Health Education England

HEE Quality Interventions Review Report

St George's University Hospitals NHS Foundation Trust (St George's Hospital) Respiratory Medicine Learner and Educator Review

London – South West London
Date of Review: 3 November 2022
Date of Final Report: 28 December 2022

Review Overview

Background to the review

Health Education England (HEE) initiated this Learner and Educator Review of respiratory medicine training at St George's University Hospitals NHS Foundation Trust (St George's Hospital (SGH)) in response to 2022 General Medical Council (GMC) National Training Survey (NTS) results at post specialty level. Negatively outlying results were reported for overall satisfaction, reporting systems, teamwork, supportive environment, study leave, facilities, induction, adequate experience, educational governance and educational supervision.

As these post specialty NTS results were potentially generated by a range of learners at foundation, core and specialty levels of training, HEE included each of these learner groups in the scope of the review to obtain a broader perspective on the respiratory medicine learning environment.

Subject of the review:

Respiratory medicine training at foundation, core and specialty level

Who we met with

The review panel met with:

- Ten doctors in postgraduate training (DPTs) on the foundation medicine training, core medical training (CMT) / internal medicine training (IMT) and specialty training programmes based in respiratory medicine; and
- Seven respiratory medicine educational supervisors (ESs) and clinical supervisors (CSs)

The review panel also met with the following Trust representatives:

- Interim Chief Operating Officer
- Site Chief Medical Officer
- Director of Medical Education
- Associate Director of Medical Education
- Medical Education Manager
- Clinical Director
- Guardian of Safe Working Hours (GOWSH)
- Clinical Lead
- Educational Leads

Evidence utilised

The review panel received the following supporting evidence from the Trust in advance of the review:

- GMC NTS Trust Action Plan November 2022
- Acute Medical Unit (AMU) induction reflections August 2022
- Bronchoscopy simulation scenario
- Datix information September 2020 – September 2022
- Serious incident investigation report August 2022
- Exception reports from September 2021 – September 2022
- Local Faculty Group (LFG) meeting minutes February, June and September 2022
- Respiratory department teaching programme 2022
- Associate Director of Medical Education respiratory medicine report November 2022
- Respiratory medicine training DPT feedback 2020 - 2022
- Master rota 2022
- Breakdown of learner groups in respiratory medicine
- Breakdown of clinical and educational supervisors in respiratory medicine

Review Panel

Role	Name, Job Title
Quality Review Lead	Richard Bogle, Deputy Postgraduate Dean, South London Health Education England, London
HEE Medicine Lead	Andrew Deaner, Head of the London Specialty School of Medicine Health Education England, London
HEE Foundation School Lead	Jan Welch, Director of South Thames Foundation School Health Education England, London
Specialty Expert	Jonathan Ratoff, Consultant Respiratory Physician Epsom & St Helier University Hospitals NHS Trust
Lay Representative	Saira Tamboo, Lay Representative
HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator Health Education England, London
Supporting Role / Observer	Christine Valcarcel, Learning Environment Quality Coordinator Health Education England, London

Executive Summary

The review panel is grateful to the Trust for accommodating the review. Whilst the educational and clinical supervisors for respiratory medicine were disappointed by the department's negatively outlying 2022 GMC NTS results, the review panel was pleased to note their engagement with education and training and their recognition of the issues that needed to be addressed in the learning environment.

The review panel was also pleased to hear that DPTs found their supervisors and colleagues to be supportive and approachable. All of the DPTs said they would be happy for their friends or family to be treated by the respiratory medicine team at SGH.

However, the review panel identified some areas for improvement. It was reported that DPTs holding the referral bleep were bleeped very frequently, which negatively impacted upon their ability to focus on learning opportunities, such as attending full clinics. It had been a year since the department had started the process of requesting an electronic referral system to replace the bleep, but Trust management had not yet acted.

The review panel heard that DPTs at lower training grades who were new to respiratory medicine had been expected to complete tasks beyond their level of competency and confidence with inadequate senior support and supervision for several weeks at the beginning of the placement.

The educational leads highlighted some challenges in ensuring DPTs received sufficient experience of certain procedures to meet their curriculum requirements. DPTs also thought the departmental induction was not comprehensive enough.

One of the key issues highlighted by the educational leads, DPTs and supervisors was rota coordination, specifically in relation to on call shifts, which were largely based on the Acute Medical Unit (AMU). The review panel heard that at times, only 30 per cent of rostered respiratory medicine doctors were working on the ward as the remainder were either covering on call duties elsewhere, such as the AMU, or on zero days. The understaffing of the ward caused by these rota arrangements negatively impacted upon the accessibility of senior supervision for DPTs at lower training grades and DPTs' access to learning opportunities due to a lack of continuity and service provision.

This report includes specific requirements 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 March 2023.

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
RM1.5 / RMFdn1.5 / RMCore1.5	DPTs' working lives and patient care would be improved if there was more suitable space on the respiratory medicine ward to conduct private, serious discussions with patients or their families.	Please provide evidence via meeting minutes or correspondence to demonstrate that this matter has been raised with Trust management. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM1.7a / RMFdn1.7a / RMCore1.7a	Some DPTs reported being told they could not take time off in lieu and had to be paid for additional hours worked instead.	DPTs should be able to choose how they are compensated for additional hours worked; either time off in lieu or pay. Please provide evidence via LFG meeting minutes and relevant correspondence to demonstrate that this matter has been addressed, clarified and communicated within the department, including with DPTs. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM1.7b / RMFdn1.7b / RMCore1.7b	The review panel heard that some inpatients were discharged from the respiratory medicine ward without having their outpatient investigations organised or completed. There was apparently no clear process in place for this scenario and not enough outpatient clinic slots set aside to follow-up on such investigations. This concern had been raised with consultants but the DPTs were not aware of how it was being addressed.	Please provide a copy of the plan or process document to address this issue and meeting minutes or correspondence to demonstrate that this has been discussed with DPTs. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM2.4a / RMFdn2.4a / RMCore2.4a	The review panel heard that often only 30 per cent of rostered respiratory medicine	Minimum staffing levels – to allow for safe ward cover (matched to patient acuity) and

	doctors were working on the ward as the remainder were either covering on call duties elsewhere, such as the AMU, or on zero days. The understaffing of the ward caused by these rota arrangements negatively impacted upon the accessibility of senior supervision for DPTs at lower training grades and DPTs' access to learning opportunities due to a lack of continuity and service provision.	provision of learning opportunities for each curriculum - need to be defined and staffing levels must be audited against those, so that appropriate action can be taken to ensure they are met. Please provide evidence via meeting minutes or correspondence to demonstrate that minimum staffing levels on the respiratory medicine ward are being reviewed by the departmental leads and rota coordinators for respiratory medicine and the AMU, to mitigate against chronic understaffing. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM2.4b / RMFdn2.4b / RMCore2.4b	It was reported that DPTs holding the referral bleep were bleeped very frequently, which negatively impacted upon their ability to focus upon learning opportunities, such as attending full clinics. It had been a year since the department had started the process of requesting an electronic referral system to replace the bleep, but Trust management had not yet taken action.	The Trust's senior management team must support the department's implementation of an electronic referral system on an urgent basis. Please provide evidence via meeting minutes, correspondence or equivalent to demonstrate that discussions have taken place between the respiratory medicine department and Trust management since this quality review, about the implementation of an electronic referral system. Please also provide a copy of the impact statement and other documentation shared with Trust management by the department to support this case. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM3.1a / RMFdn3.1a / RMCore3.1a	DPTs reported a lack of food available to them whilst working	The department should conduct an audit against the British

	overnight. They were also forced to get changed in toilets as there were no suitable changing facilities close to the respiratory medicine ward.	Medical Association's 'Fatigue and Facilities Charter'. Please share the outcomes of this audit and the actions to be taken, where necessary. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM3.1b / RMFdn3.1b / RMCore3.1b	DPTs reported difficulties obtaining annual leave approval due to rota gaps, despite giving a minimum of six to eight weeks' notice.	Please provide evidence via meeting minutes or correspondence to demonstrate that this issue has been discussed between departmental leads and rota coordinators. Please provide an outline of the mitigating actions in place to ensure timely leave requests are not rejected due to rota gaps and evidence that DPTs have been informed of any changes in policy or process as a result of this work. Please also provide subsequent feedback from DPTs on their experiences of obtaining annual leave approval. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM3.5 / RMFdn3.5 / RMCore3.5	The review panel heard that DPTs at lower training grades who were new to respiratory medicine had been expected to complete tasks beyond their level of competence and confidence with inadequate senior support and supervision for several weeks at the beginning of the placement.	All DPTs should receive clinical supervision appropriate to their level of experience, competence and confidence, and scope of practice. Additional support should be put in place for DPTs practising at registrar level but new to the respiratory medicine specialty. Mentorship from DPTs at a more senior registrar level should be explored. Please provide evidence via a documented plan, LFG meeting minutes, correspondence or equivalent to demonstrate that

		mentorship is being explored within the department. Please also provide an overview of the mitigating actions put in place by the consultant body to prevent DPTs from working beyond their clinical competency and without appropriate supervision. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM3.9 / RMFdn3.9 / RMCore3.9	DPTs reported that their departmental induction was not comprehensive enough.	An induction handbook should be made available to learners either online or in physical form. Learner input should be sought to ensure the format of induction materials is accessible to all and that the content of the induction programme meets their needs. Please provide evidence via DPT feedback, LFG meeting minutes and/or correspondence to demonstrate the involvement of DPTs at all training levels in the compilation of a local induction handbook. Please also provide a copy of the handbook. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RMFdn5.6a	Foundation level DPTs based in respiratory medicine were supposed to attend weekly local teaching sessions but these were held at 08:30 in the morning which clashed with preparations for board round and ward round, leading DPTs to choose one or the other, or to attempt to cover both at the same time.	The content of local teaching sessions for foundation level DPTs should be relevant to their curriculum requirements and training grade. DPTs should also have protected time in the rota to attend local teaching sessions. Please provide evidence via meeting minutes or correspondence, involving foundation level DPTs, to

	The topics of some local foundation teaching sessions were duplicates of Trust level foundation teaching sessions. Some sessions were also focussed on complex respiratory cases more relevant to specialty training than foundation level training.	demonstrate that the teaching programme and schedule is being reviewed. Please also provide a copy of the updated teaching programme and feedback from DPTs on this, when available. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
RM5.6b / RMFdn5.6b / RMCore5.6b	The educational leads highlighted some challenges in ensuring DPTs received sufficient experience of certain procedures to meet their curriculum requirements.	The department should consider dedicated procedural lists to support DPTs' experience and development of competency according to their curriculum, for example a pleural procedure list. Please provide evidence via meeting minutes to demonstrate that the consultant body and departmental leads are scoping options for dedicated procedural lists to support DPTs to meet their curriculum requirements. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.

Immediate Mandatory Requirements

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

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
		N/A

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
1.2	**The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.** The review panel was pleased to hear that DPTs based in respiratory medicine felt well supported by their supervisors and other colleagues, who were said to be approachable and helpful. The majority of DPTs would recommend their training placements to their peers.	
1.3	**The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.** The educational leads referred to some recent behavioural issues by members of the respiratory medicine team that were being dealt with through mediation.	
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.** All of the DPTs said they would be happy for their friends and family to be treated by the respiratory medicine team at SGH. However, they said there was a lack of suitable space on the ward to conduct private, serious discussions with patients or their families.	Yes, please see RM1.5 / RMFdn1.5 / RMCore1.5
1.7	**All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.** The educational leads said that they actively encouraged DPTs to submit exception reports, particularly when they had worked additional hours to compensate for understaffing in the team. The leads tended to prefer approving requests for DPTs to be paid for additional hours worked rather than arranging time off in lieu, the latter of which was challenging in the context of the team's current rota arrangements. Some DPTs reported being told they could not take time off in lieu but in some cases, they were still waiting to be paid for additional hours worked.	Yes, please see RM1.7a / RMFdn1.7a / RMCore1.7a

	The educational leads considered DPTs at lower training grades to be more engaged with exception reporting than more senior level registrars. This point was echoed by the DPTs. Whilst they had all been encouraged to exception report by their supervisors, some DPTs at registrar level generally felt that if they were enjoying their placements and were receiving good training, they did not mind working beyond their rostered hours. All of the DPTs reported knowing how to submit exception reports. They also felt able to raise safety concerns when required. However, some DPTs reported a lack of engagement from some consultants around addressing their concerns. The review panel heard that some inpatients were discharged from the respiratory medicine ward without having their outpatient investigations organised or completed. There was apparently no clear process in place for this scenario and not enough outpatient clinic slots set aside to follow-up on such investigations. This concern had been raised with consultants but the DPTs were not aware of how it was being addressed.	Yes, please see RM1.7b / RMFdn1.7b / RMCore1.7b

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	**Education and training issues are fed into, considered and represented at the most senior level of decision making.** In response to the department's 2022 GMC NTS results, the educational leads had met with and obtained written feedback from DPTs working in respiratory medicine, to further explore their concerns. The consultant body then developed an action plan to address these concerns, an early version of which had already been shared with DPTs and with HEE's review panel in advance of this review. The educational leads said that the consultant body were very engaged in this process and recognised the issues to be resolved. The educational leads considered the DPTs' main concerns to be focussed around understaffing, rota gaps and missed learning opportunities due to service provision. However, they did not think these problems were unique to the respiratory medicine department at SGH but were a common issue across many specialties and trusts nationwide. They advised that a Trust-wide strategy was in place to recruit non-medical staff, such as physician associates, to alleviate some of these pressures. One of the key issues highlighted by the educational leads, DPTs and supervisors was rota coordination, specifically in relation to on call shifts, which were largely based on the AMU.	

	The review panel heard that whilst there were 13 doctors of different grades on the respiratory medicine rota, often there were only four doctors working on the ward (the minimum requirement set by the department) as a large proportion of DPTs were either covering on call duties elsewhere, such as the AMU, or on zero days. Furthermore, if there were two registrars rostered to cover the ward but one was dealing with referrals whilst the other was in clinic, this further diminished the senior supervision available to DPTs at lower training grades. The DPTs said that some of their night shifts on the AMU had been predominantly staffed by colleagues from respiratory medicine, rather than other medical specialties, which left the respiratory medicine ward under pressure. The DPTs felt there were too many of their colleagues on call or on zero days at the same time which left the department understaffed on a regular basis. These arrangements also made it difficult for doctors to take leave which caused some resentment. The supervisors were appreciative of the DPTs' willingness to work across different clinical areas to meet service needs, but they were frustrated by the lack of staffing continuity on the respiratory medicine ward. The DPTs were often treating patients they had not met before which was detrimental to patient care and to the DPTs' training experience. The DPTs advised that the AMU rota manager had approved the use of locum doctors on the respiratory medicine ward when staffing levels were particularly short, but this ultimately created more work for the respiratory medicine team. The DPTs and supervisors thought it was unhelpful that a disproportionately high number of their doctors were required to cover on call shifts on the AMU compared with other medical specialties and they felt that the rota arrangements needed to be changed. It was reported by the educational leads that work was being undertaken between the medical rota coordinators and a consultant from another department to address this problem. The DPTs were not sure who the Trust's medical rota coordinators were and had found it difficult to find correct contact information for them, or to obtain a timely response from them. The educational leads had received negative feedback from DPTs in relation to LFG meetings, which was a key area for improvement in the department's action plan. DPTs had apparently commented that raising concerns at LFG meetings was futile because their impression was that they were not acted upon. DPT attendance at LFG meetings had been low in recent months.	Yes, please see RM2.4a / RMFdn2.4a / RMCore2.4a

	Whilst none of the DPTs shared any negative feedback on LFG meetings during the review, they informed the panel that consultants had organised regular feedback sessions with them in response to the 2022 GMC NTS results because DPTs had not raised their concerns at LFG meetings previously. The DPTs suggested that the consultants had been surprised by some of the NTS results for this reason. The supervisors expressed disappointment at the 2022 GMC NTS results because they felt they had tried to engage with their DPTs throughout their training placements about any concerns they had, but the DPTs had not shared the negative feedback shown in the NTS. They considered whether, in future, they needed to ask their DPTs more focussed, specific questions about their training to make these conversations more effective. The supervisors expressed a keen desire to improve DPTs' training experiences in the department and said they welcomed their feedback to make changes where practicable and within their control. The educational leads emphasised that the 2022 NTS results were not the catalyst for addressing DPTs' concerns as, at the time of NTS publication, they were already escalating issues such as rota gaps, the need for an electronic referral system and a lack of clinic space at organisational, divisional and executive level. However, they thought there had sometimes been a lack of two-way communication and feedback between DPTs and consultants around how concerns were being dealt with in the department, which may have contributed to DPTs' lack of engagement with LFG meetings. The review panel heard from the supervisors that the format of the last two LFG meetings had been changed to ensure that actions and feedback from previous meetings were followed-up and discussed at subsequent meetings. However, registrars had reportedly struggled to attend the meetings due to rota gaps. The educational leads tried to give them enough notice to at least share any written feedback for discussion at the meetings on their behalf. It was hoped this would demonstrate to DPTs the steps being taken by the department to address their concerns. It was highlighted by the educational leads that due to the governance arrangements in place at the Trust, education and training issues faced by departments tended to be escalated via specialty school or Training Programme Director pathways rather than through the organisation. This was considered to be detrimental to facilitating solutions at Trust level at an early stage, so Associate Directors of Medical Education were now assigned to divisional leadership teams to support this process. However, the Postgraduate Medical Education (PGME) team were still trying to embed this concept across the Trust.	

	The review panel heard that DPTs holding the referral bleep were supposed to carry out other clinical duties at the same time, but found this extremely difficult due to the number and frequency of bleeps. The DPTs felt that the volume of work associated with referrals sometimes outweighed their capacity to manage them and they regularly worked outside of their rostered hours to complete such tasks. Often the referral bleeps were just to seek advice, but in some instances DPTs could be required to see ten to 15 patients in one afternoon in various areas of the hospital and these cases were often complex. The educational leads suggested the interruptions of the bleep had a negative impact upon DPTs' ability to focus upon learning opportunities, such as attending full clinics. The educational leads thought that replacing the bleep with an electronic referral system would allow doctors to review referrals on a more flexible basis, in between other clinical tasks and to alleviate the disruption they were currently experiencing. However, it had been a year since they started the process of requesting this electronic system and Trust management had not yet taken action. The leads were working on a further impact statement, supported by feedback obtained from DPTs, in the hope of progressing this implementation. The DPTs said they were aware that this work was being undertaken.	Yes, please see RM2.4b / RMFdn2.4b / RMCore2.4b
2.8	**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).** The review panel heard that clinical space used every weekday for the chest clinic had been given over to the Emergency Department (ED) at the start of the COVID-19 pandemic to facilitate patient management. This arrangement continued throughout the pandemic until a new Urgent Treatment Centre was opened in August 2022. During the first few months of the pandemic, the respiratory medicine team initially conducted online consultations with patients from their office computers. Once they were able to conduct in person consultations again, these clinics had taken place across four disparate areas of the hospital. The educational leads and supervisors described this situation as having negatively impacted upon the DPTs' access to learning opportunities and restricted their access to suitable office facilities. The leads and supervisors were relieved to have had the chest clinic space returned to them in September 2022 and were currently working to re-establish the clinic in its original	

	format. The DPTs were also pleased to have access to office space away from the ward again.	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	**Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.** The DPTs reported a lack of food available to them whilst working overnight. They were also forced to get changed in toilets as there were no suitable changing facilities close to the respiratory medicine ward. The review panel heard that DPTs had experienced difficulties obtaining annual leave approval due to rota gaps. Despite giving a minimum of six to eight weeks' notice, they said leave requests were rejected unless there was a minimum of four doctors rostered to cover the respiratory medicine ward on those days. This negatively impacted upon DPTs' willingness to request time for other types of leave.	Yes, please see RM3.1a / RMFdn3.1a / RMCore3.1a Yes, please see RM3.1b / RMFdn3.1b / RMCore3.1b
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** The review panel heard that in August and September 2022, several senior level registrars took planned leave at the same time to prepare for examinations. This left DPTs at lower training grades, who were new to respiratory medicine, with inadequate support and supervision whilst working on the ward. It was reported that DPTs with minimal respiratory medicine experience had been asked to shadow senior specialty registrars on their first day because they were then required to lead ward rounds, see all ward patients, supervise other DPTs at lower training grades, address queries from nursing staff and manage referrals in their first week on placement. The DPTs advised that much of this work was inappropriate for their level of training and beyond their clinical competence, but they had struggled to find consultants to ask for advice and support at the time. They had felt forced to work overtime to complete necessary tasks. This situation had put some DPTs under immense pressure and taken a significant toll on their physical and mental wellbeing. It had also negatively impacted upon their training progress, with the heavy workload leading to missed learning opportunities and setbacks in educational attainment. The educational leads advised that a respiratory medicine consultant had since been assigned to oversee the rota with more	Yes, please see RM3.5 / RMFdn3.5 / RMCore3.5

	scrutiny. The consultant body had also taken appropriate steps to mitigate against this scenario in the future and to support those affected. Although the department was very busy, DPTs generally felt well supported by their supervisors and found them to be approachable and accessible. Some DPTs said they were given appropriate levels of independence to make their own decisions whilst receiving suitable supervision and feedback by consultants. DPTs at lower training grades also reported feeling well supported by more senior registrar colleagues who made a concerted effort to check in with them at the end of each shift and would ask if they needed any help, which they appreciated. This had reportedly not always been the case with registrars from previous cohorts. DPTs described how the respiratory medicine ward was managed in two halves and each half was covered by a sub-team, comprised of a registrar and foundation level doctor as a minimum. A consultant would switch between the sub-teams on alternate weekdays. On weekends, the consultant would see all patients on both halves of the ward. The DPTs said that the rostered consultant assigned to one half of the ward on any given day would still assist with patients on the other half when required – and they were always present and approachable on the ward - but registrar oversight needed to remain as consistent as possible to maintain continuity of care for patients. The DPTs said they sometimes cross-covered both halves of the ward during a shift if either sub-team was understaffed. Each morning there was a multi-professional 'huddle' held between DPTs, nurses and therapists to determine which patients could be discharged. This same group met again with the rostered consultant at midday to discuss medical issues in more detail. The DPTs described how the rostered consultant would lead the ward round for their assigned half of the ward, leaving the registrar on the other half of the ward to do this independently every other day. The DPTs felt they received useful teaching from consultants during ward rounds.	
3.6	**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.** All of the DPTs were notified of their assigned ES before starting on placement in respiratory medicine.	

3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** In general, the DPTs did not think their departmental induction was comprehensive enough. Some DPTs felt they were automatically expected to know where to find things or how to complete clinical tasks that had not been shown or explained to them upon commencing in post. They thought it would be helpful to have access to a local induction handbook. The supervisors confirmed that the educational leads were currently making improvements to the local induction programme and reported that they had always updated the programme in response to feedback from the annual GMC NTS. The supervisors said that most of their DPTs asked them for information on an ad hoc basis and thought that new DPTs learnt a lot from initially shadowing more senior colleagues. They were not convinced that a detailed induction handbook would be utilised. However, they suggested it might be useful to collate all of the current induction documents into one folder and ask new DPTs to update it with any helpful information they thought was missing upon starting in post. DPTs at foundation training level reported receiving only minimal information about exception reporting during their induction and the GOWSH had not been in attendance.	Yes, please see RM3.9 / RMFdn3.9 / RMCore3.9

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	**Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.** The supervisors confirmed they had 0.25 Supporting Professional Activities (SPA) time per week per DPT in their job plans for supervisory duties. They expressed a willingness to support their DPTs as much as was needed, such as conducting mini clinical evaluation exercises (mini CEX) and workplace-based assessments (WPBAs).	
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).** The supervisors confirmed they had access to a range of internal and external supervisor training provisions, including regular	

	summit meetings and half-day or one-day training courses, which were advertised on a regular basis by the Trust's PGME team. The PGME team expanded its in-house supervisor training provision two years ago. The supervisors said they were supported to deliver teaching and to help with Annual Reviews of Competence Progression (ARCPs). They also undertook mandatory training on how to conduct appraisals with DPTs and confirmed that they were now receiving feedback from DPTs on their competency as appraisers.	
4.5	**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 leaners' programmes and career pathways, enhancing their ability to support learners' progression.** Those supervisors supporting foundation level DPTs confirmed that the Trust's PGME team had notified them of the 2021 update to the foundation training curriculum. However, much of their knowledge about the updated curriculum was from self-directed learning.	
4.7	**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.** Education was incorporated into the supervisors' appraisals. They described having to write about the work they had undertaken in relation to seven educational domains, incorporating at least three items of evidence (such as certificates or feedback). This information was then discussed with their appraiser. The supervisors confirmed that their educational portfolios were reviewed and signed off every three years.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	**Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.** According to the supervisors, all their assigned DPTs had met their curriculum requirements to date. They said that the respiratory medicine registrars were particularly proactive at highlighting their training needs. All foundation level DPTs in	

	respiratory medicine were supported to produce realistic personal development plans that their supervisors helped them to deliver. Some DPTs described how consultants had organised bespoke simulation sessions to ensure they met their curriculum requirements. The DPTs said they could get their clinical competencies signed off if they were proactive in doing so. The supervisors conveyed the difficulties of reconciling learning opportunities for DPTs with delivery of timely patient care. They said it was not always feasible to delay treatments so that DPTs could attend. The review panel heard that the newly assigned rota registrar had helped to secure rostered self-development time for foundation level DPTs. The respiratory medicine consultants apparently preferred for this time to be allocated to DPTs once a month rather than on a weekly basis and at a time to best suit the department, to avoid unsafe staffing levels.	
5.6	**Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.** Whilst the educational leads acknowledged that some respiratory medicine DPTs had been unable to attend regional teaching days in the past due to service provision, they said this issue had now been resolved. On such days, consultants cancelled certain activities and covered additional tasks to ensure DPTs could be released to attend. Foundation level DPTs based in respiratory medicine were supposed to attend weekly local teaching sessions but these were held at 08:30 in the morning which clashed with preparations for board round and ward round. The foundation level DPTs felt they had to make these preparations whilst attempting to listen in to teaching sessions and they could not partake in either activity effectively. The majority of their teaching sessions were conducted online but some sessions were held in person. The review panel heard that the topics of some local teaching sessions were duplicates of Trust level foundation teaching sessions. Some sessions were also focussed on complex respiratory cases more relevant to specialty training than foundation level training. The foundation level DPTs had not been formally asked for feedback on their local teaching programme. DPTs at IMT1-2 level were assigned to clinics on Monday and Friday mornings and those at IMT3 level were assigned to general clinics on Wednesday and Thursday afternoons. Some of the IMT level DPTs had reportedly had rostered clinic time cancelled in recent months due to rota gaps and service provision.	Yes, please see RMFdn5.6a

	Some DPTs reported changing their zero days on occasion to enable them to attend clinics. Registrars attended dedicated bronchoscopy clinic lists of varying frequency – either two or three per week - depending on their placement rotation. The DPTs advised that the department did not have dedicated pleural procedure lists, although the educational leads confirmed that there was a pleural service in place five days per week. The DPTs described how pleural procedures were usually carried out by a clinical nurse specialist and consultant on an ad hoc basis but when they were both on leave, this service was reportedly left unsupported and the onus was put upon on call DPTs to see these patients. During a particularly busy period in summer 2022 when the pleural CNS and consultant were both on leave, DPTs resorted to asking interventional radiology colleagues to perform pleural procedures as they had emergency slots available. The educational leads highlighted some previous challenges in ensuring IMT level DPTs received sufficient experience of pleural procedures to meet their curriculum requirements. They told the review panel that for any future IMT2-3 level DPTs requiring more pleural experience, they had devised a new timetable to allow them to attend pleural procedures during their 'clinic' time. The leads also emphasised the important role supervisors could play in tracking their DPTs' training progress and directing them to opportunities they needed in a timely manner. DPTs praised their newly assigned rota registrar for trying to ensure they were allocated sufficient administration time in the rota to complete their work in hours, which had not always been the case previously.	Yes, please see RM5.6b / RMFdn5.6b / RMCore5.6b
HEE Standard	**HEE Quality Domain 6 Developing a sustainable workforce**	**Requirement Reference Number**
	N/A	

Report Approval

Quality Review Report completed by	
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Final Report submitted to organisation	28 December 2022