

HEE Quality Interventions Review Report



Barking, Havering and Redbridge University Hospitals NHS Trust
Acute Internal Medicine and Foundation Medicine
Learner Review

London – North East London
Date of Review: 04 July 2022
Date of Final Report: 27 September 2022

Review Overview

Background to the review

A learner review was requested to assess progress in addressing concerns in acute internal medicine (AIM) and foundation medicine. The Trust has been under General Medical Council enhanced monitoring following conditions imposed in 2019. Senior Leader Engagement Visits in 2020 and 2021 demonstrated ongoing concerns, and further requirements were established following a full risk-based review in 2021. There continued to be open actions on the Quality Management Portal relating to AIM, and more general Trust issues. This review sought specific learner feedback on the ongoing concerns and on progress against the conditions imposed in 2019.

Subject of the review: Acute internal medicine and foundation medicine

Who we met with

Six foundation year one doctors and General Practice Vocational Training Scheme doctors
Four central doctors and registrars

Evidence utilised

Guardian of Safe Working Hours Board Report
Local Faculty Group minutes
Medical Education Group meeting minutes

Review Panel

| Role | Name, Job Title |
|-------------------------------|---|
| Quality Review Lead | Louise Schofield Deputy Postgraduate Dean Health Education England (North East London) |
| Specialty Expert | Catherine Bryant HEE Deputy Head of Specialty School of Medicine |
| Specialty Expert | Keren Davies Foundation School Director(North Central and East London) |
| GMC Representative | William Henderson Education Quality Assurance Programme Manager General Medical Council |
| Lay Representative | Jane Gregory |
| HEE Quality Representative(s) | Paul Smollen Deputy Head, Quality, Patient Safety and Commissioning Health Education England (London) Ed Praeger Deputy Quality, Reviews and Intelligence Manager Health Education England (North East London) |

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| | <p>Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London)</p> <p>Shabina Mirza Quality, Patient Safety and Commissioning Officer Health Education England (North East London)</p> |
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Executive Summary

The review team heard that at Queen's Hospital (QH), doctors in postgraduate training (DPT) felt the environment was supportive and there were many learning opportunities. The DPT based at King George Hospital (KGH) told the review team that consultants were hands on and supportive.

DPT at both hospital sites informed the review team of issues with the rotas which affected their training and meant they had to work over their hours. The DPT told the review team that getting leave approved through the workforce hub was not straightforward and took a long time. The DPT said that the consultant rota impacted on continuity of care for patients as consultants only worked in the same area for one day at a time.

Review Findings

Requirements

Mandatory Requirements

| Requirement Reference Number | Review Findings | Required Action, Timeline and Evidence |
|------------------------------|---|--|
| AIM1.3 | The review team heard that there were significant gaps on the registrar rota at Queen's Hospital and some registrars were consistently placed on the rota to work alone without another registrar. | Review the registrar rota to ensure an equal distribution of one registrar shifts among the registrar body. Please provide by 01 December 2022. |
| AIM1.5 | The review team heard that at QH patients on the Medical Receiving Unit (MRU) under the care of central doctors and registrars were not generally reviewed by consultants on a daily basis. | Provide evidence that all patients on the MRU have a daily consultant review. Please provide by 01 December 2022. |
| AIM2.8a | The review team heard that DPT had to spend a lot of time organising to get their leave approved by the workforce hub. The DPT also said the workforce hub was not very responsive to emails. | Provide trainee feedback on getting study leave and annual leave approved and the responsiveness of the workforce hub to show issues have been resolved. Please provide by 01 December 2022. |
| AIM2.8b | The review team were informed that the consultant rota did not match up with the DPT rota at KGH with DPT working till 16:30 but consultants finishing at 16:00. Additionally, handover started at 16:30 meaning PDT always had to stay late in order to handover patients. | Provide evidence that the DPT and consultant rotas at KGH have been reviewed to ensure that handover is included within DPT working hours and that the DPT have consultant oversight available for the length of their shifts. Please provide by 01 December 2022. |

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| AIM3.7a | The review team heard that there were less opportunities for DPT to do procedures at KGH. | Provide evidence that DPT can attend simulation training for procedures to ensure greater equity in access. Please provide by 01 December 2022. |
| AIM3.7b | The review team heard that there were less opportunities for DPT to do procedures at KGH. | Provide evidence that the IMT training lead and Trust have produced a plan to ensure all IMT DPT are meeting their curricular requirements for procedural competencies. Please provide by 01 December 2022. |
| AIM3.9 | The review team heard that some DPT had found the online induction was not very helpful and had relied on colleagues to provide a fuller induction. | Provide DPT feedback that the induction (whether online or in person) was full and prepared them for starting in their placements. Please provide by 01 December 2022. |
| AIM5.1a | The review team heard that the rota at KGH did not provide any clinic or ambulatory care experience to the IMT3 doctors. | Provide evidence of a review and update to the IMT 3 rota at KGH to ensure that they are receiving outpatient care experience as required by the curriculum. Please provide by 01 December 2022. |
| AIM5.1b | The review team heard that due to staffing issues on the MRU rota at QH, some central doctors did not feel they received enough experience working on the take. | Review the MRU rota to ensure that central doctors have sufficient experience of being on take. Provide evidence of the review, and central doctor feedback to demonstrate that their experiences have improved. Please provide by 01 December 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 |
|------------------|--|
| AIM1.5b | The review team recommends the department reviews the consultant rota to understand if there is a way that greater consultant continuity can be provided, in order to benefit patient care and workload for DPT. |

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 doctors in postgraduate training (DPT) based at Queen's Hospital (QH) told the review team that they felt well supported, saw a variety of interesting cases, and attended consultant-led ward rounds every day. The DPT said that the acute internal medicine (AIM) department at QH could be a steep learning curve but that this was very beneficial to their training. The DPT at QH told the review team that they were able to get involved in giving teaching and attend training opportunities (even where these were intended for higher grade doctors). The DPT at King George Hospital (KGH) said the structure in AIM at KGH was very clear and ward round was organised and took place at the same time every day. The DPT at both hospital sites said consultants were easily accessible and the Postgraduate Medical Education Department was very helpful. However, the DPT at both sites said the units were very busy and poorly staffed.</p> | |
| 1.2 | <p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>DPT confirmed that there was equity in training in regard to the protected characteristics.</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 review team heard that there were significant gaps on the registrar rota at QH and some registrars were consistently placed on the rota to work alone without another registrar, while others were always paired to work with another registrar. The DPT told the review team they thought this was unfair.</p> <p>The DPT the review team met with said that they had not witnessed any difficult relationships between the emergency department (ED) and the AIM department and that the teams worked together to put patients first. The DPT said that a new online referral system where patients who had been accepted by AIM were added onto had been helpful in ensuring that everyone had a clearer idea of which patients were now under the care of AIM.</p> | AIM1.3 |

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| | <p>The DPT said that on the whole, everyone they worked with was helpful and approachable, including locum consultants. However, the DPT at QH explained that there were some consultants they would feel comfortable approaching for any issues they had (about 50 percent), some they would only feel comfortable approaching for patient concerns (about 25 percent) and some they would rather not approach for anything unless there were no other options (about 25 percent). The DPT said this was due to the way consultants dealt with concerns DPT raised to them. The DPT at KGH said that as the team was smaller at KGH, the DPT and consultants knew each other well. The DPT at KGH said that similarly to at QH, there were some consultants DPT preferred working with. The DPT at both sites told the review team they had no concerns regarding DPT being treated equally by consultants.</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 DPT informed the review team that handover at QH took place at 08:00 and there was an additional verbal handover on the Medical Receiving Unit (MRU) which took place at 20:00 in the evening. The review team heard that the post take ward round at QH was always consultant-led and a consultant was always available to review patients. The DPT explained to the review team that all patients under the care of foundation year one doctors were reviewed by a consultant. The DPT at QH said that patients under the care of central doctors and registrars were not generally reviewed by consultants on a daily basis, instead DPT were expected to raise concerns to consultants as and when they arose. The DPT at KGH said they felt there was more consultant oversight of patients at KGH than at QH. The review team heard that DPT felt comfortable and found it easy to escalate patients concerns.</p> <p>The review team heard about a recent patient safety escalation. The review team were told that there had been no harm to the patient but the situation was being investigated and a round table session was being arranged. The review team heard about another incident when a DPT was told to incident report by a consultant but the DPT had not yet received any feedback on the investigation.</p> | AIM1.5a |

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| | <p>The DPT told the review team that the planned staffing in QH at the weekend was not sufficient. The DPT said the same level of work was expected at weekends as on week days but with less staff. The DPT said in recent weeks, rota gaps had become more of a problem. The DPT said staffing allocations between departments seemed unusual as the frailty unit had higher staffing levels but a lower turnover of patients. The DPT said they thought some of the problems with staffing on the MRU were due to the opening of a same day emergency care (SDEC) unit which had been opened to alleviate pressure on the MRU. The DPT explained that staffing from the MRU had been pulled to cover the SDEC unit but the staffing between the two units did not seem balanced according to need. The review team heard that sometimes staffing on the MRU was short so doctors were pulled from the SDEC unit to work in the MRU. The DPT said that when there were staffing shortages, this was dealt with by the workforce hub and the consultants in AIM.</p> <p>The DPT told the review team that while all consultants were approachable and helpful, they worried about the continuity in care for patients due to the consultant rota. The DPT explained that there was a different consultant each day and the continuity came instead from the DPT. The DPT said that often consultants would change patient care plans from the plan organised by the consultant working the previous day or, it felt like consultants would hold off putting a plan in place because they were only there for one day. The DPT said that this sometimes meant registrars were asked to give a second opinion on consultant plans which put the registrars in an awkward position. The DPT also said that if they knew the consultants working were likely to give them a patient care plan that wasn't very time friendly, they were reluctant to approach them. The DPT said that a consultant of the week model might help solve these issues.</p> <p>The DPT told the review team that the staff working in AIM at the Trust worked very hard to provide good patient care, often staying late to ensure this. The DPT said that staffing levels and operational processes meant that patient care was sometimes lower than the standards the staff would like to (and worked hard to) provide. The DPT said they sometimes found it difficult that they could not offer the same level of communication to patients as they would be able to on a ward (due to the quick turnover of patients).</p> <p>Some of the DPT said they would be happy for friends and family to be treated in AIM at the Trust if they knew they would be cared for by certain staff members. Some of the DPT said they would</p> | <p>AIM1.5b</p> |
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| | not be happy for friends and family to be treated at the Trust due to some Trust-wide issues. The DPT informed the review team that QH was very busy and chaotic and staff at both QH and KGH had excessive administrative workloads due to the many referral systems (all with different logins) and slow IT equipment. | |
| 1.6 | <p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>The DPT informed the review team they stayed late most days and this was particularly the case recently for DPT at QH because staffing levels had become more of a problem. The DPT told the review team that they did not generally exception report when they worked over their hours, although some said they did if they stayed more than an hour late. The DPT said they knew how to exception report but did not feel like they had the energy to fill in the form at the end of a long day. The DPT said they had not had any problems getting paid or time off in lieu when they had exception reported.</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>Most of the DPT informed the review team they had not needed to raise any concerns relating to their training but that they would feel comfortable doing so with the appropriate Programme Director if they needed to.</p> | |
| 1.8 | <p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p> <p>Not discussed at the review.</p> | |
| 1.9 | <p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</p> <p>The DPT told the review team they had opportunities to take part in quality improvement projects.</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> | |

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| 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 DPT informed the review team that they spent a lot of time on administrative work because there were so many different IT systems. The DPT said they had to login to different systems for imaging, bloods, finding patients and completing discharge summaries. The DPT said they felt the many separate systems meant they were more likely to miss information on their patients. The DPT highlighted that access to computers was also a problem and the computers which were available worked slowly. The DPT said that during the first month of their placements, they had to spend a high proportion of their time trying to learn all of the different systems. The DPT at QH said that the paper request forms often got lost in departments and they had to spend time filling these in again and walking the forms over to the departments. The DPT at QH said this added to the burden of the clinical work they had to do. The DPT at KGH said things tended to happen more quickly there than at QH because it was a smaller site but the DPT still spend a lot of time doing paperwork.</p> | |
| 1.12 | <p>The learning environment promotes multi-professional learning opportunities.</p> <p>Not discussed at the review.</p> | |
| 1.13 | <p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>Not discussed at the review.</p> | |

| HEE Standard | HEE Quality Domain 2 Educational Governance and Commitment to Quality | Requirement Reference Number |
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| 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> | |

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| 2.2 | <p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p> <p>Not discussed at the review.</p> | |
| 2.3 | <p>The governance arrangements promote fairness in education and training and challenge discrimination.</p> <p>Not discussed at the review.</p> | |
| 2.4 | <p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Not discussed at the review.</p> | |
| 2.5 | <p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>Not discussed at the review.</p> | |
| 2.6 | <p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>Not discussed at the review.</p> | |
| 2.7 | <p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <p>Not discussed at the review.</p> | |
| 2.8 | <p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>The DPT told the review team that they had experienced problems booking study leave and annual leave. The DPT said that they had to spend a lot of time trying to coordinate with the workforce hub and speaking to supervisors in order to get leave approved. The review team heard that this took doctors away from their work. The DPT said that even when they gave months of notice for annual leave, this was not approved until shortly before the leave was due to take place. The DPT said that the process of getting leave approved was frustrating and the</p> | AIM2.8a |

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| | <p>workforce hub was not very responsive to emails. The review team heard that there had been issues getting time in lieu for working bank holidays as DPT were only given this time after having worked the day which meant they could not book that time off in advance. The DPT said that the consultants had to get involved for this to be resolved.</p> <p>The DPT at KGH told the review team that their rotas did not line up with the consultant rota. The DPT explained the consultants finished at 16:00 while the DPT worked until 16:30 meaning the DPT did not have a consultant easily available for the last part of the shift. The review team heard that it was the general medicine post take consultant based in the ED who was in charge from 16:00. The review team heard that while the DPT shifts finished at 16:30, handover started at 16:30 which meant DPT had to stay 20 minutes late most days, and sometimes longer.</p> | AIM2.8b |
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| HEE Standard | HEE Quality Domain 3 Developing and Supporting Learners | Requirement Reference Number |
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| 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 that less than full time DPT had been well supported in their placements and received good access to the learning opportunities in the department.</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> | |

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| | <p>The DPT at QH told the review team that the consultants' offices were very close to the MRU which meant that they could easily seek consultant advice when needed. The foundation year one doctors and central doctors at QH said that if they had any questions or concerns about a patient, they would approach a registrar (or a consultant if a registrar was not available). The foundation year one doctors and central doctors at QH said the registrars and consultants were supportive, and consultants had made it clear they could ask any questions they had. The review team heard that DPT were also given Digital Enhanced Cordless Technology (DECT) phone numbers for consultants if they could not find someone to ask questions.</p> <p>The foundation year one doctors and central doctors at QH highlighted that there were often gaps on the registrar rota (for example, for two or three out of seven night shifts there was only one registrar instead of two) but they said they still felt well supported on all shifts (including at night). The review team heard that the night shift registrar took over from the post take consultants at 20:00.</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>The DPT at QH informed the review team that they were pleased with the amount they were learning in their placements and had no problems getting assessments done as consultants were supportive and happy to sign these off. The DPT at QH said they were able to do a lot of procedures. The review team heard that there were less opportunities to do procedures at KGH and this was not very helpful when Covid-19 had impacted ability to do procedures during previous placements.</p> | <p>AIM3.7a AIM3.7b</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>AIM3.9</p> |

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| | The review team heard from some of the DPT that the online induction provided had been difficult and had not fully prepared them to start their roles. The DPT said they relied on good colleagues helping them when they started as the induction had not been so helpful. | |
| 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. The review team heard that the internal medicine training year three (IMT three) doctors had been supported by consultants to take on more supervisory roles. | |

| HEE Standard | HEE Quality Domain 4 Developing and Supporting Supervisors | Requirement Reference Number |
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| 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 | Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are | |

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| | <p>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 |
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| 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 team heard that the rota at KGH did not provide any clinic or ambulatory care experience to the IMT3 doctors. The review team heard that these concerns had been raised in the department but no changes had been made yet. The DPT told the review team that there had been wider discontentment among registrars working in medicine at KGH. The review team heard the concerns were around consultant support and access to learning opportunities (including getting assessments signed off) and issues had been raised through the Junior Doctors Forum. The review team heard that the concerns were now being handled by the divisional director in collaboration with the registrars.</p> <p>The review team heard that due to staffing issues on the MRU rota at QH, some DPT in foundation year two training did not feel they received enough experience working on the take and found their only experience of this was during night shifts.</p> | <p>AIM5.1a</p> <p>AIM5.1b</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> | |

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| 5.3 | <p>Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.</p> <p>Not discussed at the review.</p> | |
| 5.4 | <p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>Not discussed at the review.</p> | |
| 5.5 | <p>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</p> <p>Not discussed at the review.</p> | |
| 5.6 | <p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Not discussed at the review.</p> | |

| HEE Standard | HEE Quality Domain 6 Developing a sustainable workforce | Requirement Reference Number |
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| 6.1 | <p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>Most of the DPT told the review team that they would recommend their placements to colleagues as they felt well supported, saw a wide variety of cases and had many learning opportunities. The DPT said that at QH, they had good access to procedures and teaching. Some of the foundation year one doctors told the review team that this rotation had been their most supportive rotation of their foundation year one training and they were pleased that consultants were starting to let them make more patient management decisions. However, some of the DPT said that due to the many rota issues, they would not recommend their placements to colleagues. The DPT told the review team that if they could change one thing to make their placements better, it would be to reduce the logistical and administrative burdens they had to work with.</p> | |
| 6.2 | <p>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning</p> | |

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| | <p>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 | |
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| Name | Louise Schofield |
| Role | Deputy Postgraduate Dean |
| Signature | Louise Schofield |
| Date signed | 27 September 2022 |

| HEE Authorised Signatory | |
|--------------------------|-------------------|
| Name | Dr Gary Wares |
| Role | Postgraduate Dean |
| Signature | Gary Wares |
| Date signed | 27 September 2022 |

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| Final Report submitted to organisation | 27 September 2022 |
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