Health Education England

HEE Quality Interventions Review Report

Barts Health NHS Trust (Whipps Cross Hospital) Acute Internal Medicine and GP Medicine Learner and Educator Review

London – North East London

Date of review: 13 December 2021

Date report issued to the Trust: 26 January 2022

Version 2

Review Overview

Background to the review:	A learner and educator review was arranged to understand the significant deterioration in the General Medical Council National Training Survey results for acute internal medicine and GP medicine in 2021.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Acute internal medicine and GP medicine
Who we met with:	Director of Medical Education Deputy Director of Medical Education College Tutor, Acute Internal Medicine Medical Education Manager Medical Director Postgraduate Lead for Medical and Dental Education Associate Divisional Director, Acute Internal Medicine Educational Lead, Acute Internal Medicine Five general practice vocational training scheme trainees in medicine (including geriatric medicine, palliative care, endocrinology & diabetes and acute internal medicine) Six acute internal medicine trainees Eight acute internal medicine and GP medicine clinical and educational supervisors
Evidence utilised:	Local Faculty Group minutes Most recent MEC minutes Details of the number of exception reports Rota including fill rate Breakdown of learner groups within the department Breakdown of educational and clinical supervisors within the department Evidence of organisation-wide and departmental induction feedback Evidence of teaching sessions and attendance lists

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Jonathan Birns Deputy Head of the London Specialty School of Medicine
Specialty Expert	Andrew Tate Head of School for GP
Lay Representative	Anne Sinclair
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (London) Aishah Mojadady Quality, Patient Safety and Commissioning Officer Health Education England (London)

Executive summary

The review team thanked the Trust for ensuring good attendance at the review. The review team were pleased to hear that almost all of the trainees they met with would recommend their placements at Whipps Cross Hospital. The review team commended the Trust for the work already underway to address the main causes which had been identified as producing the poor 2021 General Medical Council National Training Survey (GMC NTS) results for acute internal medicine (AIM) and GP medicine. The review team were also pleased to hear that all trainees reported that they were released for teaching, despite how busy the hospital was.

The review team informed the Trust that there seemed to be some miscommunication between consultants and trainees in AIM and advised the department to review these communication channels. The review team was pleased to hear four additional planned activities time had been assigned to medicine which was to be used for education and asked the Trust to share the plans for how this time will be assigned. The review team heard from trainees in AIM that in the Acute Admissions Unit (AAU), doctors tended to see patients by themselves, rather than working together. The AIM trainees told the review team that they thought it would be beneficial for foundation trainees to work more closely with higher trainees as this would give support to foundation trainees and provide supervision experience for higher trainees. The GP VTS trainees in medicine said that they felt that they were not always appreciated and would welcome more access to clinics and other learning opportunities so that they did not feel like they were just providing service provision.

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
	None	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	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 team heard that medical handovers on Friday afternoons were not always well attended despite there being clear expectations that all wards should attend (as set out in a standard operating procedure) and that they often did not convey the most important information.	Trust to provide evidence of comprehensive attendance at Friday afternoon handovers by all wards and to provide trainee feedback regarding information flow between the Friday handover and weekend medical teams. To be completed by 01 April 2022.
AIM1.4	The review team heard that doctors in the Acute Admissions Unit (AAU) worked individually which did not provide much opportunity for foundation trainees to learn or for higher trainees to gain supervision experience.	Trust to collect trainee feedback about improvements which could be made to the operating model of the AAU and based on this, action plan so that the best learning experience can be gained by trainees. To be completed by 01 April 2022.
AIM5.1a	The review team heard that medicine at the hospital had received funding for four additional planned activities time (PAs) which was to be used for education.	Trust to share the action plan for how the additional PAs will be used within AIM to improve education for trainees in the department. To be completed by 01 April 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**
M1.4	The review team recommends that the Trust works with trainees to understand how post-take ward rounds can become more educational.
M2.1	The review team recommends that the role of the site manager at night is more clearly defined and that this is well communicated to trainees during induction.
AIM3.2a	The review team recommends that the acute internal medicine (AIM) department looks at introducing a WhatsApp group specifically for procedures which need doing so that these can be shared more easily with internal medicine training (IMT) trainees and thus provide more opportunities for IMT trainees to practice procedures.
AIM3.2b	The review team heard (on a few occasions) different information from the AIM trainees and AIM supervisors. For example, trainees felt that there were not many opportunities to do procedures while the consultants said they were happy to assist trainees in procedures. The review recommends the department seeks trainee feedback more actively. The review team recommends that the AIM department reviews the channels of communication between trainees and supervisors to ensure trainees are fully aware of the opportunities available and the work being done to resolve issues in the department.
M5.1a	The review team recommends that the medical specialities at Whipps Cross Hospital assess whether it would be possible to provide general practice vocational training scheme trainees (GP VTS) with more access to clinics.
M5.1b	The review team recommends that educational supervisors in medicine ensure that in the mid-point reviews with GP VTS trainees, they address any gaps or areas the trainees would like to gain more experience in so that trainees do not feel like the last months of their placements are for service provision only.

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)
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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 general practice vocational training scheme (GP VTS) trainees in medicine said that medical handovers were generally fine. The acute internal medicine (AIM) trainees said that weekend medical handovers were generally good but there was room for improvements. The AIM trainees said that there were times where there was only representation from half the wards at the Friday medical handovers, despite there being clear expectations that all wards should attend (as set out in a standard operating procedure). The AIM trainees also told the review team that the Friday medical handovers were not always effective in conveying the most important information and tasks which needed to be undertaken and sometimes, unnecessary tasks were handed over. The review team heard that the handovers were led by higher trainees and the AIM trainees thought that this was fine. The AIM educational supervisors (ESs) and clinical supervisors (CSs) explained that ward attendance at medical handovers was not always good and acknowledged that this could be monitored more stringently. The AIM ESs and CSs said they understood frustrations that handovers were not always effective in conveying the most important information and tasks which needed to be done. The AIM ESs and CSs said that the effectiveness and timeliness of handovers did need to be worked on.	M1.1
1.1	**Serious incidents and professional duty of candour** The Director of Medical Education (DME) told the review team that there was work ongoing to produce a serious incidents (SIs) support pathway for trainees involved in SIs.	
1.2	**Bullying and undermining** The GP VTS trainees reported to the review team that they had not experienced or witnessed any bullying or undermining behaviour but some said they felt that higher trainees could on occasion be rude to foundation trainees. The AIM trainees said they had not experienced or witnessed bullying or undermining behaviour.	

1.4	**Appropriate levels of Clinical Supervision** The GP VTS trainees in medicine indicated to the review team that they thought if they were struggling or needed advice, support would always be available. The GP VTS trainees said that if you wanted to learn, the higher trainees were generally very helpful but that if you put in less effort, you could learn less. The GP VTS trainees said that the levels of learning on the job also varied depending on the person supervising and how busy the shift was. The GP VTS trainees said that post-take learning and feedback was often brief because of the number of patients and they had received more teaching doing post-take ward rounds in other Trusts. The GP VTS trainees said that after a night shift, the post-take consultant would review some patients they had clerked with them (before handover), but there was not enough time to get through all patients so they did not receive feedback on all of the patients they had clerked that night. The review team heard that on the Acute Admissions Unit (AAU), trainees were required to do post-take ward rounds and jobs for patients they had not clerked. The AIM trainees said that the way the AAU was run meant that each doctor (whichever grade) saw five or six patients each. The AIM trainees said they thought this division of the work was a bit odd and that it would be more beneficial if foundation trainees and higher trainees saw 12 patients together, as this would provide more learning for the foundation trainees and supervision experience for the higher trainees. The AIM trainees also felt that this way of seeing patients would lead to better patient flow as patients would likely be discharged more easily. The review team heard that the consultants weren't really available on the AAU to provide supervision. The review team heard that the addition of ambulatory care to the AIM roster was good but did mean staffing levels were reduced in the AAU. The review team also heard that the quality of support available in the AAU varied with the quality of higher-grade doctors working there. The AIM ESs and CSs said that trainees were clinically supervised more carefully at the start of the placements until their clinical abilities and confidence were known. The AIM ESs and CSs reported that the department tried to give trainees independence in the mornings on the AAU to do their own initial assessments and then the post-take consultant would be present at the 11:00 board round. The ESs and CSs told the review team that if trainees had a complex patient, the trainee could always ask a consultant for advice and someone would always be available to discuss concerns.	M1.4 AIM1.4

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	**Impact of service design on users** The DME provided the review team with a short presentation about the work which had been conducted in the hospital to address the red outliers received for GP medicine and AIM in the 2021 General Medical Council National Training Survey (GMC NTS) results. The DME told the review team that it was thought that Covid-19 had had an impact on the results as data collection occurred at the same time that trainees were returning to posts following redeployment. The DME said that following the results, the hospital conducted some intensive local faculty group (LFG) feedback sessions which led to the identification of five keys areas of dissatisfaction among trainees. The DME said these areas were safe medical staffing, induction and local teaching, weekend working, the hospital at night and handovers. The DME explained that working groups were formed to address each area. The DME explained to the review team that as part of the hospital's response to the 2021 GMC NTS results, the medical on call rota was mapped to the Royal College of Physicians guidance on safe working hours and as a result the rota was altered. The DME said the most significant change was that there were now two higher trainees on call (as opposed to one) 24 hours a day. The review team heard that it depended on the time of day as to which areas the two higher trainees on call covered. The DME told the review team that the change to the rota had received good trainee feedback and the rota had a good fill rate. The review team heard that the department had wanted two on call higher trainees for some time but this had been difficult with the number of trainees in the department. The review team heard that with the introduction of internal medicine training year three (IMT3) trainees, this had now been made possible and the rota had moved from a 14-line rota to a 20-line rota. The review team heard that the department had been concerned that moving to having two higher trainees on call would impact on their training however, a benchmarking exercise with another Trust showed that this was not likely to be the case and feedback on this from the higher trainees would be gained in the next higher trainee feedback session (in January 2022). The review team were told that the changes in the rota also meant that foundation year one (FY1) trainees were now doing night-time on calls which allowed more day time working for middle grade trainees and that informal feedback on this had been positive. Additionally, the review team heard that ambulatory care had been added to the AIM rota which provided a new training experience for trainees.	

	The DME told the review team that weekend working was being looked at to try to address the amount of work handed over to the weekend team by ensuring all tasks which could be done on Fridays were completed. The DME explained that there were business cases to address issues with the hospital at night including funding for an additional practitioner who would triage bleeps and funding to replace the bleep system with smart phone apps. The GP VTS trainees in medicine indicated to the review team that some of them were aware of the site manager and asked the site manager to do tasks at night and weekends however, other trainees were not aware of the site manager. The GP VTS trainees said that the site manager was not integrated into the system properly so was not utilised fully and nurses continued to ask the trainees to do tasks (such as taking bloods), instead of the site manager. The GP VTS trainees in medicine highlighted to the review team that they found their teams to be friendly and helpful and enjoyed working with them however, they said that staffing levels were often a problem. The GP VTS trainees explained that there were often gaps in the on call rota (although these were sometimes filled with locums) and that this meant when trainees had to leave for teaching, or there was sickness, staffing levels were very low. The GP VTS trainees said that gaps created by sickness were generally not filled. The GP VTS trainees in medicine explained that the staffing levels left them feeling like the teams were always “firefighting”, although the trainees said they recognised this was an NHS-wide problem at the moment. The GP VTS trainees told the review team that the consultants in medicine were aware of the staffing issues and acknowledged and apologised for them. The GP VTS trainees in medicine told the review team that they generally did not have to stay late but were aware that colleagues who did, did exception report. The review team heard that the frequency of exception reporting in the AAU had resulted in additional staffing being added to the rota but due to rota gaps, the problem was ongoing. The AIM trainees told the review team that at the moment, they were coming to work without knowing where they would be that day (because staff were being moved around so much due to pressures). The AIM trainees explained that one consultant had told them they wanted to stop this from happening but at the moment, the trainees said it was just not possible. The AIM trainees said that their “home base” was the acute medicine ward but they also worked on post-take in acute medicine, the AAU, ambulatory care, and the emergency department (ED). The AIM trainees said they thought it was good that they were now rostered into ambulatory care. The AIM ESs and CSs told the review team that when all of the doctors on the rota were in, the rota was more than filled but any rota gaps stemmed from trainees being unwell or occupationally unable to do on call shifts. The AIM ESs and CSs said that safe staffing was always maintained and weekly rota meetings took place in the department to ensure that any gaps were planned for. The review team heard that every other week, the rota meetings were followed by a recruitment meeting with HR. The AIM ESs and CSs explained that the department paid very high agency and bank staff rates (in excess of the London cap) in order to ensure safe staffing levels were maintained. The AIM ESs and CSs	M2.1

	reported that two trainees were involved in the post-take ward round which meant they worked 08:00 to 16:00 and the other trainees worked 09:00 to 17:00. The AIM ESs and CSs explained to the review team that patients under the care of AIM in the ED was a problem in many Trusts at the moment but said that those patients were under the supervision of the consultant doing the post-take ward round in ED. The review team heard that the number of AIM doctors in ED had been boosted in recent weeks to ensure there was enough support available. The AIM ESs and CSs said that the ED coordinator printed a list of the patients in ED and this was compared against the AIM list of patients to ensure that no patients were falling between the gaps. The AIM ESs and CSs said that the AIM department operated a ward-based system, meaning that they did not have any outlier patients on other wards.	
2.2	**Appropriate systems for raising concerns about education and training** The DME told the review team that the postgraduate medical education (PGME) team were able to continue communications with trainees during Covid-19 through the use of an app called Telegram and that Junior Doctors Forum meetings were moved online to ensure they could continue to take place. The AIM ESs and CSs said that the department had regular LFG meetings every two to three months, notes were taken, and all trainees were invited to attend. The review team heard that regular feedback sessions with higher trainees were due to resume in January 2022. The review team were told that feedback from IMT3 trainees in AIM had been good.	

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
3.1	**Learners being asked to work above their level of competence, confidence and experience** The review team heard that the IMT3 trainees had had a positive introduction to their new roles and felt supported into becoming higher trainees. The review team heard that there had been a buddy system for IMT3 trainees where they had been paired with a higher trainee for their first on call shift.	

3.1	**Regular constructive and meaningful feedback** The GP VTS trainees in medicine indicated to the review team that the only time they received feedback was when they were able to review patients they had previously clerked with the consultant at post-take.	
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** The DME explained to the review team that they ran drop-in sessions for trainees during the first wave of Covid-19 and during the second wave, drop-in sessions expanded to include more support from other colleagues, including wellbeing support. The review team heard that psychologists were available to provide one to one sessions for trainees and the PGME team had run workshops with a focus on dealing with the intensity of work during Covid-19 and burnout. The DME told the review team that there was a new wellbeing hub in medical education centre. The review team heard that regular structured debrief sessions were run during Covid-19 which reviewed the latest Covid-19 updates and assessed what was working well in terms of supporting trainees and what needed to be improved. The AIM ESs and CSs told the review team that they tried to create a culture where trainees felt able and encouraged to approach consultants at any time when they required support and said they would like to hear from the trainees how they could improve this. The AIM ESs and CSs said that they were able to provide individual support where needed and trainees were also encouraged to use the support available from psychologists, although the rate of uptake had been variable. The review team heard that the consultants in AIM met monthly and a standing agenda item ensured that trainees were discussed, in order to track their progress and identify those who might need additional support.	
3.2	**Time for learners to complete their assessments as required by the curriculum or professional standards** The review team heard that the AIM IMT trainees were getting sufficient exposure to clinics but opportunities to do supervised procedures were minimal. The AIM trainees explained that they had been told they would get their procedures signed off in a laboratory setting in January 2022. The AIM CSs and ESs said they were happy to support junior doctors in doing procedures and there was a simulation centre where trainees could practice.	AIM3.2a AIM3.2b
3.3	**Access to study leave** The GP VTS trainees in medicine confirmed to the review team that they had not had any issues accessing their study leave.	
3.4	**Induction (organisational and placement)** The DME described to the review team the work that had been carried out on induction as part of the response to the 2021 GMC NTS results. The DME said trainees had previously had to attend the Trust induction at the Royal London Hospital site but this had now been moved to Whipps Cross Hospital. The DME said that foundation trainees, GP VTS trainees and higher trainees also now received specific inductions to their grade and	

	these focused on what an on call would be like. The DME explained that the departmental inductions had been updated so that trainees were sent a PowerPoint slideshow ahead of starting and involved a walk around the department. The DME told the review team the new departmental inductions had received good trainee feedback.	

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 AIM ESs told the review team that they received good support from the PGME team and had received training when they became ESs.	
4.3	**Educational appraisal and continued professional development** The review team heard that ESs had three-yearly appraisals with the DME and that regular sessions on being an ES were run online by the PGME team, especially around the time of Annual Review of Career Progression (ARCP) meetings.	
4.4	**Appropriate allocated time in educators job plans to meet educational responsibilities** The AIM ESs confirmed to the review team that they had time in their job plans to fulfil their educational supervisor tasks and said that in practice, they felt like they had enough time as well.	

Domain 5 – Delivering curricula and assessments
5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards. **5.2.** Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models. **5.3.** Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	**Placements must enable learners to meet their required learning outcomes** The DME indicated to the review team that teaching had been impacted by Covid-19 but all had now been resumed. The DME told the review team that dedicated foundation teaching was on a Wednesday afternoon	

	and foundation doctors also received self-development time and GP VTS teaching was on a Tuesday afternoon. The DME said that teaching was provided both in person and online and online training was recorded and placed on Moodle and Telegram (an app which trainees had access to). The DME explained to the review team how the Trust had organised four planned activities time (PAs) of funding for consultants to act as clinical educators in medicine. The DME said this would mean there would be time in the working week for consultants to focus on improving education and helping trainees to complete assessments. The GP VTS trainees in medicine explained to the review team that their learning needs as GP VTS trainees had been acknowledged. The GP VTS trainees in medicine said that their placements at Whipps Cross Hospital allowed them to gain skills which would be helpful in their future careers as GPs and to gain a better understanding of interactions between secondary and primary care, as well as being able to help colleagues at the hospital better understand primary care. The GP VTS trainees told the review team that they found clinics very useful but that these tended to be prioritised for IMT trainees and it would be good if the benefit of access to outpatients for GP trainees was better recognised. The review team heard that many of the GP VTS trainees in medicine had only attended a couple of clinics in four or five months of their placements. The GP VTS trainees in medicine said that they thought the old system of four-month placements (instead of the current six-month placements) would be preferential. The GP VTS trainees in medicine explained to the review team that they were able to attend their half day GP VTS teaching but that this meant their colleagues had more work to do because the shifts became short staffed. The GP VTS trainees said that they were also able to access weekly departmental teaching sessions. The AIM trainees told the review team that the department felt very busy, stretched, and chaotic at the moment and this made them feel as if they were just there for service provision. Some of the AIM trainees said they felt quite unsupported and that their training was suffering because of how busy the service was. The AIM trainees explained that there was a lot of individual working which meant little input from more senior trainees or consultants for more junior trainees, particularly on the AAU. The AIM trainees confirmed to the review team that foundation trainees were being released for teaching and self-development time. The review team heard that IMT trainees were released for their training on Thursday afternoons. The review team heard that sometimes regional teaching overlapped with local teaching and this meant that not all trainees could be released to attend the regional teaching. The review team heard that the AIM post-take was rolling in the day time until 17:00 for patients over 79 years old and until 21:00 for patients under 80. The AIM trainees explained that after these times, post-take consultant reviews were completed the following morning instead. The AIM trainees said that learning during the rolling post-take ward round was good and that trainees were able to do a lot of the initial assessments. The AIM trainees told the review team that the post-take ward rounds in the mornings often felt rushed and they did not feel able to learn very much. The AIM trainees said that on the AAU in the day, they picked up	AIM5.1a M5.1a

	patients whom they had not clerked and so were taking on patient plans which they had not prepared. The AIM ESs and CSs told the review team that during Covid-19 they had sign posted online educational resources for trainees and provided teaching online. The AIM ESs and CSs said they thought there were many learning opportunities for trainees in the department and tried to make trainees aware of these but felt that trainees did not always engage with them. The AIM ESs and CSs said that they had to balance learning requirements across the groups of trainees to ensure that everyone fulfilled their learning requirements. The AIM ESs and CSs told the review team that adding ambulatory care to the roster was providing outpatient experience to all trainees (including GP VTS trainees) and offered lots of opportunities for independent decision making. The ESs and CSs reported that all decisions were discussed with a consultant to ensure patient safety and learning.	
5.1	**Appropriate balance between providing services and accessing educational and training opportunities** The GP VTS trainees in medicine told the review team that they felt like they learnt the key skills in the first two or three months of the placements and then felt like they were used for service provision for the rest of their placements. The GP VTS trainees said that some of the higher trainees were very supportive and thanked them for their work but on the whole, they did not feel valued and felt like they were just providing service provision.	M5.1b

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** The GP VTS trainees in medicine told the review team that overall, they would recommend their placements despite the hospital being busy and some frustration with completing two similar rotations while at Whipps Cross Hospital. The GP VTS trainees indicated to the review team that they would have some concerns if their friends or family were to be treated in medicine at Whipps Cross Hospital because patients and tasks could sometimes get missed when patients were admitted. The GP VTS trainees told the review team this was particularly the case at weekends.	

	The majority of AIM trainees highlighted to the review team that they would recommend their placements at Whipps Cross Hospital, although some said they would not. The AIM trainees said there was a lot to learn in their placements and people in AIM were friendly. However, the AIM trainees said they thought there should be more teaching and support for trainees in such a busy environment. The AIM trainees further highlighted to the review team that that they would be cautious about friends or family being admitted to Whipps Cross Hospital because patients could fall through the gaps. The AIM trainees explained that the ED had become a ward in itself recently and the AIM team could be treating 20 to 30 patients in the ED who had already been admitted. The AIM trainees said this was not optimal for teaching or patient care. The review team heard that having patients scattered around the hospital made it more difficult to keep track of them and their treatment and had led to delays in treatment recently. The AIM trainees told the review team that if their friends and family were admitted from the ED directly to a higher specialty ward, they would be happy but they would be less so if they needed specialty care and were treated in the AAU.	

Report sign off

Quality Review Report completed by *(name(s) / role(s))*:	Chloe Snowdon Learning Enviornment Quality Coordinator
Review Lead name and signature:	Louise Schofield
Date signed:	24 January 2022

HEE authorised signature:	Gary Wares
Date signed:	25 January 2022

Date final report submitted to organisation:	26 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.