

## Suspension of postgraduate medical training in relation to serious concerns

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Supporting guidance and documentation issued in support of the application of this policy	This policy should be used in conjunction with the HEE Quality Framework and HEE Intensive Support Framework

### Document status

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This harmonised version is the only **Suspension of Postgraduate Medical Training in relation to Serious Concerns** policy recognised by HEE. This supersedes any current or previous localised policies which will no longer be applicable and cannot be relied upon.

### Executive summary

Health Education England (HEE) is responsible for ensuring that there are high quality learning environments for all healthcare learners. The Care Act (2014) places a statutory duty on HEE to secure continuous improvements in the quality of education and training to promote the skills and behaviours that uphold the NHS Constitution.

This policy is part of a suite of policies designed to ensure that HEE funded or commissioned education and training is undertaken within the clinical learning environment in line with HEE's expectations. These expectations are embodied within [HEE's Quality Framework and Quality Standards](#). Local Education Providers are expected to work in collaboration with HEE to ensure that work based placements, regardless of setting, provide a safe and appropriate environment for trainees to learn and patients and service users will not be placed at risk. In turn HEE will work collaboratively with professional and service regulators to ensure delivery of safe and effective training and care.

HEE recognise that there will be times where its expectations in terms of the quality of education and training have not been met, and where all reasonable actions have been taken to locally resolve major concerns that have been raised with regard to a clinical training environment, but which continue to remain unresolved. This policy specifically details the processes and procedures that will be followed to suspend training and remove postgraduate medical trainees from a setting or organisation in relation to serious quality concerns. Suspension of Postgraduate Dental Trainees Policy (in development) should be referred to when dealing with Dental Trainees.

These concerns could include:

- Persistent or immediate patient safety concerns
- Confirmed and continued behaviours that undermine professional self esteem
- Poor or inadequate clinical supervision
- Inappropriate clinical staffing levels, resources or support
- Service reconfiguration plans that would result in risk to fulfilling the requirements of the trainee curriculum

The roles and responsibilities of key HEE personnel and Professional Regulators are identified to ensure that prompt, appropriate and effective action is taken when major concerns are raised.

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# 1. Introduction

- 1.1 This policy details the processes to be followed in consideration of the suspension of postgraduate medical training and the removal of trainees in a local education provider or other education setting. It reflects action to be taken when evidence from quality management activities have identified that there are major quality concerns with regard to the educational setting, resulting in a concern being given a Category 3, or 4 classification. Definitions of a Category 3, or 4 concerns are detailed in the HEE Intensive Support Framework classification model, Appendix 1.
- 1.2 This policy is owned by the (national) Medical Director of Health Education England (HEE) and applies to directly-managed postgraduate medical training posts in England only.
- 1.3 Removal of postgraduate medical trainees from a training provider is normally an act of last resort following the identification of major concern about the quality of training and/or patient safety. Examples of circumstances where removal of trainees might be considered include;
  - Persistent or immediate patient safety concerns
  - Confirmed and continued behaviours that undermine professional self esteem
  - Poor or inadequate clinical supervision
  - Inappropriate clinical staffing levels, resources or support
  - Service reconfiguration plans that would result in risk to fulfilling the requirements of the trainee curriculum
- 1.4 Before considering the suspension of training, due opportunity should always be given for concerns to be resolved, unless there are urgent considerations of patient or trainee safety.
- 1.5 Where there are major causes for concern emerging, a number of bodies external to HEE will need to be promptly informed. These include the General Medical Council (GMC), other effected Local Educational Providers (LEPs), NHS Improvement (NHSI), NHS England (NHSE), the Care Quality Commission (CQC) and relevant service commissioners (Clinical Commissioning Groups (CCGs), Local Authorities, Public Health England (PHE) and NHSE). These organisations will have separate policies and procedures that will complement and support any actions taken by HEE which are outside of the scope of this policy but which HEE will need to be aware of and work with. Specifically, service commissioners and NHSI will take steps to ensure the continuity and safety of clinical services provided.
- 1.6 This Policy should be read in conjunction with [HEE's Quality Framework, Quality Handbook, Intensive Support Framework](#) and the [GMC's Promoting Excellence: standards for medical education and training](#).

## 2. General Medical Council (GMC) and HEE

- 2.1 The GMC has a legal responsibility to approve programmes and locations for postgraduate medical education and training, this responsibility is enshrined in the Medical Act (1983) - [http://www.gmc-uk.org/education/approval\\_post\\_and\\_programme.asp](http://www.gmc-uk.org/education/approval_post_and_programme.asp). The GMC has the legal responsibility and power to approve training programmes and sites. The GMC also has the power to place conditions on that approval. If statutory approval has been removed, then the time trainees spend training in those posts will not count toward their time in training. However, the GMC do not have the power to move a trainee from one location to another, nor do they have the power to suspend training.
- 2.2 HEE is supported by the GMC to suspend training, and remove trainees from a training environment, without the approval being removed. The legal basis for this is HEE acting as the commissioner of the training and is enshrined in the Learning Development Agreement.
- 2.2 Although the GMC policy empowers Postgraduate Deans to remove trainees from a setting, the decision to remove the approval for a training programme, placement or trainer is a GMC responsibility under the Medical Act (1983).
- 2.3 Once HEE has made the decision to remove trainees from a setting or organisation, the GMC should be notified. It is anticipated however, that in most cases the decision will be made in conjunction with the GMC and following the classification of concern at Category 3/4 under the HEE Intensive Support Framework.
- 2.4 This document refers to an HEE led process to suspend training and remove postgraduate medical trainees from a setting or organisation, which takes place with the advice and support of the GMC. The GMC may also wish to withdraw approval of training under their powers.
- 2.5 HEE may also permanently decommission training placements. Such decommissioning may include consideration of major or persistent quality concerns and will be carried out in line with local decommissioning processes. This document does not deal with the process of permanent decommissioning of training posts.

## 3. Purpose

- 3.1 This policy aims to keep patients safe, ensure trainees welfare and safety and provides a mechanism to enable transparent and prompt action when major concerns are identified.
- 3.2 The decision to suspend training and remove trainees is not taken lightly and is normally an act of last resort following the identification of major concerns about the quality of training, patient care or the welfare of trainees. This document details the processes that will be undertaken to suspend training and remove trainees, it does not detail action that will be taken to support service providers prior to or following the suspension of training. The HEE Intensive Support Framework details how concerns are classified and the support potentially available for organisations providing education and training.

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### 3.3 Exclusions

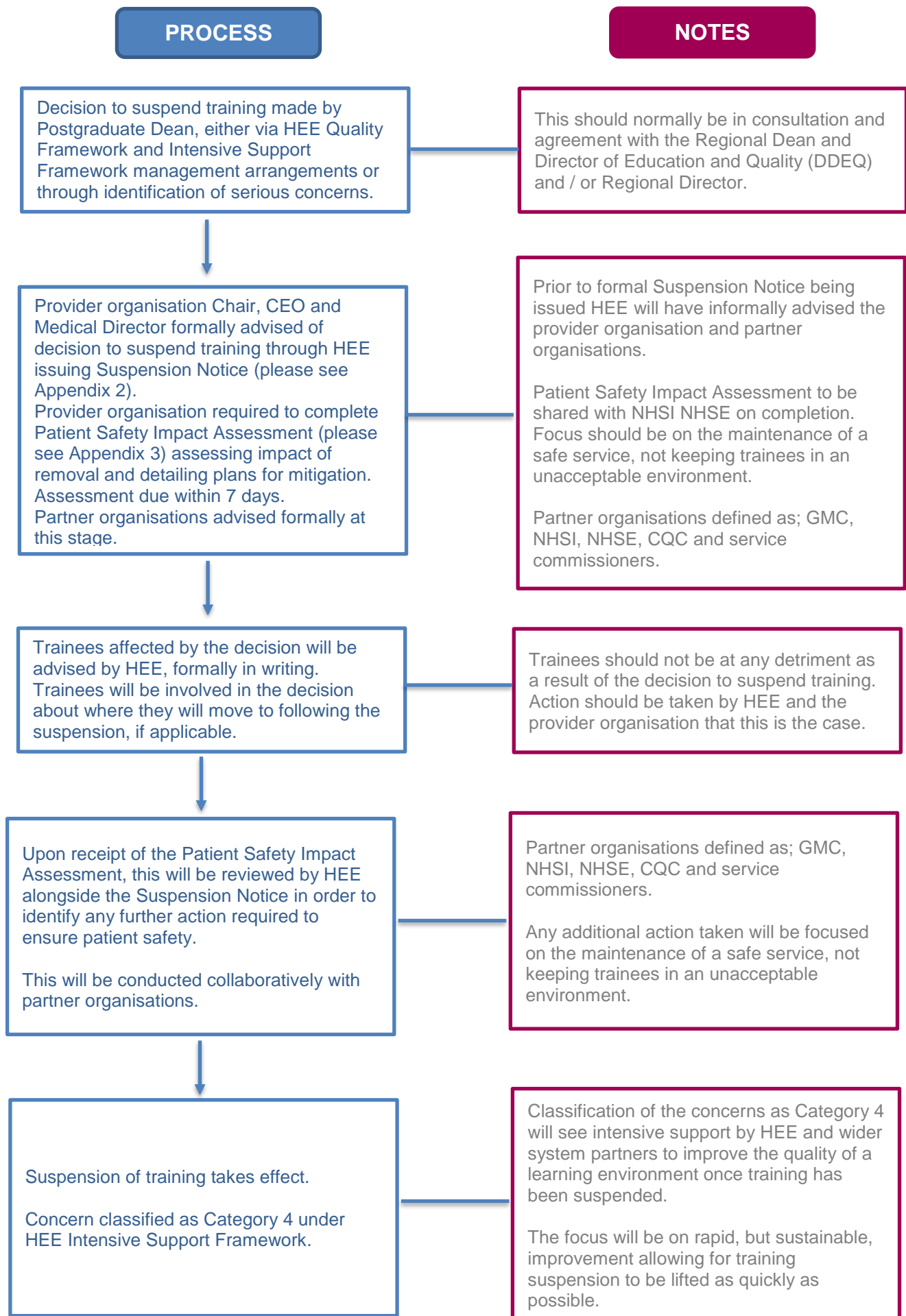
This policy does not apply to the following:

- Unfilled posts in the programme following recruitment;
- Removal of individual trainees due to breakdown of relationships, individual risk or non-approval of the educator to whom they are attached;
- Out of Programme (OOP) decisions;
- The determination of appropriateness of placements for curriculum stage (e.g. ST1 versus ST4);
- Planned reduction in training capacity to fulfil workforce plans, changes in funding or national training priorities, 'decommissioning' which may apply quality criteria;
- The decision of a Local Education Provider (LEP) to reduce training posts.

## 4. Suspension of training

- 4.1 Decisions to suspend training and remove trainees will normally be made when the information and evidence available identifies an educational setting, categorised as a level 3 concern, has failed to meet the requirements of the HEE Intensive Support Framework. However, there will be occasions where an identified concern is of such significance that trainees need to be removed almost immediately from a setting. The process of suspending training and removing trainees from a setting is complex and involves a number of individuals and organisations with distinct roles and responsibilities. The flow diagram below outlines the process that will be followed:

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- 4.2 The decision to remove trainees rests with the local Postgraduate Dean (PGD) acting within the statutory frameworks of the GMC. This will normally be in consultation with the Regional Dean and Director of Education (DDEQ) and Regional Directors within HEE.
- 4.3 A named deputy can also make these decisions, in discussions with the Regional DDEQ and Regional Director, in the absence of the Postgraduate Dean when designated to do so.
- 4.4 The Postgraduate Dean can remove or re-allocate trainees from a specific programme, trainer or training environment.
- 4.5 Where registration issues are implicated the GMC must be informed via the [Responsible Officer](#) route.
- 4.6 The PGD is responsible for ensuring that key stakeholders within the Local Education Providers (LEP) are aware of concerns and any decision to remove trainees.
- 4.7 Maintaining trainees in an inappropriate environment will not be permitted and therefore the appropriate timescales to undertake the various actions and steps are normally short and need to be adhered to.
- 4.8 The Regional DDEQ will formally notify HEE Medical Director, outlining the rationale underpinning the decision taken to remove trainees, describing the actions agreed as a result of that decision and potential or emerging high impact concerns in terms of patient or trainee safety.
- 4.9 The Regional DDEQ will ensure that the Regional Director is informed for onward escalation to the HEE Executive if required (see section 5).

## 5. Risk escalation to HEE executive

- 5.1 Where it has been determined that trainees should be removed from a setting or organisation, the HEE Executive should be informed promptly via the Regional Director and/or Regional DDEQ if any of the following concerns are likely:
  - Persistent or immediate patient safety concerns;
  - Educational concerns are widespread and therefore removal of multiple trainees is likely;
  - Emerging high impact concerns in terms of trainee safety or service delivery;
  - Regulator advice or support is required and therefore HEE Executive should be aware;
  - Where the actions of HEE and its area offices may be called into question;
  - Possible or actual press interest.
- 5.2 Ongoing discussions should take place between the PGD, Regional DDEQ, HEE Local and Regional Directors to ensure any change in the status of the concerns is appropriately flagged to the HEE Executive if required.
- 5.3 Risk should also be flagged to stakeholders at an early stage through an appropriate local mechanism such as the local Quality Surveillance Group. Section 7 outlines those parties that will need to be informed and involved.

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- 5.4 The speed at which decisions and escalation processes are enacted will be informed by the severity of risk to patient safety and the wellbeing and safety of trainees.

## 6. Additional considerations when suspending training

- 6.1 The effect of both removing and not removing trainees on the risks to patient care and the welfare of trainees should be considered, but the primacy of upholding HEE and the GMC's standards and/or immediate patient/trainee safety concerns shall not be diminished or contingent upon risks identified by service
- 6.2 In discussion with the Regional DDEQ and Regional Director, consideration should be given to triggering a 'risk summit' to ensure open discussion of the issues, triangulation with other bodies, consideration of the risks of the decision and contingency planning. Any one of a number of organisations, including HEE, can trigger the risk summit process. Full details can be found in the National Quality Board's document ['How to Organise and Run and Risk Summit – third edition, July 2017'](#).
- 6.3 Consideration should also be given to other students and trainees attending or placed in the clinical learning environment in question and the potential impact on them. The relevant education leads should be informed.
- 6.4 There are three levels of removal:
- 6.4.1 Urgent removal of individual trainees due to breakdown of relationships, individual risk or non-approval of the educator to whom they are attached. This is an individual trainee/educator issue and actions taken in this regard will not normally trigger escalation or a risk summit and would therefore not usually be covered by this policy unless the decision would result in significant press interest or potential service failure.
  - 6.4.2 Urgent removal of multiple or all trainees on a GMC approved and HEE commissioned training programme(s);
  - 6.4.3 Planned permanent removal of training approval on the grounds of serious quality concerns and decommissioning of posts.
- 6.5 The HEE Executive, HEE Medical Director should always be formally notified at the earliest opportunity via the Regional DDEQ or Regional Director or in instances outlined in 6.4.2 and 6.4.3. The Regional DDEQ and PGD will determine whether notification is needed under instance 6.4.1.
- 6.6 If removal is temporary, consideration should be given to whether funding for the posts should be removed or remain to support interim solutions.

## 7. Involvement and notification of partner organisations

- 7.1 HEE seeks to work collaboratively across the whole NHS system, in most circumstances partner organisations and stakeholders would be aware of concerns within a LEP organisation that had been classified, via HEE's Intensive Support Framework, as Category 3 or 4. Therefore in most

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circumstances where the suspension of training and removal of trainees is necessary, multi-agency oversight and management of the concern will already be in place. However, there will be occasions where HEE identifies such a serious concern that immediate action is necessary to suspend training and remove trainees. In both situations, the following partner organisations must be informed of the decision to suspend training and remove trainees.

7.2i The following should be advised of the removal of medical trainees from an NHS Trust / Foundation Trust environment:

- NHS England – Regional Office;
- Relevant service commissioners (Clinical Commissioning Groups (CCGs), Local Authorities, Public Health England (PHE) and NHSE); NHS Improvement
- Care Quality Commission, if the cause of the removal relates to the domains covered by the CQC;
- Relevant Royal College/Faculty;
- GMC, and where applicable other professional regulators.

7.2ii The following should be advised of the removal of medical trainees from a primary care environment:

- NHS England – Regional Office;
- The local Clinical Commissioning Group
- The approved trainer;
- The contract provider and the practice owner;
- Care Quality Commission, if the cause of the removal relates to the domains covered by the CQC;
- Relevant Royal College/Faculty;
- GMC, and where applicable other professional regulators.

7.3 Given HEE's whole workforce remit across a wide variety of professional groups, discussions should be held with all organisations that place students or trainees in the affected setting including Medical Schools, Dental Schools and HEIs.

7.4 Whilst quality management of education and training of the placements is the remit of the local Postgraduate Dean, the Postgraduate Dean(s) of other HEE local offices which rotate trainees into that training location should be advised of the removal and the impact of this should be given due consideration.

7.5 In medical specialty training, it is best practice to involve the relevant Royal College of the concerns and the possible removal of trainees. Such communication will normally be by the Postgraduate Dean in confidence to the appropriate senior College Officer (President or senior education officer).

## 8. Communication

8.1 Once the decision to remove has been discussed and agreed within HEE formal notification will be sent, via a Suspension Notice (please see Appendix 2) in line with the flowchart in section 4.1.

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- 8.2 Given the potential impact on service and that removal of trainees makes a statement about the provision of education and possibly patient care, public and media interest should be anticipated. Communication plans should consider print and broadcast media, social media criticism, elected representatives, members of the public, other staff and former staff, students and trainees. Steps should be taken to manage communications via a system-wide approach across the provider organisation and partner organisations. Regional communication leads should be informed to provide support.
- 8.3 It is important that all affected current trainees and those expected to rotate to the organisation are informed and supported with agreed action and communications between HEE, the organisation where suspension is to occur and partner organisations.
- 8.4 All concerned within HEE should proceed with integrity and candour. Reports and minutes should be written accurately whilst protecting the identity of individuals.
- 8.5 Aligned to the flow diagram set out in section 4.1, the following risk escalation and communication flows should be followed;
- 8.5.1 PGDs in discussion with the Regional DDEQ will notify HEE Medical Director and Regional Director within 24 hours that the decision has been made to remove trainees. The PGD will informally notify the CEO and Chair of the provider and notify them that a Suspension Notice will be issued, and trainees will be removed within 7 days. The relevant PGD and Regional DDEQ will also notify the relevant regional lead within CQC, NHS Improvement and NHS England following acknowledgement of the decision by HEE Medical Director.
- 8.5.2 The Suspension Notice will be tabled by the relevant Regional Director at the next available HEE Executive Meeting for information.
- 8.5.3 HEE Medical Director will formally notify HEE CEO in writing that a decision has been taken to remove trainees under this policy. HEE Medical Director will notify NHS Improvement, CQC and NHS England at national level within 24 hours of notification by the relevant PGD and Regional DDEQ.
- 8.5.4 If appropriate, HEE CEO will notify the Department of Health, Ministers and other relevant Special Advisors upon receipt of notification by HEE Medical Director.
- 8.6 The parallel monthly quality reporting and escalation arrangements, established across HEE should aim to ensure that in the majority of circumstances, the HEE Executive are sighted on emerging and persistent quality concerns where this policy may need to be enacted.

## 9. Protection of whistle-blowers

- 9.1 If the consideration of removal is triggered by an individual or individuals raising concerns it is vital that they are provided within the relevant protections of the [Public Interest Disclosure Act 1998](#) with HEE acting as a prescribed body under this Act. Steps should be taken in line with HEE's obligations under the Act to support them and where possible protect their identity.
- 9.2 Individual trainees must not be exposed to risk summits or the media.

## 10. Equality Impact Assessment (EIA)

- 10.1 Under the Equality Act, the need for public bodies in England to undertake or publish an equality impact assessment of their policies, practices and decisions was removed in April 2011 when the 'single equality duty' was introduced. Public bodies must still give "due regard" to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions and are required to publish information showing how they are complying with this duty.
- 10.2 As a public body, HEE will give due regard to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions.

## 11. Monitoring compliance and effectiveness

- 11.1 The PGD is responsible for recording and monitoring information relating to the;
- number of concerns that have been identified as Category 4 (suspension of training)
  - number of trainees that have been removed from learning environments and what has happened to them as a result
  - re-instatement of learning environments
  - lessons learnt and processes or systems amended to reduce the potential for re-occurrence.
- 11.2 This information will be used as the basis for learning and improving HEE's support to Local Education Providers to improve quality where concerns have been identified.
- 11.3 The Quality Scrutiny Forum, is responsible for this policy and will review it annually in partnership with the HEE Postgraduate Deans. The Quality Scrutiny Forum will monitor the operation of the policy and report annually to HEE Executive.

## 12. Associated documentation

[GMC Promoting excellence: standards for medical education and training](#)

[HEE Quality Strategy](#)

[HEE Quality Framework](#)

[HEE Quality Handbook](#)

[HEE Intensive Support Framework](#)

## Appendix 1

### HEE Intensive Support Framework categorisation

**Category 0 - No Concerns:** the education and training delivered by the provider meets all the HEE standards.

**Category 1 - Minor Concerns:** there are one or more areas where the provider does not meet HEE standards, however there are active plans in place to meet these standards which are consistently delivered against.

**Category 2 - Significant Concerns:** there are a significant number of areas where the provider does not meet HEE standards, and/or plans in place are not delivering sustainable improvement at the pace required.

**Category 3 - Major Concerns:** the provider has fallen, or is at risk of falling, well below the standards expected by HEE. The provider has not delivered on the improvement trajectory agreed with HEE; there is a significant risk to, or significant impact on, the quality of education and training provided to learners. Notice that training will be suspended if rapid and sustained directed improvements are not made. Notification to HEE Executive via Regional Director / Regional Director and Dean of Education and Quality.

**Category 4 – Training Suspended:** HEE has taken the decision to suspend training/remove trainees within a learning environment due to concerns with regard to the quality of education and training. There are recovery plans in place with the provider to reinstate training.

## Appendix 2 HEE Suspension Notice

Our ref:  
Your ref:  
  
Recipient name (CEO)  
Recipient address  
Town  
Postcode

**Local Office/Department**

Address line one  
Address line two  
Location  
Postcode

**T.** Telephone number  
**M.** Mobile number  
**E.** Email address



Day Month Year



To [NAME of CEO]

**RE: Suspension of postgraduate medical training in relation to serious concerns – [INSERT TRAINING POSTS]**

I am writing further to the Health Education England (HEE) quality management visit to [INSERT ORGANISATION] on [INSERT DATE].

The review highlighted serious concerns in relation to the quality of education and training and / or patient safety in [INSERT PROGRAMME AND/OR DEPARTMENT] training posts at [INSERT ORGANISATION]. HEE advised the Trust on [INSERT DATE] of the intention to suspend training in these posts at the earliest opportunity.

While we remain committed to working with the Trust to improve the quality of education and training across all commissioned programmes, the issues regarding [INSERT PROGRAMME AND/OR DEPARTMENT] have failed to improve sustainably despite numerous attempts and interventions. It is for this reason that HEE has now taken the decision to suspend training in all [INSERT PROGRAMME AND/OR DEPARTMENT] posts at [INSERT ORGANISATION] with effect from [INSERT TIME] on [INSERT DATE].

The posts affected by the decision are as follows:

Specialty	Number of Posts	Details

Please find the background to and rationale for this decision detailed below:

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### [INSERT TITLE OF CONCERNS I.E. CLINICAL SUPERVISION]

- Key point 1
- Key point 2
- Key point 3

### [INSERT TITLE OF CONCERNS I.E. PATIENT SAFETY]

- Key point 1
- Key point 2
- Key point 3

### [INSERT TITLE OF CONCERNS I.E. CURRICULA ATTAINMENT]

- Key point 1
- Key point 2
- Key point 3

The Trust is advised that the decision to suspend training in the above posts is final, and there is no recourse to appeal this decision. Furthermore, please be advised that this letter represents formal notification of HEE's intent to suspend training in line with the following timescales:

Date	Description
INSERT DATE	Trust formally advised in writing of suspension of training.
INSERT DATE	Trainees formally advised, by HEE, of the intention to suspend training.
INSERT DATE	Draft visit report shared with Trust to enable factual accuracy review.
INSERT DATE	Trust response to immediate requirements due (see below).
INSERT DATE	HEE to contact trainees to confirm change to training location.
INSERT DATE	Trust patient safety impact assessment due (see below).
INSERT DATE	Withdrawal of trainees commences.

In line with our policies for the suspension of training, the Trust is asked to conduct and complete the enclosed patient safety impact assessment. The assessment should clearly describe how the work carried out by these doctors will be covered, and how the overall safety and quality of the learning environment for all learners remaining in [INSERT TITLE I.E. SURGICAL] specialties will be maintained once the suspension has taken place. I would be grateful if this assessment could be completed by [INSERT DATE] and sent directly to [INSERT NAME AND TITLE] at [INSERT EMAIL ADDRESS]. This impact assessment is for transparency and assurance for key stakeholders only and not an appeal avenue to reverse HEE's decision.

In completing this assessment, the Trust is advised that HEE will not remove funding for the posts without the provision of at least three months' notice to the Trust. The retention of this funding by the Trust is to allow for the appropriate provision of workforce to support the delivery of safe patient care within the department while postgraduate medical education and training is suspended.



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[INSERT NAME AND TITLE] will be responsible for liaising with trainees in relation to the continuation of their training and for ensuring that trainees are relocated to suitable learning environments in line with the above timescales. The Trust is asked to provide suitable assistance to [INSERT NAME] in discharging these duties, which should include the provision of any information requested by [INSERT NAME] or any nominated deputies in support of this process.

Whilst we appreciate that the suspension of training in these posts is a far from ideal situation, we remain committed to working with the Trust to reinstate training in these posts as soon as the concerns identified have been remedied satisfactorily. With this in mind, [INSERT NAME] will be in touch with the Trust in order to support the remediation of these concerns via an action plan to be submitted by [INSERT DATE].

Given that HEE has taken action to suspend training, the General Medical Council (GMC) has been informed, and HEE is also obliged to advise NHS England and the Care Quality Commission (CQC). These notifications will occur prior to [INSERT WITHDRAWAL DATE]. It is also anticipated that this decision is likely to lead to general press interest. As such, the Trust is strongly urged to ensure that its communications department is appropriately briefed. Health Education England will prepare a proactive press statement in the coming days and we will share this with the Trust for information.

If you or colleagues would like to discuss any element of this letter, please contact [INSERT NAME, EMAIL AND TELEPHONE NUMBER] in the first instance.

Yours sincerely,  
[INSERT SIGNATURE]

**[INSERT NAME]**  
**Postgraduate Dean**  
**Health Education England**

Cc.

[INSERT NAME] – Medical Director – [INSERT ORGANISATION]  
[INSERT NAME] – Director of Medical Education - [INSERT ORGANISATION]  
[INSERT NAME] – Dean and Director of Education and Quality – HEE  
[INSERT NAME] – Regional Director – HEE  
[INSERT NAME] – Local Director – HEE  
[INSERT NAME] – Head of Quality and Commissioning – HEE  
[INSERT NAME] – Director of Delivery and Improvement – NHSI  
[INSERT NAME] – Quality Assurance Programme Manager – GMC

## Appendix 3

### Patient Safety Impact Assessment

In line with our policies for the suspension of training, the Trust are asked to conduct and complete a patient safety impact assessment. This assessment should clearly describe how the work carried out by the doctors concerned will be covered, and how the overall safety and quality of the learning environment for all learners remaining in [INSERT TITLE I.E. SURGICAL] specialties will be maintained once the suspension has taken place. I would be grateful if this assessment could be completed by [INSERT DATE] and sent directly to [INSERT NAME AND TITLE] at [INSERT EMAIL ADDRESS].

Question	Response
<b>How will the Trust cover the work previously carried out by the junior doctors that have been removed from the organisation?</b>	
<b>What risks to patients have been identified as a result of this decision, and how will these be managed?</b>	
<b>Where other learners remain in the setting, what steps will the Trust take to protect these learners from any adverse consequences of the removal of these junior doctors.</b>	