

HEE Quality Interventions Review Report



**North Middlesex University Hospital NHS Trust
(North Middlesex University Hospital)
Paediatrics and GP Prog – Paediatrics and Child Health
Learner and Educator Review**

**London – North Central London
Date of Review/Intervention: 21 November 2022
Date of Final Report: 31 January 2023**

Review Overview

Background to the review

This Health Education England quality review to Paediatrics and GP Prog – Paediatrics and Child Health at North Middlesex University Hospital NHS Trust (North Middlesex University Hospital) was scheduled due to concerns raised via the General Medical Council's National Training Survey (GMC NTS) 2022 results for the programme groups.

Paediatrics:

Red outliers: Workload, Teamwork, Regional Teaching, Rota Design, Facilities

Pink outliers: Clinical Supervision, Clinical Supervision out of hours, Reporting Systems, Educational Supervision

GP Prog – Paediatrics and Child Health:

Red outliers: Teamwork, Supportive Environment, Induction

Pink outliers: Overall Satisfaction, Clinical Supervision, Clinical Supervision out of hours, Adequate Experience, Educational Governance, Study Leave, Rota Design, Facilities

This HEE intervention sought to explore the outliers flagged in the survey and identify ways in which Health Education England can support the Trust to improve the training delivered at North Middlesex University Hospital.

Subject of the review:

Paediatrics and GP Prog – Paediatrics

Who we met with

The review panel met with the following representatives from North Middlesex University Hospital NHS Trust (North Middlesex University Hospital):

Director of Medical Education

Assistant Director for Medical Education

Divisional Clinical Director

College Tutor

Two Guardians of Safe Working Hours

Medical Education Manager

Educational Lead

Medical Director

15 doctors in postgraduate training (DPT) within GP Prog – Paediatrics and Child Health and the Paediatrics programme, between specialty training grades one and eight (ST1-ST8)

14 clinical supervisors and educational supervisors within Paediatrics

Evidence utilised

The following documentation was utilised by the review panel in preparation for this review:

Focus group - Educational Supervision of Paediatric Trainees
General Medical Council (GMC) Survey Feedback - Paediatrics November visit
GP Faculty Meeting Minutes
Health Education England Medicine Summary report September 2022
Local Faculty Group (LFG) presentation on GMC survey
Paediatric Assessment Unit – Standard Operating Procedure Final
Postgraduate Faculty Minutes - 22 March 2022
Timeline of actions following survey

Induction:

British Medical Journal (BMJ) Child Educational Practice Archives article about sleep
Blood Transfusion in Paediatrics
Child and Adolescent Psychiatry Paediatrics Liaison Team presentation – induction 2019
Child Protection Induction September 2022 presentation
Clinic top tips
Induction Checklist neonatal
Induction Presentation August 2022
Induction Presentation February 2022
Induction Presentation March 2022
Induction Presentation September 2022
Induction Presentation September 2022
Induction to Sick Cell and Haematology – for induction
Link to Induction Handbook
Royal College of Paediatrics and Child Health (RCPCH) Safe Prescribing presentation 5 March 2021
Suggested topics for GP teaching
Summary of Accident and Emergency Induction Talk
Trainee Leadership roles September 2022

Junior-Senior Meetings:

Junior Junior + Junior Senior Minutes – 1 November 2022
Junior/Senior Meeting – 26 July 2022
Junior/Senior Meeting – 19 April 2023
Junior – Junior Minutes – November 2021
Junior/Senior Minutes – June 2021
Junior/Senior Minutes – 18 March 2022
Junior/Senior Minutes – 1 March 2022
Junior/Senior Minutes – 24 May 2022
Junior/Senior Minutes – 26 July 2022

LFG Meetings:

LEFG minutes 22nd April 2021
LEFG minutes 9th Feb 2021
LEFG minutes July 2021
LEFG minutes July 2021
LEFG minutes November 2021
LEFG minutes September 2021

Extraordinary LEFG 22nd of Aug2022

LEFG 8th March

LEFG minutes 21st June 2022

LEFG minutes 26th April 2022

Round Table:

Paediatric Emergency Department (PED)/Paediatric Assessment Unit (PAU) flow round table – 23 September 2022

Paediatric Emergency Department (PED)/Paediatric Assessment Unit (PAU) flow round table – Key Actions – 2 September 2022

Working Groups: Trainee Survey Feedback – 11 November 2022

Teaching:

Teaching Timetable

Working Group:

Working Group – Meeting Minutes – Staffing – 10 October 2022

Working Group – Meeting Minutes – Staffing – 31 October 2022

Working Group – Meeting Minutes – Reporting Concerns – 11 October 2022

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Specialty Expert	Dr Jonathan Round Head of London School of Paediatrics
Specialty Expert	Dr Andrew Tate Head of London GP School
Learner Representative	Dr Sarah Sturrock Trainees' Committee co-chair, London School of Paediatrics
Lay Representative	Anne Sinclair Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Kiera Cannon Quality, Patient Safety and Commissioning Officer

Executive Summary

This HEE quality review to Paediatrics and GP Prog – Paediatrics and Child Health at North Middlesex University Hospital NHS Trust (North Middlesex University Hospital) was scheduled due to concerns raised via the General Medical Council's National Training Survey (GMC NTS) 2022 results for the two programme groups.

The review panel found that the majority of concerns within the department were based upon the busyness of the workload within Paediatrics at North Middlesex University Hospital, which had impacted on educational opportunities for doctors in postgraduate training within Paediatrics and GP Paediatrics.

The review panel were pleased to hear that doctors in postgraduate training (DPTs) felt well supported by the paediatrics consultants and expressed that there was a wealth of learning opportunities within North Middlesex University Hospital. In addition, it was good to hear that clinical and educational supervisors had appropriate time in their job plans for education and training, and that they had regular appraisals as required.

However, HEE identified the following areas as requiring improvement:

- the busyness of the placement meant that DPTs were unable to take necessary breaks to recuperate, and that there was a lack of dedicated space for rest facilities or administrative tasks
- due to the workload, DPTs were unable to undertake mandatory learning activities required for curricular progression
- due to limited bed capacity, DPTs spent a large proportion of their time phoning hospitals around London to identify bed space for inpatients, and this impacted on their educational opportunities
- regional teaching for DPTs was not built into their rota, which meant they were often unable to access this due to staffing levels
- DPTs were often required to take bloods from patients, and it was felt that this could be done by other multiprofessional colleagues to distribute this workload across the workforce
- GP DPTs spent three months working in the neonatal intensive care unit, and this was inappropriate for the curriculum requirements of GP DPTs while working for a short time in a hospital setting
- GP teaching was built into the rota for GP DPTs, however there were instances where GP DPTs missed this teaching due to filling rota gaps
- Some GP DPTs did not have an appropriate induction for their placement due to rota arrangements

HEE identified a number of Mandatory Requirements and Recommendations for the Trust to work on to improve the training environment at North Middlesex University Hospital. These can be found on pages 5-7.

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
P1.11 and GpP1.11	The review panel heard that Doctors in Postgraduate Training (DPTs) did not have an appropriate place to rest during their shift, access to food nor did they have a doctors' office.	<p>The Trust is required to ensure that Doctors in Postgraduate Training (DPT) across Paediatrics and GP Paediatrics have adequate access to nearby rest facilities, food and a dedicated space for administrative tasks.</p> <p>Please submit DPT feedback that this issue has been resolved by 1 March 2023 on the Quality Management Portal (QMP).</p>
P2.8a	The review panel heard that DPTs in Paediatrics spent a significant proportion of their time managing beds for inpatients, which included phoning hospitals across London due to limited bed capacity at North Middlesex University Hospital. This impacted on the educational experience of DPTs in Paediatrics.	<p>The Trust is required to identify appropriate support for bed management to reduce this workload from DPTs in Paediatrics.</p> <p>Please submit evidence in support of this action by 1 March 2023 on QMP.</p>
GpP3.5	The review panel heard that clinic buddying was implemented after GP DPTs began their placement, but that it was now implemented for all DPTs within the Paediatrics department.	<p>The Trust is required to demonstrate DPT feedback confirming that clinic buddying is established for GP DPTs within the next cohort.</p> <p>Please submit progress against this action by 1 March 2023 on QMP.</p>

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P3.7	The review panel heard that DPTs in Paediatrics felt they were expected to complete workplace-based assessments in their own time due to the busyness and workload within the paediatric department.	<p>The Trust is required to ensure DPTs in Paediatrics have appropriate, allocated time to undertake mandatory learning activities such as workplace-based assessments.</p> <p>Please submit evidence in support of this action, including feedback that this is no longer a concern for DPTs by 1 March 2023 on QMP.</p>
GpP3.9	The review panel heard that the majority of GP DPTs did not have access to an adequate induction due to rota arrangements, which meant that they felt unprepared for their placement at North Middlesex University Hospital.	<p>The Trust is required to ensure that all GP DPTs have adequate access to induction and are offered an appropriate secondary induction if they miss the initial one due to rota arrangements.</p> <p>Please submit evidence in support of this action by 1 March 2023 on QMP.</p>
GpP5.1	The review panel heard that GP DPTs spent three months of their placement working on the Neonatal Intensive Care Unit (NICU) rota, and this was felt to be due to service provision rather than of significant educational value for GP DPTs.	<p>The Trust is required to remove GP DPTs from the NICU rota for those three months on their placement at North Middlesex University Hospital for the next cohort of GP DPTs.</p> <p>Please progress in support of this action by 1 March 2023 on QMP.</p>
GpP5.6	The review panel heard that GP DPTs were not always able to access GP teaching despite it being built into their rota, because of some instances whereby they were required to fill rota gaps due to staffing levels.	<p>The Trust is required to ensure that GP DPTs are able to access their GP teaching on Thursday afternoons and are not used to fill rota gaps on these days.</p> <p>Please submit evidence in support of this action by 1 March 2023 on QMP.</p>
P5.6	The review panel heard that Paediatric DPTs were often unable to attend regional teaching due to staffing levels, as it was not built into their rota as standard.	The Trust is required to ensure that formal regional teaching for Paediatrics DPTs is built into the rota to enable appropriate release for teaching.

		Please submit evidence in support of this action by 1 March 2023 on QMP.
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Immediate Mandatory Requirements

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

Recommendations

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

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
P2.8b	HEE Quality Domain 2: Educational Governance and Commitment to Quality	Health Education England recommends that the Trust explore alternative multiprofessional support for phlebotomy, including upskilling of nurses or other allied health professionals.

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	N/A	N/A

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>On the whole, DPTs within Paediatrics and GP Paediatrics felt there was a wealth of learning opportunities at North Middlesex University Hospital. Paediatrics DPTs acknowledged that there was a heavy and intense workload, however they felt it was a good place to work with supportive colleagues. Because of this, DPTs reported they would recommend their placement to colleagues for training, however noted that the post was a challenging one with heavy workload. GP DPTs reported that they would recommend North Middlesex University Hospital as a placement to colleagues specifically within General Paediatrics, however it was highlighted that the Neonatal aspect of training was not felt to be beneficial for GP DPTs.</p> <p>The majority of GP DPTs reported that they would not be comfortable with friends or family being treated at North Middlesex University Hospital within the Paediatrics department, and this was because they felt that due to the busyness of the department, there was a risk that they would not get the attention they needed. On the other hand, the majority of Paediatrics DPTs reported that they would recommend the department to friends or family as they felt the quality of care was good, with the caveat that there would be long waiting times to see a doctor.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The review panel was pleased to hear that none of the DPTs in attendance at the review witnessed or experienced any bullying and undermining within Paediatrics at North Middlesex University Hospital.</p>	
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p> <p>DPTs in Paediatrics reported that due to the busyness and workload of the placement, they were unable to take necessary breaks. The review panel heard that due to workload within the department that it was a challenge for DPTs to take the required</p>	Yes, please see P1.11 and GpP1.11

	breaks. This was further impacted by the lack of dedicated space or a doctors' office to step away from the clinical environment for a break or to complete administrative tasks. This was exacerbated when working at night. In addition, the review panel heard that DPTs did not have ease of access to hot food and drinks when working within Paediatrics, as the department was so busy and available food was reportedly on the other side of the hospital, which meant that DPTs felt they were unable to take the time to get there and back during a break.	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>The review panel heard from Trust representatives that after the General Medical Council's National Training Survey (GMC NTS) 2022 results were published, the Paediatrics department sent a survey to all DPTs and held a number of face-to-face sessions with DPTs to obtain more detailed feedback on key issues within the specialty training programme. It was reported that following these sessions, the Trust set up working groups with specific themes to address main concerns, including workload; staffing levels; rota; clinical supervision; IT issues; and patient flow within the Emergency Department (ED). Each of the working groups had a number of meetings to identify short-term fixes and longer-term plans to put in place.</p> <p>The Trust identified that there was dissatisfaction among DPTs about when they were able to take annual leave and self-development days within the rota, and it was found that this could only be taken during 'float days'. The Trust reported that DPTs in Paediatrics now had more flexibility and were able to take annual leave on 'short days' as well. The review panel also heard that self-development days were now protected days for DPTs. The Trust reported that they had recently developed a new Paediatric Day Assessment Unit (PDAU). It was reported that the PDAU was intended to be used purely as an assessment unit for ambulatory patients, however due to limited bed capacity, North Middlesex University Hospital regularly have patients on that ward which was functioning as a Paediatrics ward and assessment unit. In addition, the review panel heard that for some DPTs rostered to work on the PDAU, the first patient was to be seen at 09:30am and that this made it difficult for some DPTs to attend morning teaching. The Trust reported that they</p>	

	<p>had now shifted this around so that DPTs can easily attend teaching. To support the rota, the Trust also reported that they had appointed two international staff grade doctors who were due to start in post shortly after the review had taken place. The Trust reported that their biggest issue within Paediatrics was the workload for DPTs. To address this, the Trust reported that they had recruited some medical support workers and that they were reviewing how they could best utilise those additional colleagues in different clinical areas. In addition, the Trust reported that they were looking to appoint some Physician's Associates to try to release the middle grade DPTs from the PDAU to maximise educational value of their placement. The review panel also heard that the Trust had increased the number of clinics available for DPTs. Previously, DPTs had access to two rapid access clinics per month, and it was reported that DPTs now had access to an additional General Paediatrics Clinic. The Trust also reported that they had lost one of their main Paediatrics inpatient wards due to the Covid-19 pandemic, and that the main ward was now being refurbished to open by March 2023. The review panel heard that the opening of this refurbished ward would help with patient flow, as being unable to admit patients onto the wards due to bed capacity created significant additional workload for DPTs.</p> <p>The Trust reported that they had an excellent community nursing team who formulated a hospital at home service. It was reported that this decreased the amount of time patients spend in hospital and reduced some of the workload within the paediatrics department.</p> <p>The Guardian of Safe Working hours reported that the majority of exception reports were submitted on particularly difficult days for DPTs, and that the majority of these reported that the department was busy and difficult, however the consultants were supportive.</p>	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>Paediatrics DPTs reported that the workload was unsustainably high, and that issues with staffing levels meant there were not enough doctors working for the volume of patients within the department. The review panel heard that DPTs did not feel unable to cope with the workload and that colleagues were always around on the wards, however it was constantly busy with the volume of patients who came through the Emergency Department (ED) in particular. It was felt that North Middlesex University Hospital had one of the busiest EDs and that the flow</p>	

	<p>of patients was unsustainable. DPTs reported that there were no concerns with patient safety, however some DPTs felt that there could be concerns in the future due to delays to patients getting reviews due to waiting times, waiting for support with management of complex patients under the guidance of other specialty teams and within the Neonatal Intensive Care Unit (NICU), some patients could be waiting for bloods to be taken. Despite this, the review panel heard that the majority of DPTs had good working relationships with multiprofessional colleagues including nurses, midwives and allied health professionals (AHPs).</p> <p>The review panel were concerned to hear that there was a patient flow problem and that there were not enough beds available on the ward for inpatients to go to. The majority of DPTs reported that this impacted on their educational experience as they would be required to manage beds and phone hospitals around London to locate an appropriate bed for some inpatients. The review panel heard that DPTs felt there was a lack of efficiency around bed management, and that due to the lack of beds available for inpatients, it was a challenge to move patients from one area to another. DPTs reported that they when wards were particularly busy, they spent a large majority of their time calling various hospitals within London to locate a bed for a patient, and that this was not always successful. DPTs felt that other hospitals within London had dedicated bed managers who took the lead for identifying appropriate beds for patients, however at North Middlesex Hospital, this responsibility fell upon DPTs. The review panel heard that the educational value of their placement was reduced due to logistical work on an appropriate place for patients. The majority of DPTs felt it would be more efficient to have the ability to move patients from one area to another, and to increase the nurse-to-patient ratio within Paediatrics.</p> <p>DPTs reported that when phoning around other hospitals to locate appropriate beds for patients, they found out that other hospitals had an extra night registrar which helped to alleviate issues with staffing levels. When queried on this, CSs and ESs reported that they had a full establishment and would have concerns about expanding the rota with a third night registrar and where the doctor would come from. It was felt that more vacancies on the rota at night would cause more problems for the department rather than solve issues. It was reported that in order to make the rota compliant, they would need a large number of additional doctors rather than just one additional night doctor. It was felt by the majority of CSs and ESs that a Twilight doctor would be more beneficial, and that would enable an appropriate work-life balance for doctors, rather than allocating additional nights to DPTs.</p>	<p>Yes, please see P2.8a</p>
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	<p>DPTs in Paediatrics reported that when working in the PDAU, they were required to take blood from patients rather than a dedicated nurse or phlebotomist. The review panel heard that this was felt to be time-consuming for DPTs and was not the best use of DPTs time on their placement in Paediatrics. It was recommended that the Trust review the skill mix for phlebotomy, consider upskilling nurses or look into other multiprofessional support to distribute this workload across the workforce. This would enable more time for Paediatrics DPTs to focus on procedures that were more in-line with their curriculum requirements while on their placement at North Middlesex Hospital.</p>	<p>Yes, please see P2.8b</p>
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The review panel were pleased to hear that the Paediatric consultants were a supportive group of supervisors, and that DPTs across Paediatrics and GP Paediatrics felt well supported by them on their placement. DPTs in Paediatrics and GP Paediatrics also reported that they always knew who they could contact if they had queries or concerns whilst on their placement and felt that the supervision provided by both consultants and senior Paediatrics DPTs was good and consistent.</p> <p>The review panel heard from GP DPTs that they obtained good experience through clinical work whilst on their placement, and that consultants and higher specialty DPT colleagues were supportive and eager to answer any questions they had. It was also reported that a definite feature of learning within the placement included GP DPTs being encouraged by their senior colleagues to think about the educational content in alternative ways to solidify learning.</p> <p>The review panel heard that Clinic Buddying was implemented for Paediatric DPTs as extra support at the start of their placement, however this was not implemented in time for GP DPTs who began their placement one month before the Paediatrics DPTs. It was noted that when the Paediatrics specialty DPTs began their placement in September 2022, the department recognised that clinics were sometimes overwhelming and challenging for DPTs at the beginning of the rotation. DPTs began the placement with a basic understanding of expectations and were then placed within clinics soon into the placement. The Trust acknowledged the need for additional support for DPTs and implemented a buddy system to mitigate this and help DPTs get accustomed to the department.</p>	<p>Yes, please see GpP3.5</p>

	The Trust have since reported that this was a new process that was now in place for all DPTs coming into the department.	
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>The review panel heard that that due to the pace of the department and the amount of workload within Paediatrics, the majority of DPTs felt they were too busy to undertake mandatory learning activities required for their progression on the Paediatrics programme. DPTs reported that this included workplace-based assessments, and that they felt the expectation was for them to complete these in their own time rather than during their working hours.</p> <p>Clinical Supervisors (CSs) and Educational Supervisors (ESs) reported that they were available to work with DPTs on workplace-based assessments as part of the ward round within Paediatrics, however it was noted that it was the DPTs responsibility to ensure these were undertaken. CSs and ESs reported that the consultant was also available typically 4-5 days per week to support workplace-based assessments for DPTs as an addition. However, it was acknowledged that these opportunities may not be being utilised to the fullest due to the busyness of the wards. The review panel also heard that the attending consultant was expected to do one workplace-based assessment per day, and some CSs reported that the felt they offered these during ward rounds. CSs and ESs reported that development days would soon be implemented into the rota and that this would enable more opportunities for DPTs to access workplace-based assessments, however DPTs needed to be proactive to obtain these.</p>	Yes, please see P3.7
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The majority of GP DPTs reported that they did not have an adequate induction when they started their Paediatrics placement, which meant some DPTs felt unprepared for their training. The review panel heard from specialty DPTs that induction had taken place at the beginning of the placement and was held over two days, however the GP DPTs reported that they did not have access if they were initially rostered to work at night. It was perceived by the GP DPTs that the department did not double check if they were able to access the induction, and there was not a separate induction arranged for them if they missed the initial one due to the rota.</p>	Yes, please see GpP3.9

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The review panel were pleased to hear that CSs and ESs had sufficient allocated time in their job plan for education and training.</p>	
4.3	<p>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).</p> <p>The review panel were pleased to hear that CSs and ESs all had regular appraisals to ensure they were meeting the GMC's professional standards for medical educators. ESs reported that the Trust offered free educational supervision courses and that they had undertaken some development days to focus on specific objectives as educators.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>GP DPTs reported that they felt their time on the NICU rota was used as service provision rather than being of much educational value for them as GP DPTs, especially as it was reported that DPTs on the GP programme placed within other hospitals did not appear to be placed within NICU. GP DPTs also reported feeling less supported when working within the NICU, particularly at night. It was reported that although their DPT colleagues were supportive in the NICU, they sometimes felt alone which meant that some DPTs felt anxious and had a negative impact on their mental wellbeing. The review panel heard that GP DPTs were expected to often attend deliveries on their own due to staffing levels, and they felt unequipped to deal with the specific requirements and needs of the patients within the NICU. The review panel heard from GP DPTs that their colleagues within other placements would have a full day of neonatal life-support training, however it was reported that the GP DPTs at North Middlesex University Hospital only had 30 minutes for this, which meant they felt unprepared. It was reported, however, that the majority of GP DPTs found great educational value in their</p>	Yes, please see GpP5.1

	<p>general paediatrics placement which was felt to be useful for developing skills and meeting their specific curriculum requirements. However, the placement on the NICU was felt to be of questionable value in relation to their future roles as GPs, as well as anxiety-inducing.</p> <p>When asked about GP DPTs undertaking three months within the NICU, CSs and ESs reported that they needed to cover the NICU rota somehow, and that moving the problems around service provision from GP DPTs to Paediatrics DPTs was not felt to be the correct solution. The review panel heard that the department had surveyed previous DPTs on their experience on the placement, and it was reported that DPTs felt it was useful to learn about Paediatric medicine on the whole, including neonates. CSs and ESs also reported that the NICU placement was felt to be beneficial for GP DPTs with greater opportunities to learn about neonatal patients in preparation for examining unwell children within General Practice.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel heard that GP DPTs felt they were treated similar to middle grade Paediatrics DPTs as they shared a rota and undertook a similar level of clinical work whilst on their General Paediatrics placement. However, GP DPTs reported that they did not feel their educational needs were prioritised or considered as much as Paediatrics DPTs. The review panel heard that teaching for GP DPTs was built into the rota on Thursday afternoons, however some GP DPTs reported instances where they were unable to attend teaching sessions due to staffing levels and needing to fill in rota gaps. The GP DPTs reported that this made them feel they were just there for service provision rather than on an educational placement.</p> <p>Whilst GP DPTs in Paediatrics reported that GP teaching was built into the rota and that they were sometimes released for GP regional teaching if they were not filling rota gaps, the review panel heard that this was not the case for Paediatric DPTs. The review panel heard that this meant Paediatrics DPTs were often unable to attend regional teaching due to staffing levels, as the session was not built into the rota in a similar way.</p> <p>Paediatrics DPTs reported that within the department, they received well-structured informal teaching by their consultants or senior DPTs usually after handover where colleagues were gathered, and despite holding the bleep in case of emergencies within the department, the review panel heard of some instances where a consultant took responsibility of the bleep from a Paediatric DPT so that they could focus on learning.</p>	<p>Yes, please see GpP5.6</p> <p>Yes, please see P5.6</p>

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	<p>CSs and ESs reported that during the Covid-19 pandemic, regional training days became virtual, but they were now back to being in-person. The review panel heard that DPTs in Paediatrics were released to attend these as required, and that the department started cancelling any shift for DPTs within the PDAU that fell on a training day to release DPTs for regional teaching. CSs and ESs reported that GP DPTs were released from their shift on Thursday afternoons to attend teaching the majority of the time.</p> <p>CSs and ESs reported that Paediatrics DPTs were able to take study leave on any of their rostered 'short days' providing that there were adequate staffing levels on the wards. It was noted that if DPTs were rostered for a 'long days', they needed to swap the evening portion of their shift to enable access to study leave.</p>	
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HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	This domain was not discussed at the review.	

Report Approval

Quality Review Report completed by	
Name	Nicole Lallaway
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Elizabeth Carty
Role	Deputy Postgraduate Dean for North London
Signature	Dr Elizabeth Carty
Date signed	21 December 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean, North London
Signature	
Date signed	30 January 2023

Final Report submitted to organisation	31 January 2023
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