

HEE Quality Interventions Review Report

Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital)
Anaesthetics and Intensive Care Medicine
Learner and Educator Review



HEE South London

30 November 2021

22 February 2022

Review Overview

Background to the review:	<p>This risk-based review was arranged to discuss the General Medical Council (GMC) National Training Survey (NTS) results for 2021 relating to anaesthetics and intensive care medicine (ICM) training at Queen Elizabeth Hospital (QEH).</p> <p>Anaesthetics training at QEH received three red and six pink outlier results (negative results) on the GMC NTS 2021. The red outliers related to clinical supervision out of hours, adequate experience, and curriculum coverage. The pink outliers related to clinical supervision, reporting systems, supportive environment, educational supervision feedback and rota design.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Anaesthetics specialty training, Core Anaesthetics Training and Acute Care Common Stem training in anaesthetics and intensive care medicine.</p>
Who we met with:	<p>The review panel met with:</p> <ul style="list-style-type: none">• Eight core and higher level trainees working in anaesthetics and intensive care medicine <p>The review panel also met with the following Trust representatives:</p> <ul style="list-style-type: none">• Clinical Director - Anaesthetics• College Tutor for Anaesthetics• College Tutor for ICM• Divisional Director• Divisional Educational Lead• Director of Medical Education: Lewisham & Greenwich, QEH• Lead Faculty Tutor for ICM• Medical Education Manager• Medical Director <p>The review panel also met with the following educational and clinical leads:</p> <ul style="list-style-type: none">• Five Consultant Anaesthetists• One Consultant Intensivist/Anaesthetist

Evidence utilised:

The review panel received the following supporting evidence from the Trust in advance of the review:

- Anaesthetics Teaching Rota May 2021
- Anaesthetics Clinical Governance and Audit Meetings 2021
- Anaesthetics Educational Supervisors List August 2021
- Anaesthetics Final Joint Teaching May to July and August to October 2019
- Anaesthetics Final Joint Teaching May to July and August to October 2020
- Anaesthetics Overview of Educational Activity 2021
- Anaesthetics (QEH) Trainee Feedback 2021
- Anaesthetics QEH Training Grid 2021
- Anaesthetics Teaching Rota May 2021, November 2021 – January 2022
- Anaesthetics Local Faculty Group (LFG) meeting minutes February 2020, October 2021

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Anand Mehta Deputy Postgraduate Dean, South London Health Education England
HEE Head of Specialty for Anaesthetics and Intensive Care Medicine	Dr Aasifa Tredray Head of the London School of Anaesthetics and Intensive Care Medicine Health Education England
External Specialty Expert	Dr Nadeem Ahmed ICU Consultant/Training Programme Director (TPD) Health Education England
Learner Representative	Dr Elliot Williams Anaesthetics Learner Representative Health Education England
Lay Representative	Kate Rivett Lay Representative Health Education England
HEE Quality Representative	Kenika Osborne

	Learning Environment Quality Coordinator Health Education England
HEE Quality Representative	Aishah Mojadady Quality, Patient Safety and Commissioning Officer Health Education England
HEE Quality Representative	Kate Alley Learning Environment Quality Coordinator (Observer) Health Education England

Executive summary

The review panel would like to thank the Trust for ensuring that the sessions were well attended.

The review panel was pleased to note some areas that were working well within the anaesthetics and ICM departments. The review panel was pleased to hear that the trainees reported having no difficulty in accessing study leave and annual leave. Local Faculty Group meetings (LFGs) were described as being well run and open to all trainee representatives and educational leads in anaesthetics and critical care. The minutes were comprehensive with appropriate action points and ownership. The anaesthetics department was reported to be well organised with good educational and clinical supervision both in and out of hours. There were multiple rota gaps, but trainees reported being well supported by their consultants who often became resident on-site while on call.

However, there were some areas for further improvement and one area of serious concern highlighted during the review. The review panel heard that inexperienced junior trainees were left to cover the Intensive Care Unit (ICU) out of hours without direct consultant or experienced middle-grade supervision and support. The review panel further heard that there were few or no opportunities for teaching and learning during ward rounds on the ICU, which were primarily business rounds. The review panel also found that trainees did not find induction to the ICU helpful in preparing them to work there.

The panel also advised the Trust to consider finding ways to enhance the trainees' learning experience on the ICU to help improve their confidence and competence.

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
AN1.4b (GMC R1.8)	The review panel heard that inexperienced junior trainees were left to cover the CCU out of hours without direct consultant or experienced middle-grade supervision and support.	The Trust needs to institute resident experience middle-grade cover on the critical care unit to ensure support for the junior trainees and maintain patient safety.
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	<p>Short-Term Period: 30 November 2021 – 01 February 2022</p> <p>1. A review of the QEH Critical Care rota has been undertaken to identify all overnight on-calls where neither doctor is of a level above ST3. In addition to uncovered on-calls due to a rota gap (vacant as of 01 December 2021), and phased return post sickness), a total of 13 night on-calls were identified.</p> <p>Where a middle grade doctor was not present, senior locum cover has been identified and found for many of these shifts.</p> <p>I have attached the rota and the filled shifts.</p> <p>2. The QEH Critical Care unit has a man-down policy in place. This ensures that where middle grade cover has not been found, the on-call Consultant will remain on the unit overnight</p> <p>3. Should there be a requirement for additional on-call cover hereafter (sickness absence), the man-down policy will be activated if measures taken to cover the shifts are unsuccessful. Cross-cover from UHL Intensivists is also available if required.</p> <p>Long-term</p> <p>1. The department is actively recruiting Middle-Grade / Associate Specialist Doctors.</p> <p>2. The department will be undertaking a further review of the Critical Care rota for the period of February – August to absolutely ensure that ST1-2 or equivalent Trust Doctors rotating through Critical Care at QEH are supported by a middle-grade or</p>	<p>Thank you for sharing your policy for 'man-down' cover in the absence of suitable senior on-site middle grade cover. Please monitor this arrangement and provide evidence that this policy is delivering appropriate middle grade or senior support overnight for junior doctors on ICU. monitored via action plans</p>

	above, to maintain and ensure patient safety.	
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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
AN1.3	The review panel was informed that the Trust had carried out an internal fact-finding investigation with support from learner representatives into the issues experienced by trainees.	<p>The Trust is required to provide evidence to show that items raised during the internal fact finding have been used to develop action plans and that these are regularly monitored.</p> <p>Please provide evidence to show that information and updates have been clearly and regularly communicated with all anaesthetics and ICM trainees.</p> <p>Please submit evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
AN1.4a	Trainees were not aware of consultants' availability during daytime and twilight hours.	<p>The Trust should ensure that trainees are aware of consultants' working patterns and when they are on or off site.</p> <p>Please submit evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
AN2.1a	The ICU at QEH was described as being very busy and under resourced. The review panel heard that attempts were being made to improve the consultant rota for 2022 at QEH by introducing cross-site working with University Hospital Lewisham (UHL).	<p>The Trust is required to provide evidence to show that consultant staffing levels have been improved and are regularly monitored.</p> <p>Please submit evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
AN2.1b	On the ICU, the ward rounds were reported to be predominantly business rounds with little or no opportunity for teaching and learning.	<p>The Trust is required to identify ways to enhance the trainees learning experience on the ICU through ward round and bedside teaching.</p> <p>Please provide evidence to show that trainees are provided with learning opportunities during ward rounds.</p> <p>Please submit evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
AN3.4a	The trainees reported that the induction guidebook was not detailed enough and that some of them had little to no induction to ICU.	<p>The Trust should ensure that all trainees undergo an appropriate induction to ICU supported by a guidebook or similar resources.</p> <p>Please provide evidence of improvement to the ICU induction process and guidebook based on trainee feedback.</p>

		Please submit evidence by 1 June 2022, in line with HEE's action plan timeline.
AN3.4b	The review panel heard that the Trust had undertaken a 'Cappuccini Test' within the last six months however, the results from this audit were not yet readily available.	<p>The Trust is required to provide the findings from the 'Cappuccini Test' and to provide any further evidence or assessments of any further work undertaken to support this audit.</p> <p>Please submit evidence by 1 June 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

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)

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 anaesthetics trainees informed the review panel that handover was variable depending on staffing levels and consultant cover. The Trust representatives informed the review team that they were aware that handover processes needed to be improved and they were exploring different methods to do this. The review panel also heard that the consultants were usually available if support for trainees was requested.</p>	
1.2	<p>Bullying and undermining</p> <p>The anaesthetics and ICM trainees did not report any bullying or undermining behaviour.</p>	
1.3	<p>Quality Improvement</p> <p>The Director of Medical Education (DME) informed the review panel that they were very disappointed by the 2021 GMC NTS results for anaesthetics and ICM at QEH. The review panel was informed that the Trust had carried out an internal fact-finding investigation into the issues experienced by trainees with support from learner representatives. The Trust representatives stated that they had achieved 100% trainee participation and they were able to make an action plan to monitor and update trainees on improvements. It was reported that issues raised during the fact finding were put on the LFG agenda to ensure they were discussed during LFG meetings. The review panel heard that the College Tutor (CT) for anaesthetics was responsible for overseeing and updating the action plan.</p>	Yes, please see AN1.3
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The clinical supervisors (CSs) informed the review panel that there was consultant supervision from 08:00 to 20:00 as these were the standard working hours for consultants. Some of the trainees lacked clarity around when consultants were on site and available for direct supervision.</p> <p>The review panel was disappointed to hear that the junior trainees were not receiving adequate levels of clinical supervision in the ICU. The review panel further heard that inexperienced junior trainees were left alone to cover the</p>	Yes, please see AN1.4a

	<p>ICU out of hours without direct consultant or experienced middle-grade supervision and support.</p> <p>The managerial and educational leads for anaesthetics advised the review panel that the Trust was aware of the lack of senior staffing and had undergone recruitment to increase senior staffing for on calls and nights to ensure appropriate senior supervision for junior trainees.</p>	Yes, please see AN1.4b
1.4	<p>Appropriate levels of Educational Supervision</p> <p>All trainees stated that they were aware of who their educational supervisors (ESs) were, and they had all met with their assigned supervisors in the first couple of weeks of commencing in post. However, the review panel heard that the meetings with ESs did not necessarily cover how trainees' clinical duties would meet their curricular requirements.</p> <p>Trainees informed the review panel that they found their CTs and ESs in both anaesthetics and critical care very supportive. The review panel found that overall, there was good pastoral support provided to junior trainees by their ESs.</p>	
1.6	<p>Multi-professional learning</p> <p>The review panel heard from the DME that the Trust was actively working with the nursing team to improve teamwork amongst the different staffing groups and had created new standard operating procedure (SOPs) including different methods for improving handovers and teamwork.</p> <p>The ICM trainees advised the review panel that the skill set of nurses within the department was variable. They explained that at times there were very experienced staff members on shift and other times they were supported by less experienced staff and locum doctors which could be challenging. The review panel heard that the trainees were not aware of any incidents which had occurred as a result of this but thought that it had the potential to put patient safety at risk.</p> <p>The anaesthetics trainees told the review team that they felt unsupported by other staff groups in some clinical areas. They found the permanent nurses in intensive care were very experienced and helpful, although it was reported that staff changes had left the unit with nursing leadership issues.</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
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2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The CT for anaesthetics informed the review panel that trainees had been given the opportunity to share feedback on their induction and training. The review panel was advised that the request for feedback was sent to trainees via email and that trainees had the opportunity to meet with the departmental leads, if required. However, the review panel heard that not all CSs actively asked for feedback from trainees on their training. The trainees who attended the review described anaesthetics and ICM as being intense working environments and they did not find that their supervisors were able to deliver good quality teaching and training as a result.</p> <p>The review panel was pleased to hear that there were well-functioning LFG meetings which were generally held four times a year. The meetings had been re-established following a hiatus during the first surge of the Covid-19 pandemic. The CT informed the review panel that the next LFG was scheduled for February 2022. There were plans in place to ensure the meeting was facilitated online via MS Teams so more staff could attend.</p> <p>The CT informed the review panel that LFGs were structured, and trainees had the opportunity to give and receive feedback on any items raised. The trainees informed the review panel that LFGs were attended by the trainee representatives who then fed back to the trainees, although they did not feel that the key issues raised were being resolved, for example the long standing issue of lack of resident senior cover to support inexperienced juniors on ICU. The review panel found that there was not equal representation from anaesthetics and ICM during LFG meetings and that that there was a lack of ICM presence at LFGs.</p> <p>The supervisors stated that they tended to receive feedback from trainees during clinical duties, such as handover, as well as supervisor meetings. They also discussed trainee feedback during consultant meetings. The review panel heard that in conjunction with the CT, the LFG meetings were scheduled based on rota arrangements, to try to ensure representation across the learner groups but that meetings were usually only attended by the learner representatives. The review panel heard that trainees were often reluctant to speak during LFGs as they sometimes found the managerial and clinical leads to be dismissive of their issues.</p>	
2.1	<p>Impact of service design</p> <p>The Head of School for Anaesthetics asked the Trust representatives whether rota gaps affected trainee and patient safety. One of the supervisors responded that the ICU was a very busy environment and that there was room to make improvements. The CSs informed the review panel that ward rounds were held at various times during the day. 09:00 to 11:00, 12:00 and 18:00 to 19:00. It was further stated that ICU was a busy department with up to 90 patients. Due to increased pressures caused by the Covid-19 pandemic and the need to divert ICU resources to Covid-19 patients, the non-Covid ICU bed base had been reduced to 20 beds. The review panel heard that there was variable consultant presence on the ICU ward during the day.</p> <p>The ICU at QEH was described as being very busy and under resourced. The review panel heard that attempts were being made to improve the consultant rota for 2022 at QEH by introducing cross-site working</p>	Yes, please see AN2.1a

	<p>with the UHL site.</p> <p>Collectively, the review panel heard that trainees found working in the ICU highly stressful and overwhelming. Trainees felt that there was a lack of cohesion amongst the consultants, and this affected their training.</p> <p>The review panel heard from trainees that ward rounds on the ICU were predominantly business rounds and that there was little or no opportunity for teaching and learning.</p>	Yes, please see AN2.1b
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The managerial and educational leads informed the review team that all trainees across the departments had access to pastoral support and were supported if they experienced any difficulty.</p>	

Domain 3 – Supporting and empowering learners		
<p>3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Learners being asked to work above their level of competence, confidence and experience</p> <p>As covered in section 1.4, there were reports from some of the anaesthetics and ICM trainees who attended the review that they had been left without adequate supervision and at times had to undertake tasks beyond their clinical competence as a result.</p>	
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards</p> <p>The review panel heard that there was no specific intensive care teaching given to trainees when they began in post. Trainees reported that they attended teaching at UHL via MS Teams when they could, however there was no protected time to attend teaching. Trainees further stated that teaching was predominantly self-directed and they had to request time off to attend. Trainees felt that they missed out on learning opportunities on the CEPOD lists (emergency theatre list).</p> <p>The trainees indicated to the review panel that there were worried about getting their competencies signed off due to high workloads within the department and lack of access to certain learning opportunities. Some trainees stated that they were unable to have their Initial Assessment of Competence signed off in post due the lack of theatre lists and homogeneous caseloads available to the trainees.</p>	

	<p>The trainees informed the review panel that they had raised the potential issue of lack of theatre time with their ESs and that there were plans in plans for them to attend more theatre lists at UHL.</p> <p>The anaesthetics trainees informed the review panel that they had access to a journal club and that there was good support for audits and quality improvement projects in the anaesthetics department.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>The college tutor for ICM informed the review panel that all ICM trainees received two days of teaching at UHL as part of their induction. It was also advised that a new guidebook for the ICU was disseminated to all trainees when they began their training within the Trust. This was also available electronically via the Trust intranet. However, the trainees did not think that the guidebook was sufficiently detailed.</p> <p>When asked about the induction into ICU, the CT for anaesthetics informed the review panel that trainees worked cross-site (between QEH and UHL) during their rotations. The CT advised that there were no on-calls for trainees at UHL and there was consultant supervision for trainees. Trainees were advised to contact their supervisors on starting placement to arrange a local induction into the theatre complex.</p> <p>The review panel further heard that the anaesthetics induction included a 45-minute session on the ICU. It was stated that the induction covered how to escalate concerns and advised trainees on which consultants were responsible for supervision in and out of hours. Although there was an induction to the ICU, trainees stated that they did not find it helpful in preparing them to work on the unit.</p> <p>One of CSs informed the review panel that the Trust had undertaken a 'Cappuccini Test' within the last six months although the results from this audit was not yet available as the report was still being written.</p> <p>The review panel heard that some of the CSs and ESs had developed a checklist for the subjects to cover during induction. This included infection control, LocSSIPs (Local Safety Standards for Invasive Procedures) safety standards, multidisciplinary team meetings and instruction on how to use the 'Clinibee' app, an app used by the hospital which contained important material, guidelines and governance for their placement.</p>	<p>Yes, please see AN3.4a</p> <p>Yes, please see AN3.4b</p>

Domain 4 – Supporting and empowering educators

- 4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2. Educators are familiar with the curricula of the learners they are educating.
- 4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4. Formally recognised educators are appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	Access to appropriately funded professional development, training and appraisal for educators	

	The review panel heard that all consultants who were ESs had access to appropriate opportunities for personal development and were given time in their job plans for Supporting Professional Activities (SPA) to meet requirements for appraisal, revalidation, and job planning.	
4.2	<p>Educators are familiar with the learners' programme/curriculum</p> <p>The review panel heard that all the supervisors were required to assist with interviews or attend the Annual Review of Competency Progression (ARCP) sessions each year to ensure the Trust was well represented and to keep abreast of any curriculum changes, so they could support trainees with their examinations and offer careers advice. The supervisors felt they were well informed about their trainees' learning requirements.</p>	

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>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review panel heard that trainees did not receive adequate practical experience to meet their learning requirements and they were generally unhappy with their placements. Anaesthetics trainees felt that they were missing out on relevant theatre opportunities due to high workloads on the wards including providing support for the ICU. Some of the trainees informed the review team that high stress levels caused by workload and lack of support had affected their education and training during their placement.</p> <p>Staffing was also reported to be an issue by the trainees. The managerial leads agreed that staffing was at times suboptimal and stated that Covid-19 pandemic had further increased the demands of service provision.</p> <p>The managerial leads told the review team that they had overhauled the rotas and that the anaesthetics team provided support to ICU when required. The review panel further heard that all consultants were trained in anaesthesia and could take part in procedures if needed.</p> <p>The panel was informed by a CS that there were six consultants at QEH including locums, with additional consultants from UHL who provided support. There was also an outreach consultant who did outreach and then on call, on rotation.</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>Overall, the trainees who attended the review said they would not recommend their placements in anaesthetics and ICM to their peers. They thought the department did not offer a supportive learning environment and there was limited educational opportunities. The ICM trainees felt the lack of senior support affected training programmes and they continued to find the workload very stressful.</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Kenika Osborne Learning Environment Quality Coordinator
Review Lead name and signature:	Anand Mehta Deputy Postgraduate Dean
Date signed:	18 January 2022

HEE authorised signature:	Geeta Menon Postgraduate Dean
Date signed:	21 February 2022

Date final report submitted to organisation:	22 February 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 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