

SPECIALTY FOCUSED VISIT REPORT

Visit Details	
LEP	Homerton University Hospital NHS Foundation Trust
Specialty	Obstetrics and Gynaecology
Date of visit	25 February 2015
Background to visit	<p>The Trust was last visited by Health Education North Central and East London for a Trust Wide Review in 2012.</p> <p>The Obstetrics and Gynaecology (O&G) department at Homerton has not been visited for a number of years and the Head of School would like to visit to review the sustained pink outliers from the GMC National Training Survey (NTS) in induction and feedback.</p>
Visit summary and outcomes	<p>The visit team initially met with the Director of Medical Education (DME) members of the postgraduate team, before seeing the clinical director and college tutor for O&G. Following that the team met three core trainees and two higher O&G trainees and then the clinical and educational supervisors.</p> <p>The visit team was pleased to find that there was a strong positive culture of safety and teamwork within the department and a very approachable senior team. Trainees and consultants alike described the department as having a family like atmosphere.</p> <p>It was also noted by the visit team that there was very good simulation training available for trainees within the department, and it was clear that this was both developmental and innovative. This simulation training had been introduced into the trainees' induction, and trainees described it as being very good.</p> <p>The visit team was pleased to see that the trust had been responsive to the issues that had been identified in the GMC survey and those arising from serious incidents (SIs). It was evident that a lot of work had been done to improve the induction process, and the visit team heard how learning points from SIs would be incorporated into simulation training sessions.</p> <p>There were some concerns which were identified by the visit team on the day which have been detailed below:</p> <ul style="list-style-type: none"> • Rota – the visit team were concerned that trainees felt they had not been involved in, or consulted on, the changes to the rota that were made in October 2014. • Local Faculty Groups (LFGs) – the visit team found that LFGs were not taking place very regularly, and that meetings between trainees as a body, and between trainees and consultants seemed to be very informal. In order to ensure all trainees have a forum to express their views the implementation of a more formal process is recommended. • Induction – the visit team was pleased to see that the Trust have responded to issues regarding the induction, but there needs to be a consultant leading this rather than the outgoing trainees so that continuity can be achieved. • The trust should promote the workplace behaviour champion as some trainees were unaware of whom this person was.

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	Finally the visit team was pleased to note that all trainees said that they would recommend their post to a friend. The GPVTS trainees stated that the placement was very useful for GP trainees, and another trainee noted that the placement was very good for juniors due to the patients they are exposed to.			
Visit team				
Lead Visitor		Mrs Sonji Clarke – Deputy Head of School	Lead Provider	Mr Dilip Visvanathan – UCLP TPMC Chair
Specialty Representative		Ms Karen Joash – Training Programme Director, Imperial Lead Provider	Trainee Representative	Dr Jane Currie
Visit Officer		Mr Rishi Athwal	Lay Observer	Ms Jane Chapman
Findings				
GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	OG1.1	<p>Serious untoward incidents</p> <p>Higher trainees told the visit team that they felt there was good support available for trainees who have been involved in serious incidents. However they mentioned a recent example where a trainee did not feel supported at the time of the incident, but felt very supported afterwards, following a debrief a lot of support from consultants and colleagues.</p> <p>Educational and clinical Supervisors told the visit team that the support that they offer trainees will vary on a case by case basis. They said that they would try to determine whether it was best to take the trainee away from the department, if they needed some time alone. They stated that they would try and be as supportive as possible and work with the trainees to build their confidence again. One consultant cited a recent example of starting a shift following a serious incident to find a lot of his consultant colleagues had come in to show their support to the trainees and the midwives.</p>		
1	OG1.2	<p>Workload</p>		

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		<p>The visit team heard from the core trainees that they currently have two gaps in their rota and that some trainees were concerned that they would have to work extra hours to cover these gaps. However trainees stated that these have been covered by two regular locums that know the Trust well. The trainees stated that when working on call on the Templar Ward, there had been occasions where they had been very busy and had to stay late. However trainees stated that this had been fed back, and recently there had been a lot of extra help provided for them on the ward.</p>		
1	OG1.3	<p>Rota/on-call</p> <p>The visit team heard from the higher trainees that a new rota was introduced in October 2014. They said that they felt this had been implemented without any trainee consultation. The visit team heard that the changes in the rota mean that they complete all of their weekends on call in a six week period, and all of their 'long days' within a few weeks. They stated that some trainees have found this quite difficult. Trainees stated that they have completed a diary card exercise since the rota change.</p> <p>Educational and clinical supervisors told the visit team that since the rota has changed there has been an improvement, as they get to see the same trainees in their training sessions. They told the visit team that the trainees wanted more supervised time, so they developed the new rota, with the input of two higher trainees, to accommodate this. Consultants stated that the outcome of the changes were that trainees conduct more daytime work, and more of the out of hours work is completed by the senior staff grades. They also felt that the changes allowed the trainees more time to complete their Advanced skills training modules (ATSMs).</p>	<p>We suggest an audit is carried out by the end of the year to determine whether the change in the rota has achieved its aims and objectives, and determine its impact on training.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
5	OG5.1	<p>Curriculum Requirements</p> <p>The visit team heard from the core trainees that the consultants are very proactive with regards to ensuring that Workplace Based Assessments (WBAs) are completed. Trainees reported that when working at other trusts they were used to chasing consultants to get these completed, whereas in their current placement the consultant would often suggest completing certain cases as WBAs.</p> <p>One GPVTS trainee told the visit team that following starting at the Trust they received an email asking if there were any particular clinics they were interested in. The trainee stated that this was very helpful as it provided an opportunity to get experience in any area that they may require as part of their curriculum requirements.</p>	<p>Please conduct a trainee survey/audit</p>	

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		<p>A core trainee informed the visit team that there was an issue in trying to get the appropriate experience in scanning due to having to compete with the sonography students. The trainee stated that this had been raised with a consultant and that they will also raise it with the rota co-ordinator in order to try and get this resolved. The educational and clinical supervisors stated that they were aware that access to scanning is an issue. They told the visit team that since January they have a post CCT fellow who holds weekly basic scanning sessions with trainees. They stated that once trainees have completed the basic skills, they will complete scanning with the consultants to obtain their more advanced skills and sign off.</p>	<p>to ensure that the recent changes to the way trainees will access scanning training has enabled them to acquire their curriculum competencies.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
6	OG6.1	<p>Induction</p> <p>The visit team heard from the new GPVTS trainee that the induction received recently lasted four days and was very good. It was stated that the recent GPVTS induction had been led by an outgoing trainee and had included tours, 'skills and drills' training and simulation training. The trainee told the visit team that it included all the information that was needed for an on call shift shortly afterwards. The trainee stated that there was no consistent consultant presence for the duration of the induction, but stated that the consultant would come and go during the day.</p> <p>The visit team was informed by another GPVTS trainee that had been inducted in October that the induction received at that time was not to the same standard. However it was stated that this had been fed back and had evidently been listened to as changes had been made.</p> <p>An ST1 trainee informed the visit team that the trust-wide induction was good, but stated that the O&G induction was quite lacking. It was stated that a handbook was not provided and the trainee did not know this even existed until a later date. The trainee stated that the 'skills and drills' training included in the induction was good.</p> <p>One of the higher trainees told the visit team that their induction was also four days long and included a lot of eLearning. It was also stated that the Trust induction was good and that there was simulation and emergency sessions included.</p>	<p>The Trust has responded to issues regarding departmental induction but there needs to be stronger consultant leadership. This needs to be addressed in a way which is sustainable and this should be consultant led.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
6	OG6.2	<p>Feedback</p> <p>Core trainees told the visit team that the feedback they received from consultants is good, and stated that the consultants were good at providing them with feedback. One trainee stated that when they were involved in a serious incident the consultant was very good, ensuring that the whole team was debriefed, including the midwives</p>		

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		The higher trainees informed the visit team that they had not experienced any problems regarding the feedback they received, or how it was provided. One trainee stated that the consultants will not always provide feedback, but that this was not an issue at their level of training.		
6	OG6.3	<p>Local faculty groups/Trainee representatives</p> <p>Core trainee told the visit team that there was currently no formal meeting as a trainee body that they were aware of. They stated that trainees will often meet on an informal level as the group is very close. One trainee stated that they had put themselves forward to be a trainee representative in the last few months but had not been informed about whether a decision had been made on this.</p> <p>The visit team heard from the higher trainees, one of whom was a current trainee representative that they have not attended any local faculty group meetings (LFGs). They also stated that there are currently no Junior /Senior meetings, and that they were not aware of having been invited to any consultant meetings. The trainee representative said that the trainees will meet occasionally, but not regularly. There was a feeling that a formal meeting was less necessary as the trainees were very close and they would often discuss issues informally and also because it was stated that the consultants are very approachable.</p>	Please ensure that a formal forum is set up to ensure that all trainees have the opportunity to contribute. Also ensure that trainee representatives are proactively involved in regular LFGs.	Amber Mandatory Requirement
6	OG6.4	<p>Clinical and educational supervisors</p> <p>The clinical and educational supervisors informed the visit team that they have SPAs in their job plans, ranging between 2 and 2.5, and educational supervision was included in their job plans. They stated that all consultants within the department are fully compliant with the professional development framework. They stated that they have various online courses available to them to ensure they are fully trained as educational and clinical supervisors. They also told the visit team that they had all taken part in educational appraisals.</p>		
6	OG6.6	<p>Teaching</p> <p>The visit team heard that trainees were happy with the teaching that was provided by the department. They stated that whilst they have no formal teaching, they have a Friday morning meeting to discuss cases and a neonatal meeting on Wednesdays. In addition to this there are regular consultant ward rounds and regional teaching days once a month. Trainees also stated that there is good access to simulation training at the Trust.</p>		

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6	OG6.7	<p>Bullying and undermining</p> <p>The visit team was informed by the core and the higher trainees that they had no concerns regarding bullying and undermining behaviour in the department. However there was one comment made stating that there was sometimes pressure to fill gaps in the rota, and on one occasion a consultant demanded that one of the trainees offer to fill a gap that night.</p> <p>Trainees stated that they had not either witnessed or experienced trainees being disadvantaged due to being pregnant, stating that there is good support available for them. One trainee stated that when she was pregnant she had a meeting with the consultants and stated that the rota coordinator was very helpful.</p> <p>Some trainees stated that they were unaware of the workplace behaviour champion who was based at the Whittington who they could contact regarding any bullying and undermining issues that they may have.</p>	Please ensure that all trainees are made aware of the workplace behaviour champion and how to contact them.	Amber Mandatory Requirement
6	OG6.8	<p>Simulation</p> <p>Higher trainees informed the visit team that simulation sessions are becoming more frequent and said that the sessions are very good. Trainees said that they will be bleeped for some of the simulation sessions, so they will not know it is training until they arrive.</p> <p>Educational and clinical supervisors stated that they had changed the induction so that it includes more simulation training which has received good feedback. They said that there is also multi-disciplinary simulation training bi-weekly on a Wednesday morning. The visit team heard that they will often base this training around themes from recent serious incidents, but stated that they also have a suggestion box so that juniors can make requests for what they would like to be covered.</p> <p>The educational and clinical supervisors stated that in addition to this, they have non-technical simulation sessions, including a session in which they teach the trainees and the midwives to work together. They stated that they were able to put this session on again, and get representatives from another trust to come along. The visit team heard that the trust is actively seeking more funding in order to try and put more simulation sessions on for the trainees.</p>		

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6	OG6.9	Trainee Experience The visit team heard from higher and core trainees that they had enjoyed their experience at the hospital, and numerous trainees stated there was a family atmosphere. However trainees did state that they were aware that not all trainees had the same experience, with one trainee stating that this was usually due to apprehension following adverse incidents. Educational and clinical supervisors said that they were aware that some trainees can have a difficult time at the trust but stated that this is a minority. They said that this may be because the workload is high, and the team is quite small, meaning that any clinical shortcomings will be discovered. Consultants stated that things will always go wrong sometime for trainees, and said that those with the mechanisms to be able to deal with this in a more concentrated, smaller environment will really enjoy the placement. Consultants indicated that they will support those trainees that may be slightly less social in different ways, stating that they will often go for a cup of coffee with them on a one to one basis to discuss training. Educational and clinical supervisors all stated that they felt the organisation was a learning organisation, and stated that they try to lead the trainees by example. They stated that as a consultant body they were very close, and were always learning from each other, and that they encouraged the trainees to do the same.			
Good Practice			Contact	Brief for Sharing	Date
Other Actions (including actions to be taken by Health Education North Central and East London)					
Requirement			Responsibility		

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Information and reports provided to the team prior to the visit							
DME Annual Report	No	Regulator Reports/Data	No	LFG Reports	Yes	MEM minutes	Yes
GMC Survey - trainees	Yes	GMC Survey - trainers	No	Previous visit reports & action plans	Yes		
PVQs - trainees	Yes	PVQs - trainers	No	Result of school survey	No		
Signed							
By the Lead Visitor on behalf of the Visiting Team:		Ms Sonji Clarke					
Date:		23 March 2015					