

Improvement plan

Report:

HEIW TARGETED VISIT Medicine

Area:

General Internal Medicine

Date of Visit:

27/7/2026

Improvement needed	GMC Requirement	Service action	Responsible officer	Timescale
Requirements The Health Board must undertake a formal review of the management pathways for high-acuity medical referrals. This review should result in a clearly defined SOP detailing referral and admission criteria for the Emergency Department and the Medical Unit (AMU), including escalation processes where patient acuity exceeds the capabilities of the receiving area. The review should provide assurance that appropriate safeguards, senior clinical oversight and risk mitigation measures are in place for patients admitted directly to AMU or who subsequently deteriorate while under AMU care.	GMC Requirement 1.1 The learning environment is safe for patients and supportive for learner educators. The culture is caring, compassionate and provides a high standard of care and experience for patients, carers and families.	AMU Improvement group to review AMU and SDEC SOP regarding admission criteria to AMU specifically to focus on - Admission criteria for the Emergency Department and AMU. - Escalation Processes	Lucy Thomas (Directorate Manager AMU and SDEC) Dr Rhodri Edwards (AMD) Dr Clare Parker (AMD)	September 2026

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		Updated SOP to be circulated to all resident doctors and consultants  V7%20SOP%20for%20AMU%20Assessme  Acute%20Medicine%20SOP%202.10.24_RI		
Requirements The Health Board must review night-time handover processes to ensure all handovers are safe, effective, and robust.	GMC Requirement 1.14 Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.	AMU Improvement Group to review and update Medical Handover SOP with focus on night time handover arrangements.  Nighttime%20Medical%20Handover%20S Ensure porters are available at 8.45 to ensure access to Education Centre for Nighttime Handover Introduce Register to record attendance at Nighttime handover	Lucy Thomas (Directorate Manager AMU and SDEC) Dr Rhodri Edwards (AMD) Dr Clare Parker (AMD)	September 2026

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		Repeat Handover Survey for resident doctor feedback. Last completed July 2025.  Handover Feedback QIP July 2025.pdf		
Recommendation All vacant shifts, including twilight shifts, should be proactively offered for locum cover to ensure adequate workforce capacity, protect residents' access to supervision and learning opportunities, and continue the delivery of safe, high-quality patient care.	GMC Requirements R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, work patterns and workload, for patients to receive care that is safe and of a high standard, while creating the required learning opportunities.	The medical staffing team continue to proactively cover shifts. Rotas have also been designed to offer some additional workforce in anticipation of sickness/emergency leave. Anticipated gaps discussed and escalated at weekly medical staffing meeting with Associate Medical Directors. Audit rota gaps for 1 month and present at medical staffing meeting	Medical staffing Team Directorate Management Team Dr Rhodri Edwards (AMD) Dr Clare Parker (AMD)	October 2026

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		to understand number of unfilled shifts		
Recommendation The Health Board should take steps to identify a Clinical Lead for the Acute Medicine service to provide clear leadership and accountability for the development of the service, and to ensure educational opportunities within the acute setting are optimised to enhance residents' experience, supervision, and achievement of learning outcomes.	GMC Requirement 1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit the wider health service..	The AMU Clinical Lead Post has been unsuccessfully advertised on several occasions. The last advert was in March 2026. Further recruitment scheduled for October 2026 including clinical lead. Current mitigations in place; • Dr Edwards (AMD) and Dr Parker (AMD) currently supporting the directorate managers and nursing staff in AMU. • Dr Edwards (AMD) chairs	Rhodri Edwards (AMD Acute and Emergency Medicine) Clare Parker (AMD Medical Specialties) Lucy Thomas & Jason Roome (Directorate Managers AMU & SDEC)	October 2026

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		monthly consultant meeting. • Dr Boregowda (AMU Consultant and Endocrinologist) chairs monthly governance meeting. • Dr Edwards, Parker and Dieppe supporting AMU Improvement Group		

Improvement needed	GMC Requirement	Service action	Responsible officer	Timescale
Recommendation The Health Board should make further efforts to find an effective balance between the delivery of General Internal Medicine (GIM) and specialty training.	GMC Requirement 1.12 Organisations must design rotas to: a. make sure doctors in training have appropriate clinical supervision b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme d. give doctors in training access to educational supervisors e. minimise the adverse effects of fatigue and workload.	The HEIW visiting team made specific note in the feedback of significant improvements that had taken place since their last targeted visit. This included the improved experience for IMT doctors including their ability to get to specialty clinics. They were also better able to achieve practical skills and noted that EDT was timetabled and regularly achieved. There was also note made of the good quality clinical and educational supervision. This progress will continue to be monitored closely with live feedback to be collected at the resident doctor forum. Directorate team to review/audit work templates of split between GIM and speciality shifts recognising individual trainees will have bespoke training needs.	AMD Acute Medicine and Medical Specialties Medical Education team Directorate Managers FPDs and Royal College Tutors Faculty Lead for Trainers and Trainees AMD for Medical Education.	October 2026

Improvement needed	GMC Requirement	Service action	Responsible officer	Timescale
Recommendation The Health Board should take further steps to ensure that multiple members of the same Medicine sub specialty are not routinely scheduled to work in an on-call capacity at the same time.	GMC Requirement 1.12 GMC Requirement 1.12 Organisations must design rotas to: a. make sure doctors in training have appropriate clinical supervision b. support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK c. provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme d. give doctors in training access to educational supervisors e. minimise the adverse effects of fatigue and workload.	The Health Board regularly reviews current on-call arrangements and, where practicable, implements measures to minimise the routine scheduling of multiple clinicians from the same medical sub-specialty being on call at the same time. This work is undertaken in partnership with the Lead Training SpR to ensure rota arrangements are both safe and compliant with training requirements. Due to the complexity of the rotas, service demands, and the number of clinicians involved, it is not always possible to completely avoid occasions where a small number of clinicians from the same	Medical Staffing Team Directorate Managers AMD Acute Medicine and Medical Specialities FPDs and Royal College Tutors Faculty Lead for Trainers and Trainees Chief Registrar	November 2026

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		sub-specialty are scheduled to be on call simultaneously. However, every effort is made to minimise such occurrences and are monitored on a weekly basis.		

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Recommendation The HEIW Panel supports the Directorate's proposal to implement a robust process for recording, monitoring, and reviewing attendance at educational activities, including formal teaching programmes and simulation-based training. The findings should be used to inform targeted interventions that optimise residents' access to, and participation in, locally and regionally organised educational programmes.	GMC Requirement 1.16 GMC Requirement 1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training courses and other learning opportunities to meet the requirements of the curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	HEIW feedback identified that EDT time was regularly timetabled and achievable. Attendance at formal teaching sessions is recorded via the medical education team and is uploaded to HEIW's CODI system and monitored through attendance reports. Educational engagement is to be supported through discussions with supervisors, portfolio reflection and an annual Educational Development Conference.	Medical Education team FPDs and Royal College Tutors Faculty Lead for Trainers and Trainees	

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Recommendation The Health Board should ensure a summary of key discussions, feedback, and agreed actions from the Residents' Forum are communicated to all residents, including those unable to attend, in order to facilitate wider communication, support transparency, and promote awareness of actions implemented in response to concerns raised.	GMC Requirement 5.11 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.	Resident Doctors' Fora are minuted and the minutes circulated to the resident doctors. This action is already in place. The last meeting was in June 2026  Medicine%20Forum %20Summary4June2026 Chief Registrar to review resident forum. Aim to set up • bimonthly meetings with Senior Leadership Team • bimonthly meetings with Chief Registrar	Medical Education Team Dr Sophie Brooks Chief Registrar	

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Recommendation The Health Board should ensure that residents are granted appropriate leave to attend mandatory examinations.	GMC Requirement 5.11 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete assessments required by the curriculum.	The Health Board would always be minded to grant appropriate leave to attend mandatory examinations. The Associate Medical Directors for Acute Medicine and Medical Specialities are not aware of any resident doctor who has been denied study leave to attend a mandatory examination. The Health Board Study Leave policy was circulated in April 2026 and outlines clear route of appeal which will be managed & responded to within a week by the Medical Director.  Medical Study Professional Leave Po	Dr Rhodri Edwards (AMD) Dr Sophie Henson (AMD) Dr Clare Parker (AMD)	September 2026

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HEIW will arrange a review visit within six months.	Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities, and learning opportunities on placements, and must respond when standards are not being met.			

Service Group Director Representative:

Name (print):	Rhodri Edwards
Role:	Associate Medical Director Acute and Emergency Medicine & Geriatrics
Date:	5/9/26
