NHS
Health Education England

HEE Quality Interventions Review Report

Barts Health NHS Trust (Newham University Hospital) Emergency Medicine, ACCS and Foundation Surgery Learner and Educator Review

London – North East London
Date of Review/Intervention: 22 November 20222
Date of Final Report: 26 January 2023

Review Overview

Background to the review

This review was proposed following the General Medical Council (GMC) National Training Survey (NTS) results from 2022. The results indicated that there had been a significant deterioration in the experience of doctors in postgraduate training (DPTs) across a number of Emergency Medicine (EM) placements. Based on results by programme group, Foundation Year 2 (FY2) placements had declined from six green flags to six white and one red flag. EM higher placements had also gone down from four green and three pale green flags to four pink and one red flag. Acute Care Common Stem (ACCS) had five pink flags including overall satisfaction and supportive environment. Based on post specialty results the EM higher trainee results have deteriorated from white and green to two reds and one pink. Given the deterioration across these programmes, a learner and educator visit was proposed to understand the reasons for the changes and what actions the Trust had undertaken to prevent further deterioration in experience.

Subject of the review:

EM, ACCS and Foundation Year Surgery

Who we met with

The review panel met with:

- Five Foundation (FY1&2) doctors in postgraduate training (DPTs), two General Practice (GP) DPTs, three specialty core and higher DPTs in Emergency Medicine and FY1 Surgery and one ACCS DPT
- Eight clinical supervisors (CS) and educational supervisors (ES) in Emergency Medicine, ACCS and FY1 Surgery

Evidence utilised

- Emergency Medicine LFG Minutes – November 2021
- Emergency Medicine LFG Minutes – March 2022
- Emergency Medicine LFG Minutes – July 2022
- Emergency Department (ED) In situ Simulation – February 2022
- Emergency Department (ED) In situ Simulation – August 2022
- Clinical and Educational Supervisors (Mentors) List – August 2022
- Middle Grade Teaching Rota – August 2021 to August 2022
- Foundation (FY) Teaching Attendance List
- FY Teaching Programme – April to August 2022
- FY Teaching Programme – August to December 2022
- Newham ED Teaching Feedback
- ED Induction Feedback
- Newham University Hospital (NUH) Start Survey – August to October 2022
- Datix Incidents Report

- Newham Medical Education Committee (NMEC) Minutes – April 2021
- NMEC Minutes – September 2021
- NMEC Minutes – March 2022
- Exception Reports – September 2022
- Exception Reports – October 2022
- ED Rota – August 2022 to February 2023

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 Emergency Medicine	Dr Firas Sa'adedin Deputy Head of the School of Emergency Medicine Health Education England, London
Foundation School Representative	Dr Keren Davies Foundation School Director Health Education England (North Central and East London)
General Practice (GP) Representative	Dr Andrew Tate Head of GP School for North Central and East London
Lay Representative	Sarah-Jane Pluckrose
Learner Representative	Dr Richard Carden
HEE Quality Representatives	Ummama Sheikh Learning Environment Quality Coordinator Health Education England (North East London) Shabina Mirza Quality, Patient Safety and Commissioning Officer Health Education England, London

Executive Summary

The review panel thanked the Trust for facilitating the review and ensuring good attendance at all sessions.

The review panel informed the Trust that there were several serious concerns identified by doctors in postgraduate training (DPTs), one of which resulted in the Trust receiving an Immediate Mandatory Requirement (IMR). The IMR was related to concerns around a lack of direct supervision of Foundation and non-specialist DPTs in managing paediatric cases. The panel was particularly concerned that this could lead to a delay in referrals to, and management of paediatrics cases, and presented a risk to patient safety. They also experienced the induction to paediatric emergency medicine (PED) as being limited. The panel were also concerned to hear that although positively received consultant-led teaching was available in the department, DPTs attendance was limited by workload and the timing of the teaching programme. There were additional concerns around supervision and a perceived lack of consultant support around exception reporting.

The review panel were pleased however, to hear that DPTs had good exposure to a wide case mix as well as good access to clinical opportunities. The panel were also pleased to hear that individual consultants had gone above and beyond their job plans to deliver both service and educational opportunities to the DPTs. The panel were reassured to hear that the changes to the surgical pathways for the FY1 DPTs appeared to be providing good educational opportunities and an improvement in surgical teaching.

This report includes actions 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 actions below will be due on 1 March 2023.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
EM1.1a, F1.1a, GP1.1a	The FY and GP DPTs informed the panel that Handover arrangements were generally to 'hand up' to a senior colleague but there were some occasions where there was no senior clinical member to hand over to leading to delays in decision making. Middle grade doctors, when present, were viewed as focussing on flow rather than support for junior colleagues The FY and GP DPTs were not always confident that they would get a senior review and that level of care provided was often dependent on the consultant.	The Trust must ensure that DPTS are aware of who is the named senior clinician for handover and advice during each shift. 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 March 2023, in line with HEE's action plan timeline.
EM1.1b, GP1.1b	The panel heard from GP DPTs that they were often learning on the job and had minuted formal teaching. The GP DPTs expressed that they felt their role focussed on service provision. Some GP DPTs felt out of their depth in relation to their experience and the departments expectations. Some GP DPTs did not feel	The Trust must ensure that GP DPTs receive adequate learning opportunities reflecting their curricular needs, as well as ensuring the GP DPTs are well-supported, particularly those who are less experienced with the requirements of the role. Please provide feedback from DPTs and supervisors on this

	confident managing paediatric cases and felt they had not had comprehensive training i.e., in paediatric blood tests and conducting Ears, Nose and Throat (ENT) examinations. The GP DPTs felt that learning was not focussed on their curricular needs.	topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes, exception reports or other evidence. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
EM1.1c, F1.1c, GP1.1c	The panel also heard from FY and GP DPTs about some instances of bullying and undermining from individual personalities within the department.	The Trust should undertake a review of bullying and undermining within the department to ensure that a positive culture is promoted among consultants and 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 March 2023, in line with HEE's action plan timeline.
EM1.1d	It was felt by some specialty DPTs that the allocation of night shifts did not always appear to be transparent or fair. This is within the context of rota pressure and DPTs working to ensure that patient safety was not compromised.	The Trust should undertake a review of shift allocation to ensure that DPTs allocated an equal number of night shifts. 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 March 2023, in line with HEE's action plan timeline.
EM1.1e, F1.1e, GP1.1e	The panel were concerned to hear that specialty core and higher DPTs would not feel	The Trust must ensure that higher DPTs are adequately

	comfortable if the overnight GP or F2 DPTs needed support within PEM and would often escalate these issues directly to the paediatrics department	supported by their CS, in order to provide sufficient support to junior DPTs and prevent referral to speciality departments 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 March 2023, in line with HEE's action plan timeline.
EM1.7, F1.7, GP1.7	The FY and GP DPTs informed the review panel that they did not always feel comfortable raising concerns to the consultant body. They described that there was sometimes a perceived antagonism from the consultant body towards DPTs who would speak up and raise concerns. The review panel also heard that some FY and GP DPTs did not feel that they could be as open as they would have liked due to their clinical and educational supervisors being the same person.	The Trust should undertake a review of the departments processes regarding speaking up and ensure that all DPTs feel comfortable enough to raise concerns. The Trust should allocate different individuals to the 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 March 2023, in line with HEE's action plan timeline.
EM1.9, F1.9, GP1.9	Some FY and GP DPTs informed the panel that they were actively involved with providing feedback to the department and helping to introduce improvements to protocol and processes. The panel heard that DPTs were approached by service managers who were keen to work collaboratively with DPTs to get feedback.	The Trust should ensure that there is a regular review of DPT engagement in Quality Improvement Projects (QIPs). 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.

	However, the review panel heard that it was often difficult for DPTs to get involved with QIP due to the high volume of work. Some specialty DPTs reported that they had not been able to complete any activities other than an Extended Supervising Learning Event (ELSE) assessment, as most times they were working unsupervised. The panel also heard that QIP was not difficult to get started with, however it was difficult to work on consistently as busy shifts and workload meant that all other work was not regarded a priority.	Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
EM2.6, F2.6, GP2.6	FY and GP DPTs informed the panel they were given an email address and login details for exception reporting but were often met with defensiveness if they did try to exception report. These DPTs felt that as compensation was at the discretion of the consultants, they chose not to regularly exception report.	The Trust should undertake a review of exception reporting within the department and ensure that all DPTs are aware of how to and when to exception report. Consultants should be supportive of exception reporting. 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 March 2023, in line with HEE's action plan timeline.
EM3.5, F3.5, GP3.5	The FY DPTs added that there was often a lack of senior support, and that locum doctors were difficult to find. The FY DPTs were left feeling unsupported and lacked confidence to review patients. Consultants and the overnight	The Trust should ensure that there is enough senior clinical support for the FY DPTs, as well as there being a sufficient number of consultants available within the department.

	registrar were called out of the department leading to delay in getting a senior review, impacting 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 March 2023, in line with HEE's action plan timeline.
EM3.9a, F3.9a	The FY DPTs felt their induction was not appropriate and that much of their learning was from on the job rather than teaching. This mirrored the experience of GP DPTs	The Trust must review the current induction process and ensure that this is appropriate for all 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 March 2023, in line with HEE's action plan timeline.
EM3.9b	The review panel were concerned to hear from the specialty core and higher DPTs that the induction to the PED was limited. It was felt by the review panel that this was not substantial and or safe for DPTs. The DPTs informed the panel that their concerns around the PED had been fed back to the Local Faculty Group (LFG) and that the DPTs felt they needed dedicated time to improve their experience of paediatrics.	The Trust must ensure that there is a substantial, specific induction to the PED that is appropriate for all 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 March 2023, in line with HEE's action plan timeline.
EM4.2	The review panel felt that consultants should be appropriately job planned for their roles as supervisors.	The Trust should ensure that all CS and ES are appropriately job planned for their roles as supervisors (for example 1 PA

		every weekday split across the consultant body, i.e., 5 PA a week or similar). Trainees should have different trainers in the 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 March 2023, in line with HEE's action plan timeline.
EM4.5	The review panel heard from the ES that they felt that the distribution of ES was fair and that supervisors tried to ensure that the CS and ES were the first point of contact for the DPTs.	The Trust should ensure that all CS are aware of the curriculum and their role and responsibility with delivering the appropriate training based on the DPTs level of experience and training grade. 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 March 2023, in line with HEE's action plan timeline.
EM5.6a, F5.6a, GP5.6b	The Trust representatives informed the review panel that a misunderstanding with the rota, which was not identified by the rota coordinator, had had a detrimental effect on the well-being of DPTs as it failed to account for annual leave. It was heard that this was in the process of being rectified with a change to a new rota platform, a six-week deadline for rota	The Trust should review the current rota to ensure that it is fit for purpose and adequate for 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.

	availability and regular meetings with the rota coordinator.	Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
EM5.6b, F5.6b, GP5.6b	Some FY DPTs had not attended any FY teaching sessions and only a few departmental teaching sessions. It was heard that this was often due to the timings of these teaching sessions. FY DPTs often rushed to teaching during their ED shift with no one to hand patients over too. The panel were concerned to hear that this could lead to extended patient waiting times.	The Trust should ensure that teaching is in line with the curriculum and that all DPTs are encouraged to and have regular access to teaching across their curricula. The Trust must ensure that the timings of these sessions are suitable so as to ensure that DPTs are able to attend without issue. 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 March 2023, in line with HEE's action plan timeline.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
R3.5 & 3.9	The panel was concerned to hear about the lack of direct supervision of Foundation and non-specialist doctors in postgraduate training (DPTs) in managing paediatric cases. The panel was particularly concerned that this could lead to a delay in management, patient safety issues and increasing referrals to paediatrics. There also seemed to be a very limited process of induction to paediatric emergency medicine.	The Trust should ensure that there is a named emergency medicine (EM) supervisor for paediatric cases on each shift and that the supervisor will prioritise discussions of paediatric cases. The Trust should develop plans for a specific induction into Paediatric emergency medicine. The Trust should submit these plans within five working days of this Immediate Mandatory

		Requirement (IMR) issued – 30 November 2022.
Requirement Reference Number	**Progress on Immediate Actions**	**Required Action, Timeline and Evidence**
R3.5 & 3.9	**1) Paediatric Emergency Medicine Consultant in Charge (PIC)** The Trust has introduced a named Paediatric Emergency Medicine ST4+/ consultant in charge (PIC) 24/7. This was launched on Thursday 24th November. PIC role is allocated on handover board in Adult and Paediatric ED. PIC will be based in the Paediatric Emergency Department (PED) when possible and contactable by tannoy/ mobile phone throughout the 24hr period. A designated bleep and mobile phone is being procured to support communication. They will prioritise discussion of paediatric cases. Change has been communicated to all members of the ED Team via • Email • Twice daily handover • Senior Team and Consultant weekly meetings • via trainee WhatsApp groups See following evidence attached: 1. Paediatric Emergency Medicine clinician in Charge (PIC) 2. NUH ED Handover for Board Round 24.11.22 - 29.11.22. The impact of this will be reviewed by: focus group +	Vivienne Curtis: I am happy that the Trust have responded appropriately to the IMR. Please continue to monitor the situation and provide HEE with updates via learner feedback which demonstrates improvement in their learning experiences by the next reporting cycle. We note that the Trust did not submit any identifiable evidence on any plans of a specific induction for Paediatric EM as of yet, so we kindly request an update on this before the next reporting cycle. Any attributable implementation feedback from learners can also be submitted with this. The ISF rating will be downgraded from 3 to 2, but the action will remain open until HEE see evidence of the impact of the Trust's plans on trainee experience within Paediatric EM.

	survey + morning report in teaching WB: 19th Dec 2022 LEADS: Sarah Nunn (Clinical Lead EM) and Nav Johal (College Tutor EM) **2) Increase Paediatric Registrar cover in PEM** In addition to the 24/7 on call paediatric registrar NUH currently has a funding for paediatric registrar locum shift based in PED targeted at busiest times 7 days a week as part of winter pressures planning. This registrar is based entirely in PEM during their shift providing support and advice to both the paediatric and EM junior doctors. We are reviewing options to improve this cover with escalating pay rates, adding in a 2nd winter pressure locum and use of agency locums TIMEFRAME: 12th Dec 2022 LEADS: Lisa Nikaus (Divisional Director Medicine and Emergency Medicine NUH) + Sherry Manning (Divisional Director Womens and Childrens Services NUH) **3) Consultant based in PED** Increasing senior clinical support is a priority within the ED at NUH. NUH is currently funded to provide 4 consultants in the day (0800-1700) + 2 consultants on late shift (1600-22/2400). Current consultant staffing levels mean that there are often only 2 consultants on the day. It is therefore not possible to base a consultant solely in paediatrics as all consultants have to support more than one area.	

	To improve consultant cover the department is: - Actively exploring opportunities to extend cross site consultant working within the Barts Health EM consultant team - Requesting locum cover through bank and agency staffing to cover vacant consultant shifts In PEM consultant recruitment is ongoing aiming to recruit: - PEM clinical lead (within 3-6 months) - Joint consultant appointment PEM/Paediatrics (Locum position to be advertised within 3 months (by Feb 2022) LEADS: Lisa Nikaus (Divisional Director Medicine and Emergency Medicine NUH) + Sherry Manning (Divisional Director Womens and Childrens Services NUH) NUH ED Handover for Board round Thursday 24th Nov – Wednesday 30th Nov 1. **<u>GOING VIRAL</u>** Over 16 yrs and having bloods taken? ADD 'Going Viral' on CRS = HIV/Hep B/C screening unless they say they don't want it (opt out). Aiming for 95% of patients who have FBC. We have missed an HIV diagnosis recently in someone with COVID and they developed PCP. Currently only testing 7%. Run out of bottles and lab not sorting? :WhatsApp Emma Young	

2. **Named Paediatric In Charge (PIC) senior doctor**
Following concerns raised by doctors in training re: getting clinical advice/ supervision in PEM we have introduced a named Paediatric Emergency Medicine doctor in charge **(PIC)** allocated on board in Majors and Paediatrics DAILY.
PIC: 0800-2200= ST4+ OR Consultant. 2200-0800= ST4+
Contact by Tannoy 4205.
Bleep + phone to make contacting PIC easier have been ordered

3. **Taxis for Christmas**
If you require a taxi to get to/from work XMAS day or home on boxing day morning email: Dawn.Lowther@nhs.net by 25th November. See email from Dawn for details.

4. **Ebola is back**
Current outbreak of EBOLA in UGANDA but its not the only viral haemorrhagic fever !
Triage screening for viral haemorrhagic fever :

Fever (0r history of fever) > 37.5 in past 24 hrs
+
Symptoms which started within 24 hrs of leaving VHF endemic country
OR
Contact with bodily fluids or handled clinical samples from a person/animal suspected to have a VHF

1) Inform ED consultant in Charge (or most senior doctor) AND Nurse In Charge

2) Move patient to isolation room for further assessment as per VHF guideline in ED guidelines folder

From: YOUNG, Emma (BARTS HEALTH NHS TRUST)
Sent: 24 November 2022 07:37
To: NUHAEGeneral <bartshealth.nuhaegeneral@nhs.net>
Subject: Paediatric Emergency Medicine clinician in Charge (PIC)

Dear NUH ED Team

Following feedback from the recent visit by Health Education England to the Emergency Department at Newham we are aiming to improve the access to clinical support for ED medical staff working in the Paediatric Emergency Medicine Department at NUH.

We are allocating a named Emergency Medicine (EM) supervisor (ST4+ or consultant) to deliver timely support for paediatric cases on each shift.

The Paediatric Emergency Medicine Clinician in Charge (PIC) will be allocated on the whiteboard in Majors and Paediatrics ED daily.

PIC can be contacted via mobile/ tannoy in the short term, and we will be acquiring a dedicated bleep to aid communication ASAP!

Please do get in touch if you have any queries - feedback welcome (no need to reply all!)

Best wishes

Emma

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
EM1.1f	The review panel heard that it was often difficult for higher DPTs to gain paediatrics experience due to no rostered shifts for higher DPTs. The ACCS DPTs informed the panel they would rota the paediatrics shift to try and incorporate one shift a week for higher DPTs but that this would not always work due to staffing. It was heard that these DPTs would welcome Educational Development Time (EDT) in paediatrics to help gain more experience.	The Trust is recommended to review the rota to ensure that higher DPTs gain adequate experience within the PED. The Trust should consider EDT in paediatrics for the higher DPTs.
EM1.1h	The CS and ES informed the review panel that there was often difficulty getting support for funding for locum doctors from the trust management team and that this was perceived to be a debate when raised. It was felt that there was a lack of understanding across sites and that the effect of this on ED was underestimated.	The Trust should consider additional funding for locum doctors in order to improve staffing levels.

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)
Emergency Medicine – Specialty higher DPTs	The specialty core and higher DPTs further echoed the view that NUH provided many opportunities for clinical skills procedures and a wide case mix and added that they had a lot of responsibility and lots of chances to be independent on shift.	1.1

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 reported significant understaffing within the Emergency Department (ED), with only sixteen consultants. Within the department there is a cohort of individuals who were committed to education and training and were very keen to improve. The review panel heard that Newham University Hospital (NUH) served a demographic that was young and deprived consisting largely of Black and Ethnic Minority (BAME) individuals with high levels of morbidity. During the first wave of the COVID-19 pandemic the Trust had one of the highest death rates in England and struggled to meet the four-hour Accident and Emergency (A&E) waiting time target. Trust representatives reflected that the infrastructure was not suitable and that the number of available beds had been static for several years. It was heard that this impacted working conditions. The review panel heard that the ED at NUH consisted of DPTs from FY1 to specialty higher training, with the CESR route available alongside CCT Workforce recruitment and retention is an issue with junior rotas at ninety-two percent and nursing	

	colleagues at sixty-five percent. The panel heard that it was not uncommon for ED DPTs a to undertake many nursing tasks due to nursing staff shortages. The review panel heard from Trust representatives that all four higher DPTs were LTFT doctors which meant that the rota was only seventy-five percent filled and the impact of this was challenging. It was heard that historically sites would slot share to increase the critical mass of training DPTs but a lack of DPTs in London meant that this was not possible. The panel heard from the Trust that the ED had stepped in to provide a hybrid programme to work simultaneously with surgeons. The Trust further informed the panel that they were proud of their educational platform and the quality of their consultant-led teaching and induction. The panel heard that that there was an active learning culture within the ED and that they were fortunate to have a clinical educator from the Royal London Hospital (RLH) to help promote this. The panel heard that the experience of working within the ED was often challenging for DPTs with longstanding issues such as ambulatory care, redirecting patients and long wait-times. The Trust acknowledged that these issues could not be resolved easily and would take time and that DPTs were being involved in these discussions The Trust representatives acknowledged that the workload in ED had always flagged red on the GMC NTS Survey. High workload was always balanced against the clinical exposure and teaching within the department. The Trust also noted that there was a conflict-of-interest t as most of the senior Trust leadership team consisted of Emergency Medicine (EM) doctors. The review team heard from the Trust that plans were still on-going for the surgical strategy and that there were currently no fixed plans to move emergency work to a different site. FY and GP DPTs The FY and GP DPTs echoed the Trust sentiments that the patient population at NUH was very interesting and that DPTs were exposed to a good case mix and a variety of experience. It was heard that due to the intense and demanding population, a senior review was almost always required. The impact of social issues and barriers care was highlighted. The FY and GP DPTs informed the panel that Handover arrangements were generally to ‘hand up’ to a senior colleague but there were some occasions where there were no senior colleagues to hand over to. It was heard that DPTs would often be waiting for a senior doctor to review multiple patients for handover and that this was perceived as impacting on care.	Yes, please see EM1.1a,

	Both FY and GP DPTs described that they were “learning on the job” with limited opportunities to attend formal scheduled teaching. The GP DPTs expressed that they felt their role was more service provision, and that teaching priority was often given to the FY DPTs.	F1.1a, GP1.1a
	Some GP DPTs felt out of their depth in terms of their experience and departmental expectations. This was most marked with paediatric cases where there was a lack of confidence and training in certain scenarios i.e., Ears, Nose and Throat (ENT) examination. The GP DPTs felt that training did not follow a standard curriculum. It was noted that it was rare for them to have a clinical rationale discussed but acknowledged that this was due to the busy workload rather than a lack of interest in teaching. The GP DPTs described a mixed relationship with the consultants, some praising and supporting, others unapproachable. The panel heard from FY and GP DPTs about instances of bullying and undermining from individuals within the department. GP DPTs preferring to approach the specialty core and higher DPTs rather than consultants.	Yes, please see EM1.1b, GP1.1b
	The FY and GP DPTs informed the panel that they would only be happy for their friends and family to be treated in the department if it was not busy. The panel heard mixed opinions on whether the FY and GP DPTs would recommend the training post to a colleague.	Yes, please see EM1.1c, F1.1c, GP1.1c
	Speciality CT and ST DPTs The specialty core and higher DPTs further echoed the view that NUH provided many opportunities for clinical skills procedures and a wide case mix and added that they had a lot of responsibility and lots of chances to be independent on shift. DPTs were committed to ensuring that patient safety was not compromised.	
	The specialty core and higher DPTs informed the panel that their posts in the ED included high number of night shifts, and this was a tough training experience. It was heard that this led to many DPTs opting to work LTFT.	
	The specialty DPTs highlighted to the panel that there was a commitment from consultants to stay late during night shifts and that there was often a suitable handover between medical staff. The specialty DPTs also added that they felt understood and that consultants acknowledged the pressure they were under. However, some specialty DPTs felt that the proportion of night shifts were unreasonable and often challenging. The specialty DPTs noted that their learning opportunities were good, and that they had opportunities to undertake procedures	Yes, please see EM1.1d

	such as sedations which they enjoyed but which could be daunting when managing these alone. The specialty DPTs recognised that within an ED such as volume and acuity of patients that were unavoidable. The DPTs appreciated that the department had reduced night shifts down to ten hours from twelve which they felt was positive. It was often challenging for higher DPTs to gain paediatrics experience due to no rostered shifts for higher DPTs. The ACCS DPTs informed the panel they would rota the paediatrics shift to try and incorporate one shift a week for higher DPTs but that this would not always work due to staffing. It was heard that these DPTs would welcome Educational Development Time (EDT) in paediatrics to help gain more experience. The panel were concerned to hear that specialty core and higher DPTs would not feel comfortable if the overnight GP or F2 DPTs needed support within PEM and would often escalate these issues directly to the paediatrics department. Trainers The CS and ES informed the review panel that it was often challenging getting support for funding for locum doctors from the trust management team and that this was perceived to be a debate when raised. It was felt that there was a lack of understanding across sites and that the effect of this on ED was underestimated. The CS and ES noted the big impact of workload emergency physicians as many noted that they work cross-site and have seen how other departments function compared to NUH. The review panel heard from the CS and ES that they needed more funding for clinical educators as many consultants would like the opportunity to be one. It was noted that there were resources available within Barts Health NHS Trust, but further funding was crucial. It was also heard that it was difficult to move forward without any PEM consultants. The review panel were also informed that there was inequity across the Trust for the amount of clinical educator time the CS and ES received, but it was felt that the Major Trauma Centre (MTC) mandate may change this and allow for more flexibility and grid management.	Yes, please see EM1.1e, F1.1e, GP1.1e

1.2	**The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.**	

1.3	**The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.** The review panel noted that while DPTs identified some interpersonal issues there were no formal reports of bullying and undermining. However, DPTs would not recommend their friends and family being treated in a such a small busy unit.	
1.4	**There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.** The DPTs expressed a view that they did not get enough feedback while the clinical and educational supervisors informed the review panel that there were plenty of opportunities for feedback should the DPTs ask for it. It was noted by the panel that this mismatch in expectations and experience by the DPTs and the supervisors should be addressed by the Trust.	
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.** The FY and GP DPTs informed the review panel they felt that that level of care provided was variable. The DPTs sometimes felt like they were asking for too much from consultants and that the workload led to delays in decision-making. The FY and GP DPTs informed the panel that they would not ask middle grade doctors, when present, for support as they tended to be focussed on flow. The review panel heard from some FY and GP DPTs that there were many instances in PED of patient safety being compromised. It was heard that there might be no senior review for paediatric patients overnight which DPTs found challenging. The panel were informed that there was only one consultant in the paediatrics department, and there was a perception that other consultants avoided covering the PED. As a result of this, consultants did not often come to check in on the FY and GP DPTs. The review panel also heard instances of no paediatrics training for DPTs, who were told they were the most senior within the department despite having minimal experience.	Yes, please see EM1.5, F1.5, GP1.5

1.6	**The environment is one that ensures the safety of all staff, including learners on placement.**	
1.7	**All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.** The FY and GP DPTs informed the review panel that they did not always feel comfortable raising concerns to the consultant body, choosing to escalate by other channels to ensure an appropriate outcome. It was felt that there was sometimes a perceived antagonism from the consultant body towards DPTs who would speak up and raise concerns. The FY and GP DPTs collectively noted that they felt consultants should be more approachable, particularly during stressful situations. It was heard that some FY and GP DPTs felt that their careers were at risk due to understaffing	Yes, please see EM1.7, F1.7, GP1.7
1.8	**The environment is sensitive to both the diversity of learners and the population the organisation serves.**	
1.9	**There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.** The review panel heard from the Trust representatives that there were lots of opportunities for DPTs to take part in Quality Improvement Projects (QIP) and there were plans in place to manage winter pressures. Some FY and GP DPTs informed the panel that they were actively involved with providing feedback to the department and helping to introduce improvements to protocol and processes. The panel heard that DPTs were approached by service managers who were keen to work collaboratively with DPTs to get feedback. However, the review panel heard that it was often difficult for DPTs to get involved with QIP due to the high volume of work. Some specialty DPTs reported that they had not been able to complete any activities other than an Extended Supervising Learning Event (ELSE) assessment, as most times they were	Yes, please see EM1.9, F1.9, GP1.9

	working unsupervised. The panel also heard that QIP was not difficult to get started with, however it was difficult to work on consistently as busy shifts and workload meant that all other work was not regarded a priority.	
1.10	**There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.**	
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.**	
1.12	**The learning environment promotes multi-professional learning opportunities.**	
1.13	**The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.**	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	**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.**	
2.2	**There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.**	
2.3	**The governance arrangements promote fairness in education and training and challenge discrimination**	
2.4	**Education and training issues are fed into, considered and represented at the most senior level of decision making.**	
2.5	**The provider can demonstrate how educational resources (including financial) are allocated and used.**	
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.** FY and GP DPTs informed the panel they were given an email address and login details for exception reporting but were often met with defensiveness if they did try to exception report. It was perceived that they would only receive any compensation if it was deemed appropriate by the consultants, so it was for this reason that DPTs did not regularly exception report. The DPTs were concerned that they were having to justify any additional hours worked and that it was not feasible to handover sick patients to another doctor**.** Some DPTs noted that there were	Yes, please see EM2.6, F2.6, GP2.6

	certain consultants who would allow DPTs to start later, if they had stayed late on a previous shift but this sentiment was not shared by some GP DPTs, who often felt as though their concerns were dismissed. The specialty core and higher DPTs shared the views of the junior DPTs and informed the panel that although they did not feel actively discouraged to exception report, there did not appear to be a culture of exception reporting within the EM department. The panel heard that specialty core and higher DPTs felt obliged to work through their breaks.	
2.7	**There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.**	
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).**	

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 there was a good amount of communication from the department in the form of emails and morning huddles around DPT well-being. It was also heard that there was signposting to psychological services, as well as reflective well-being and meditation sessions for the DPTs but it was noted that there was not always time to attend these. There was a feeling amongst FY and GP DPTs that although the department was mindful of DPT well-being, the DPTs often felt uneasy taking a break so this was not always effective. It was heard that this was not perceived to be the fault of the consultants, but rather a system failure. The FY and GP DPTs added that there were a handful of consultants who were very supportive and approachable, who provided opportunities for catch-up meetings and well-being checks. Some FY and GP DPTs also added however that this support was very consultant-dependent and the DPTs did not always feel as though they were treated like adults.	

3.2	**There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.**	
3.3	**The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.**	
3.4	**Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.**	
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** The Trust representatives acknowledged the supervision challenges that came with working in the ED due to staffing levels and rota gaps. The FY and GP DPTs confirmed the issues with staffing within the department and informed the panel that out of a total of ten doctors, there were usually only five or six at night and that this was not an acceptable level of staffing. It was heard by the FY and GP DPTs that rota gaps were often difficult to fill and that working with locum doctors every day was not uncommon. However, locum doctors often did not always want to take a shift. It was also heard that a recent survey for FY2 DPTs indicated that there was a lack of senior registrar support late at night. The FY DPTs added that this often left them feeling unsupported and without confidence to review more patients. It was also felt that consultants and the overnight registrar were constantly being taken out of the department to deal with other issues so there was often a delay in getting a senior review, impacting patient care. In regard to general paediatrics, the GP DPTs informed the panel that there was no paediatrics doctor based in the ED, but one would come and see patients if requested. The panel were concerned to hear that there was often no senior review of paediatric patients and that GP DPTs felt as though they were not receiving any form of teaching or support to develop paediatric expertise. The panel heard that GP DPTs felt that nursing staff support was very good in emergency situations but generally they did not leave a paediatrics shift with a sense that they had provided a good level of patient care. The panel were pleased to hear that FY DPTs in Foundation Surgery felt that they were getting a good level of foundation surgical experience and that they felt well-supported. The clinical supervisors (CS) and educational supervisors (ES) confirmed the sentiments of all DPTs that NUH offered a vast pathology and case mix to DPTs, that they would not access	Yes, please see EM3.5, F3.5, GP3.5

	anywhere else. It was heard that the CS and ES had less opportunities on shifts to directly supervise DPTs due to staffing, so this in turn meant that the DPTs would make more of the senior clinical decisions. The panel heard that the more junior DPTs such as F2 and GP DPTs would always have someone senior with them for support and are allocated to paediatrics shifts to get more experience. It was felt by the CS and ES that the Royal College of Emergency Medicine (RCEM) guidelines were being followed in regard to patient conditions that required discussion and senior review. The CS and ES in EM informed the panel that there were no assumptions made about GP DPTs and that each DPT was assessed based on their training experience first before being assigned to foundation or higher teaching. The review panel noted the importance of getting EM DPTs dedicated time within paediatrics to gain more experience and enable them to have their competencies sustained.	
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.** When asked by the review panel how accessible their ES were, the specialty core and higher DPTs said that this was dependent on the ES but that they were generally very good and supportive with escalating issues. The review panel were also pleased to hear praise from the specialty core and higher DPTs from the College Tutor.	
3.7	**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.** The review panel heard from specialty core and higher DPTs that they often found it difficult to get workplace-based assessments completed due to the workload and challenges with sick patients.	
3.8	**Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.**	
3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** Based on the evidence provided by the Trust prior to the review, the panel felt that the feedback from DPTs from teaching and induction surveys was very good.	

	The FY DPTs however informed the review panel that they felt their induction was not appropriate. The FY DPTs noted that their first shift was in the PED and the DPTs were provided with a form that required consultant or ST3 plus sign-off for the first ten patient cases. It was felt by the DPTs that they were slightly hand-held through the initial process. The speciality core and higher DPTs felt that their induction was fit for purpose, noting it was separate from the FY induction, as well as being well-organised and helpful overall. It was felt that the induction to Rapid Assessment and Treatment (RAT) in particular was good and comprehensive. The review panel were concerned to hear from the specialty core and higher DPTs that the induction to the PED was limited to approximately thirty minutes. It was felt by the review panel that this was not substantial and or safe for DPTs. The DPTs informed the panel that their concerns around the PED was fed back by DPTs to the Local Faculty Group (LFG) and that the DPTs did not often get dedicated time in the departments in order to improve their experience of paediatrics.	Yes, please see EM3.9a, F3.9a Yes, please see EM3.9b
3.10	**Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.**	
3.11	**Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.**	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	**Supervisors can easily access resources to support their physical and mental health and wellbeing.**	
4.2	**Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.** The CS and ES informed the review panel that there was clinical funding available for one Planned Activity (PA) a week and that face-to-face supervisions were booked in one day every fortnight. The review panel heard from the CS and ES that they had suggested that the ED could take on more clinical educator time as consultants had multiple roles within the department. The review panel felt that the consultants should be appropriately job planned for their roles as supervisors. The supervisors also informed the review panel that many consultants would like to be formal clinical educators but their time was taken with clinical support for departmental staff. . The	Yes, please see EM4.2

	supervisors stressed however that there was always teaching on the job every time a consultant speaks to a DPT about a patient.	
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).**	
4.4	**Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.**	
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 the ES that they felt that the distribution of ES was fair and that supervisors tried to ensure that the CS and ES were the first point of contact for the DPTs.	Yes, please see EM4.5
4.6	**Clinical supervisors are supported to understand the education, training and any other support needs of their learners.**	
4.7	**Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.**	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	**Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.**	
5.2	**Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.**	
5.3	**Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.**	
5.4	**Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.**	
5.5	**The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.**	

	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements. The Trust representatives informed the review panel that a misunderstanding with the rota, which was not identified by the rota coordinator, had had a detrimental effect on the well-being of DPTs as it failed to account for annual leave. It was heard that this was in the process of being rectified with a change to a new rota platform, a six-week deadline for rota availability and regular meetings with the rota coordinator. The panel heard that efforts had been made to maximise local teaching for junior DPTs, but although it was protected time, it was still difficult to ensure all DPTs could access and attend teaching. It was also noted that as many DPTs were LTFT; it was often difficult for them to get to teaching on a fixed day. The Trust informed the review panel that the experience from DPTs in F1 surgery had improved following work into mentoring and teaching the DPTs.	Yes, please see EM5.6a
5.6	The panel heard that DPTs felt there was a lack of paediatric teaching. Some FY DPTs had not attended any FY teaching sessions and only a few departmental teaching sessions. It was heard that this was often due to the timings of these teaching sessions. FY DPTs would often be rushed to teaching during their ED shift with no one clear to hand over their patients to. The panel were concerned to hear that patients would often be waiting or left alone for up to thirteen hours once DPTs had returned from teaching sessions. The panel also heard that the two-hour mandated teaching session for DPTs was at nine in the morning whereas shifts began at eight, so DPTs often attended one or no sessions a month as it was felt that it was not possible to leave mid-shift. It was also noted that if you were not on the rota that day then you would miss the teaching session. The consensus among FY and GP DPTs was that teaching, when attended, was good and that a half-day release for GP DPTs was incorporated into the rota. The GP DPTs noted however that they often felt as if they were doing the same job as other DPTs but felt isolated as a group. The specialty core and higher DPTs informed the panel that clinical demands of the department, as well as frequent night shifts made it difficult to get to teaching. It was felt that this was largely due to staffing issues. The specialty core and higher DPTs noted that there was the option for a Specialty Training Year 4	Yes, please see EM5.6b

	plus DPTs to self-roster but added that the rota issue not taking annual leave into account meant that rota and staffing was still an issue. It was heard that for some DPTs, there were approximately seven or eight EDT shifts, and the remainder were night shifts. It was noted that for LTFT DPTs at seventy percent there were approximately three to five day shifts and three or four late shifts. The core DPTs informed the panel that they felt their rota was purely a lates and nights rota. The review panel heard from the specialty core and higher DPTs that they felt able to achieve their competencies but that they would have to use a lot of their own time in order to achieve this. The CS and ES in the ED informed the panel that there were a large proportion of night shifts allocated to higher DPTs. It was heard by the CS and ES that DPTs were supervised until eleven at night, and between this time and one in the morning, there would be other medical staff on-site to support DPTs if needed. The panel also heard that there was a real recognition for how difficult night shifts were and informed the panel that they would often step in to help. The panel also heard that the CS and ES did their best to extend learning opportunities to the DPTs such as dialling in virtually for workplace-based assessments as well working out of hours to ensure they were up to date with training. The panel noted that the impact of the rota issues may have led to the deterioration of the GMC NTS results.	

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	
6.2	**There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.**	
6.3	**The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.**	
6.4	**Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.**	

Report Approval

Quality Review Report completed by	
Name	Ummama Sheikh
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Vivienne Curtis
Role	Acting Deputy Dean for North East London
Signature	Dr Vivienne Curtis
Date signed	26 January 2023

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	Dr Gary Wares
Date signed	26 January 2023

Final Report submitted to organisation	26 January 2023