainees did not meet with the Educational Supervisor (ES) regularly. The majority of trainees reported that they met with their ES either once or twice in their placement, and that the second meeting was instigated by the trainee. By contrast, the review panel heard that trainees in Geriatric Medicine regularly met with their ES.	Yes, please see M1.4b

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

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	**Effective, transparent and clearly understood educational governance systems and processes** The review panel heard that Foundation and IMT1 trainees did not have access to their login details for IT systems and the exception reporting system. It was reported that they did not have access to these for up to five working days. The review panel also heard that for the majority of medical specialties, trainees did not feel there was a culture of exception reporting when they stayed late. In contrast, the review panel heard that trainees in Geriatric Medicine were encouraged to exception report when required.	Yes, please see M2.1a

	The Trust acknowledged that they had some issues with logins not being available for trainees and it was noted that trainees required log-in details for ten different IT systems. It was noted that this affected the exception reporting system as well with trainees having difficulty logging in. The Trust reported that they had liaised with the IT department on how to arrange logins more effectively for future cohorts. Representatives from the Trust reported that since the publication of the General Medical Council's National Training Survey (GMC NTS) 2021 results, the education department had begun working on a Medicine Improvement Plan with many measures in place to try and improve the trainees' experience in their placements. The Trust reported that they have worked to improve communications with trainees and undertaken 'You Said We Did' (YSWD) meetings to demonstrate some of the improvement work for trainees and add some transparency to the process. The Trust also reported that they were working on improving the service, rota and workload for trainees and noted that in recent weeks, they had an increase in the number of exception reporting among trainees.	
2.1	**Impact of service design on users** The Trust acknowledged difficulties around the working relationship between Medicine and the ITU. The Trust reported that there were pressures with bed capacities and how the unit was managed. The review panel heard that if a patient needed to be transferred to the ITU, a patient would need to be transferred out of the ITU to make bedspace. However, this was only possible during the daytime as the ITU out of hours did not have capacity to provide doctors to manage this. The review panel heard that there were ongoing difficulties with the post-take ward round. All trainees in attendance at the review reported that there was no post-take ward round, no dedicated post-take team and noted that there was no specific consultant allocated to post-take patients on the ward. Trainees reported that a consultant could come to the ward at any point during the day to post-take patients and would select a Foundation trainee at short notice to do this ward round with them. It was felt that this was often rushed so that the consultant could then go to their clinic, and often occurred at the end of the Foundation trainee's shift. This meant that trainees were often staying late after their shift had ended to post-take patients, and it was felt by some trainees that this was indicative of a culture of not exception reporting. The review panel were concerned with the delayed pathways for critically unwell patients and of the difficulties around getting access to Intensive Therapy Unit (ITU) bedspace out of hours. The review panel heard that all of the trainees in attendance at the review felt unsupported by the ITU with many instances of the ITU doctors refusing to review unwell patients as suggested by trainees, being rude on the phone when referring and delayed pathways for unwell patients. The review panel heard that this was due to a lack of bedspace in the unit and pressures on the ITU and heard that trainees were encouraged to keep some patients in resuscitation (resus) in order to delay admission to ITU. This meant that critically unwell patients that were not well enough to go on the ward were held in resus and that resus had become a 'mini ITU' with patient overflow. Trainees reported that some patients would be in resus for 12 hours, with some reported instances up to 24 hours. The review panel also heard that Foundation trainees in particular felt	Yes, please see M2.1b Yes, please see M2.1c Yes, please see M2.1d

	unsupported when working in the 'mini ITU' with no senior support from a consultant. The review panel heard that there was minimum staffing on the wards, and that in the beginning of their placement, for the majority of the time the IMT1 trainees were the most senior doctors on the ward. Foundation and IMT1 trainees reported that the ward would have one IMT1 and two Foundation trainees, and that they were able to call a consultant if they needed support. However, if anything required the attention of the IMT1, this meant that the Foundation trainees had to be left alone on the ward, with the closest senior support being a consultant who was working in a different part of the hospital. It was noted that one the higher specialty trainees rotated, there was a ward-based higher specialty trainee allocated to the wards as an extra level of support. The review panel heard from IMT2-3 trainees that ward rounds in Oncology were infrequent and sporadic, and the way the service was set up made it difficult for trainees to work in comfortably. It was reported that there was a lack of senior support when working in Oncology, and that there was no dedicated Oncology higher specialty trainee to contact, nor consultant to contact if there were any concerns. The review panel heard that consultants would drop-in once or twice a week but there was no dedicated time for a ward round.	Yes, please see M2.1e
2.2	**Appropriate systems for raising concerns about education and training** The review panel heard that the majority of Foundation and IMT1 trainees were not aware of a Local Faculty Group (LFG) meeting for Medicine or Foundation. However, the review panel heard from a small number of trainees that their supervisors had asked for representation at the LFG meeting, however the trainees did not know the date, location of time of the meeting until after the meeting had taken place. As a result, trainees were unable to contribute to the LFG and share their learning experiences with the supervisors in a formalised platform. The CSs reported that there were regular LFG meetings for Medical specialties, however they did not have consistent trainee representation at the meetings. This meant that trainees were not directly involved in conversations with their CSs about their learning experiences, and that the LFG was more of a space for CSs to discuss education and training amongst themselves.	Yes, please see M2.2

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	**Induction (organisational and placement)** The review panel heard that the departmental induction for Foundation trainees was good, however it was felt to be delivered at the expense of Internal Medicine Stage 1 (IMT1) trainees. There was an agreement among Foundation, IMT1 and General Practice (GP) trainees at the review that the IMT1 trainees did not have a departmental induction and had to try to attend the Foundation induction where there was space. This meant that IMT1 trainees felt they were not adequately prepared for their placement and highlighted that they did not know how the ward worked or anything specific to their specialties. The review panel also heard that some of the Foundation trainees were unclear on which departmental inductions they were required to attend and that the content included lots of information that was not relevant to their specific placements.	Yes, please see M3.4
3.2	**Time for learners to complete their assessments as required by the curriculum or professional standards** The review panel heard from CSs that they were able to do more Acute Care Assessment Tools (ACATs) in a single round when they saw patients with higher specialty trainees, and that the majority of CSs typically received 3-4 ACAT requests every couple of weeks. However, it was acknowledged that due to workload pressures, it could sometimes be difficult to provide feedback. The review panel also heard from CSs that from August 2021, IMT3 trainees and higher specialty trainees, opportunities in Same Day Emergency Care (SDEC) was timetabled for ACATS in order to make it routine and easier to complete workplace-based assessments.	
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** The CSs reported that the Covid-19 pandemic had been a difficult period and that they had experienced burnout relating to the Pandemic, both for trainees and consultants. The review panel were pleased to hear that the CSs had referred many trainees to a dedicated Psychologist based in the education centre when this additional support was needed.	

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
4.1	**Access to appropriately funded professional development, training and appraisal for educators** The review panel heard from CSs that they were able to access Continued Professional Development (CPD) courses arranged by the education	

	department on a regular basis. CSs also reported that they were conducting their appraisal every three years as required.	
4.4	**Appropriate allocated time in educators job plans to meet educational responsibilities** The CSs reported that they had time in their job-plans to meet with trainees regularly. However, the review panel heard from a small number of CSs that whilst they had Supporting Professional Activity (SPA) time allocated in their job plans, this did not equate with adequate time and that for a large proportion of the Covid-19 Pandemic, all SPA was cancelled and that they had to make an effort to keep engaged. Some of the CSs felt that they were not supported as much as they would have liked. It was noted that this was due to the Pandemic and that it was starting to restore to levels they were allocated, however it was felt that more time was required to appropriately support trainees, especially where trainees may be struggling.	Yes, please see M4.4

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	**Appropriate balance between providing services and accessing educational and training opportunities** The review panel heard from Foundation and IMT1 trainees that there were not enough members of staff for the workload within their departments, and that this was further impacted by absences due to illness or the Covid-19 pandemic where colleagues may be required to self-isolate. It was reported that due to the minimal staffing levels, that this impacted on the trainees' educational experience in their placements. Foundation and IMT1 trainees felt that they only had time to do their clinical work and missed out on educational opportunities such as teaching sessions. Some IMT1 trainees also reported instances where they were told they could not go to their compulsory IMT teaching due to clinical work. By contrast, the review panel heard from GP trainees that their teaching was included in their rota as that they were not counted as a full member of the workforce on those specific days. This was corroborated by the IMT3 trainees, who reported that due to the staffing levels and workload, when they were an IMT1-2, they were unable to attend any clinics throughout their placement. However, it was noted that now they were an IMT3, they were able to get adequate clinic exposure. Higher specialty trainees reported that they also had excellent training opportunities at North Middlesex University Hospital, were able to attend clinics every week and were able to access cover for the wards if they wanted to attend clinics. Higher specialty trainees in Cardiology reported that they were able to spend time in the Cath lab and were able to access opportunities with echo when it was available. Endocrinology and Diabetes	Yes, please see M5.1

	higher specialty trainees reported that they attended two clinics per week, worked on all referrals and spent every day doing specialty-specific work. Respiratory Medicine higher specialty trainees had dedicated clinics every week and consultants were described as supportive and discussed patients with them. It was also noted that for higher specialty trainees and IMT3 trainees in Geriatric Medicine, there was a concerted effort that they were not included in the numbers on the ward and were given the opportunity to explore other aspects of the curriculum and attend training days. The review panel heard that the Trust had recruited a dedicated teaching fellow in September 2021 who worked for one day per week in Geriatric Medicine. The Trust reported that they had been actively involved in the teaching programme, organised simulation sessions and the Trust had purchased one simulation suite to help with training and development. IMT trainees also reported that due to the staffing levels, their clinic week was not protected, and they were unable to attend clinics as they had to fill rota gaps on the wards. The review panel heard that for some trainees, the most continuity they had was three working days in the same ward. This meant that there was a lack of consistency for trainees as they moved around within the hospital regularly to cover rota gaps, which impacted on their learning experience. It was also felt among trainees that they would need to go to clinics on their days off in order to obtain an adequate number of sessions for their curriculum coverage. The review panel heard from CSs that IMT trainees had two sessions of teaching every week in addition to regional teaching. It was acknowledged that there were some difficulties for trainees to access these, however it was felt that those issues were dealt with in recent months. The review panel also heard from CSs that there weren't many exception reports submitted due to missed educational opportunities. It was reported that where a teaching session was cancelled due to unforeseen circumstances, they had tried to rearrange teaching for trainees on another date.	Yes, please see 5.1

Domain 6 – Developing a sustainable workforce
6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes. **6.2.** There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities. **6.3.** The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service. **6.4.** Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	**Retention and attrition of learners** Higher specialty trainees and IMT2-3 trainees reported that they would recommend their training post to friends and colleagues.	

	The Foundation and IMT1 trainees reported that they would not recommend their placement to friends and colleagues due to a lack of training opportunities as a result of their workload. The review panel heard that none of the trainees in attendance at the review would recommend North Middlesex University Hospital to their friends and family for treatment.	

Report sign off

Quaity Review Report completed by *(name(s) / role(s))*:	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Date signed:	13 December 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean for North London
Date signed:	25 January 2022

Date final report submitted to organisation:	25 January 2022

What happens next:

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