SPECIALTY-FOCUSED VISIT REPORT

Health Education South London

Visit Details	
LEP	King's College Hospital NHS Foundation Trust
Specialty	Obstetrics & Gynaecology
Date of visit	24 March 2015
Background to visit	The last Trust-wide Review of King's College Hospital NHS Foundation Trust took place in 2012. It was decided to organise a new Trust-Wide Review at the site to inspect the quality of training and education. The head of the specialty school of obstetrics and gynaecology (O&G) was keen to undertake a review of O&G since this specialty had never been inspected since the School had formed and he was also interested to ascertain the effect the acquisition of Princess Royal University Hospital (PRUH) had had on the department. The 2014 General Medical Council National Trainee Survey (GMC NTS) had shown a red indicator for adequate experience and a pink outlier for induction in O&G at the Denmark Hill hospital site. The general practice (GP) school also aligned with the visit. The school had been made aware of some negative feedback relating to induction, clinics, on call and consultant supervision and was keen to investigate these concerns.
Visit summary and outcomes	The visit team was pleased to note excellent attendance at the visit by many trainees and educational supervisors. In general, the visit team felt that the training and education being offered to the trainees was of a high standard and noted the following highlights: • Plenty of teaching and training opportunities with excellent supervisor support. • Appropriate teaching at all specialty levels with specific surgical exposure at specialty training year one to two (ST1-2) level and access to advanced training specialty modules (ATSMs) at ST6-7 level. All trainees would recommend the training to a colleague and felt well supported with no evidence of any undermining or bullying. • High quality gynaecology ultrasound training, with one trainee describing it as 'just amazing'. All trainees had an allocated one week for basic ultrasound experience and training, but there was recognition that access to the obstetric scanning at the Harris Birthright Centre could be problematic. Alternative measures had been put in place to ensure that training was provided. • There was evidence of extensive operative exposure at an early level supported by a team structure. • The trainees attended regular perinatal teaching and were allocated dedicated time to prepare for teaching sessions. Enthusiastic and positive intercollegiate relationships were evident at all levels between trainees and between trainees and trainers. There was an

apparent high level of commitment and morale at all levels.

However, the visit team noted the following areas for improvement:

- The visit team found that inpatient surgical training occurred at the PRUH with trainees having to travel to the PRUH and generally spending one full day there. This meant that post-operative training opportunities were not available and this was recognised by both trainees and trainers to be a deficiency. Everyone recognised that the amalgamation with PRUH had created training challenges but these had been largely met, apart from post-operative care mentioned above.
- The acute gynaecology on call was not quite as organised as it could be, particularly as the on call consultant was sometimes on a different site to the on call trainee. All early pregnancy unit patients were cared for by the early pregnancy team but the responsibility for the other acute non-early pregnancy unit (EPU) gynaecology patients was not as clear-cut. Although there was a gynaecology consultant on call, this person may occasionally be on the PRUH site. In this circumstance there was always a gynaecologist on the King's hospital site, but it was not always apparent to the trainees who this person was.
- The visit team found that there was no formal departmental meeting with trainee involvement and stated that a formal local faculty group structure should be set up for O&G with trainee rep attendance so that any training issues could be discussed and dealt with appropriately.
- There was evidence that the ST1s and ST2s were not regularly attending gynaecology clinics and the visit team felt that the one-stop nature of these clinics mitigated against this.

With regards to **GP training:**

- The GP trainees appreciated the on call gynaecology experience they were exposed to and they were able to attend the half-day teaching without any problems.
- They seemed generally happy with the supervision they received.
- The GP trainees did not receive an induction to the department. The visit team stated that this was mandatory for all trainees and should be introduced as a matter of urgency.
- The GP job was not generally meeting the needs of the GP curriculum with too much exposure to post-natal work and insufficient exposure to clinics.
- The visit team stated that the clinical supervisor needed to be identified earlier in the post.

With the above caveats, the training across the board in O&G appeared to be at an excellent standard and the visit team stated that the faculty was to be congratulated.

Visit team			
Lead Visitor	Greg Ward	**Deputy Head of School**	Sonji Clarke

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GP Representative	Sarah Divall	**External Clinician**	Chandrima Biswas
Lay Representative	Caroline Turnbull	**Visit Officer**	Jane MacPherson

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	OG1.1	**Workload** The clinical director informed the visit team that the department was keen to amalgamate the services across both sites. It was reported that it was likely that the ambulatory service would be run from the Princess Royal University Hospital (PRUH) site and that the early pregnancy unit (EPU) service would be run from the Denmark Hill hospital site. Unfortunately the amalgamation of services was taking longer than anticipated. The clinical director reported that the unit was always busy and that the consultants needed to manage the workload to ensure that the trainees were not over-stretched. A diary card exercise had recently been conducted – it was found that it was difficult for the trainees to take breaks when working on the labour ward and that many were coming in early and leaving late. The other pressure was that the unit had a reduced number of elective gynaecology lists. Of the 41 gynaecology lists at the PRUH site that were originally operating, ten had been lost because the theatre had been closed due to staffing issues. The Trust was keen to improve efficiency in the remaining lists. The lists in a four week cycle were as follows: *At the PRUH site:* 21 lists for PRUH-based consultants – of these, seven had been lost – therefore now 14 20 lists for Denmark Hill-based consultants – of these, three had been lost – therefore now 17 *At the Denmark Hill site:* Nine lists (seven lists plus two cancer lists) As a result, the trainees were expected to travel to PRUH to gain inpatient list experience.		

		The visit team heard that the long-term plan was for only two lists to remain at the Denmark Hill hospital site (the cancer lists) and that everything elective would move to PRUH. The clinical director reported that most trainees remained at PRUH for the full day and did not have to travel in the middle of the day. Attempts had been made to keep half day lists to a minimum. The core trainees confirmed that they had only travelled to PRUH for a full day. The general practice (GP) trainees did not attend PRUH as they tended to undertake more post-natal ward rounds at the Denmark Hill hospital site while the specialty trainees were at PRUH. The GP trainees confirmed that they were well supported on the ward round by a higher trainee on the antenatal ward who they could approach for support if needed. The labour ward team were also available if required. The higher trainees also stated that they rarely travelled to PRUH for half a day and tended to go there for a full day with their consultant. The clinical director did not think that the trainees' clinical experience was being negatively impacted by them having to travel to PRUH since they were completing the same number of cases. The main issue was that the trainees missed out on providing post-operative care as it was too difficult for them to travel to PRUH just for a ward round the following day. Some educational supervisors felt that the impact on training opportunities was negative since the operating had been moved to PRUH as the trainees no longer had any exposure to post-operative care or post-operative complications. The visit team was informed that in obstetrics there were 5500 deliveries at the Trust with 98 hour consultant labour ward cover. The Trust had agreed to recruit four additional consultants, which would mean 119 hours per week. The visit team heard that there was resistance from the existing consultants to increase the cover to this extent, as it would mean remaining at work until midnight. There would be a one in 16 rota.		

1	OG1.2	**On call** The visit team heard that when on call, the trainee covered both obstetrics and gynaecology and was expected to cover the gynaecology emergencies. The consultant was also present on the labour ward. The trainees felt that they had better support in obstetrics than in gynaecology. Although there was a gynaecology consultant on call, this person was occasionally on the PRUH site. In this circumstance there was always a gynaecologist on the King's site, but it was not always apparent to the trainees who this person was. The educational supervisors confirmed that most consultants conducted a daily ward round in the morning and stated that the emergency patients were seen on a daily basis. The unit had a firm-based structure. The consultant on call had the responsibility for the patients for 24 hours, and it was decided within the team who would be conducting the ward round. The visit team found that all the early pregnancy unit patients were cared for by the early pregnancy team but the responsibility for the other acute non-EPU gynaecology patients was not as clear-cut.	Ensure that it is clear to all trainees who they have to call for assistance when on call. Ensure that the responsibility for the other acute non-EPU gynaecology patients is clarified to all trainees.	Amber Mandatory Requirement
1	OG1.3	**Serious incidents** None of the core trainees had been involved in reporting serious incidents. The higher trainees were expected to attend a serious incident panel on alternate Wednesdays. The senior trainees confirmed that they had been involved in root cause analyses. The middle-grade trainees stated that they had observed risk analysis meetings too.		
2	OG2.1	**Local faculty groups** The core trainees stated that there was a trainee rep but they were unaware if the rep attended a local faculty group. They were unaware of any formal structure. The higher trainees and educational supervisors confirmed that there was no formal local faculty group in place. As a department, there was a monthly management meeting but no trainee rep attended.	Establish a formal local faculty group with a nominated trainee rep so that trainees can raise any issues with their training which would then be dealt with an open, transparent manner. Minutes should be taken to formalise the nature of these meetings.	Amber Mandatory Requirement
6	OG6.1	**Induction**	It is mandatory for all trainees (including GP) to attend a full departmental induction so that they can	Amber Mandatory

		The specialty trainees reported that they received a very thorough departmental induction. The GP trainees stated that they did not receive any departmental induction but confirmed that they had attended a Trust induction. It was reported that the lack of departmental induction had been fed back to management.	carry out their duties safely and confidently. They should be made aware of all relevant policies and procedures.	Requirement
6	OG6.2	**Training** The trainees reported that they had exposure to excellent clinical experience and felt well supported. They commented that their training was well planned and that if they did not attend enough antenatal clinics during the first six months, for example, they were timetabled to attend more during the second six months. The rota coordinator (a specialty training year three trainee (ST3)) was reportedly very receptive to ensuring that the trainees' training was targeted to their needs. The trainees reported that everyone was supportive and that they were never expected to carry out duties beyond their level of experience or competence. The GP trainees reported that they were allocated to firms as well – their rotas were very different to the specialty trainees' rotas in that they did not have exposure to as much day surgery as the trainees, but instead attended more clinics. The senior higher trainees reported no issues in attending their advanced training specialty modules (ATSM) sessions. All the trainees would recommend the training to a colleague and felt well supported with no evidence of any undermining or harassment. The visit team heard that high quality gynaecology ultrasound training was on offer, with one trainee describing it as 'just amazing'. All trainees had an allocated one week for basic ultrasound experience and training, but there was recognition that access to the obstetric scanning at the Harris Birthright centre could be problematic owing to the large number of research fellows who were also learning to scan there. The consultants felt that following the week of training there were plenty of opportunities for trainees to take the initiative and pick up a scanner while working on the labour ward. The visit team heard that the allocated scan week was organised in order of level of trainee, starting with the higher trainees. There was some concern from the middle-tier trainees that they did not have sufficient exposure to ectopic pregnancies as they were tied to the labour ward.	Ensure that all trainees have access to the full range of training opportunities to	Amber Mandatory

		There was evidence that the ST1s and ST2s were not regularly attending gynaecology clinics and the visit team felt that the one-stop nature of these clinics mitigated against this. The visit team had the impression that some of the trainees felt at times over-supervised, and suggested that consultants should be more explicit about their observational role when supervising trainees. The visit team encouraged the faculty to think about how they could train more effectively to develop their trainees' autonomy and decision-making skills. Some of the educational supervisors felt that the training they provided for the very junior and very senior trainees was comprehensive but that perhaps the middle-grade trainees might feel overly supervised as they had another tier above them as well as consultant presence on the labour ward. The GP trainees reported that they were on the same rota as the specialty trainees and were involved in clinics, the labour ward and the gynaecology on call. The visit team heard that the GP trainees did not have sufficient exposure to clinics to meet their curriculum requirements and their exposure to the labour ward seemed to be on the heavy side. The GP trainees were not allocated to the EPU but saw these patients in the accident and emergency department (A&E) when the EPU was closed. There was some disagreement regarding the number of antenatal clinics that the trainees attended. The visit team was informed that GP trainees only attended antenatal clinics once per month, which was felt to be insufficient. However some educational supervisors stated that their GP trainees attended their clinics every week. They also confirmed that the GP trainees were treated like the ST1/2 trainees and were fully integrated into the department.	meet their curriculum needs. This will be verified through annual review of competency progression (ARCP) outcomes. The GP job was not generally meeting the needs of the GP curriculum with too much exposure to post-natal work and insufficient exposure to clinics. The GP trainees should be timetabled to attend more clinics.	Requirement Amber Mandatory Requirement
6	OG6.3	**Teaching** The visit team heard that there was consultant-led teaching in obstetrics on a Wednesday morning which the trainees appreciated. On a Tuesday afternoon, there was perinatal teaching, which was led by the core trainees; they were given allocated time to prepare for the perinatal session the day before. The trainees stated that they were invited to attend the gynaecology risk management meetings. For GP trainees there was dedicated teaching on a Thursday afternoon. There were also clinical training group (CTG) meetings on a Friday morning and a journal club once a month.		

6	OG6.4	**Acting up** The visit team heard that the ST2s were given the opportunity to act up prior to moving to ST3.		
6	OG6.5	**Audit** The trainees confirmed that they were involved in research and audit. They stated that there was a free 'teach the teachers' course for senior trainees which many had attended. The educational supervisors felt that it was difficult to facilitate research in the time available as on many occasions it took a long while for the trainees to obtain approval from committees for their research which meant that they could not complete it while in post for one year.		
6	OG6.6	**Educational supervision** The trainees confirmed that they all had an assigned educational supervisor with whom they had set out a training plan at the start of their post. The educational supervisors confirmed that they had undergone appropriate training to carry out their roles and that they were given 0.25 programmed activities (PA) per trainee in their job plan. The visit team heard that there were delays in allocating a clinical supervisor to the GP trainees when they started in post.	The clinical supervisor for the GP trainees needs to be allocated from the start of the post.	Amber Mandatory Requirement
6	OG6.7	**Bullying and undermining** No issues were reported in this area.		
6	OG6.8	**Study Leave** No problems were reported in obtaining study leave.		

Good Practice	Contact	Brief for Sharing	Date

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Other Actions (including actions to be taken by Health Education South London)	
Requirement	**Responsibility**

Information and reports provided to the team prior to the visit							
DME Annual Report	*No*	Regulator Reports/Data	*Yes*	LFG Reports	*No*	MEM minutes	*Yes*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*No*		
PVQs - trainees	*Yes*	PVQs - trainers	*No*	Result of school survey	*No*		

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Greg Ward*
Date:	*27.07.2015*