

# HEE Quality Interventions Review Report

**The Hillingdon Hospitals NHS Foundation Trust  
(Hillingdon Hospital)  
Medicine (AMU)  
Learner and Educator review**



**North London**

**25 November 2021**

**20 January 2021**

## Review Overview

<p><b>Background to the review:</b></p>	<p>This review was requested as a follow up risk-based review (Learner and Educator Review) following a number of quality visits, the most recent being a Learner and Educator Review that took place in May 2021. The purpose of the visit in May 2021 was to review progress and discuss how the acute medical unit would support Internal Medicine Training Year 3 (IMT3) trainees from August 2021. It was agreed that IMT3 trainees could be placed within the department from August 2021. Due to ongoing concerns the review team requested for a follow-up Learner and Educator Review to take place in November 2021 to review progress made.</p> <p>In August 2019 foundation posts were relocated within the Trust due to concerns around the level of support in the Acute Medical Unit (AMU). Following continued concerns in December 2019 it was confirmed that a higher trainee had been removed from the department by the Speciality School.</p> <p>A Risk-based Review (Educator Review) took place on 23 September 2020. The review team noted improvements in several areas including: The National Early Warning Score (NEWS) call system and the appointment of a new Acute Medical Unit consultant. Changes to the delivery of teaching had occurred following the introduction of COVID-19 social distancing measures, however, concerns were raised as to the sustainability and effectiveness of the current teaching arrangements.</p>
<p><b>Subject of the review (e.g., programme, specialty, level of training, healthcare learner group)</b></p>	<p>Medicine (AMU)</p>
<p><b>Who we met with:</b></p>	<p>17 trainees working in the department from the following programmes:</p> <ul style="list-style-type: none"> <li>• Foundation Programme</li> <li>• Internal Medicine Training (IMT)</li> <li>• Higher Trainees</li> </ul> <p>The review panel also met with the following Trust Representatives and Educators:</p> <ul style="list-style-type: none"> <li>• Medicine Educational Lead</li> <li>• Director of Medical Education</li> <li>• Clinical Lead Unplanned Care</li> <li>• Medical Director</li> <li>• Guardian of Safe Working Hours</li> <li>• Medical Education Manager</li> <li>• Acute Internal Medicine Consultants</li> <li>• Chief Operating Officer</li> </ul>

<b>Evidence utilised:</b>	<p>The review panel received the following information and documents from the Trust in advance of the review:</p> <ul style="list-style-type: none"> <li>• Medicine Local Faculty Group (LFG) Minutes 25/08/2021</li> <li>• AMU teaching Certificates</li> <li>• Breakdown of learners and supervisors</li> <li>• Feedback mentioning AMU Hillingdon General Practice (GP) Speciality Training Programme (STP)</li> <li>• Junior doctor rotas</li> <li>• Rota fill rate and breakdown of learner groups</li> </ul> <p>The review panel also considered information from the GMC NTS 2019 and 2021 and Health Education England's (HEE) National Education and Training Survey (NETS) 2019 to 2021.</p> <p>This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.</p>
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## Review Panel

Role	Name / Job Title / Role
<b>Quality Review Lead</b>	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England
<b>Specialty Expert</b>	Dr Andrew Deaner, Head of the London Specialty School of Medicine, Health Education England
<b>Specialty Expert</b>	Dr Celia Bielawski, Deputy Director of North Central Thames Foundation School, Health Education England
<b>Learner Representative</b>	Dr Rajvi Shah, Acute Internal Medicine Learner Representative
<b>Lay Representative</b>	Kate Brian, Lay Representative, Health Education England
<b>HEE Quality Representative(s)</b>	Rebecca Bennett Learning Environment Quality Coordinator Health Education England (London)
<b>Supporting roles</b>	Ummama Sheikh Quality, Patient Safety and Commissioning Officer Health Education England (London)

## Executive summary

The review panel thanked the Trust for accommodating the review.

The review panel acknowledged that there was evidence of several areas of good practice to note including junior trainees receiving excellent support from the higher trainees and that the consultants were physically present for senior medical advice. The review panel was also pleased to hear that trainees spoke highly of their nursing colleagues on the Acute Medical Unit (AMU) and noted that the input from other specialty consultants was also very good.

The Trust representatives reported that they believed there had been improvements over the last year but acknowledged that there were persisting challenging issues within the department. The Trust representatives noted that internal trainee feedback had been mixed with both positive and negative feedback. The Trust representatives commended the locum consultants and their commitment to education, above what was typically expected of locum consultants.

The review panel was concerned that trainees reported they would not be comfortable with their friends and family being treated at the unit. It was noted that this was partly due to the high turnover of patients which meant the time spent with the patients was limited.

It was also reported that learners had been subject to or witnessed multiple instances of bullying and undermining behaviour from some consultants. The review panel was concerned to hear that trainees were often afraid to ask questions or ask for clarification. It was noted that this could impact patient safety.

The review panel was also concerned about the out of hours support for foundation doctors, junior trainees reported a high out of hours workload and a perceived lack of adequate senior supervision. Some trainees reported that there was also not enough capacity for the middle grades to support the foundation doctors at the weekend.

The review panel noted a difference in perceptions between consultants and junior doctors about workload and the value of and process for exception reports.

This report includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by Health Education England (HEE) as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 March 2022.

## 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	<p>The review panel was concerned to hear that the process for the out of hours handover was informal and was not documented in a robust manner. Trainees informed the review panel that the team utilised a Microsoft Excel spreadsheet to document and collate handover information for the out of hours team.</p> <p>Trainees also reported that the atmosphere at the morning handover was often uncomfortable and did not allow sufficient handover of work.</p>	<p>The Trust should conduct a review of handover processes, including how information is collated, stored and shared. Please provide HEE with the outcome of this review and evidence of improvement.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M1.2	<p>It was reported that learners had witnessed multiple instances of bullying and undermining behaviour from some consultants. The review panel was concerned to hear that trainees were often afraid to ask questions or ask for clarification. It was noted that this could impact patient safety.</p>	<p>Please provide evidence that bullying and undermining behaviour from consultants is being addressed, for example through training, workshops or discussion forums.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M1.4a	<p>Junior trainees reported a high out of hours workload and a perceived lack of adequate senior supervision.</p>	<p>The trust is required to review middle grade support to foundation doctors out of hours. Please provide HEE with the outcome of this review and evidence of improvement.</p>

	<p>Some trainees reported that there was not enough capacity for the middle grades to support the foundation doctors at the weekend as there was only one higher trainee covering all of the wards in the hospital, so they were not always available.</p>	<p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M1.4b	<p>Trainees also reported that the bleep was not screened by a senior nurse which had caused them to be bleeped inappropriately or multiple times for the same issue. It was noted that trainees were often bleeped for National Early Warning System (NEWS) scores that had not changed or were repeatedly bleeped if they had not responded immediately.</p>	<p>The Trust should conduct a review of the NEWS escalation processes out of hours and ensure that the team are aware of appropriate escalation procedures to minimise unnecessary additions to trainee workload. Please, provide HEE with the outcome of this review and evidence of improvement.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M2.1a	<p>Trainees reported that Exception Reporting was not well received by consultants, and they did not feel supported to engage with the exception reporting process.</p> <p>Trainees reported that they had experienced or witnessed inappropriate behaviour from consultants in response to exception reports which had been submitted. It was felt that the process was not well understood by the consultants and confidentiality was not well maintained.</p> <p>The review panel noted a difference in perceptions between consultants and junior doctors about the value and process for exception reports.</p>	<p>Trainees must be supported by the Trust to exception report when appropriate. Please ensure all consultants and trainees have a good understanding of the exception reporting process and ensure that consultants respond to exception reports appropriately.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M2.2	<p>The Trust representatives discussed issues with trainee engagement and advised the review panel that there had been a number of meetings and forums which they had hoped the trainees</p>	<p>The Trust should ensure that junior doctors have access to a wide range of mechanisms to raise concerns and provide feedback. Improvements should be made to empower junior doctors to feel more comfortable with raising concerns.</p>



	<p>would engage with, but they had not attended.</p> <p>It was reported that junior doctors were reluctant to raise concerns within the department due to fears about the potential impact on their careers.</p> <p>The review panel also noted a difference in perceptions between consultants and junior doctors on multiple issues.</p>	<p>Please provide evidence that feedback mechanisms are in place and that this issue is being addressed, for example through training, workshops or discussion forums.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M3.4	<p>The review panel was informed that some of the new junior doctors were not fully inducted and adequately supported when they first started working in the department. It was noted that this caused issues for the junior doctors as they were not equipped to meet the expectations of the department.</p> <p>Some trainees reported that the induction they had received was lacking in practical information including sufficient training on the IT systems used in the department.</p>	<p>Please provide evidence that all new starters to the department receive a thorough induction prior to starting clinical activity, including trainees who will participate in on-call shifts in the department.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M4.4	<p>It was reported that the consultants' educational workload was very high, and that the department would benefit from recruitment of substantive consultants to help with supervision and training. It was noted that there were not enough consultants to manage the educational workload and that rota gaps had impacted on this too.</p> <p>The review panel clarified that that locum consultants should not be educational supervisors but the locums in post were unclear about whether they held this role.</p>	<p>The Trust should ensure that educators are allocated appropriate time in their job plans to meet educational responsibilities. The Trust must ensure there are a sufficient number of appropriate trained educators to support the number of trainees.</p> <p>The Trust must also ensure that time is allocated for educator development activities and ensure that educators engage with constructive feedback and appraisals to aid their development as educators.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M5.1a	<p>The review panel was informed that the workload for junior</p>	<p>The Trust should develop an environment in which trainees can function at the appropriate level including the final years of</p>



	trainees and higher trainees was undifferentiated.	<p>the programme in preparation for consultant jobs. Please provide evidence that this issue has improved and how it is being addressed.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
M5.1b	<p>Trainees reported that protected teaching time was not as strongly supported as it should have been. Trainees perceived that it was not prioritised and was often viewed as something that could be re-prioritised if the workload was high.</p>	<p>The Trust must support trainees to attend programme specific education activities as necessary and this time should be adequately protected.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>

## 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
M2.1b	<p>The review panel recommends that the Trust engage with workforce diversification, including Physician Associates (PAs), to support the workforce.</p> <p>It was noted that a number of tasks allocated to all trainees could be carried out by other healthcare professionals such as PAs. This would allow trainees to access teaching opportunities and have more time to cover different aspects of their respective curriculums.</p>

## 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)
AMU nursing team and specialty consultants	Trainees spoke highly of their nursing colleagues on the Acute Medical Unit (AMU) and also noted that the specialty consultant care was also very good.	1.6
Higher trainees	The review panel was pleased to hear positive feedback from junior trainees that they had found the senior trainees to be very supportive and helpful.	1.4
Induction	Trainees reported that the Trust corporate induction had been good.	3.4
Study leave	Trainees reported that they were able to take study leave and annual leave without any difficulty and that the medical staffing team were very accommodating.	3.3

## HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.</p> <p>1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&amp;I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p><b>Handover</b></p> <p>The review panel was concerned to hear that the process for the out of hours handover was informal and was not documented in a robust manner. Trainees informed the review panel that the team utilised a Microsoft Excel spreadsheet to document and collate handover information for the out of hours team. It was reported that this list was not reviewed by a consultant prior to handover. Trainees advised the review panel that patients could be lost in the system more easily as a result of this process and whilst the patients were recorded on the hospital system they were not at the forefront of clinical care. Some trainees reported that there was a meeting with the higher trainee to review the handover list prior to the weekend, however it was noted that attendance was poor. It was also noted that this process was not clearly communicated to all trainees who were working in AMU, with some trainees reporting they were not aware of this document or the review meeting when they started their first shift. The consultants confirmed that there was no consultant presence at this meeting. Some trainees also noted that there was not sufficient capacity to complete the tasks on the handover list and manage the National Early Warning Scores (NEWS) calls.</p> <p>Trainees reported that there was a handover every morning in which the higher trainee presents all of the patients for the day to representatives from all medical teams in the hospital. Trainees informed the review panel that they had found this to be an unpleasant experience, particularly at the end of a night shift. It was also noted that this was not a good forum for handing over tasks as messages were not always relayed back to the relevant teams. Trainees advised that they felt the meeting focused too heavily on bureaucracy than patients. The consultants reported that they did try to take an educational approach to this handover and highlight interesting cases, however it was noted that time was significantly limited so it was challenging to do this.</p> <p>Trainees reported that there was not a hospital at night system in place.</p>	Yes, please see M1.1
1.2	<p><b>Bullying and undermining</b></p> <p>It was reported that learners had witnessed multiple instances of bullying and undermining behaviour from some consultants. Some trainees reported that as a group the consultants were usually supportive and approachable. However,</p>	

	<p>it was reported that some consultants were not very supportive and often displayed difficult and inappropriate behaviours which made AMU a difficult place to work. It was reported that there had been occasions where trainees had experienced inappropriate behaviour from consultants when asking questions which had made them fearful of asking questions. The review panel was concerned to hear that trainees were often afraid to ask questions or ask for clarification. It was noted that this could impact patient safety.</p> <p>Some trainees reported that they did not feel supported when raising these issues to other consultants. It was mentioned that some trainees found it confusing trying to appease the different behaviours between consultants. It was also noted that the trainees felt the issue was known to the department but were not aware of any actions which had been taken to address them.</p> <p>There were concerns amongst the trainees about repercussions of raising concerns about individuals' behaviour and the effect this could have on their career.</p>	<p>Yes, please see M1.2</p>
<p><b>1.3</b></p>	<p><b>Quality Improvement</b></p> <p>The consultants informed the review panel that they had struggled with trainee engagement with audits and quality improvement projects, noting that trainees had not been very proactive in requesting opportunities.</p>	
<p><b>1.4</b></p>	<p><b>Appropriate levels of Clinical Supervision</b></p> <p>Trust representatives reported that there was a consultant onsite in AMU from 7am to 7pm, Monday to Friday. It was reported that out of hours there was a consultant on-call offsite who came into the hospital at 7am for the handover. It was also noted that a second consultant was also on-call 7pm to 1am. The review panel was informed that the higher trainee would call the on-call consultants for clinical discussions and escalation as and when needed. It was reported by the Trust representatives that if there was a rota gap the registrar would notify the on-call consultants and the consultant would come into the hospital, although it was noted that this did not happen frequently. Trainees noted that the consultants were physically present for senior medical advice during the day and reported that they felt comfortable contacting consultants out of hours.</p> <p>Junior trainees reported a high out of hours workload and a perceived lack of adequate senior supervision. Trainees confirmed that the escalation process involved speaking with the higher trainee first, who would then escalate to the consultant on-call if necessary. Some trainees reported that there was not enough capacity for the middle grades to support the foundation doctors at the weekend as there was only one higher trainee covering all of the wards in the hospital, so they were not always available. They reported higher trainees were busy managing very sick patients and while they tried to be as supportive as possible, were often unable to support ward cover foundation doctors overnight. The review panel was pleased to hear positive feedback from junior trainees that they had found the senior trainees to be very supportive and helpful.</p> <p>Trainees reported that there were often gaps in the rota for night shifts which caused the workload to be difficult to manage, particularly when there was limited ward cover. It was noted that the higher trainees on-call were available however, if there were gaps in the rota, they would be very busy and could be difficult to get hold of them. Trainees reported that it was common for the</p>	<p>Yes, please see M1.4a</p>

	<p>higher trainee to be unavailable to help with referrals or NEWS. Junior trainees reported that they felt it was unsafe for newly qualified doctors to handle NEWS calls alone. Trainees reported that there had been a lot of staff sickness and rota gaps which had not been filled, which was particularly difficult for the night shift. However, the consultants reported that the unit was very well staffed. Trainees felt that there was not enough slack in the system to allow of rota gaps and sickness and that locum cover was often not organised. Trainees informed the review panel that they had appreciated the efforts by medical staffing and the consultants to arrange cover, however they felt more could be done to prevent these rota gaps.</p> <p>Trainees also reported that even fully staffed the ward cover was limited, it was noted that they had been informed by Trust representatives that this was the standard for night shifts at the Trust. Trainees also reported that the bleep was not screened by a senior nurse which had caused them to be bleeped inappropriately or multiple times for the same issue. It was noted that trainees were often bleeped for NEWS scores that had not changed or were repeatedly bleeped if they had not responded immediately. The trainees advised the review panel that any additional support at night would be helpful.</p> <p>Trainees reported that the medical take was well supported by a variety of consultants, not limited to the AMU consultants. It was noted that a higher trainee was always available for support and that the consultant was available on site until 7pm.</p>	Yes, please see, M1.4b
<b>1.6</b>	<p><b>Multi-professional learning</b></p> <p>Trainees spoke highly of their nursing colleagues on the Acute Medical Unit (AMU) and also noted that the specialty consultant care was also very good.</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
<b>2.1</b>	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>Trust representatives reported that the exception reporting culture was embedded in the Trust. The review panel was informed that trainees are reminded of the exception reporting process when they join the Trust. The Guardian of Safe Working Hours (GOSWH) reported that there had been a decline in the number of reports across the trainee cohort in the Trust, this included trainees in medicine. The GOSWH reported that they usually visited different departments to speak with trainees about exception reporting, however they had not managed to go to AMU yet. The GOSWH also reported</p>	

	<p>that they were going to arrange a meeting with the consultants in AMU to discuss exception reporting and provide information on the updates in the junior doctor contract. The GOSWH advised the review panel that there was room for improvement in the culture of exception reporting in the department.</p> <p>The consultants reported that AMU was often very well staffed compared to other departments, however they noted that they did still encourage trainees to exception report. It was reported that they had not had any exception reports in previous cohorts of trainees. The consultants advised the review panel that they had worked hard to develop the trainees' time management skills as it was believed this had contributed to trainees needing to stay late. The consultants reported that they believed the workload and staffing levels were sufficient to allow good time management.</p> <p>Whilst trainees noted that they were not expected to start work early, it was reported that some trainees often left work late. Trainees reported that when they had exception reported it had not been received well by consultants, and they did not feel supported to engage with the exception reporting process. Trainees reported that they had experienced or witnessed inappropriate behaviour from consultants in response to exception reports which had been submitted.</p> <p>Some trainees also reported that some consultants were supportive of trainees taking time back in lieu if it had been raised informally outside of the exception reporting process. Although some trainees were not aware this was an option but noted they would not feel comfortable asking for this following the issues they had experienced when exception reporting. It was felt that the process was not well understood by the consultants and confidentiality was not well maintained. Trainees advised the review panel that these issues had caused them to be uncomfortable with exception reporting and many reported that they do not engage with the process as a result. The review panel noted a difference in perceptions between consultants and junior doctors about the value and process for exception reports.</p>	<p>Yes, please see M2.1a</p>
<p><b>2.1</b></p>	<p><b>Impact of service design on users</b></p> <p>The Trust representatives reported that it had been challenging to fill substantive consultant posts. It was reported that there were only two fulltime consultants, and as a result their workloads were very high. It was confirmed that there was an advert out for a substantive consultant, for which there had been some interest. The Trust representatives informed the review panel that there was not a clinical lead for AMU. It was reported that the Trust had explored a collaboration with West Middlesex University Hospital (WMH) where a consultant would spend one day per week within the department at Hillingdon Hospital. However, the review panel was informed that due to vacancies at WMH this had not been implemented yet. It was reported that this collaboration was due to start in early 2022.</p> <p>The Trust representatives reported that they had made a number of improvements to the on-call rota over the last year and reported that these improvements had increased the number of doctors on the on-call team. The Trust representatives reported that they believed this had improved safety and noted that the trainees had not reported issues with completing jobs when on call.</p> <p>The Trust representatives reported that the low Internal Medicine Training (IMT) trainee fill rate and gaps had impacted the rest of the team as</p>	

	<p>recruitment to these gaps had been difficult, especially as the Trust struggled to offer competitive rates for locally employed doctors (LEDs) and locums. Alternative workforce options were discussed, and Trust representatives reported that the Trust had a number of Physician Associates (PAs) in cardiology, emergency department (ED), respiratory and paediatrics and felt they were a useful addition to the workforce. It was noted that the Trust representatives wanted all medical specialties to have PAs as part of their workforce and advised the review panel that a business case for 10 PAs had been written and was in the final stages. However, the consultants advised the review panel that they did not believe the unit needed support from PAs as staffing levels were good, even with the fast-paced turnover of patients.</p> <p>The review panel was informed by the Trust representatives that the issues with the interface between the Intensive Care Unit (ITU), ED and AMU had been resolved. It was noted that recent trainee feedback on the issue had been positive and indicated there was no longer an issue. The Trust representatives advised the review panel that they believed some of the issues were related to COVID-19 pressures causing junior doctors to have to make referrals, which was usually done by the consultants. It was also noted that there had been construction work in ITU which had caused a lot of issues and disruption, it was confirmed that this work had been completed and there were no further issues.</p> <p>Trainees informed the review panel that the medical take at night was very busy and the junior doctor who was scheduled to support the ward and the take were often supporting the take exclusively to accommodate the workload. It was noted that this reduced the ward support significantly. Trainees reported that the medical take at weekends had not been sufficiently staffed and that there had been occasions where there was a significant delay to patients being seen by the medical team, which they felt had impacted patient safety.</p> <p>The consultants advised the review panel that it had been difficult to manage the lack of continuity for supervising trainees as the shift system had not allowed for consistent contact with the same trainees.</p>	<p>Yes, please see M2.1b</p>
<p><b>2.2</b></p>	<p><b>Appropriate systems for raising concerns about education and training</b></p> <p>The Trust representatives reported there was monthly management meetings that the trainees in medicine were invited to attend, however trainees were often unable to attend. The Trust representatives advised that they were planning on moving this meeting to a more mutually beneficial time to enable trainees to participate.</p> <p>The Trust representatives reported that there were regular LFGs and that the feedback for teaching had been good. It was reported that the team communicated with the trainees frequently and made trainees aware of any additional educational opportunities.</p> <p>The Trust representatives discussed issues with trainee engagement and advised the review panel that there had been a number of meetings and forums which they had hoped the trainees would engage with, but they had not attended. It was reported that the Trust representatives were unsure of the reasons for this. The consultants informed the review panel that trainees had not raised any issues with them or provided feedback about things they would like to change.</p>	<p>Yes, please see M2.2</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><b>Induction (organisational and placement)</b></p> <p>Trainees reported that the Trust corporate induction had been good, and the administration team had been very efficient.</p> <p>It was reported that foundation year one (FY1) trainees did not have a departmental induction prior to starting in AMU. Trainees reported that there had been an opportunity to shadow the existing FY1s when they started but that there had been no official departmental induction. It was noted that the trainees had to wait until the induction with the rest of the new starters which was a few weeks later.</p> <p>Trainees reported that the online departmental induction was adequate but advised the review panel that the handbooks which had been shared with the trainees were very helpful, in particular the referrals booklet. Some trainees reported that the induction they had received was lacking in practical information including sufficient training on the IT systems used in the department.</p> <p>Some trainees reported that they had not received a departmental induction prior to starting on-call within the department. Trainees reported that they would have found this helpful prior to starting on-calls as it took some time to get familiar with how AMU works.</p>	Yes, please see M3.4
3.3	<p><b>Access to study leave</b></p> <p>Trainees reported that they were able to take study leave and annual leave without any difficulty and that the medical staffing team were very accommodating.</p>	
3.1	<p><b>Regular constructive and meaningful feedback</b></p> <p>Some trainees reported that they did not receive appropriate and professional constructive feedback from some consultants.</p> <p>The review panel heard that some consultants had found it difficult to communicate feedback to trainees as they had perceived the trainees to be very resistant to change. However, other consultants noted that trainees had been open to feedback and had been good at acting upon this feedback.</p>	
3.1	<p><b>Access to resources to support learners' health and wellbeing and to educational and pastoral support</b></p>	

	Some trainees reported that their high workload often resulted in them missing their lunch break.	
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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
4.2	<p><b>Educators are familiar with the learners’ programme/curriculum</b></p> <p>The consultants advised the review panel that they had worked very hard to develop the trainees, but noted they were unsure whether the trainees needed more from them. It was noted that the consultants had hoped the trainees would take on more responsibility and take the lead for decision making more frequently.</p>	
4.4	<p><b>Appropriate allocated time in educators job plans to meet educational responsibilities</b></p> <p>It was reported that the consultants’ educational workload was very high, and that the department would benefit from recruitment of substantive consultants, with training in clinical and educational supervision.</p>	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	<p><b>Placements must enable learners to meet their required learning outcomes</b></p> <p>Trainees informed the review panel that the AMU teaching programme had resumed and was occurring weekly. Trainees reported that this teaching was trainee led. Trainees also reported that Practical Assessment of Clinical Examination Skills (PACES) training was available for trainees undertaking exams. The Trust representatives advised that the capacity for face-to-face teaching had increased and that this had helped somewhat with improving teaching attendance.</p> <p>The review panel was informed that the workload for junior trainees and higher trainees was undifferentiated. It was noted that there were not many opportunities for higher trainees to work autonomously or develop</p>	

	<p>leadership outside of on-call work. Some trainees felt that they had not learnt as much as they had hoped given the workload and fast-paced nature of the unit and that they had felt unable to ask questions about reasons for management plans.</p> <p>Higher trainees reported that post-take workload was split up by location rather than the doctor who had clerked the patient. Trainees felt this reduced their opportunities to review management plans with consultants, which limited opportunities for assessments and learning. Some trainees described issues with obtaining sign-off for procedural competencies as there were limited opportunities to be released for experiences in other departments.</p>	Yes, please see M5.1a and M2.1b
5.1	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>The IMT trainees reported that there was a dedicated IMT weekly teaching programme and that the schedule was fully booked. It was noted that there had been an issue with trainees being able to attend these sessions, however following trainee feedback this issue was resolved. Some trainees reported that the quality of foundation teaching was good, however they often felt that they had to choose between staying late and attending teaching, as attending would result in staying late to complete their workload. Trainees reported that protected teaching time was not as strongly supported as it should have been. Trainees perceived that it was not prioritised and was often viewed as something that could be re-prioritised if the workload was high.</p> <p>The review panel also noted a difference in perceptions between consultants and junior doctors about workload. Trainees reported that the high turnover of patients in AMU added significantly to their workload, however it was reported that this was not well understood by the consultants. Trainees also reported that they felt pressure to maintain the same level of work when there were staff shortages despite having more patients to look after. The review panel heard that trainees did not have sufficient time to reflect on cases or look up information relevant to their cases.</p>	Yes, please see M5.1b

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><b>Retention and attrition of learners</b></p> <p>The trainees reported that they would not be comfortable with their friends and family being treated at the unit. It was noted that this was partly due to the high turnover of patients which meant the time spent with the patients was limited and trainees also felt end of life and advanced care planning was</p>	

	<p>not of good quality. Trainees advised the review panel that interactions with relatives was often difficult, especially if there were staff shortages.</p> <p>The majority of the trainees reported that they would not recommend their post to colleagues. It was noted that there was a steep learning curve as trainees reported they were not well supported and had to learn a lot of things on their own which was difficult as a junior trainee. Trainees advised the review panel that they did not believe this was an appropriate method of learning.</p> <p>Higher trainees noted that the lack of distinction in work and opportunities for working autonomously limited the educational value of the post. Some higher trainees reported that they would recommend the on-call experience within the unit as it had provided the opportunity to make decisions under pressure and work autonomously. However, it was noted that this was the only aspect of their post that they would recommend.</p>	
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## Report sign off

<b>Quality Review Report completed by (name(s) / role(s)):</b>	Rebecca Bennett, Learning Environment Quality Coordinator
<b>Review Lead name and signature:</b>	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England
<b>Date signed:</b>	18 January 2022

<b>HEE authorised signature:</b>	Gary Wares, Postgraduate Dean, North London, Health Education England
<b>Date signed:</b>	19 January 2022

<b>Date final report submitted to organisation:</b>	20 January 2022
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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 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**