Health Education England

HEE Quality Interventions Review Report

Barking, Havering and Redbridge University Hospitals NHS Trust (King George Hospital)
Medicine (acute-take including Acute Internal Medicine, Cardiology, Endocrinology & Diabetes, Geriatric Medicine, GP Medicine, Foundation, Rheumatology, Respiratory Medicine) and Gastroenterology
Learner and Educator review

London – North East London
Date of Review/Intervention: 17 November 2022
Date of Final Report: 3 February 2023

Review Overview

Background to the review

This comprehensive learner and educator review was planned following a learner review to Acute Internal Medicine at Barking, Havering and Redbridge University Hospitals NHS Trust (BHR) in July 2022. That review panel heard about significant concerns regarding the consultant input into the acute take on the King George Hospital (KGH) site, which led to concerns about clinical supervision of doctors in postgraduate training (DPTs) and about patient safety there. This confirmed concerns already raised by the Postgraduate Medical Education (PGME) team at BHR. The visit was intended to hear from all DPTs who provided input into the acute unselected take rota on that site, and to understand from educators and from management what plans are in place to address these concerns.

Subject of the review:

Medicine (acute-take including Acute Internal Medicine, Cardiology, Endocrinology & Diabetes, Geriatric Medicine, GP medicine, Foundation, Rheumatology, Respiratory Medicine) Gastroenterology

Who we met with

The review panel met with:

- Nine Foundation (FY) doctors in postgraduate training (DPTs), three General Practice (GP) DPTs, five specialty core and higher DPTs and three Gastroenterology DPTs
- Seven Medicine specialty clinical supervisors (CS) and educational supervisors (ES) and three Gastroenterology CS and ES

Evidence utilised

- Acute medicine Local Faculty Group (LFG) Minutes – 26 September 2022
- Gastroenterology LFG Minutes – 27 July 2022
- Geriatric medicine LFG Minutes – 19 May 2022
- Respiratory medicine LFG Minutes – August 2022
- Respiratory medicine LFG Minutes – September 2022
- Copy of Trust induction application
- Educational leads list
- Guardian of safe working hours (GoSW) report
- Foundation Year One Rota Schedule
- Foundation Year Two/GPVTS and IMT Rota Schedule
- Roster Assignments
- Serious Incidents (SI) List
- Specialty Core and Higher Rota Schedule
- LFG Meeting Template – February 2022
- Medical Education Group (MEG) Minutes – September 2022

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Vivienne Curtis Acting Deputy Postgraduate Dean Health Education England (North East London)
Deputy Head of the School of Medicine	Dr Jonathan Birns Deputy Head of the School of Medicine Health Education England, London
Foundation School Representative	Dr Nick Rollitt Deputy Head of Foundation School Health Education England, North Central and East London
General Practice Representative	Dr Jyoti Sood Associate Director for GP School Health Education England, North Central and East London
GMC Representative	Kevin Connor Principal Education QA Programme Manager General Medical Council
Lay Representative	Jane Gregory
Learner Representative	Dr Camus Nimmo
HEE Quality Representative(s)	Ummama Sheikh Learning Environment Quality Coordinator Health Education England (North East London) Shabina Mirza Quality, Patient Safety and Commissioning Officer Health Education England, London Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England (North East London)

Executive Summary

The review panel thanked the Trust for accommodating the review and ensuring good attendance across all sessions.

The review panel informed the Trust that there were no serious concerns identified by doctors in postgraduate training (DPTs) that warranted any immediate action.

However, there remained several serious concerns, and areas for improvement.

The review panel heard that many DPTs across all grades were experiencing difficulties with Information Technology (IT) and administration, which were not acknowledged by the consultant body. There were concerns that failings in local systems could impact on patient care.

The panel were told about apparent inequity of provision and job planning for post-take ward rounds for medicine. The panel were concerned that departmental teaching was variable across all grades and access was dependent on staffing, and that most DPTs did not understand the notion of exception reporting for missed educational opportunities.

Within Gastroenterology there were reports of the 'workforce hub' having inappropriate control of staffing, such that the consultant physician body felt that they had lost control of effective continuity, impacting on concerns for patient safety and training of DPTs.

The review panel was pleased to hear however, that the consensus among both DPTs and trainers was that the Postgraduate Medical Education (PGME) department was engaged and had a clear understanding of the problems within the Trust. It was noted that there was a will to improve issues raised and that the department was both helpful and welcoming. The panel were also pleased to hear that Internal medicine training (IMT) year three DPTs had good access to outpatient clinic opportunities and that some DPTs across Cardiology, Gastroenterology and Respiratory medicine had very positive relationships with their consultants.

This report includes some 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 June 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

FM1.1a	The Foundation Year (FY) DPT's informed the review panel that there was no specific structure for handover and there was not always a consultant present for the acute-take handover which they expressed significant concern about.	The Trust should review the current Handover process to ensure that there is appropriate consultant cover for the acute-medical take. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM1.1b	The FY DPTs expressed their concerns with handover between wards during the day-time, as often DPTs would be pulled away to deal with other issues and would return to their patient being moved without any handover or communication. It was heard that while Careflow Connect was a good idea in theory, it was felt by the DPTs that it could not replace the traditional handover which was often a detailed conversation between doctors. The panel also heard that the DPTs were not confident that notes on the system were being regularly updated.	The Trust should provide evidence of changes to Handover and communications, as well as evidencing how DPTs would be trained to use new tools. The Trust should further provide HEE with reassurances around IT support provided to the DPTs. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM1.1C	The review panel heard from FY DPTs that they did not perceive that they had had much training and teaching experience within acute medicine and their respective specialties. They informed the panel that they were confident they would receive core teaching but no further teaching beyond this. Many of the FY DPTs felt that	The Trust should undertake a review of their current processes and ensure that DPTs receive appropriate teaching and training within their specialties. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other

	this teaching was variable depending on the different consultants on shift	junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
GP1.1d	The GP DPTs also informed the panel that their workload tended to increase due to the number of administrative tasks they had to undertake, this included tasks such as filling out request forms and delivering these to the relevant departments. The DPTs felt that this system was very dated and could lead to a decline in patient care, since the DPTs often had to physically leave unwell patients alone and undertake these duties.	The Trust should ensure that there is adequate administrative support available to DPTs, so as not to impact patient care. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M1.1e	The review panel heard from the higher DPTs that despite the acute take being relatively manageable at KGH, the department was still unorganised which was a concern for them. Many of the higher DPTs agreed that post-taking was an issue and post-take ward rounds were often quite variable with DPTs left feeling uncertain about what to do in some patient situations.	The Trust should undertake a review of their current process to ensure the efficient running of post-take ward rounds. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M1.1f	It was felt by the higher DPTs that there were problems with radiology such as short-staffing and delays with scans being reported in an outpatient setting, which impacted on patient care.	The Trust should ensure that there is adequate support for DPTs from day-to-day clinical services. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other

	The review panel noted that there appeared to be a disconnect between support from the educational team and the support from day-to-day clinical services.	junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM1.3	The FY DPTs further informed the panel that unpleasant behaviour by a minority of consultants had become the norm at KGH and it was generally accepted amongst DPTs to be treated in this way. It was also felt that despite the acute-medical take team being a pleasant team to work with, concerns were not always dealt with when raised.	The Trust should undertake a review of their current process to ensure the that all DPTs are encouraged to speak up when they have concerns, and that these are appropriately escalated and managed by the senior medical team. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M1.4	The review panel were concerned to hear that specialty core and higher DPTs across medicine did not regularly receive feedback on any of their patient cases.	The Trust should ensure that all DPTs regularly receive feedback from their consultants on patient cases. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM1.5	The review panel heard from FY DPTs that there was a perceived uncooperative working nature between doctors and nurses.	The Trust should undertake a review of the working relationships within the department to ensure that a

	FY DPTs felt demeaned and undermined by non-medical staff out of hours (OOH), as well as a perceived reluctance OOH from medical staff to provide support on jobs i.e., administering cannulas.	positive working culture is implemented. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM1.7	The review panel were concerned to hear from the FY DPTs that the level of pastoral support received by consultants was poor due to the issues with escalation on the ward and some consultants choosing to disregard DPTs concerns. As a result of this, the FY DPTs felt that it was better to raise their concerns directly with the PGME department who they perceived as being very helpful.	The Trust should ensure that consultants provide adequate support to DPTs and ensure issues raised by DPTs are dealt with appropriately by them in the first instance. The Trust should provide evidence that there is appropriate PA allocation in job plans for Consultants acting as ES. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM1.11	The FY DPTs informed the review panel that electronic requests were often poorly organised and confusing to complete. It was felt that this slowed the process down and was very time consuming. The FY DPTs were concerned with the number of IT issues that led to a delay in referrals as a result	The Trust should review the IT facilities within the department to ensure these are suitable for DPTs. The Trust should provide appropriate training in use of the IT systems. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other

	of being persistently logged out of the Trust computer systems. The review panel further heard that much time was spent by the FY DPTs trying to figure out how to undertake basic tasks and perceived the workload as being a 'conveyor belt' of understaffing and paperwork.	junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M2.6	It was also heard that knowledge of exception reporting for missed educational events was variable with the vast majority of DPTs unsure of what this was and how to complete this.	The Trust should ensure that all DPTs are aware of how to and are encouraged to exception report. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
G2.8	The review panel was concerned to hear from both GI DPTs and supervisors that the ward was run by the surgical division instead of medical. It was felt that this model was not fit for purpose and that a change in structure would benefit the department in the long term.	The Trust should undertake an urgent review of the GI department and ensure that the structure is fit for purpose, such that it benefits DPT training and allows for dedicated clinic and specialty teaching time. The Trust should also review where GI is placed within the surgical division and consider moving this to the medical directorate. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.

F3.5a, Ger3.5a	Most of the FY and Geriatric medicine DPTs felt that supervision on both the wards and the acute-medical take was variable, with consultant cover on most days. Some FY DPTs noted that the quality of supervision received by consultants was also variable depending on the department they were in, and which consultant was covering that day.	The Trust should ensure that consultants provide adequate supervision to all DPTs both within and out of hours. This should include ward round supervision and ad hoc advice. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
G3.5b	The GI DPTs expressed that they hardly saw their consultants except for ward rounds and referrals. It was felt that there was not always support with teaching or training. The GI DPTs expressed their concerns with patient safety within the department as it was felt that consultants would usually only come and see the very sick patients. It was also heard that managing non-GI patients within a GI setting was not safe. The GI DPTs informed the panel that they often felt lucky to receive support on occasions where they would need to escalate a serious patient issue.	The Trust should undertake a review of the GI department to ensure that consultants provide adequate support and supervision to DPTs. This should include ward structures, ward rounds and ad hoc advice. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M4.2	It was noted by the review panel that appropriate job planning was needed for post-take ward rounds across the medicine specialties and that there was a lack of adherence to Royal College of Physicians (RCP) recommendations.	The RCP recommendations are listed at Acute care toolkit 4: Delivering a 12-hour, 7-day consultant presence on the acute medical unit | RCP London as delineated below in point one: 1. When undertaking clinical duties on the AMU, the consultant should be free

		from any other specialty, ward or management commitments. The Trust should ensure that consultants are appropriately job-planned to undertake their CS and ES roles. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M4.4	Acute Internal Medicine (AIM) consultants informed the review panel that there was always consultant support available on site until eight in the evening, but that this was not always the case after this time.	The Trust should ensure that there is always senior support available to DPTs when required, and that DPTs know how to access this support, particularly OOH. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
FM5.6a	The review panel heard from FY DPTs that gaps were built into the rota with there always being a vacancy that was never filled. The review panel also heard that FY DPTs valued the idea of a regular routine. FY DPTs did not feel pressured to work beyond their rostered hours but there were often multiple days where they had	The Trust should undertake a review of staffing levels and rotas within the department to ensure that DPTs are receiving a consistent and suitable training experience. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other

	been asked to cover a shift due to understaffing. The FY DPTs stressed the need for permanent staffing such as substantive Trust grade or locum doctors. The FY DPTs also informed the panel that they were not yet aware of any change to the rota.	junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
M5.6b	The specialty core and higher DPTs reported that they perceived a third of their working time as being spent on-call, and often found it difficult to attend clinics; some DPTs noted that they had recently attended clinics for the first time in two months.	The Trust should ensure that DPTs receive sufficient and regular access to clinics across the span of their attachements. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.
G5.6c	GI DPTs felt they did not have enough allocated time for teaching and training. The panel heard that due to the unique nature of GI training with endoscopy, dedicated teaching was a must to ensure the demands of training were being met.	The Trust should ensure that GI DPTs receive dedicated teaching time, including that necessary for procedures such as endoscopy. Please provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 June 2023, in line with HEE's action plan timeline.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence

None		
Requirement Reference Number	**Progress on Immediate Actions**	**Required Action, Timeline and Evidence**
None		

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
G1.1g	The review panel heard from GI DPTs that while there was a senior ward round every day, there was a lack of consistency with different consultants covering each day. The GI DPTs felt that it would be better for patient care to revert to a 'consultant of the week' model.	The Trust is recommended to review their current model for consultant cover to ensure consistency with ward rounds and day to day running of the department.

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)
Postgraduate Medical Education (PGME) team	The review panel was pleased to hear that the consensus among both doctors in postgraduate training (DPTs) and trainers was that the Postgraduate Medical Education (PGME) department was engaged and had a clear understanding of the problems within the Trust. It was	2.1

	noted that there was a will to improve issues raised and that the department was both helpful and welcoming.	

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	**The learning environment is one in which education and training is valued and championed.** Trust representatives informed the review panel that concerns raised by doctors in postgraduate training (DPTs) were longstanding. These concerns included inadequate consultant supervision, roster and staffing issues, low proportion of working time available, unpleasant behaviour around referrals as well as strong sexist undertones within the department and a lack of induction specifically within Acute Internal Medicine. It was noted that these issues were escalated to the Chief Executive Officer (CEO) and entered onto a risk register. The panel heard that these issues were disclosed to the Health Education England (HEE) Deputy Postgraduate Dean (DPGD) and a Trust working group was established to attempt to solve these issues. The Trust informed the panel that divisional restructure had interrupted the progress that the Trust was making with establishing a Standard operating procedure (SOP) but that this was nearing maturity. The review panel heard from Trust representatives that there had been an effort to increase consultant presence to ensure that morning handovers were more reliable. The Trust also informed the panel that there would be a new medical team for the site as well as a new medical director in post. It was noted by the Trust that due to King George Hospital (KGH) being a smaller site, it was often felt neglected compared with a site like Queen's Hospital which was much larger and had more effort and resources put into it. It should be noted that the General Medical Council (GMC) National Training Survey (NTS) for Queen's has significantly improved. While AIM at KGH managed well during the Covid pandemic, a lack of senior presence and lack of engagement in education contributed to poor GMC NTS results.	

	The Trust acknowledged the issues within Gastroenterology, arising from only two substantive consultants and no dedicated Gastroenterology ward. ward. Furthermore, Gastroenterology was placed under the Surgical Division whereas most of the medical specialties were either under the Special Medical Division, Care of the Elderly or Acute and Emergency Division. The Trust executives noted that DPTs taking part in the acute-take were from four separate divisions and that this was an issue. It was heard that work would be undertaken to ensure Gastroenterology had its own ward due to the number of patients being seen and the increased amount of time Gastroenterology DPTs spent trying to cover wards. The review panel were pleased to hear that the management structure at KGH had been updated with a new medical director, a site operations manager, chief nurse and a new managing director who was due to start soon. The Trust informed the review panel that the new clinical director for Acute and Emergency medicine was a particularly important appointment due to the work that was being put in to improving acute and urgent care. The panel heard that new strategies were being developed with some issues such as rota design and a paperless IT system already being looked at. It was also heard that task and finish groups, which were DPT-led, were in place to help realise some of the vision that the Trust has in order to improve training issues. When questioned by the review panel as to what the Trust believed we would hear from the DPTs, the Trust expressed that there would likely be some new concerns from Gastroenterology DPTs around staffing and patient safety issues, in particular those patients with hepatological issues. The Trust were hopeful that DPTs would comment on the improvement in training compared to the previous year, particularly around consultant supervision and DPT involvement with improving the training experience. The panel appreciated the Trust's candidness regarding the on-going, substantial issues within medical departments. The Trust informed the review panel that actions were being undertaken to handle the sexism and culture issues within BHR through the People and Culture Committee (PPC). It was noted that the issues were taken very seriously and escalated to the most senior Trust executives. It was also heard that the Trust had written an open letter to the organisation to address sexist behaviour, as well as individual action taken against particularly extreme cases i.e., the dismissal of a consultant as a result of a sexual harassment case. The Trust also informed the panel that they were working closely with the Women's Network within the Trust to discuss these issues within an open forum. It was highlighted that one particular network meeting had a very strong executive attendance. The Trust acknowledged that this issue was deeply embedded within the Trust's culture and that it would	

	be difficult to fix this quickly, but effort and resource was being utilised in order to improve this sensitive issue. The Trust also noted that they were working closely with the GMC to explore these issues further. The Foundation Year (FY) DPT's informed the review panel that there was no specific structure for handover and there was not always a consultant present for the acute-take handover which they expressed significant concern about. FY issues The review panel heard from FY DPTs that a large number of acute patients would usually be clerked each day and unless there were issues with staffing, consultants would usually post-take with the clerking DPT. It was heard that staffing issues, along with a lack of beds would sometimes lead to a delay in patient care with crucial investigations being missed or medications not being prescribed in good time. The FY DPTs informed the review panel that the newly implemented 'Careflow Connect' system was in place to help make handover more efficient. It was heard that the impact of this had not yet been fully realised but they were hopeful that this would improve patient care. It was also noted that various additions were being made to the system such as the implementation of referrals and handover to the night team. The FY DPTs expressed their concerns with handover between wards during the day-time, as often DPTs would be pulled away to deal with other issues and would return to their patient being moved without any handover or communication. It was heard that while Careflow Connect was a good idea in theory, it was felt by the DPTs that it could not replace the traditional handover which was often a detailed conversation between doctors. The panel also heard that the DPTs were not confident that notes on the system were being regularly updated. The review panel heard from FY DPTs that they did not perceive that they had had much training and teaching experience within acute medicine and their respective specialties. They informed the panel that they were confident they would receive core teaching but no further teaching beyond this. Many of the FY DPTs felt that this teaching was variable depending on the different consultants on shift. On the whole, the FY DPTs felt that the vast majority of their senior colleagues and consultants were keen to teach and provide support to DPTs wherever possible. GP DPTs The General Practice (GP) DPTs noted that there was an organised day for teaching in place in Geriatric medicine but felt that ward rounds were more of a service provision rather than a	Yes, please FM1.1a Yes, please see FM1.1b Yes, please see FM1.1c

	learning experience due to how busy they are. The GP DPTs also informed the panel that their workload tended to increase due to the number of administrative tasks they had to undertake, this included tasks such as filling out request forms and delivering these to the relevant departments. The DPTs felt that this system could lead to a decline in patient care, since the DPTs often had to leave unwell patients to undertake these duties. The review panel were particularly concerned to hear that almost all the FY and GP DPTs would not recommend their friends and families to be treated in the department. It was heard that only specialty higher DPTs within Respiratory medicine would recommend the department as well as the training post to family and friends. CT and ST DPTs The specialty core and higher DPTs informed the review panel that they felt that the most useful learning experience they received was from their involvement on the acute-medical take. Many of the higher DPTs expressed concern that they felt that the system was not very well integrated, and they did not often receive much supervision or feedback on their post-take ward rounds. The specialty DPTs also highlighted that the shortage of consultants (due to cross cover and clinical commitments) could impact on patient care. This perceived consultant shortage impacted the higher DPTs educational experience as it resulted in very brief patients contacts. ST DPTs felt that the acute take was relatively manageable at KGH, but a lack of organisation and structure was a concern for them. Many of the higher DPTs highlighted post-take ward rounds as quite variable with DPTs left feeling uncertain about what to do in some patient situations. It was heard that the post-take ward round was often run by the more junior DPTs, with the higher DPTs left with clerking and taking referrals. There was concern amongst the higher DPTs of the department becoming busier in the coming months due to winter pressures and the impact this would have on patient care. There were similar concerns to the FY and GP DPTs regarding handover. ST DPTs felt that there were issues with appropriate documentation of medical notes particularly at night. It was felt that this made the process much longer than it needed to be. The higher DPTs also informed the review panel that handover between post-take ward rounds would often get missed with some patients being in the Emergency Department (ED) for two or three days without anyone formally taking responsibility for their care. The higher DPTs also added that this led to the workload being increased due to managing both old and new patients. The panel heard from the higher DPTs that consultants	Yes, please see GP1.1d Yes, please see M1.1e

	would often take dual responsibility of post-take ward rounds, as well as Geriatric and Endocrinology and Diabetes (E&D) ward rounds. The higher DPTs agreed that if consultants focussed on the post-take ward round this would be make the training and patient experience much better overall. The review panel also heard from higher DPTs that they felt it would be useful to have some form of clear communication, such as through email, about what beds they would be covering so that they could read up on patient medical notes in good time. It was felt by the higher DPTs that there were problems with radiology such as short-staffing and delays with scans being reported in an outpatient setting, which impacted on patient care. Additionally, FY DPTs raised concerns around certain specialties refusing to liaise with FY DPTs leading to escalation to a higher DPT or a consultant. This was particularly the case for scan requests, with the more senior colleagues receiving approvals compared with their junior counterparts. Gastroenterology The review panel heard about the impact of short staffing on intensity of the workload. The GI DPTs described a situation in which one member of the team was always on-call leading to a disruption in continuity of care, with DPTs moving between the acute-take and the GI department, impacting on continuity and knowledge of patient cases. The GI DPTs informed the review panel that they were sharing a ward with Cardiology and that outlier GI patients on other wards would be managed by other teams. The review panel heard from GI DPTs that there was a senior ward round every day. The three GI consultants who covered ward rounds did so on a different number of days each week resulting in a lack of consistency. The GI DPTs felt that it would be better for patient care to revert to a 'consultant of the week' model. Supervisors The review panel heard from clinical supervisors (CS) and educational supervisors (ES) across the medicine specialties but were very concerned not to hear from any supervisors within Geriatric medicine. The supervisors expressed their concerns that DPTs did not often get to spend time training in their own specialty as a large proportion of their time was dedicated to covering on-calls. The supervisors further informed the panel that they were aware of issues with allocation of jobs within the acute department at night across the MDT e.g., phlebotomy which were being	Yes, please see M1.1f

	addressed via a working group. The supervisors described a new 'Hospital at Night' initiative which would work in conjunction with Careflow Connect to increase the efficiency of handover. It was heard that the site manager would be able to allocate certain jobs to nurses via the system that would lead to better patient care and DPT experience. The review panel heard specifically from GI supervisors that there was much work needed to be done in order to improve the training environment for GI DPTs and they had tried to come up with some strategies to tackle these. The GI supervisors echoed the sentiment of GI DPTs about the structure of ward rounds and the concerns surrounding a different consultant covering ward rounds each day. The panel heard from the GI supervisors that there was backlog of elective work and outpatients who required GI services due to other issues. It was heard that the number of referrals was generally high due to the large amount of non-specific GI complaints being sent to the GI department. The GI supervisors informed the panel that they actively taught higher DPTs how to manage referrals. It was noted by the panel that GI referrals were electronic, and email based but there was often no named consultant attached to each case which could lead to confusion. It was felt by the GI supervisors that this highlighted a deeper issue as to the way specialty departments work with non-specialty departments.	Yes, please see G1.1g
1.2	**The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.** The review panel heard from Gastroenterology DPTs that their consultants were very busy but were generally very supportive towards them.	
1.3	**The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.** The review panel heard from both FY and higher DPTs that there were some instances of bullying and undermining within the department, but the vast majority felt that their senior colleagues were positive and supportive overall. There were, however, some instances of impolite behaviour reported by Gastroenterology DPTs from the radiology team regarding scans that were missed. The review panel also heard from FY DPTs about feeling undermined by some consultants when writing up medical notes and expressed that they had felt patronised and belittled as a result.	Yes, please see M1.3

	The FY DPTs further informed the panel that unpleasant behaviour by a minority of consultants had become the norm at KGH and it was generally accepted amongst DPTs to be treated in this way. The panel were also concerned to hear from FY DPTs about being demeaned and undermined by non-medical staff out of hours (OOH), as well as a perceived reluctance OOH from medical staff to provide support on jobs i.e., administering cannulas. It was also felt that despite the acute-medical take team being a pleasant team to work with, concerns were not always dealt with when raised.	
1.4	**There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.** The review panel were concerned to hear that specialty core and higher DPTs across medicine did not regularly receive feedback on any of their patient cases.	Yes, please see M1.4
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.** The review panel heard from FY DPTs that there was a perceived uncooperative working nature between doctors and nurses that they felt was an issue (see above). When asked by the review panel if they knew how to raise complaints, the FY DPTs noted that they could write incident reports but often found them time-consuming as they would lead to an increased DPT workload. The specialty higher DPTs informed the review panel that they were not confident that the patient care provided by the department was safe due to an inefficient ambulatory care system. It was felt that the Trust could be more efficient in this regard and because of this, would not recommend having their friends and family treated by the department. The Respiratory higher DPTs however said they would recommend the specialty as a place to train but were often burdened and taken away from it to cover the acute-take.	Yes, please see M1.5
1.7	**All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.** The review panel were concerned to hear from the FY DPTs that the level of pastoral support received by consultants was poor due to the issues with escalation on the ward and some consultants choosing to disregard DPTs concerns. FY DPTs felt that it was better to raise their concerns directly with the	Yes, please see M1.7

	Postgraduate Medical Education (PGME) department who they perceived as being very helpful.	
1.11	**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.** The review panel heard from the Trust representatives that a new electronic system called 'Careflow Connect' was introduced to improve efficiency of handover. The majority of DPTs felt that this would be a positive change, although not fully realised yet. The FY DPTs informed the review panel that electronic requests were often unorganised and confusing to complete. It was felt that this slowed the process down and was very time consuming. The FY DPTs were concerned with the number of IT issues within the department that led to a delay in referrals e.g. in Geriatric Medicine where DPTs reported slow computer systems. The review panel further heard that a lot of time was spent by the FY DPTs trying to figure out how to undertake basic tasks and perceived the workload as being a 'conveyor belt' of understaffing and paperwork. There was a disconnect between the DPTs and supervisors about issues relating to systems in the hospital and administrative tasks, where some supervisors reported that they had never received feedback from DPTs regarding these concerns.	Yes, please see M1.11

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.6	**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.** Some FY DPTs reported to the review panel that they had access to teaching and were encouraged to exception report. When asked about the quality of teaching, some FY DPTs noted that the two hours of GI teaching that they had was more theoretical rather than direct teaching for clinical work on the wards. It was also heard that knowledge of education regarding exception reporting was variable with the vast majority of DPTs unsure of what this was and how to complete this.	Yes, please M2.6

	The review panel heard from clinical and educational supervisors that they actively encouraged the junior DPTs to exception report.	
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 was concerned to hear from both GI DPTs and supervisors that the ward was run by the surgical division instead of medical. It was felt that this model was not fit for purpose and that a change in structure would benefit the department in the long term. GI supervisors were hopeful that the new medical director would revert to placing Gastroenterology back within the medial division.	Yes, please see G2.8

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 review panel heard from FY and GP DPTs that that they received an excellent level of pastoral and well-being support from the PGME team but felt this was poor overall from senior medical colleagues. The clinical and educational supervisors informed the review panel that there was a wide range of well-being support available for DPTs.	
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** Most of the FY DPTs felt that supervision on both the wards and the acute-medical take was variable, with consultant cover on most days. Some FY DPTs noted that the quality of supervision received by consultants was also variable depending on the department they were in, and which consultant was covering that day. It was perceived by the FY DPTs that there were some consultants who would put effort into spending time talking to DPTs and ensuring they were supported but that this was not always the case. The panel were also concerned to hear that FY	Yes, please see M3.5a

	DPTs sometimes had to cover wards by themselves and there had been occasions where DPTs had spent long periods of time where they were not able to get hold of a consultant for support. It was felt that this issue pertained to the acute-medical take where DPTs sometimes felt out of their depth with very sick patients. This sentiment was echoed by GP DPTs with consultant presence and supervision being variable. It was heard that when two consultants were on the ward, one might be more present than another. There had also been some days with no consultant cover. It was also heard that there was one day a week where GP DPTs were not present on the wards and there was no locum cover to support the short staffing. The FY DPTs within Geriatric Medicine informed the review panel they could not always access senior clinical support and there were some instances where even when they were available, their senior colleagues were not supportive. The specialty DPTs informed the review panel that they generally received appropriate support and supervision from consultants on both the ward and on the acute-medical take. It was heard that specialty DPTs within Respiratory medicine knew who they could go to for senior support but could not comment on other specialties. The review panel heard of some instances where DPTs could not access senior clinical support and this issue had to be escalated with the management team as well as within the specialty. This left some DPTs feeling powerless and unsupported within the department. The panel heard from specialty core and higher DPTs that there was no consultant support on a Saturday until late in the day and that this led to issues with post-take ward rounds. The DPTs did express however that they were pleased with the support they received from the Intensive Therapy Unit (ITU) and felt it was appropriate for patient care. The panel also heard about some occasions where higher DPTs felt they were in a difficult position and could not always escalate to a consultant. It was felt that this led to a decline in patient care. The higher DPTs informed the panel that they would always do their best to support junior DPTs with sick patients. It was heard by specialty core DPTs that the Cardiology department was very well run and that consultants would always go above and beyond to teach and support DPTs. It was however echoed by specialty core DPTs that across the board, it was often very difficult to fulfil curricular competencies due to the high volume of on-calls.	Yes, please see Ger3.5a

	The GI DPTs expressed that they hardly saw their consultants except for ward rounds and referrals. It was felt that there was not always support with teaching or training. The GI DPTs expressed their concerns with patient safety within the department as it was felt that consultants would usually only come and see the very sick patients. It was also heard that managing non-GI patients within a GI setting was not safe. The GI DPTs informed the panel that they often felt lucky to receive support on occasions where they would need to escalate a serious patient issue. The review panel heard that GI DPTs were hopeful that senior colleagues would be receptive when required but noted that clinical commitments or endoscopy procedures meant that senior DPT or consultant support was not always available. The review panel was concerned that there was no appropriate response provided by the clinical and educational supervisors within medicine about the irregularity of supervision for FY DPTs.	Yes, G3.5b
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.** The review panel heard from FY DPTs that they were able to meet their curriculum requirements but felt that this was more via service provision, rather than learning. The FY DPTs also informed the review panel that without the acute-take medical shift, they felt that they would not be learning very much within the department. It was perceived that a majority of the learning that they applied day-to-day had come from their acute-take shift, and that filling out competencies was very much as and when they could. The GP DPTs shared similar sentiments to the FY DPTs regarding meeting curriculum requirements but often struggled to find consultants to sign these off for them.	
3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** The Trust informed the review panel that a specific induction to AIM was now in place.	

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.**	Yes, please see M4.2

	The Educational Supervisors (ES) across the medicine specialties informed the review panel that they did not all have clear allocations in their job plans to be an ES. It was noted by the review panel that appropriate job planning was needed for post-take ward rounds across the medicine specialties. The Clinical Supervisors (CS) ES across the medicine specialties informed the review panel that they had appropriate Planned Activity (PA) allocation for post-take ward rounds.	
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).** When asked by the review panel about the support CS and ES across the medicine specialties received as trainers, it was heard that there was good provision which included regular email communication from the Director of Medical Education (DME) and a number of development sessions on offer that the CS and ES could attend. The effort made by the PGME team in recent months was particularly noted by the supervisors who viewed this as being very positive with good access to educational opportunities. These included regular faculty development sessions, as well as monthly clinical and educational supervisor sessions to ensure all consultants were aware of the curriculum.	
4.4	**Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.** AIM consultants informed the review panel that there was always consultant support available on site until eight in the evening, but that this was not always the case after this time. It was heard that help was still usually available via telephone and that if a situation arose that required consultant presence, that they would be happy to come into the hospital.	Yes, please see M4.4
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.**	

	The review panel heard from ES that all DPTs have had their ES sessions and that more support, such as additional sessions, was offered to any DPT who required it.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.6	**Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements** The review panel heard from Trust representatives that a new rota was in place for KGH medical staff that would increase workload coverage and time available for DPT training. The Trust also informed the review panel that new rotas and rosters were not yet in place but that the medical team had met with the DPTs to ensure they were happy with the suggestions in place. The review panel, however, heard from FY DPTs that gaps were built into the rota with there always being a vacancy that was never filled. The review panel also heard from FY DPTs that constantly changing jobs day to day disrupted the flow of working and noted that it would be more efficient to have a regular routine. The panel also heard that the FY DPTs did not feel pressured to work beyond their rostered hours but there were often multiple days where they had been asked to cover a shift due to understaffing. The FY DPTs stressed the need for permanent staffing such as substantive Trust grade or locum doctors but noted that they were not sure that this would happen. The FY DPTs also informed the panel that they were not yet aware of any change to the rota. The GP DPTs informed the panel that teaching was variable depending on the consultant, with some consultants being more inclined and forthcoming with teaching than others. The GP DPTs noted that although they were able to reach their Vocational Training Scheme (VTS), there were often DPTs left behind on the wards to complete all jobs that were required and reported that this was often difficult for them. The specialty core and higher DPTs reported that they perceived a third of their working time as being spent on-call, and often found it difficult to attend clinics; some DPTs noted that they had recently attended clinics for the first time in two months. They added that this was a result of not having a full set of junior doctors. The review panel heard from DPTs within Respiratory medicine that from a specialty sense, they were getting very good clinical exposure and referral experience. It was heard that consultants	Yes, please see M5.6a Yes, please see M5.6b

	within the Respiratory department did their best to make training a good educational experience. The panel also heard from Respiratory DPTs that teaching time was respected. The experience of attending teaching differed slightly within Cardiology as the panel heard from CS and ES that it was often difficult to attend teaching due to there being only one middle grade doctor on call. It was heard that there were talks of hiring an additional clinical fellow to support. The review panel was pleased to hear that Internal Medicine Training level 3 (IMT3) DPTs had dedicated clinic time compared to their experiences during first and second year of IMT training. This was noted as being particularly good within the Respiratory department. The IMT3 DPTs also reported, however, that they perceived leaving the wards as being unsafe due to being both on the wards and on-call and felt this disrupted the continuity of care for patients. The IMT3 DPTs were aware of Trust plans to roll out a new rota and were hopeful that this would help ease the current challenges being faced but added that winter pressures and sick leave would still be an issue. The review panel heard from GI DPTs that staffing was an issue within the department that there was no protected teaching time for DPTs, aside from core teaching for FY DPTs. It was heard that there was self-directed teaching time built into the rota but there was no dedicated departmental teaching day. The panel were also informed that it was sometimes difficult to get leave requests approved for simulation days or other training due to minimum ward numbers not being met. The GI DPTs informed the panel that their outpatient clinic numbers were not as high as they should be for gaining their curriculum competencies. It was also noted that training was passively delivered through ward rounds but that both the DPTs and supervisors were aware of this being an issue. The panel also heard that workload often meant that GI DPTs often struggled to get a lunch break and regularly finished late. The GI DPTs informed the panel that a clinical fellow would be hired to help take some pressure off, but they were unsure of the time-frame for this being realised. It was also heard that being constantly on-call and not having enough substantive consultants made training more difficult. The clinical and educational supervisors across the medicine specialties noted that Cardiology DPTs were unable to get to teaching and clinics due to frequently being on-call but added that rota changes meant that the DPTs were now able to attend catheter lab and echocardiography sessions The clinical and educational supervisors in medicine recognised the gaps in staffing and expressed that they had tried to change rotas around to support DPTs. They also noted the reliance on locum	

	consultants to fill gaps due to the rota co-ordination on some weeks leading to the entire team being on the acute-medical take. The supervisors expressed significant concerns with the workforce hub managing the rota and noted that the service was running at a minimum and that the standard of provision, ward cover and training opportunities were affected because of this. The review panel heard from medicine supervisors that there needed to be better communication with managing the rotas and leave. The supervisors informed the panel that the new rota would be starting in January 2023 with both the DPTs and consultants starting at the same time. It was heard that this would give DPTs time within their own specialty without being disrupted. The sentiments of the GI supervisors echoed those of the GI DPTs as well as the CS and ES in medicine, with concerns around the workforce hub's control of the rota. It was heard that half of GI DPT time was spent on-call which had a knock-on effect to endoscopic training as well as access to additional teaching such as Journal Club. It was felt that there was an unequal allocation of training given to KGH DPTs compared to those based at Queen's Hospital. The GI supervisors expressed that they had tried to influence the rota to allow DPTs more specialty training time. It was heard that GI DPTs received approximately a quarter of GI training time that was controlled by the department and discontent came from when DPTs were allocated less than this. The panel heard that due to the unique nature of GI training with Endoscopy, dedicated teaching was a must to ensure the demands of training were being met. The GI supervisors also informed the panel that there was a need for more junior DPTs to cover wards and had employed two GI fellows to focus on this. The GI supervisors expressed the need to be given back control of the rota in order to implement solutions that would positively impact safe service provision as well as the GI training experience.	Yes, please see G5.6c

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	**Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.** Domain not discussed at this review	

Report Approval

Quality Review Report completed by	
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