

HEE Quality Interventions Review Report



Barts Health NHS Trust (Royal London Hospital)
Histopathology
Learner Review

London – North East London
Date of Review: 12 May 2022
Date of Final Report: 27 June 2022

Review Overview

Background to the review

A learner review was planned to seek more detailed trainee feedback on the issues behind the 2021 General Medical Council National Training Survey results which showed a significant deterioration in results. Results by programme group showed five red indicators including supportive environment and curriculum coverage.

Subject of the review: Histopathology

Who we met with

At the review on 12 May 2022:

Eleven specialty training trainees in histopathology

At the follow up meeting between Trust representatives and Health Education England on 20 May 2022:

- Training Programme Director
- Director of Medical Education
- Educational Lead for Histopathology
- Clinical Lead for Histopathology
- Postgraduate Lead for Medical and Dental Education (Quality)
- Associate Director of Postgraduate Medical and Dental Education

Evidence utilised

Local Faculty Group minutes

Summary of relevant Datix reports (to include SIs and Never Events)

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

Breakdown of educational and clinical supervisors within the department

Review Panel

Role	Name, Job Title
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Catherine Horsfield Head of School for Pathology
Lay Representative	Anne Sinclair
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 trainees the review team met with said that they would recommend their placements to colleagues unless the colleagues were in their first year of histopathology specialty training. The trainees informed the review team that departmental teaching was good. The trainees told the review team that they thought the department could be the best histopathology department in London for training due to the learning opportunities available, if some changes were made.

The review team heard that trainees starting in the department in August 2021 had not received a comprehensive induction. The trainees the review team met with said that while support could be sought from consultants and supervision was provided when requested, consultants did not proactively provide support or actively supervise cut ups. The review team heard there was a month of cut up backlogs in some sub-specialities and the trainees said most consultants had not offered to help with this. The trainees said they would not be happy for friends or family to be cared for by the department due to the large backlog which had led to delays in patient care.

Following the learner review on 12 May 2022, a meeting between Trust representatives and members of the Health Education England review panel took place on 20 May 2022 to discuss the feedback given by the trainees who attended the review. The details of this discussion have been included in the report as they provide further information on the issues raised during the review.

Review Findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
H1.1	The trainees informed the review team that the department was very busy and quite short-staffed. The trainees explained that this caused some frustration among consultants and also impacted on training.	Provide evidence of a review of consultant job plans to ensure educational supervisors have the required planned activities time for educational supervision. Please provide by 01 September 2022.
H1.5	The trainees told the review team that they had not been provided with the login to the dictation software when they started in the department.	Provide evidence that login information for the dictation software has been included in the induction and trainee feedback that they were provided with the login information before they needed it. Please provide by 01 September 2022.
H1.6a	The trainees told the review team that as the benches in the laboratory were not height adjustable and were often	Provide evidence that a health and safety risk assessment of the cut up benches in the department has been conducted to prevent

HEE Quality Interventions Review Report

	broken, some trainees had developed back pain.	trainees from developing back pain in future. Please provide by 01 September 2022.
H1.6b	The trainees told the review team that some trainees who had developed back pain because of the benches in the cut up laboratory had been unable to successfully contact occupational health.	Provide trainee feedback that those who have contacted occupational health have received an adequate and helpful response. Please provide by 01 September 2022.
H1.7	The review team heard that the trainee representative took any concerns from the trainees to the consultant meeting but that the trainees did not always feel able to raise issues.	Review the way trainee feedback is collected and actioned in the department and provide trainee feedback that they feel comfortable raising issues relating to training and education. Please provide by 01 September 2022.
H3.5b	The trainees said that doing cut ups as a new ST1 was a big responsibility and required supervision. The trainees said that higher trainees supervised more junior colleagues because there was little consultant supervision available. The trainees said they would like more consultant supervision during cut ups.	Provide feedback from trainees (particularly ST1 trainees) that they have adequate supervision during cut ups and feel able to approach consultants to ask for supervision. Please provide by 01 September 2022.
H3.9a	The trainees told the review team that the induction for trainees who started in the department in August 2021 had been two weeks late and it seemed like it had been forgotten about.	Provide evidence of a full departmental induction (including a tour of the department, instructions on using the laboratory software and dictation software and training on cut ups and report writing for more junior trainees). Please provide by 01 September 2022.
H3.9b	The trainees told the review team that the induction for trainees who started in the department in August 2021 had been two weeks late and it seemed like it had been forgotten about.	Provide trainee feedback showing their induction was useful, comprehensive, and provided all the information they needed to start their placements. Please provide by 01 September 2022.
H3.9c	The trainees told the review team that the induction period had been particularly difficult for ST1 trainees who had not been provided with adequate support learning new tasks such as report writing.	Review the induction provided to ST1s to ensure they feel ready to perform unfamiliar tasks including cut ups and report writing. Please provide evidence of the review of the induction, and trainee feedback that the induction enables them to feel confident to perform these tasks by 01 September 2022.

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

Reference Number	Recommendation
H1.3	The review team recommends that the Trust reviews the cut up rota and working hours for all trainees to ensure equity.
H3.5a	The review team recommends that the department reviews the consultant support provided to trainees in prioritising and completing cut ups.
H3.5c	The review team recommends that the department works to ensure trainees are aware of consultant timetables, to ensure trainees have better understanding of when consultants are available and their other responsibilities (such as cross-site working).
H6.1	The review team recommends that the department reviews local faculty group membership to ensure that the concerns and feedback from trainees of all levels are heard.

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 trainees informed the review team that the department was very busy and quite short-staffed. The trainees explained that this caused some frustration among consultants and also impacted on training.</p> <p>At a follow up meeting between Health Education England (HEE) and Trust representatives (separate to the learner review) on 20 May 2022, the review team heard that the Trust was putting a lot of financial investment into the department and this would provide higher staffing levels across a range of job roles.</p>	H1.1
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>The trainees told the review team they did not think they worked in an unsupportive environment but neither did they think support was proactively provided by consultants. The trainees said that if they sought support and advice from consultants, it would be provided. The trainees said the department was a particularly challenging environment for specialty training year one (ST1) trainees who were left to work with little consultant support.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The trainees told the review team that at the moment, the department was a nice department to work in. The review team heard that there had been past incidences of bullying and undermining behaviour from a minority of consultants in the department but was currently not an issue.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard that the department had plans in place to mitigate the chance of any future instances of bullying or undermining behaviour from a minority of consultants.</p> <p>The trainees told the review team that they did not think it was fair that ST1 trainees were not paid in the same way as other trainees when they worked on the same cut up rota. The review team heard that for cut ups, ST1 trainees were paid from 09:00 to 17:00 but worked from 09:00 to 18:30 like everyone else. The</p>	H1.3

	<p>trainees explained that ST1 trainees were told to take the time in lieu the next day. The trainees said that ST1 trainees tended not to exception report on the days they worked longer than their paid hours and the review team encouraged trainees to do so.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>Not discussed at the review.</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 told the review team that they had not been provided with the login to the dictation software when they started in the department. The trainees explained that this had impacted on patient care as trainees had not been aware that their dictations had not been recorded.</p> <p>The trainees confirmed to the review team that there was always a Medical Laboratory Assistant per bench during cut ups. The trainees explained the laboratories were understaffed and there was a cut-up backlog of a month. The trainees said that the situation was improving for some sub-specialities as the cut ups were being outsourced but for other sub-specialities there was a month's worth of cut ups waiting to be done. The trainees said that in July 2021, there had been no backlog but it had built up since then.</p> <p>The trainees told the review team that they would not want their friends or family to be cared for by the department because of the delays in cut ups. The trainees explained that the delays meant patients had to wait a long time to find out their results and at times, this had impacted on the treatment choices available to people. The trainees said they were confident of the abilities of the staff in the department and knew patients received the right diagnoses but it was the delays in the laboratories which influenced their decision.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard that there had always been a high number of cut ups required at the hospital and the department had recently been outsourcing some of these to ease pressure on the department. The Trust representatives told the review team that it had been made clear to trainees that the cut up backlog was not their responsibility. The review team heard that the Trust was taking the cut up backlog very seriously with the Trust</p>	H1.5

	representatives feeling that investments in the laboratory and staffing reflected this.	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>The trainees told the review team that as the benches in the laboratory were not height adjustable and were often broken, some trainees had developed back pain. The trainees said that some trainees with back pain had not been able to get hold of occupational health to discuss this.</p>	<p>H1.6a</p> <p>H1.6b</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>The review team heard that the trainee representative had recently become a consultant and so the role of trainee representative was now vacant. The trainees told the review team that the trainee representative was responsible for taking issues and concerns raised by trainees to consultant meetings. The trainees said it was difficult to raise some issues as they didn't want to criticise consultants.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard that the department thought there were likely to be a few trainees willing to pick up the role of trainee representative. The Trust representatives said that the department did welcome feedback from trainees and tried to keep good lines of communication open regarding upcoming changes in the department.</p>	H1.7
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>Not discussed at the review.</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	<p>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.</p> <p>The trainees informed the review team that the cut-up laboratory was small and not very clean, there were not enough benches (although it was hoped some additional benches would soon be provided), a lot of the benches were often broken and benches were not height adjustable. The trainees told the review team that in April 2022, the benches were not working due to a blocked sink which was causing an alarm to go off. The trainees said that when they reported this, they were told to continue working.</p> <p>The review team heard that there had been days when there had been a lot of study leave in the team and the laboratory had not been opened.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard that the Trust was investing more in the cut up laboratory and new benches were planned for installation in August 2022. The Trust representatives acknowledged that it had taken a number of years for one additional bench to be provided and that this meant there was a level of cynicism in the department about how long it would take for the newest benches to arrive.</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 Quality Interventions Review Report

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>	

HEE Quality Interventions Review Report

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>Not discussed at the review.</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> <p>The review team heard of instances where appropriate adjustments to rotas had not been made for trainees who needed this, and the trainees had had to make these adjustments among themselves instead.</p>	
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 trainees explained to the review team that they worked on cut ups for a whole day (or sometimes two days) a week. The trainees told the review team that they thought most consultants thought cut ups were a trainee responsibility and took little interest until specimens had been cut up and signed out of the laboratory on slides. The trainees said that despite the backlog, consultants had not helped with cut ups. The trainees told the review team that consultants in some sub-specialities took more interest in</p>	H3.5a

	<p>specimen waiting lists than others and did help to prioritise lists or assist with cut ups.</p> <p>The trainees said that doing cut ups as a new ST1 was a big responsibility and required supervision. The trainees said that higher trainees supervised more junior colleagues because there was little consultant supervision available. The trainees said they would like more consultant supervision during cut ups.</p> <p>The trainees told the review team that when consultants were available, they did come to help trainees when asked and were helpful. The trainees told the review team that it could be difficult to find consultant assistance because of the hours they were in the hospital. The trainees said that often consultants came in late in the morning and left in the early afternoon. The trainees explained that if the consultant for the sub-specialty was not around when they needed assistance, that specimen was not cut up on that day. The trainees highlighted that this impacted on patient care. The trainees said that when they knew they had complex specimens, they had to plan to cut up when they knew the consultant would be available.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard that the department was planning a new way of working for trainees in the cut up laboratory. The Trust representatives explained that it was hoped that with the new investment in the laboratory, trainees would be able to cut up for a smaller number of hours on more days (rather than whole days once or twice a week). The Trust representatives said that this would help to solve issues trainees had being able to get hold of consultants to supervise them as cut up slots for certain specialities could be scheduled for particular days and hours.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard that some consultants worked cross-site and this made it more difficult for trainees to be able to get hold of them as and when they needed supervision. The Trust representatives also acknowledged that Covid-19 had changed consultants' ways of working and consultants now worked from home more often.</p>	<p>H3.5b</p> <p>H3.5c</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>Not discussed at the review.</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 trainees told the review team that the induction for trainees who started in the department in August 2021, had been two weeks late and it seemed like it had been forgotten about. The trainees told the review team that during the August 2021 induction, trainees were not shown how to use the laboratory software or dictation software, were not provided with logins for the dictation software and received no training on cut ups. The trainees explained to the review team that the induction to the department was left to the trainees already working in the department who informally showed new trainees how the department worked. The trainees explained this placed pressure on the trainees who had to provide the induction. The review team heard that some sub-specialties had provided some teaching on induction.</p> <p>The trainees told the review team the ST1 trainees had to teach themselves a lot when they started in the department (which could be included in an induction). The trainees said the ST1 trainees were not given any advice or training in how to write reports which would have been helpful as they did not have previous experience of this. Some of the trainees who had worked in histopathology in other Trusts told the review team that the inductions in other Trusts had been much better planned and had been consultant led. The trainees of grade ST2 and higher told the review team they felt bad for the ST1 trainees starting in the department because of the lack of induction.</p> <p>The review team heard from trainees that inductions prior to August 2021 had also been unhelpful and had included inappropriate consultant behaviours such as shouting. However, the trainees also told the review team that in the more distant past, inductions to the department had been consultant-led, thorough and useful.</p>	<p>H3.9a H3.9b</p> <p>H3.9c</p>

HEE Quality Interventions Review Report

	At the follow up meeting between HEE and Trust representatives, the review team heard that the Trust representatives acknowledged that recent inductions had not been good enough. The review team heard the department had made plans to ensure that the upcoming induction in August 2022 would be more informative.	
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users. Not discussed at the review.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate. Not discussed at the review.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing. Not discussed at the review.	
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles. Not discussed at the review.	
4.3	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). Not discussed at the review.	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising. Not discussed at the review.	

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>Not discussed at the review.</p>	
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 trainees told the review team that they thought that the histopathology department at Royal London Hospital could be the best in London for training because of the number of specialities the department had access to, but this was not capitalised on. The trainees said that while they got a good experience with some sub-specialities, they found it difficult to access others (such as gastrointestinal). The trainees explained that the gastrointestinal consultants took two trays of cases per day to report and if the trainees then approached them with cases for double-headed reporting of cases the trainees had reviewed, there was a reluctance for the gastrointestinal consultants to report these additional cases. The trainees also said they struggled to get enough exposure to renal pathology because this was scheduled on the rota at the same time as pulmonary/chest pathology which was a busy specialty.</p> <p>The trainees informed the review team that double reporting was now back to normal following Covid-19 procedures. The trainees told the review team that teaching had been much better than last year, although tended to be provided by the same select group of consultants. The trainees said the teaching rota had been almost</p>	

	<p>weekly in 2022, although the trainees said they thought it had been a bit less frequent in more recent weeks.</p> <p>The trainees explained to the review team that although specific ST1 teaching had been provided at the start of their placements, this had not continued and would have been valuable. The trainees informed the review team that ST1 trainees did not rotate into haematological pathology and were instead supposed to receive teaching from the team. The review team heard that this teaching had not taken place in 2021 or 2022 yet. The trainees said that they had requested a rotation to be provided instead.</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>The review team heard that in 2021, due to Covid-19, many consultants had worked from home and the department had not provided any online teaching. The trainees said this meant that only once a month renal teaching had been provided during this time.</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 told the review team that for more senior trainees, they would recommend training in the department as there was a lot to learn if you already had basic pathology knowledge. The trainees said they would not recommend the placement for ST1 trainees because there was not a lot of support and training from consultants.</p> <p>The review team heard that some trainees who had previously worked in the department had wanted to return. The trainees told the review team that to get on well in the department, you needed to have a lot of personal drive and enthusiasm and be willing to approach consultants. The trainees said that the consultants did not seem to have a high level of enthusiasm for teaching and training and so trainees had to seek out opportunities.</p> <p>At the follow up meeting between HEE and Trust representatives, the review team heard the department was not aware that ST1 trainees had been experiencing some challenges and the department would work to address these moving forwards.</p>	H6.1
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	
Name	Chloe Snowdon
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Louise Schofield
Role	Deputy Postgraduate Dean
Signature	Louise Schofield
Date signed	27 June 2022

HEE Authorised Signatory	
Name	Gary Wares
Role	Postgraduate Dean
Signature	Gary Wares
Date signed	27 June 2022

Final Report submitted to organisation	27 June 2022
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