

HEE Quality Interventions Review Report



Barts Health NHS Trust (Newham University Hospital)
Intensive care medicine
Learner and educator review

London – North East London
Date of Review: 07 February 2022
Date of Final Report: 16 March 2022

Review Overview

Background to the review

Health Education England (HEE) arranged a learner and educator review to intensive care medicine (ICM) at Newham University Hospital (NUH) to explore the reasons for the deterioration in the General Medical Council National Training Survey (GMC NTS) results between 2019 and 2021.

Subject of the review: Intensive care medicine

Who we met with

Director of Medical Education
Deputy Director of Medical Education
Postgraduate lead for Medical and Dental Education (Quality)
Medical Education Manager
Guardian of Safe Working Hours
College Tutor for Intensive Care Medicine
Clinical Director for Intensive Care Medicine
Nine junior doctors (current trainees, current clinical fellows and trainees who had recently rotated out of the department)
Six clinical and educational supervisors in intensive care medicine

Evidence utilised

Local Faculty Group minutes
Summary of relevant Datix reports (including SIs and Never Events)
Most recent Medical Education Council minutes
Details of the number of exception reports
Rota including fill rate
Breakdown of learner groups within the department
Evidence of teaching sessions and attendance lists
Evidence of organisation-wide and departmental induction feedback
Breakdown of educational and clinical supervisors within the department

Review team

Role	Name, Job Title
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Munita Grover Training Programme Director for intensive care medicine Health Education England
Lay Representative	Anne Sinclair
Learner Representative	Eleanor Warwick
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London) Sebastian Bowen Quality, Patient Safety and Commissioning Officer Health Education England (North East London)

Executive Summary

The review team thanked the Trust for ensuring good attendance at all sessions and commended the intensive care medicine (ICM) department for the positive feedback heard from trainees and clinical fellows on the day.

The review team heard that trainees and clinical fellows felt well supported and supervised in the department and had access to many learning opportunities. The trainees and clinical fellows told the review team they would recommend their posts in the department to colleagues and would be happy for friends and family to be treated in the department. The review team heard that inductions had been tailored to trainee and clinical fellow needs. The review team heard that although there were rota gaps, these did not impact on trainee or clinical fellow experience.

The review team issued no immediate mandatory requirements or mandatory requirements but did make some recommendations for further improving the educational experience in the department.

Review findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
	N/A	

Recommendations

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
ICM2.8a	The review team encourage and recommend the Trust to continue the closer working practices which were established during Covid-19 across hospital sites to provide enhanced learning and training opportunities to junior doctors across the Trust.
ICM2.8b	The review team recommends the Trust looks at providing additional administrative support to the ICM department to help with identifying and filling rota gaps.
ICM4.2	The review team recommends the department think about the sustainability of the way the consultants are working. For example, to ensure that supervision and the associated job planning are shared out among consultants, with appropriate allocation of 0.25 programmed activity (PA) time per trainee.
ICM4.5	The review team recommends that the ICM department encourages supervisors to attend Annual Review of Competency Progression (ARCP) panels as this is a valuable learning experience for supervisors.
ICM5.1	The review team recommends the Trust explores whether funding can be made available to provide equipment and software for ICM in situ simulation sessions.

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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
	N/A	

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The educational supervisors (ESs) and clinical supervisors (CSs) informed the review team that having trainees in intensive care medicine (ICM) was a recent development for Newham University Hospital (NUH) in the last few years. The ESs and CSs explained that the ICM higher trainee placement was the first trainee post to be added to the department, followed by an internal medicine training (IMT) post and then two foundation year two (FY2) posts. The review team heard that before the FY2 posts were added to the department, taster sessions were offered to FY2 trainees which received positive feedback, and this led to the posts being added. The ESs and CSs explained to the review team that going from a department with no trainees to a department with trainees had been challenging but they thought the placement provided a good learning experience for trainees.</p> <p>The NUH Director of Medical Education (DME) told the review team that as a number of trainees were redeployed to the ICM department during Covid-19, the hospital had learnt a lot about what did and did not work for trainees working in the department. The DME said that the hospital would be including ICM in the proposals for additional foundation programme posts. The ESs and CSs told the review team that the teaching and training programme in ICM was back on track following disruptions from Covid-19 and had received positive feedback from trainees.</p> <p>The Clinical Director for Intensive Care Medicine told the review team that the department understood having trainees was critical to the running of the department and the supervisors wanted to deliver good education and training for them. The Clinical Director for Intensive Care Medicine said that with an increased number of beds in the department and investments in expanding the consultant body, the learning opportunities available to trainees were increasing.</p> <p>The trainees and clinical fellows said to the review team that they had had a good experience in ICM, had enjoyed their time in the department and had been given many learning opportunities. The trainees and clinical fellows said that teaching during ward rounds was good, they felt well supported and supervised, they had many opportunities to practice practical skills and consultants were engaged in their learning.</p>	

1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>The DME told the review team that the Trust recognised past issues with inclusivity at NUH, particularly in operating theatres. The DME said that conversations about inclusivity were ongoing and race, language, religion, culture, and the meaning of equity were all included in these discussions. The DME informed the review team that there were simulation sessions being run on a range of topics including race and gender. The DME said work on inclusivity was taking place at another hospital site in the Trust which would be shared with the other sites when completed. The DME explained that externally supported work around culture was underway in the anaesthetics department at NUH and it was hoped the learning from this work could be shared with other departments. The Clinical Director for Intensive Care Medicine said that there had been a lot of investment in inclusivity at NUH and this was important as NUH was in a very diverse borough, and the population working at NUH was equally diverse.</p> <p>The review team heard examples where trainees and clinical fellows had felt discriminated against based on protected characteristics. The review team were told that generally the staff in the department had been very supportive when these incidents had occurred but that trainees and clinical fellows thought the hospital had more work to do to create a truly inclusive environment and to ensure that when incidents did occur, these were taken seriously and policies were followed.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>Not discussed at the review.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>The trainees and clinical fellows told the review team that the College Tutor in Intensive Care Medicine was very responsive to feedback.</p>	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The trainees and clinical fellows informed the review team that handovers were generally good and always on time as the incoming staff were keen to ensure the outgoing staff could leave on time.</p>	

	The trainees and clinical fellows told the review team that they would be happy for friends or family to be treated in ICM at NUH but would be less confident about them being treated elsewhere in the hospital.	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>Not discussed at the review.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>Not discussed at the review.</p>	
1.8	<p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p> <p>Not discussed at the review.</p>	
1.9	<p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</p> <p>The ESs and CSs said that trainees were encouraged to take part in research in the department with opportunities to learn how to do audits and quality improvement projects. The review team heard that three audits were running in the department at the present time. The ESs and CSs said that trainees were supported to publish articles (as first authors) in high impact journals and other Curriculum Vitae (CV) building activities.</p> <p>The trainees and clinical fellows informed the review team that as ICM was always changing as a specialty and new best practice ideas were always evolving, this meant there was continually something new to learn or an audit project they were encouraged to take part in.</p>	
1.10	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>Not discussed at the review.</p>	
1.11	The learning environment provides suitable educational facilities for both learners and supervisors, including space	

	<p>and IT facilities, and access to library and knowledge services and specialists.</p> <p>Not discussed at the review.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>Not discussed at the review.</p>	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>Not discussed at the review.</p>	
2.2	<p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p> <p>Not discussed at the review.</p>	
2.3	<p>The governance arrangements promote fairness in education and training and challenge discrimination.</p> <p>Not discussed at the review.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Not discussed at the review.</p>	
2.5	<p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>Not discussed at the review.</p>	

2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>Not discussed at the review.</p>	
2.7	<p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <p>Not discussed at the review.</p>	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>The ESs and CSs said to the review team that the rota was split into an airways side and a non-airways side and that to run a full rota, there needed to be six doctors on each side. The review team heard that at present, there were only eight doctors in total across the two sides and this meant that the department relied on locum cover. The review team heard that many of the locum doctors had worked with the department for a long time. The review team heard that filling the non-airways side of the rota was not difficult and it was the airways side which was more challenging. The ESs and CSs said that at a minimum, the department had three doctors during the day and two at night.</p> <p>The review team were told that part of the challenge around rota gaps was because the ICM department had moved from an eight-bed department pre-Covid-19 to a 15-bed department, and this required more doctors to staff it. The Clinical Director for Intensive Care Medicine explained that the Trust had agreed to provide funding to expand the consultant workforce in the department and this should help with rota gaps. The Clinical Director for Intensive Care Medicine added that the department had learnt the importance of cross-site and cross-Trust working during Covid-19 when Trusts and hospital sites within Barts Health NHS Trust had worked together to fill rota gaps. The review team heard that the consultant responsible for rotas in the department was supposed to have administrative help but this had not been the case recently due to sickness. The ESs and CSs said that the rota gaps were challenging and could be a struggle to fill, and having the administrative support to help with this would be useful. The DME said that there were advantages to having the rota run by a consultant in the department but</p>	<p>ICM2.8a</p> <p>ICM2.8b</p>

	<p>recognised the challenges associated with a lack of administrative support. The DME said that the issues in the department with organising the rota were not unique to NUH or even to the Trust. The ESs and CSs said they would also welcome having more trainees in the department to help fill the rota.</p> <p>The trainees and clinical fellows told the review team that rota gaps had not affected them and they were able to find support when needed. The trainees and clinical fellows explained that instead of being asked to act up in their roles, the consultants generally acted down. The trainees and clinical fellows said that additional rota support could be provided by anaesthetics but generally the support was found in ICM.</p> <p>Some of the trainees and clinical fellows said to the review team that their rota had been provided well in advance of them starting in the department while others said that they would have appreciated receiving it earlier, especially as there were a high number of on calls in the job. Some of the trainees and clinical fellows commented to the review team that the rota had been quite cramped, especially during Covid-19 peaks which had been challenging. The review team also heard that Covid-19 had created problems in terms of staff absences.</p> <p>The College Tutor for Intensive Care Medicine explained to the review team that currently two consultants in the department worked cross-site, spending half of their time at NUH and half at RLH. The review team heard that there were plans to have more consultants working cross-site in the same way. The College Tutor for Intensive Care Medicine said that the cross-site working worked quite well and rotas were provided well in advance.</p> <p>The review team asked the trainees and clinical fellows whether they noticed any difference between the consultants working at NUH full time and those working cross-site and heard that this actually provided more diverse educational opportunities.</p>	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>Not discussed at the review.</p>	
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p>	

	Not discussed at the review.	
3.3	<p>The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.</p> <p>Not discussed at the review.</p>	
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>Not discussed at the review.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The ESs and CSs told the review team that there was a relatively small number of trainees in ICM who were at different levels of training and this required all the supervisors to meet different training needs. The ESs and CSs said that the ICM rota was run through the education academy to ensure it was compliant. The ESs and CSs explained that a consultant was on site from 08:00 to 20:00 during the week and 08:00 to 18:00 at the weekend, and on call at night.</p> <p>The trainees and clinical fellows told the review team that the day was structured with a handover first, followed by the division of workload among junior doctors and then the trainees and clinical fellows presented patients back to the consultant on the consultant round. The trainees and clinical fellows said they felt well supported and supervised as consultants were readily available on-site during hours and encouraged junior doctors to contact them on the phone out of hours.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The ESs and CSs told the review team that all trainees had an initial, mid-point and end of placement meeting with their educational supervisor, as well as interim meetings. The ESs and CSs explained that during the end of placement meeting, the ES and trainee reviewed the paperwork for the trainee's Annual Review of Competency Progression (ARCP) process.</p> <p>The ESs and CSs told the review team that trainees and clinical fellows were treated the same in the department in terms of the support and the learning opportunities available to them. The ESs</p>	

	<p>and CSs highlighted to the review team that what was more important was ensuring that support and opportunities were targeted to trainees and clinical fellows according to their levels of experience and learning needs. The review team heard that clinical fellows had access to portfolio platforms as trainees did.</p> <p>The NUH Director of Medical Education (DME) told the review team that while the Trust had a lot of Medical Training Initiative (MTI) doctors, NUH did not have a large number. The DME explained that a piece of work on the way the Trust inducts and supports MTI doctors and non-training doctors was started prior to the onset of Covid-19 but was paused because of Covid-19. The DME told the review team this project was now underway again. The DME said that Covid-19 caused a shift in the Trust so that trainees and non-trainees were treated in a very similar way, and the Trust was now continuing with this perspective. The DME said that all junior doctors had access to an eportfolio and there was funding in the Trust to provide formal inductions for MTI doctors. The review team heard that Covid-19 had disrupted some inductions but that the department had worked to provide a good induction and extra support even during these times.</p> <p>The trainees and clinical fellows informed the review team that their educational supervision had been good.</p>	
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>Not discussed at the review.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>Not discussed at the review.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The ESs and CSs told the review team that MTI doctors who came to work in the department received a two-month long induction period and were supernumerary during the first month. The ESs and CSs said that the MTI doctors were well supervised and supported, and were only signed off to work nights when supervisors thought they were ready. The ESs and CSs explained that this was because the department was complex and could be very busy at night.</p>	

	<p>The trainees and clinical fellows told the review team that their inductions had been tailored according to their past experience and skills and had included a presentation about the way the unit was run. The trainees and clinical fellows said that they had been well supervised and supported in their first weeks. The review team heard from the MTI doctors that they had been well supported when they started in the department. The trainees and clinical fellows told the review team that the department had worked hard to make sure the transition to working in the UK had been smooth for MTI doctors. The trainees and clinical fellows said that MTI doctors were closely supervised and given feedback in their first months in the department until they were ready to be signed off on procedures and night shifts.</p>	
3.10	<p>Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.</p> <p>Not discussed at the review.</p>	
3.11	<p>Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	<p>Supervisors can easily access resources to support their physical and mental health and wellbeing.</p> <p>Not discussed at the review.</p>	
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The ESs and CSs told the review team that one of the consultants was the ES for the ICM higher trainee and the IMT trainee, as well as sharing supervision of the two FY2 trainees with another consultant. The review team heard that the supervision of the clinical fellows in the department was shared among the other consultants. The review team heard that educational supervisors for trainees were given the correct time in their job plans but those supervising clinical fellows did not have time in their job plans for this. The ESs and CSs said the Trust expected a lot from them in terms of providing teaching and education but they did not always feel supported or acknowledged for this.</p>	ICM4.2

	<p>The DME said to the review team that programmed activities (PAs) time for educational supervision was capped at one in the Trust which meant ESs with more than four trainees to supervise, were not given extra time in their job plans. The DME told the review team that this was an ongoing Trust-wide discussion. The DME told the review team that while MTI doctors and non-trainees were being treated in the same way as trainees, the PAs time provided to supervisors for supervising these junior doctors, was not the same as for trainees.</p>	
4.3	<p>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</p> <p>The ESs and CSs said that all ESs and CSs in the department had completed training on how to be a trainer and all ESs had completed ES training through the eLearning for healthcare website. The review team heard that one of the consultants in the department was also going to be trained to become an educational appraiser.</p>	
4.4	<p>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</p> <p>Not discussed at the review.</p>	
4.5	<p>Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.</p> <p>The ESs and CSs told the review team that the most difficult part of being supervisors was ensuring that all parts of the curriculum were covered for the different grades of trainees in the department. Some of the ESs and CSs explained that they worked part time at NUH and part time at RLH and they were aware that the two hospital sites provided a different training experience. The ESs and CSs said they thought ICM placements at NUH were valuable and interesting and covered a lot of the curriculum for trainees. The ESs and CSs explained that the more difficult areas to cover on the curriculum were experience in governance and serious incidents (SIs) and so they had been working to ensure teaching and learning opportunities in these areas were made readily available to trainees.</p> <p>The ESs and CSs told the review team trainees were responsive to their supervision and were generally proactive with their own learning.</p>	

	The review asked the ESs and CSs if they had attended any ARCP panels and heard that some ESs and CSs had attended in the past, but not recently. Some of the ESs and CSs who had not been on an ARCP panel before said they intended to join a panel in the future.	ICM4.5
4.6	<p>Clinical supervisors are supported to understand the education, training and any other support needs of their learners.</p> <p>Not discussed at the review.</p>	
4.7	<p>Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>The ESs and CSs informed to the review team that they had received positive feedback from trainees about getting work-based assessments signed off. The ESs and CSs explained to the review team that most teaching was consultant led but senior clinical fellows were also encouraged to run some of the teaching. The review team heard about additional the teaching available in the department including a recently started journal club, short teaching sessions after handover on ICM topics for FY2 trainees, and simulation training. The review team heard that as feedback in a local faculty group meeting had been that the trainees would like some training in teamworking in an emergency situation, a simulation training session had been organised to cover this. The review team heard that before the most recent Covid-19 surge, the department had been providing specific training on ICM equipment and the ESs and CSs said they hoped this would be running again soon. The ESs and CSs highlighted to the review team that at times, getting the equipment (especially a ventilator) needed to run the training sessions was difficult (as it was being used for patients) so additional equipment for training would be useful. The ESs and CSs added that cross-site remote teaching was available, as well as a Trust-wide website where recorded teaching and training sessions could be accessed by trainees.</p>	ICM5.1

	<p>The Clinical Director for Intensive Care Medicine told the review team that the department currently had an educational fellow who spent a day a week working with the educational academy and delivering simulation training across the Trust. The review team heard that the simulation training included topics such as responding to a covid emergency, having difficult conversations and remote working, and was delivered to a range of specialties across the Trust. The Clinical Director for Intensive Care Medicine said the department was advertising for another educational fellow to start from August 2022.</p> <p>The trainees and clinical fellows informed the review team that the current teaching programme was relatively new and had been set up following trainee feedback. The review team heard that some of the teaching was trainee-led but consultants were very involved into providing teaching too.</p>	
5.2	<p>Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.</p> <p>Not discussed at the review.</p>	
5.3	<p>Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.</p> <p>Not discussed at the review.</p>	
5.4	<p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>Not discussed at the review.</p>	
5.5	<p>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</p> <p>Not discussed at the review.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>The trainees and clinical fellows said they would recommend their posts to colleagues as they felt supported, had received good teaching (both on the job and from the formal teaching programme), had developed their skills, and had found the job to be an important part of their training.</p>	
6.2	<p>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>Not discussed at the review.</p>	
6.3	<p>The provider 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>Not discussed at the review.</p>	
6.4	<p>Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.</p> <p>Not discussed at the review.</p>	

Report Approval

Quality Review Report completed by	Chloe Snowdon Learning Environment Quality Coordinator
Review Lead	Louise Schofield Deputy Postgraduate Dean
Date signed	16 March 2022
HEE Authorised Signature	Gary Wares Postgraduate Dean
Date signed	16 March 2022
Final Report submitted to organisation	16 March 2022