

HEE Quality Interventions Review Report



**Epsom and St Helier University Hospitals NHS Trust
Paediatrics (all programme groups including Community Child
Health)
Learner and Educator Review**

**London – South West London
Date of Review: 24 March 2022
Date of Final Report: 3 May 2022**

Review Overview

Background to the review

A Risk-based Learner and Educator Review has been requested following the 2021 General Medical Council National Training Survey (GMC NTS) results which identified several areas of concern across all paediatrics programme groups. The results highlighted negative trainee feedback in areas including teaching, teamwork, induction, supervision and overall satisfaction.

Previous Health Education England (HEE) interventions include a learner review on 23 April 2019 following the 2018 GMC NTS results and a learner review on 20 April 2017 following the 2016 GMC NTS results.

Subject of the review:

Paediatrics (all programme groups, including Community Child Health)

Who we met with

12 trainees working in the paediatrics department
9 locally employed doctors and clinical fellows

The review panel also met with the following Trust Representatives and Educators:

- Managing Director
- Medical Director
- Associate Medical Director Education, Research and Innovation
- Director of Medical Education (DME)
- Head of Medical Education and Training (MEM)
- Guardian of Safe Working Hours (GOSWH)
- College Tutor and Deputy College Tutor
- Division Director, Women and Children
- Clinical Leads
- Training Programme Director
- Clinical Supervisors (CS)
- Educational Supervisors (ES)

Evidence utilised

The review panel received the following information and documents from the Trust in advance of the review:

- Local Faculty Group (LFG) meeting minutes

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- Induction programmes
- HEE London School of Paediatrics trainee and supervisor surveys
- Internal survey of trainees
- Trainee work schedules foundation to specialty training level five (ST5)
- Summaries of teaching attendance
- Social Media and Wellbeing leaflet – mental health support project for trainees

The review panel also considered information from the GMC NTS 2017 – 2021 and HEE Education and Training Survey (NETS) 2019 – 2021. This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Cleave Gass Deputy Postgraduate Dean Health Education England, London
Head of School of Paediatrics	Jonathan Round Head of School of Paediatrics Health Education England, London
Head of London Specialty School of General Practice	Sarah Divall Head of School GP Specialty Training Health Education England, London
Lay Representative	Sarah-Jane Pluckrose Lay Representative Health Education England, London
Learner Representative	Nicola Glogowski Paediatrics Learner Representative
HEE Quality Representative(s)	Kate Alley Learning Environment Quality Coordinator Health Education England, London
Supporting roles	Aishah Mojadady Patient Safety and Commissioning Officer Health Education England, London

Executive Summary

The review panel thanked the Trust for accommodating the review. Trust staff welcomed the review and advised the review panel that they viewed trainees as future colleagues and wanted the best outcome for them. Trust staff informed the review panel that they were keen to receive feedback. The review panel was impressed by the Trust's commitment to training and commended the paediatrics department for the enthusiasm they have shown in addressing concerns raised by trainees. The review panel noted the impact of the COVID-19 pandemic on the Trust and that paediatric trainees had been redeployed to support the adult wards.

The review panel was pleased to hear examples of good practice, including changes made to the induction process; ensuring that middle grade doctors were allocated clinic time and then provided with dedicated time to complete administrative work; and addressing difficulties with accessing teaching sessions by separating paediatrics and GP teaching to different days. The review panel heard that trainees valued these changes.

The review panel was concerned to hear from the trainees that they had experienced difficult interactions with the midwifery department and undermining behaviour from neonatal nurses. The trainees also reported difficulties in contacting the rota coordinator and that they sometimes felt unsupported during the morning handover. The review panel heard from Trust staff that the trainees' lack of confidence was concerning as they were unwilling to work without direct, senior supervision for even short periods of time. It was noted that consultant job plans needed adapting in terms of providing the necessary amount of time for educational supervision to manage the high number of less than full time trainees working in the Trust.

This report includes some requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 June 2022.

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
P3.8	The review panel heard that there were difficult interactions between the trainees and midwives and examples of	Please provide evidence that concerns about inappropriate behaviour from midwives and neonatal nurses have been

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	<p>bullying and undermining behaviour from neonatal nurses which some trainees felt was racially motivated. Trust staff informed the review panel that they were unaware of any acute difficulties but that they would take action if a report was made through formal channels.</p>	<p>raised with the senior nursing team and share details about any interventions taken.</p> <p>Please provide evidence of how this is being managed, for example through training, workshops, or discussion forums.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>
P4.2	<p>The review panel heard from supervisory staff that job planning for consultants was impacted due to an increase in the number of trainees working less than full time. Trust policy was that supervisors should be responsible for no more than two trainees but, in practice, supervisors have been allocated three or four trainees working less than full time.</p> <p>It was noted by the ESs that trainees working less than full time required the same level of supervision as full time trainees.</p>	<p>The tariff for educational supervision also applies to less than full time trainees. Each supervisor should be allocated 0.25 PA per trainee that they supervise, irrespective of how many hours a trainee works per week.</p> <p>Please provide evidence that this has been addressed through LFG meeting minutes, consultant job plans or timetables, or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>
P5.1	<p>The review panel heard from paediatrics trainees that they felt unable to attend their teaching sessions due to staff shortages and that when they did attend, they were frequently interrupted by requests from ward and accident and emergency (A&E) staff.</p>	<p>Trainees must be enabled to complete curriculum requirements. The Trust must ensure that trainees are able to attend their teaching sessions without interruption.</p> <p>Please provide schedules for bleep-free teaching days and evidence that alternative cover is arranged on teaching days. Please provide feedback from paediatric trainees on this topic</p>

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		<p>via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>
P5.6a	<p>The review panel heard from the trainees that they were unable to communicate effectively with the rota coordinator and that their emails went unanswered.</p>	<p>The trainees must be able to contact the rota coordinator and have answers to their queries or requests. Correspondence sent to the rota coordinator should be answered in a timely fashion.</p> <p>Please provide evidence that this has been addressed through LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022 in line with HEE's action plan timeline.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A	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
P5.6b	5.6	The review panel found a discrepancy between the trainees' and Trust staff's experience of dealing with the rota coordinator. The trainees reported that they encountered difficulties in dealing with the rota coordinator and that their correspondence went unanswered, whereas Trust staff reported a good

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		<p>relationship with the rota coordinator who they described as helpful.</p> <p>The trainees advised the review panel that they had offered to provide a trainee rep for rota meetings but that this was not taken up by the Trust. The panel recommends that a trainee representative is involved in designing the rotas and attends meetings with the rota coordinator and consultants.</p>
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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)
Paediatrics	<p>During the COVID-19 pandemic waves, induction was switched to a virtual format with recordings made available for trainees to review in their own time. This was beneficial for the high number of less than full time trainees who were not working when induction days took place. These virtual sessions were valued by the trainees.</p> <p>Induction in the neonatal unit was supplemented by offering organised, practical teaching sessions on frequently performed, routine procedures for new trainees during quiet periods. Trainees reported that teaching was not possible when the unit was busy but that these supplementary teaching sessions played an important role in preparing them for their work in the unit.</p>	3.9

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
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1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The review panel was impressed by the level of commitment to teaching within the Trust and praised Trust staff for listening to trainee feedback and making improvements.</p> <p>The review panel heard that the Trust had been disseminating their learning in teaching at national meetings.</p>	
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>The review panel was pleased to hear from trainees, clinical fellows (CFs) and locally employed doctors (LEDs) that they considered the Trust to be a very supportive environment and that a number of former trainees had returned to the Trust in a permanent role. The review panel also heard from foundation trainees that their experience in the paediatrics department had convinced them to apply for paediatrics training.</p> <p>The review panel was informed by the LEDs and CFs that they appreciated the learning opportunities afforded by working on the same rota as the trainees and that teaching sessions for the trainees were also available to them.</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>Trust staff provided the review panel with an overview of the paediatrics department:</p> <p><u>Epsom General Hospital (EGH):</u> 16 beds in the paediatric ward 4 cots in the special care baby unit (SCBU) 9 middle grade doctors 9 junior doctors 6 community/neuro disability/neurology consultants 7 acute consultants 4 A&E consultants</p> <p><u>Queen Mary Hospital for Children, St Helier (QMHC):</u> 17 beds in the general paediatric ward, plus 18 cots for neonates 10 junior doctors in A&E 8 junior doctors in the neonatal unit (NNU) 9 middle grade doctors in general and community 6 middle grade doctors in the NNU</p>	

4 community consultants plus 2 associate specialists
4 acute general paediatric consultants
4 neonatal unit consultants
4 paediatric A&E consultants

Trust management staff were pleased to share the results of an internal survey of paediatrics trainees, noting that the trainees were happy with their clinical experience, and that trainees with children had reported a willingness to have their own children treated in the hospital. It was also noted that in the London School of Paediatrics survey, EGH had the highest scores for trainee experience in London.

The review panel heard from Trust staff that the GMC NTS contained positive feedback from paediatrics trainees in a number of areas, and that steps had been taken to address areas which had received negative feedback.

The Trust staff outlined steps taken to address negative feedback about the handover process. The review panel heard that a new general paediatrics consultant was recruited, that there was consultant presence on the ward twice daily and a ward sister was present every day also. A daily morning huddle was introduced with A&E and the Paediatric Assessment Unit (PAU) to address trainee concerns, as well as a twice daily handover with the ward sister. Trust staff reported that the impact of these changes was being audited but early feedback showed the trainees valued these changes.

The review panel also heard from Trust staff that trainee concerns around the lack of consultants in community paediatrics were not yet addressed as four rounds of consultant recruitment had been unsuccessful. A number of solutions were being considered including working across south west London and the Clinical Commissioning Group (CCG) on community challenges and moving statutory roles to free up consultant time.

The LEDs and CFs explained to the review panel that grand rounds were particularly useful to them and that they enjoyed observing senior doctors discussing cases and taking a different approach to patient care, noting that any disagreements were handled professionally.

The paediatrics trainees informed the review panel that they found the Trust to be supportive but noted occasional examples of unacceptable behaviour from a small minority of consultants at QMHC. The trainees felt this behaviour was accepted by the

	<p>Trust and ignored. Trainees based at EGH reported good support from colleagues, and had experienced no examples of unacceptable behaviour.</p> <p>The review panel heard from the LEDs, CFs and trainees that they were given dedicated time to complete their administrative work, relating to clinics they attended. A working week was described as running from Monday to Monday and involved attending four clinics of 24 patients in total. For every three clinics worked, five hours of administrative time was allocated to complete clinic letters.</p> <p>All LEDs, CFs and trainees reported that they would be happy to have their children treated in the department.</p>	
<p>1.6</p>	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>The review panel heard from Trust staff that 19 exception reports were raised by 10 paediatrics trainees in the previous six months; two at foundation level and eight from trainees at specialty training level four (ST4) or above. Two thirds of the reports came from trainees based at EGH and one third from those based at QMHC. Exception reports and Datix reports were raised about hours worked, weekend staffing levels and some immediate safety concerns. The review panel was informed that the safety concerns were dealt with by the ESs and that while weekend staffing levels had been reduced due to sickness, they had never fallen below acceptable limits.</p> <p>Trust staff advised the review panel that since the introduction of exception reporting, 45 reports had been lodged in the paediatrics department (out of a total of 2,000 across both hospitals) and that no fines were levied against the Trust as a result. The review panel heard that the GOSWH had written to all trainees encouraging them to exception report. Trust staff acknowledged that other departments were known to have discouraged their trainees from exception reporting but that this was not the case in paediatrics.</p> <p>The review panel heard from trainees, LEDs and CFs that the paediatrics department offered debriefing sessions to staff following distressing cases which they all found valuable. Several of the trainees noted that the department's use of debriefing encouraged them to apply for a permanent role within the Trust.</p>	

<p>HEE Standard</p>	<p>HEE Quality Domain 2 Educational Governance and Commitment to Quality</p>	<p>Requirement Reference Number</p>
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	N/A	
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>The review panel heard from Trust staff that, following concerns raised by trainees about supportive environment, a programme of wellbeing sessions including face to face counselling sessions were provided. An internal survey of trainees found that two-thirds of the trainees found these sessions valuable.</p> <p>The review panel also heard about a project on how to have a healthy relationship with social media which was introduced for trainees.</p>	
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>The review panel heard from Trust staff that all learners spent equal time at each of the Trust's hospitals and share the same induction process.</p> <p>The review panel asked if GP trainees had experienced difficulty in accessing the specialty paediatric teaching sessions and were informed by Trust staff that paediatric teaching had previously taken place at the same time as GP teaching, but that paediatric teaching was moved to Tuesday to enable GP trainees to attend. The review panel was informed by Trust staff that GP trainees also had access to clinics and the simulation centre as part of their rota. The review panel was pleased to hear that GP trainees were considered to be part of the paediatrics team and that all trainees had access to the same opportunities.</p>	
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>The review panel heard that LFG meetings took place every two to six months and were used by the supervisors to discuss trainee progress.</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>	

The review panel heard from Trust staff that Monday grand rounds including all team members had been introduced and were well received by trainees. The Trust staff reported that it was useful for the trainees to experience different styles of leadership and learn the value of healthy debate between colleagues.

A concern was raised by the GP trainees that there was no direct senior supervision in paediatric A&E between 08:00 and 09:00 while the handover huddle was taking place and that they were unsupported during this time. The GP trainees felt that if there was a case which needed an urgent review, they had to wait until the handover was finished.

The GP trainees acknowledged that they were able to call for assistance if there was an emergency situation and that the night shift staff would stay until they arrived. The review panel heard that some of the GP trainees were concerned that there would be a short delay in the consultants arriving if they were called to an emergency.

However the paediatrics trainees informed the review panel that they had never been called by the GP trainees for support and suggested that the GP trainees had a perception of being unsupported when the reality was that consultants came quickly when called. The review panel heard from the paediatrics trainees that the consultants would contact the day shift staff prior to attending the handover huddle to ensure there were no urgent cases requiring immediate attention. The paediatrics trainees noted that all hospital A&E departments have periods where there are no middle grade paediatricians directly on site and suggested that the GP trainees were unaccustomed to the volume of patients seen in the Trust's paediatric A&E.

The LEDs and CFs informed the review panel that they did not feel unsupported during the morning handover. The review panel heard from Trust staff that consultants had made it clear to the trainees that they were able to call for support if needed.

Some of the paediatrics trainees advised the review panel that while they considered the paediatrics department to be generally supportive, they occasionally felt unsure at night when the consultants were not on site. The trainees felt that one middle grade doctor covering several departments was not sufficient.

The review panel heard from the Trust staff that there was a minimum safe staffing policy of one middle grade doctor on site at night, but that it was normal practice for the Trust to have two middle grade doctors on shift during this time. A consultant would provide cover if the minimum staffing level was at risk, but not necessarily to maintain normal staffing levels. However, the Trust staff acknowledged that this cover would sometimes constitute

	<p>cover by phone rather than on site support, and that the trainees may be unhappy with this practice. The review panel also heard that consultants were only expected to cover rota gaps of an emergency nature and not if a gap was known in advance of the shift taking place.</p> <p>The review panel heard that some paediatrics trainees felt service provision took priority over their concerns, describing situations where they had been required to manage patients beyond the levels of their competence. In contrast to this, it was observed by the supervisors that trainees expected their learning to be the priority over service provision and that this was not always possible.</p> <p>The Trust staff expressed concern at the trainees' lack of confidence and noted a general unwillingness to work without direct, senior supervision even for short periods of time. The review panel heard that it was usual for trainees working at middle grade levels to focus on developing their decision-making and leadership skills, but that the current group of trainees were wary of working independently and viewed being asked to make clinical decisions as unfair pressure. Trust staff described the trainees as anxious and reported to the review panel that supervisors spent a significant amount of their time problem-solving issues which were not medical.</p>	
<p style="text-align: center;">3.7</p>	<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>The review panel heard from the paediatrics trainees that while the Trust was supportive, it was difficult to complete the requirement assessments because they were not exposed to enough challenging cases in the department.</p> <p>Paediatrics trainees based at QMHC advised the review panel that the site did not provide the required curriculum coverage, in particular in the area of community child health.</p>	
<p style="text-align: center;">3.8</p>	<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>LEDs and CFs reported to the review panel that they felt valued and accepted as members of the paediatrics department, in particular by the nurses and midwives, and noted that they would not have stayed working in the Trust if this was not the case. It was acknowledged that the neonatal nurses were not initially</p>	

	<p>welcoming to new members of staff but that paediatric nurses were helpful and supportive.</p> <p>The LEDs and CFs advised the review panel that their interactions with the midwifery team had been challenging on occasion. The review panel heard from the LEDs and CFs that the midwives occasionally made unreasonable demands without providing adequate information on the case in question and that they had raised concerns about this issue. The LEDs and CFs noted that they felt able to stand their ground with the midwives but were disappointed that the issue was ongoing.</p> <p>The paediatrics trainees also reported difficult interactions with the midwifery department and provided examples of obstructive and undermining behaviour from the neonatal nurses, some of which they described as racially motivated. The review panel was concerned to hear from the paediatrics trainees that they felt the neonatal nurses had attempted to prevent them from treating neonatal patients and challenged their clinical decisions in front of parents. The trainees reported that attempts they had made to address these issues had instead exacerbated the friction.</p> <p>The trainees noted that this behaviour was part of midwifery culture and acknowledged that the situation was no worse in Epsom and St Helier than in other Trusts. The trainees felt it was normal in paediatrics for junior doctors to have to earn the respect of the nursing and midwifery staff.</p> <p>Trust staff advised the review panel that there were historic difficulties between trainee doctors and the neonatal nurses but that they were unaware of any current acute difficulties. The review panel was assured by Trust staff that if the trainees raised concerns via the formal process then the issue would be addressed.</p>	<p>Yes, please see P3.8</p>
<p>3.9</p>	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The review panel was informed by Trust staff that the COVID-19 pandemic had impacted the induction process for trainees, in particular those working less than full time due to scheduling difficulties. The review panel heard that face to face induction days were replaced by virtual inductions, with recordings made available for those unable to attend. Feedback from the trainees about the revised induction process was largely positive with three out of five of the surveyed trainees reporting they were satisfied with the new arrangements and would like the system to continue.</p>	

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	<p>The review panel heard from trainees newly in post in paediatric A&E that they had received a good induction and were settling into the wards. The trainees described their colleagues as friendly and helpful. It was noted that shadowing in A&E would have been helpful.</p> <p>Trainees in the neonatal department informed the review panel that the induction to the unit was organised and helpful and that in addition to the formal induction sessions, they received organised, practical teaching sessions for procedures whenever the ward was quiet. The trainees said this was helpful because when the wards were busy it was not possible to deliver teaching. The trainees felt that these ad hoc teaching sessions meant they were better prepared.</p>	
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HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The review panel was pleased to hear from the supervisors that they felt well supported, although it was noted that a high number of less than full time trainees had impacted the number of trainees an individual supervisor was assigned. Educational supervision was allocated by the college tutors and while the expectation was that each ES would supervise two trainees, in practice ESs were allocated three or four less than full time trainees. The review panel was informed that due to the changing landscape of supervision, the time allocated to it was variable and needed to be revised. It was noted that while the Trust employed two physician associates (PAs) to cover clinical supervision, this was insufficient to cover the high numbers of trainees working at 0.8 FTE (full time equivalent).</p>	Yes, please see P4.2
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>The review panel heard that ESs' educator appraisals were combined with their Trust appraisal.</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 review panel heard from Trust staff that the GMC survey had highlighted concerns with teaching, in particular that virtual teaching sessions were poorly attended, but that a number of solutions had been found. Trainee access to the postgraduate centre was increased to ensure trainees were able to leave their busy work environments to attend teaching; PAs were recruited to work day shifts in A&E on teaching days, a new A&E morning ‘lesson of the day’ was introduced, teaching grand rounds were split between junior doctors and consultants and one-to-one specialty teaching sessions were introduced on Fridays. Trainees were able to access virtual teaching sessions at their own convenience. The following initiatives were reinstated: a junior doctor journal club along with trainee-led presentations and radiology teaching.</p> <p>The LEDs, CFs and GP trainees from both sites confirmed that the consultants encouraged them to attend teaching and that there was no expectation for them to sacrifice teaching sessions if the ward was busy. The LEDs and CFs advised the review panel that their clinic days were scheduled and they were able to attend them as required.</p> <p>However, the review panel heard from the paediatrics trainees that there was no provision to facilitate their attendance of teaching sessions and that they were expected to take charge of their own teaching session. It was also noted by the trainees that their teaching sessions were frequently interrupted by requests for assistance and that they were made to feel guilty by ward and A&E staff if they attended teaching sessions.</p> <p>The paediatrics trainees reported that EGH was more accommodating because teaching took place directly after handover and consultants would ensure they attended. Trainees based at QMHC informed the review panel that they felt unable to leave the wards or A&E to attend teaching sessions when it was busy. This was exacerbated when the department was short staffed because GP training took place at the same time which left the paediatrics trainees to cover. Higher trainees reported that it was more difficult for them to attend teaching as senior staff would send junior staff but require them to stay. Some trainees reported that it was easier to attend teaching when on-call. The trainees expressed a hope that moving their teaching session to Tuesday would enable them to attend more frequently.</p>	<p>Yes, please see P5.1</p>

The review panel was informed by the Trust staff that concerns raised by trainees about access to adequate experience were the result of a reduction in acute presentations during the national lockdowns. It was noted that many of the junior doctors were redeployed to work on adult wards during this period but that paediatrics teaching had been managed by offering trainees virtual sessions with staff who were shielding. However, in recent months, trainees had returned to their paediatric departments where face to face teaching in clinics had resumed for all trainees.

The paediatrics trainees newly in post advised the review panel that they were able to perform supervised procedures and were having simulation sessions. They had also been able to perform ultrasound procedures. Trainees who had been in post for longer reported that consultant support had built their confidence in performing procedures.

Trainees based at EGH informed the review panel that they had not gained all their curriculum competencies for neonatology because of a reduction in cases being seen in the department. This was a particular problem for trainees working less than full time who advised the review panel that they were not meeting curriculum requirements. However, trainees based at EGH advised the review panel that they saw a wide range of patients and were satisfied with their experience. It was noted by these trainees that if their department was quiet they were able to cover other areas which enabled them to see a broad variety of cases.

The review panel heard from trainees that the community child health service was understaffed and, as a result, the consultants were unable to provide teaching. Trainees were required to arrange their own clinics and had to be proactive in identifying resources.

Trust staff acknowledged that community child health was an area which needed development and that the Trust had struggled to provide trainees with experience in clinics. The review panel heard that a number of strategies had been employed to deal with this problem but that the COVID-19 pandemic had negated any improvements made. The Trust staff advised the review panel that a strategy to address chronic staffing shortages in community child health was being developed but they did not expect to see real improvements for several years.

The review panel questioned Trust staff about the A&E model which saw all paediatric cases treated in the paediatric A&E. A concern was raised by the review panel that due to a general rise in paediatric cases presenting at hospitals in London, trainees were seeing a high number of minor cases which did not provide adequate acute level training opportunities for them. Trust staff disagreed with this assessment, noting that the number of

	<p>paediatric cases they were seeing had not significantly increased and that trainees appreciated the wide variety of clinical and leadership experience they gained from working in a busy paediatric A&E department. It was noted by Trust staff that it was useful for GP trainees to learn to differentiate between children that were acutely unwell and those that were not.</p> <p>The review panel also heard that changing the paediatric A&E model would negatively impact the general A&E department which was already extremely busy and that an additional three posts had been recruited to the department which would help alleviate pressure on rotas. Trust staff informed the review panel that trainees chose to come to the Trust precisely because they valued the busy paediatric A&E department.</p> <p>Paediatrics trainees based in the paediatric A&E department confirmed to the review panel that they were satisfied with their learning experience in the department, noting that it presented a high number of good learning opportunities because A&E was where most of the procedures were performed. The review panel heard from senior trainees that working in paediatric A&E had developed their confidence in managing busy departments and they enjoyed it. The trainees acknowledged that it could be intimidating for new trainees who had not worked in a paediatrics A&E department before and that their first few shifts in the department presented a steep learning curve.</p> <p>Foundation trainees reported that they were able to complete basic tasks such as heel pricks, cannulation and taking blood, and that they had been able to observe procedures such as intubation. The paediatrics trainees acknowledged that consultants and other senior doctors were always available to support them and that they had a good working relationship with the GP trainees.</p> <p>The GP trainees informed the review panel that the rota had presented problems for them, as they were treated as 'floats' and spent a lot of their time working in outpatients. It was noted by the GP trainees that it was difficult to get exposure to cases.</p>	
<p>5.6</p>	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel heard from the Trust staff that trainees split their time equally between EGH and QMHC, with six months at each site. The LEDs and CFs informed the review panel that their time was divided between general paediatrics and neonatology and that they worked in four clinics every six weeks, where they saw six patients per clinic. The CFs advised the review panel that they were included in the same rota as the trainees.</p>	

	<p>The LEDs and CFs advised the review panel that the paediatrics department always ensured that they were given time off to attend exams.</p> <p>The paediatrics trainees informed the review panel that they had experienced difficulties in managing their rotas and that it was challenging to organise their personal lives as a result. The junior trainees noted that it was usual to work four long days in a row with shifts running from 08:00 and 21:00. The trainees reported that communication with the rota supervisor was not optimal and emails they sent sometimes went unanswered. The trainees also reported frequent, last-minute changes to their rota.</p> <p>The review panel heard that there were occasions over the previous six months when shifts in the neonatal intensive care unit were severely understaffed but their attempts to manage the rota system more effectively were unsuccessful. The trainees felt that rota coordination would benefit from trainee involvement and that better communication between the rota coordinator, the consultants and the trainees would be required.</p> <p>The trainees suggested that more support was needed for the rota coordinator who had only been in post for six months. The trainees expressed a concern that the rota coordinator had been trained by the previous coordinator to use a protocol which was no longer fit for purpose and was not considering alternative systems. The trainees noted that an offer to provide a trainee representative to liaise with the rota coordinator was not taken up by the Trust.</p> <p>The review panel heard from Trust staff that the rota coordinator was efficient and helpful to them and they were surprised that the trainees had experienced difficulties with their rotas. Trust staff at QMHC had weekly meetings with the rota coordinator and consultants received a daily email before the morning handover to inform them of any gaps. It was reported by the Trust staff that trainees were signposted to rota leads during induction.</p>	<p>Yes, please see P5.6a & P5.6b</p>
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HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
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>Trust staff acknowledged a chronic shortage in nurse staffing. The review panel was informed that the department had secured</p>	

	<p>senior management agreement to invest in additional resources which was enabling them to recruit additional nurses, PAs and Advanced Neonatal Nurse Practitioners (ANNPs) in the department. The Trust was also investigating the use of alternative pathways for primary care and had reduced the number of available beds. In addition to this, incentives were being offered to appropriately experienced adult nurses to support the paediatric department. The review panel acknowledged the sector-wide shortage of appropriately trained paediatric nurses.</p> <p>It was noted that paediatric A&E nurses were previously managed under the general A&E umbrella and that problems with adult A&E had impacted the paediatric A&E department. It was hoped this problem would be solved by employing paediatric PAs.</p> <p>The review panel also heard from Trust staff that there were staff shortages at EGH which impacted on the rota. Trust staff reported that recruitment was currently underway and that there were plans to increase the number of MTI (Medical Training Initiative) posts to two posts at QMHC and three posts at EGH. It was hoped that an additional PA would be added to the rota as well.</p>	
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Report Approval

Quality Review Report completed by	
Name	Kate Alley
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Cleave Gass
Role	Deputy Postgraduate Dean, South London
Signature	Cleave Gass
Date signed	23 April 2022

HEE Authorised Signatory	
Name	Geeta Menon
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Signature	Geeta Menon
Date signed	29 April 2022

Final Report submitted to organisation	3 May 2022
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