

# HEE Quality Interventions Review Report



**Imperial College Healthcare NHS Trust (Charing Cross Hospital)  
Clinical Oncology  
Learner and Educator Review**

**London – North West London  
24 February 2022  
1 April 2022**

## Review Overview

### Background to the review

A Risk-based Learner and Educator review was requested following the 2021 General Medical Council (GMC) National Training Survey (NTS) results which were unexpected. For Programme Group by site six red outliers and four pink outliers were generated for Clinical Oncology at Imperial College Healthcare NHS Trust (Charing Cross Hospital). The red outliers were in Reporting systems, Handover, Induction, Local teaching, Regional teaching, and Study leave. The pink outliers were in Curriculum coverage, Educational governance, Feedback and Facilities.

### Subject of the review: Clinical Oncology

### Who we met with

Seven Clinical and Educational Supervisors  
Five Clinical Oncology Trainees working in the department  
Divisional Director of Medical Education  
Head of Medical Education  
Medical Education Manager  
Deputy Medical Education Manager  
Postgraduate Medical Education Manager  
Guardian of Safe Working Hours  
Unit Training Lead (SpRs)  
Unit Training Lead (SHOs)  
Medical Director  
Clinical Director for Oncology and Palliative Care  
General Manager of Oncology and Palliative Care  
Chief of Staff  
Deputy Chief of Staff  
Divisional Operations Director for Surgery, Cancer and Cardiovascular

### Evidence utilised

Supporting evidence overview  
Local action plan for Clinical Oncology following 2021 GMC NTS  
September 2021 Teaching Timetable  
Breakdown of the clinical and educational supervisors  
Breakdown of Learners and members of staff in the Oncology Department  
Exception Reports summary and Guardian of Safe Working hours update  
Deep Dive - Oncology Clinical – 10 June 2021  
Local Faculty Group Minutes – 17 August 2021  
Local Faculty Group Minutes – 9 November 2021  
Local Faculty Group Minutes – 19 January 2022  
Trainee rota September 2021 to March 2022  
Rota slots - Oncology Trainees

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Work schedule - Clinical Oncology Trainee  
Trainee Induction Handbook - September 2021  
Local Induction Feedback  
Local Induction Timetable - September 2021  
Trainee Teaching Timetable March 2021 – February 2022  
Trainee Teaching Attendance Logs

### Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Louise Schofield, Deputy Postgraduate Dean, North East London, Health Education England
Specialty Expert	Dr Suganya Sivabalasingham, Clinical Oncology Training Programme Director, Health Education England
Lay representative	Robert Hawker, Lay Representative, Health Education England
Learner Representative	Dr Alice Rendall, Trainee Representative
HEE Quality Representative	Rebecca Bennett, Learning Environment Quality, Coordinator, Health Education England (London)
Supporting roles	Ummama Sheikh, Quality, Patient Safety and Commissioning Officer, Health Education England (London)

## Executive Summary

The review panel thanked the Trust for accommodating the review.

The Trust representatives presented an overview of the department and the outcomes from the Trust investigative work into the results of the 2021 General Medical Council (GMC) National Training Survey (NTS). The Trust representatives reported that they were surprised by the results they received but noted that it had been a useful exercise for reviewing and reflection on working practices. The Trust representatives advised that they believed the situation had significantly improved, and several changes had been implemented which had received positive initial feedback. The Trust representatives acknowledged that this was an ongoing process and that they would continue to monitor the progress of the changes and improvements.

Along with impacts from the Covid-19 pandemic the Trust representatives advised that a key member of staff had been off sick which may have affected the trainee experience. The review panel was pleased that the Trust had made improvements following the 2021 GMC NTS results and that trainees had been involved in the process.

The review panel was pleased that the feedback from trainees was generally very positive and that the trainees reported they had enjoyed their experience and felt well supported by the consultants. Trainees also reported that they had received good quality supervision from their clinical and educational supervisors and all trainees reported that they would be happy for their friends and family to be treated in the department.

The review panel acknowledged that there was evidence of several areas of good practice to note and proposed a number of actions and recommendations for the Trust to take forward to optimise the trainee experience and build upon the work that the Trust had started.

## Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the 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

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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
CO1.4	1.4	Trainees reported that there was a lack of feedback when reporting issues via Datix and noted that they would have appreciated feedback on the outcomes of the issues raised. The review panel recommends that feedback is provided to trainees when reporting issues and outcomes are fed back to the department to ensure learning is shared.
CO1.5a	1.5	<p>The Trust representatives reported that there had been issues with the metastatic cord compression pathway (MSCC) which was run in collaboration with the neurosurgical team. It was reported that the neurosurgical team did not always adhere to the pathway and patients were not always reviewed when required.</p> <p>The Trust representatives also advised that when patients needed a neurosurgical consultation they were admitted to oncology and then reviewed by the surgical team. It was noted that trainees had reported difficulties with this as some of the admittance criteria was beyond the scope of the specialty.</p> <p>The review panel advises that the department liaises with the neurosurgical team to resolve these issues and ensure that trainees feel supported when working with the neurosurgical team.</p>
CO1.5b	1.5	The review panel was informed that there was some confusion amongst the Trust about the responsibilities of the on-call trainees in the department. Trainees advised that they had sometimes been called by the Accident and Emergency (A&E) team who should have contacted the on-call medical trainee. The review panel advises that all necessary departments are made

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		aware of the responsibilities of the on-call clinical oncology trainee at night to ensure trainees are not called unnecessarily.
CO3.4	3.4	The review panel was pleased that regular Local Faculty Group meetings (LFGs) had been reinstated and were well attended. The review panel noted that the use of these meetings could be optimised to include closed discussions to review trainee progress. This would allow earlier identification of trainees requiring additional support and enable better cross cover of supervision if needed.
CO3.9	3.9	The Trust representatives reported that the College Tutor (CT) had been off sick during the induction period and therefore the induction had not been of the quality that it usually was. The review panel recommends that the department review the plans for the delivery of induction to ensure the plans are sustainable and are safeguarded against future staff shortages.
CO5.1	5.1	Trainees reported that they were well supported to complete radiotherapy planning and achieve this aspect of the curriculum. The review panel advised that aligning the radiotherapy planning sessions with consultant job plans would be helpful and would enhance the trainee experience.
CO5.6	5.6	The review panel was concerned that the workload within the department was very high and was putting pressure on the delivery of education. It was also reported that there was some disparity in the workload between different training posts with some that were busier than others. The review panel recommends that the Trust reviews the workload for each training post and ensures that there is an even distribution of workload and opportunities amongst the different posts.

### 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><b>The learning environment is one in which education and training is valued and championed.</b></p> <p>The review panel was informed by the supervisors that education was considered in the recruitment of consultants to the department. The supervisors advised the review panel that all interview panels for consultant roles included an education lead and candidates were asked education-based questions.</p>	
1.3	<p><b>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</b></p> <p>Trainees reported that they had enjoyed their experience and felt well supported by the consultants. Some trainees reported that the culture within the department was very good, and trainees noted that they felt a strong effort from colleagues to be kind to one another. Some trainees reported that they felt this culture allowed better patient care as trainees felt comfortable approaching all colleagues if they needed to.</p>	
1.4	<p><b>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</b></p> <p>Some trainees reported issues with obtaining login information for the exception reporting system when they first started at the Trust.</p> <p>The Trust representatives acknowledged that some trainees had reported that they were unfamiliar with the exception reporting and Datix system despite being trained at induction. The review panel was informed that the Trust had reviewed this with the trainees and had added this information to the trainee handbook. The Trust representatives noted that all trainees had been encouraged to exception report and report via Datix when necessary. Some trainees advised the review panel that they had not received any feedback from issues they had reported via Datix. Trainees noted that they would have appreciated feedback on the outcomes of the issues raised.</p> <p>The Guardian of Safe Working Hours (GOSWH) reported that there had been more exception reports between October and December 2021. The GOSWH reported that they believed there</p>	Yes, please see CO1.4

	<p>were some additional reports as a result of embedding changes but noted the full impact of the changes had not been seen yet as it was early in the process. The GOSWH advised the review panel that they would monitor the department more closely and would liaise with the department to gain a better understanding of their complex rota requirements.</p> <p>Some trainees reported that sometimes they had stayed late specifically to access 1:1 teaching time with the consultants. The Trust representatives discussed opportunities for feedback and noted that due to the pandemic, opportunities for 1:1 contact between trainees and consultants had been reduced. It was reported that consultants had been encouraged to give more feedback in real-time and trainees had been encouraged to actively seek feedback. It was noted that this was being monitored via the Local Faculty Group meetings (LFGs).</p>	
<p>1.5</p>	<p><b>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</b></p> <p>All trainees reported that they would be happy for their friends and family to be treated in the department.</p> <p>The Trust representatives reported there were a number of issues with handover that they were aware of. It was reported that there had been an issue with continuity for the weekday to weekend handover, with the consultant starting on Saturday and therefore the only point of continuity was a junior trainee or trust grade doctor. The Trust representatives reported that the consultants now started the weekly on-call on Monday to improve continuity.</p> <p>The Trust representatives informed the review panel that there had been an issue with the evening handover between the higher trainees. It was noted that the handover would often overrun and cause the day higher trainee to stay late. It was noted that the handover had been changed to an earlier time to ensure trainees were able to leave on time. The trainees reported that this handover was between the higher trainees and confirmed there was no consultant present. It was noted that this handover information was usually emailed if the evening higher trainee was not onsite. It was also noted that the metastatic cord compression pathway (MSCC) on-call handover and the Friday evening handover were also usually via email.</p> <p>The Trust representatives also reported that there had been issues with the MSCC which was run in collaboration with the neurosurgical team. It was reported that the neurosurgical team did not always adhere to the pathway and patients were not</p>	





<b>1.7</b>	<p><b>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</b></p> <p>The Trust representatives advised that trainees had been encouraged to provide feedback and raise issues at the LFG. Some trainees informed the review panel that whilst all placements have their issues, it was felt that the Trust was responsive to feedback and improvements suggested by trainees. Trainees generally reported that they felt supported to raise concerns. Trainees noted that the consultants were very approachable and felt comfortable raising issues with them.</p> <p>The trainees advised the review panel that there was a weekly meeting with trainees and consultants to discuss the rota which the College Tutor (CT) (also known as the Unit Training Lead SpRs) could join if necessary. The review panel was informed that a trainee representative collated issues raised by the trainee group and fed these back to the CT. The trainees reported that the CT was always approachable and made an effort to address the issues raised. The trainees advised the review panel that whilst they were not aware of any official trainee forums, they had not had any issues with raising concerns or obtaining feedback on issues.</p>	
<b>1.11</b>	<p><b>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</b></p> <p>The trainees informed the review panel that clinic space was sometimes an issue, particularly if there were multiple clinics being run concurrently. Trainees advised that there was a shared clinic space which often meant time was wasted waiting for rooms to become available.</p>	
<b>1.12</b>	<p><b>The learning environment promotes multi-professional learning opportunities.</b></p> <p>Trainees reported that the AOAU team consisted of a variety of professionals including junior doctors, nurses, and consultants.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.6	<b>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are</b>	

	<p><b>not being met, as well as continuous quality improvement of education and training.</b></p> <p>The Trust representatives reported that the results from the 2021 General Medical Council (GMC) National Training Survey (NTS) were unexpected. The Trust representatives informed the review panel that they had conducted a number of deep dive exercises and had discussed the issues extensively at LFGs and other meetings. The supervisors confirmed that education was an agenda item for the consultant meetings and education issues were discussed.</p> <p>The review panel was informed by the Trust representatives that there was no issue reported in the deep dive for the quality of teaching. It was reported that prior to the Covid-19 pandemic the teaching had been protected time and the bleeps had been held by administrators. However, due to the Covid-19 pandemic, administrators had been working from home and were unable to hold the bleeps for trainees during teaching. Trust representatives reported that they had recently returned to protected teaching time and the only bleeps that were not protected were the on-call and MSCC ones. The review panel was informed that this issue was going to be monitored via the LFG.</p>	
<p style="text-align: center;">2.7</p>	<p><b>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.</b></p> <p>Trust representatives reported that there had been some issues with satellite units, with some not as supportive as was expected. It was also reported that there had been issues with trainees being released from the satellite sites with sufficient time to attend the handover. The Trust representatives informed the review panel that they had been liaising with the units to ensure all trainees were supported to attend the handover. It was noted that these issues had been discussed at the monthly consultant meeting and that trainees had been encouraged to exception report if the issue reoccurred so that it could be monitored.</p>	
<p style="text-align: center;">2.8</p>	<p><b>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).</b></p> <p>The Trust representatives reported that the Covid-19 pandemic had negatively impacted education. Trust representatives acknowledged that it had been a stressful period and that details may have been overlooked. It was noted that during the first</p>	

	<p>wave of the pandemic, trainees had been redeployed; however, Trust representatives reported that during the second wave re-deployment to support the intensive care unit (ITU) had been voluntary with some trainees undertaking additional locum shifts. It was noted that this had reduced the disruption to training. The Trust representatives also reported that during the pandemic there had been a lot of work to ensure there was a back-up rota in place in case of staff sickness. It was noted that it was not used often but was there if it was needed.</p> <p>The review panel asked about the Trust's plans for post-Covid-19 recovery and the impact on training. The Trust representatives confirmed that clinic numbers were high, and it was busy but that they were attempting to use this as a positive training experience as there was a wide variety of cases available. It was noted that all clinics were supervised by a consultant and that if consultants were unavailable clinics were reduced. The Trust representatives informed the review panel that there was a consultant 'buddy' system in place and consultants were able to cover if another consultant was unavailable.</p>	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p><b>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</b></p> <p>Trust representatives advised that there had been improvements made to rest facilities and that information about site facilities had been included in the trainee induction.</p> <p>Trainees advised that there were support systems within the trainee group, for example a trainee WhatsApp group and the junior doctor office.</p> <p>The trainees confirmed that they had not felt any pressure from the department to take annual leave on specific days, such as their administrative or radiotherapy planning days. However, trainees noted that they themselves were more inclined to do this.</p>	
3.4	<p><b>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</b></p> <p>The supervisors reported that there was limited support for those who were supervising a trainee requiring additional support who was not engaging with the support offered. Some supervisors noted that they had found it challenging to engage trainees who did not want to do so, and it was noted that supervisors did not</p>	

	<p>know what else they could do in this situation. It was advised that supervisors did not always feel supported by the specialty school when approaching these issues. The supervisors advised the review panel that issues with individual trainees were escalated to the CT, it was noted that supervisors did not feel it was appropriate to discuss these issues in an open forum such as the monthly consultant meeting.</p> <p>The review panel was pleased to hear that regular LFGs had been reinstated and were well attended. The review panel noted that the use of these meetings could be optimised to include closed discussions to review trainee progress. This would allow earlier identification of trainees requiring additional support and enable better cross cover of supervision if needed.</p>	<p>Yes, please see CO3.4</p>
<p>3.5</p>	<p><b>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</b></p> <p>The trainees advised the review panel that if there was only one consultant for some tumour sites, they felt able to approach other consultants when the specific consultant was unavailable. Trainees reported they were aware of who to contact when consultants were not available.</p> <p>The supervisors reported that they would meet with trainees at the beginning, mid-point and end of their placement to review progress and set targets to ensure the curriculum was covered. The review panel was advised that the trainees were encouraged to be proactive and take some of the responsibility for these meetings and for completing assessments. It was noted by some supervisors that at times trainees did not contribute as much as they should to discussions around their development plan.</p>	
<p>3.6</p>	<p><b>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.</b></p> <p>The Trust representatives reported that all trainees had met with their supervisors following induction. The trainees confirmed that they had not experienced any issues with meeting with their clinical and educational supervisors. Trainees reported that their supervisors had been approachable and supportive and noted that supervisors regularly checked trainees' workload.</p>	
<p>3.7</p>	<p><b>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.</b></p>	

	<p>The trainees informed the review panel that overall, they had time to complete assessments, but noted it had varied between different posts. All trainees agreed that they received meaningful feedback from their assessments. Some trainees reported that the ward week had offered a good opportunity to catch up on assessments as there was a consultant of the week and trainees could liaise with them to identify areas of the curriculum which needed more attention. Trainees noted that the clinics consisted of a lot of service provision work and did not always allow sufficient time to complete assessments.</p>	
<p><b>3.9</b></p>	<p><b>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</b></p> <p>The Trust representatives reported that the CT had been on sick leave during the induction period and therefore the induction had not been of the quality that it usually was. It was also reported that the trainees had not received sufficient Cerner training. The Trust representatives informed the review panel that the Trust had developed bespoke training for the Cerner and ARIA system and had also included information in the trainee handbook.</p> <p>Trainees reported that they had found their induction somewhat overwhelming with the volume of information presented on the first day. However, it was noted that this was not specific to this Trust and was an issue for inductions in general. Some trainees reported that the information presented at induction was helpful and acted as a good starting point. The review panel was advised by the trainees that they believed three days was sufficient for the induction and a longer induction would reduce opportunities for practical application of the information. Some trainees suggested that splitting the induction into two parts and integrating a period of practical experience in the middle might have been helpful. It was noted that the basic information could be provided first and then applied in a practical setting with a follow up session to re-cap key things and supply additional information. Some trainees felt this might have helped them to retain the information following induction sessions.</p> <p>The trainees informed the review panel that they had found the trainee handbook particularly useful and noted that former trainees had sent this to the new trainees a few weeks prior to starting. Trainees reported that they had been trying to keep the handbook up to date for future cohorts as well.</p>	<p>Yes, please see CO3.9</p>

<p><b>HEE Standard</b></p>	<p><b>HEE Quality Domain 4 Developing and Supporting Supervisors</b></p>	<p><b>Requirement Reference Number</b></p>
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4.1	<p><b>Supervisors can easily access resources to support their physical and mental health and wellbeing.</b></p> <p>The Trust representatives acknowledged that the Covid-19 pandemic had been difficult for the supervisors as well as the trainees. It was noted that the supervisors would also need support during the recovery period.</p>	
4.2	<p><b>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</b></p> <p>The supervisors reported that the CT was approachable and supportive, and they felt well supported by the CT and senior management. It was also confirmed that all supervisors had time allocated in their job plan for their supervision responsibilities.</p> <p>The supervisors advised the review panel that the biggest issue for delivering education was the workload. The review panel were informed that the clinics were incredibly busy and whilst there was value in a high workload, it was felt that it was difficult to educate trainees with the time constraints of the busy workload. The supervisors reported that the expansion of a clinical fellow post to include educational responsibilities might help support the consultants with delivering education.</p>	
4.7	<p><b>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.</b></p> <p>The supervisors confirmed that there were sufficient opportunities to maintain and develop educational skills.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p><b>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</b></p> <p>The Trust representatives informed the review panel that trainees were given protected time to complete radiotherapy planning. Trainees confirmed that they were well supported to complete radiotherapy planning and achieve this aspect of the curriculum. The trainees advised that sometimes this varied depending on the post or administrative duties, but largely they were able to access this time as per their timetable. Several trainees reported that sometimes the radiotherapy planning sessions were merged with</p>	

<p>their admin time, which trainees found difficult to manage. However, it was noted that when this had been raised with the consultants, they had been supportive and helpful. It was advised that aligning the radiotherapy planning sessions with consultant job plans would be helpful and would enhance the trainee experience. The Trust representatives advised that they were attempting to robustly implement radiotherapy peer review meetings into consultant job plans to ensure trainees have access to 1:1 feedback in a formal setting.</p> <p>The review panel was informed by Trust representatives that the Institute of Cancer Research (ICR) Master of Science (MSc) oncology course had moved to online delivery and that this was being monitored via the LFG.</p> <p>The trainees reported that the outpatient clinics involved a lot of follow-up phone appointments but advised that new patients were often seen face to face. The trainees confirmed that they could access support from their clinical supervisors whilst doing phone consultations, if needed. It was noted by some trainees that consultants had ensured the trainees reviewed new patients and offered support towards the end of the consultations.</p> <p>Trainees reported that generally the balance between service provision and training was good. Trainees noted that some trainees were good at this, and others needed more support from consultants to get the balance right. Some trainees reported that they believed this was not solely the responsibility of the trainees and it would be helpful if supervisors also monitored this. The supervisors informed the review panel that the department had three clinical fellows who rotated around the department. It was noted that these fellows helped support the trainee workload and offered an opportunity for trainees to learn from these colleagues too. The supervisors reported that there were three trainee gaps in the next cohort of trainees which they were concerned about. The supervisors acknowledged that this was an issue across the region; however, they noted that they had found it difficult to balance service provision and education when there had been gaps.</p> <p>Some of the supervisors reported that there had been issues with allocating trainees to the different tumour site specialties to ensure sufficient curriculum coverage. It was also noted that the trainees were quite junior, and some had struggled with the complexity of some of the tumour sites. It was reported that some supervisors had struggled to allocate enough time to supporting trainees, particularly when the trainees were shared across the department.</p> <p>Several supervisors advised the review panel that there were concerns about the neuro-oncology service and its capacity for</p>	<p>Yes, please see CO5.1</p>
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	<p>training. It was noted that workload was a significant issue. Supervisors expressed concern that trainees would not be able to access sufficient training opportunities in a highly specialised service which is not readily available in all Trusts.</p>	
<p><b>5.6</b></p>	<p><b>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</b></p> <p>Some trainees informed the review panel that the ward week was very busy but noted that they had raised this issue and were working with the consultants to improve this. The review panel was informed that the ward week involved working on the short stay ward, holding the bleep and reviewing new referrals. It was noted that the trainees undertook this ward week twice in a six-month placement. Trainees advised that there was a ward round on the short stay ward that they were involved in and would sometimes lead if the consultant was running late or was unavailable.</p> <p>The review panel was concerned that the workload within the department was very high and was putting pressure on the delivery of education. It was also reported that there was some disparity in the workload between different training posts with some that were busier than others.</p> <p>Trainees advised that the long-stay ward was managed by a consultant of the week and junior trainees, and the higher trainees were rarely involved but noted that they did cover these patients when on-call and out of hours in the evenings or weekends. Trainees advised that they did not have any issues with this but acknowledged that a handover might be helpful. The trainees clarified that the long stay ward was very busy and advised that it would be impractical for the higher trainees to be involved with this workload and carry the various bleeps.</p> <p>The Trust representatives reported that regional teaching had been paused during the Covid-19 pandemic but had now resumed and trainees were released to attend. It was noted that this was also being monitored by the LFG. Trainees reported that regional teaching had sometimes been communicated with late notice but noted this had improved. Trainees confirmed that the department had made an effort to ensure trainees were able to attend regional teaching. The Trust representatives reported that no issues with study leave had been identified.</p>	<p>Yes, please see CO5.6</p>

<p><b>HEE Standard</b></p>	<p><b>HEE Quality Domain 6 Developing a sustainable workforce</b></p>	<p><b>Requirement Reference Number</b></p>
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<b>6.1</b>	<b>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</b>  Some supervisors noted concerns that the high workload for consultants post-Covid-19 pandemic might deter some of the trainees from pursuing the specialty.	
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## Report Approval

Quality Review Report completed by	
<b>Name</b>	Rebecca Bennett
<b>Role</b>	Learning Environment Quality Coordinator, Health Education England

Review Lead	
<b>Name</b>	Dr Louise Schofield
<b>Role</b>	Deputy Postgraduate Dean, North East London, Health Education England
<b>Signature</b>	Louise Schofield
<b>Date signed</b>	31 March 2022

HEE Authorised Signatory	
<b>Name</b>	Dr Gary Wares
<b>Role</b>	Postgraduate Dean, North London, Health Education England
<b>Signature</b>	Gary Wares
<b>Date signed</b>	1 April 2022

<b>Final Report submitted to organisation</b>	1 April 2022
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