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Pan-London Quality and Regulation Unit

Royal Free London NHS Foundation Trust

Obstetrics and Gynaecology

Quality Visit Report

23 June 2015

FINAL

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Health Education
North Central and East London

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Royal Free London NHS Foundation Trust
Specialty	Obstetrics and Gynaecology (O&G)
Date of visit	23 June 2015
Background to visit	The Royal Free London NHS Foundation Trust's obstetrics and gynaecology department had not been visited in several years and therefore the Head of the London Specialty School of Obstetrics and Gynaecology requested to align with the Trust-wide Review to conduct a specialty-focused visit report to assess the training environment. The Royal Free London NHS Foundation Trust was previously visited for the Annual Quality Visit on 20 November 2012. Since this date, the Trust had undergone major reconfigurations including the acquisition of Barnet and Chase Farm Hospitals in July 2014.
Visit summary and outcomes	The visit team met with a number of trainees and trainers from both the Royal Free Hospital site and the Barnet Hospital site. The visit team found that most of the trainees were happy with their training. However, they indicated that because of the low delivery numbers at the Royal Free Hospital site, the obstetrics experience was suboptimal. This was generally compensated by good access to gynaecology operating and out-patient operative experience. In general, the trainees seemed to be aware of the serious incident reporting process. However teething issues had been identified with the Datix system that had recently been installed. The recent introduction of the gynaecology on call hot week was commended. Trainees on both sites reported that staff shortages resulted in an over-reliance on them to cover service delivery. The consultants informed the visit team that there was a process in place where the trainees alternated obstetrics and gynaecology first on call duties but in reality this was subject to change according to the consultant on call. The specialty training year three to five (ST3-5) trainees felt that they were at times over-supervised on the Labour Ward and were not given sufficient independence or autonomy to make decisions or manage the Labour Ward themselves. There were many highly specialised learning opportunities at the Royal Free Hospital site but some of these were not always maximised. In some clinics the trainees felt that they were not given any autonomy to make management plans and found this detrimental to their training. The visit team found no evidence of a bullying and harassment culture at the Trust; however, there were incidents when trainees had felt unsupported, particularly in certain clinics. The trainees bemoaned the paucity of scanning experience, particularly in the early pregnancy unit, and commented that when there were gaps in the rota, they were often pulled from scanning opportunities to cover other service duties. The consultants reported that they encouraged the trainees to take study

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	leave to complete their scanning training. The visit team recommended that the planned substantive consultant appointments should be made as soon as possible. It was noted that there was 72 hour Labour Ward consultant presence but only one formal ward round each day. The department should introduce at least two formal consultant-led ward rounds per 24 hours on the labour ward. There was a good team structure in place. The clinical fellows were reported to be less keen on supervising the junior higher trainees – the visit team felt that it would be better to rotate the more junior trainees after six months so that they had the opportunity to be paired with a numbered senior higher trainee who would be more enthusiastic about supervising them. The general practice (GP) trainees had insufficient exposure to out-patients settings and limited access to gynaecology clinics. There was no real formal local faculty group (LFG) in place. The visit team recommended that this should be formalised and should include a nominated trainee representative. Although the consultants informed the visit team that governance meetings were held every eight weeks, the trainees seemed unaware of this. All the educational supervisors on the Royal Free Hospital site were allocated sufficient programmed activities (PAs) however on the Barnet Hospital site they received just 0.25 programmed activities (PA) regardless of the number of trainees. The visit team recommended that this should be standardised across sites. Technical facilities were in place for simulation training but there was a deficit of multi-professional human factors and skills and drills training. It was felt that the lack of on call experience for any specialty training year one and year two (ST1 or ST2) trainee allocated to the unit could prejudice training, but local arrangements were in place to review the on call if an ST1 or ST2 trainee were allocated to the department (for example, the ST2 would act up to the higher rota once sufficient experience had been gained in post).

Visit team			
Lead Visitor	Mr Greg Ward, Head of the London Specialty School of Obstetrics and Gynaecology	**Deputy Lead Visitor**	Miss Sonji Clarke, Deputy Head of the London Specialty School of Obstetrics and Gynaecology
Lay Member	Ms Ann Rozier, Lay Representative	**Lead Provider Representative**	Miss Charlotte Kingman, Training Programme Director
Scribe	Ms Jane MacPherson, Quality and Visits Officer	**Trainee Representative**	Dr Susie Crowe, Obstetrics and Gynaecology Trainee Representative
Observer	Ms Sylvia Lameck, Contract and Performance Manager		

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Findings				
GMC Domain	**Ref**	**Findings**	**Action and Evidence Required. Full details on Action Plan**	**RAG rating of action**
5	OG5.1	**Educational structure** The visit team met with two college tutors, the clinical director (cross-site) and the college tutor from Barnet Hospital. The visit team was informed that there were no numbered core trainees (i.e. trainees with a national training number) in post at the Royal Free Hospital at the time of the visit although it was anticipated that a specialty training year two trainee (ST2) would be allocated to the Royal Free Hospital from October 2015. The clinical tutor stated that for the first three months, the ST2 trainee would not be allocated to the on call rota. Following this period it was reported that the trainee would be on call with an ST6-7 trainee who would be able to offer support. The clinical tutors commented that if an ST1 trainee were rotated to the Trust, the department would need to assess how to provide the trainee with appropriate experience at ST1 level; the educational leads were of the opinion that the department would be able to offer enough experience to train ST1-2 trainees. Of the current core-level trainees in post, three were general practice (GP) trainees and one was a foundation trainee, none of whom were on the on call rota. The visit team heard that the Royal Free Hospital had 72 hours of labour ward consultant presence with approximately 3000 deliveries whereas Barnet Hospital had 98 hours of labour ward consultant cover. A hot week system had recently been introduced. A similar system had been in place at Barnet Hospital for a year. During the hot week, the consultant had no other responsibilities. The visit team heard that there were 12 consultants at the Royal Free Hospital, two of whom were long term locums (one in the early pregnancy unit (EPU) and one in the vulval clinic). There were also four locum consultants in post at Barnet Hospital. Two substantive labour ward lead jobs had recently been advertised and plans were in place to recruit a further two EPU consultants for the Royal Free Hospital, as well as two consultants at Barnet Hospital. The visit team heard that the two new labour ward lead jobs would be site-specific; however, discussions were taking place about making the EPU post a cross-site role. With regards to the two remaining posts at Barnet Hospital, given the intensity of the workload,		

		these were also likely to be site-specific. The clinical director reported that the Trust was trying to harness the best practice from each site so that all trainees could benefit from the organisation as a whole. A cardiotocography (CTG) training day had been organised which had been well received; trainees from both sites were in attendance. This was due to be held twice a year. The clinical director also reported that good audit and governance days took place when all clinical activity was suspended so that all staff members could attend. Attempts were made to cross-fertilise and curriculum-map across sites to ascertain where the best training opportunities were located. The visit team heard that the higher trainee who was undertaking the labour ward advanced training skills module (ATSM) at the Royal London Hospital, Barts Health NHS Trust also undertook some sessions at Barnet Hospital during the week to ensure the full range of experience. The visit team heard that trainees worked on one site only, although there was a possibility that this might change. In a recent Trust survey, there had been no appetite from the trainees for cross-site working. In general, however, it was reported that the likely solution would be that trainees would be based at one site, but would be able to cherry-pick sessions at another site if needed.		
1	OG1.1	**Workload and clinical supervision** Staff at all levels reported that the workload was not particularly high at the Royal Free Hospital. The visit team heard that many clinics were covered by the higher trainees and that some consultants did not see the patients in their clinics. Some trainees felt that certain consultants were not keen to train the less experienced trainees; at times certain consultants specifically requested the higher trainees to cover their clinics as opposed to the more junior trainees. This had an impact on the trainees' learning opportunities as sometimes trainees were pulled away from more interesting work to cover clinics. Furthermore, some consultants preferred to dictate a management plan to the trainees for each patient in the clinic rather than engaging in a useful, constructive discussion with the trainees; the trainees felt that this was a missed learning opportunity, since they were given no autonomy and were instead just expected to follow the plan to the letter. If they had different suggestions to propose, the trainees felt that these were generally rejected outright without any discussion. The trainees reported that it was well-known that nobody enjoyed those clinics.	Please address the way in which out-patients clinics especially antenatal clinics are conducted and ensure that the maximum educational opportunities are gained from trainees' attendance.	**Amber** Mandatory Requirement

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		The clinical director and college tutors were under the impression that two higher trainees were allocated to each clinic and that all outpatient hysteroscopy clinics had a trainee attached to them.		
1	OG1.2	**Patient safety** No issues were reported in this area.		
1	OG1.3	**Clinical incidents** It was reported that since the department was relatively quiet, very few clinical incidents took place. The visit team heard that mainly midwives filled in the clinical incident forms. The senior management team reported that the Trust's staff survey indicated that staff members felt confident about raising issues; it was reported that the Trust was keen for everyone to have a voice but that perhaps the feedback loop and learning could be improved. The visit team heard that divisional boards and teaching and learning events were all in place to ensure that learning from events was disseminated. The visit team heard that any issues were discussed at perinatal meetings, and the trainees reported that there was an open atmosphere and no blame culture. Audit days also took place and minutes were disseminated afterwards. The educational supervisors reported that there were regular governance half-day sessions every eight weeks, but the trainees seemed unaware of these. The college tutor suggested that there might be an issue with under-reporting in the ward area, but indicated that this was being tackled. The visit team heard that at Barnet Hospital there had been a reduction in clinical incident reporting since the merger and it was suggested that this was probably to do with IT issues and cumbersome incident forms.	Ensure that the trainees are aware of the regular governance half-day sessions and are freed up to attend.	**Amber** Mandatory Requirement
1	OG1.4	**Out of hours** The visit team heard that there was no core level trainee on duty at night. Two higher trainees covered the out of hours' rota. The visit team heard that trainees were divided into pairs, a ST3-5 trainee with a ST6-7 trainee, or a ST3-5 trainee with a senior clinical fellow. The junior trainees' experience was	Review the distribution of higher trainees across the labour ward and gynaecology to ensure that it is well-balanced. Ensure that the ST3-5 trainees are given sufficient autonomy to manage the labour ward and make decisions.	**Amber** Mandatory Requirement

		found to be largely dependent on this pairing. The visit team heard that normally the ST3-5 higher trainee covered the labour ward and the ST6-7 trainee covered the gynaecology ward. However, the trainees commented that some consultants preferred both the senior higher trainee and junior higher trainee to be on the labour ward at the same time, whereas others were happy to allow the senior trainee to concentrate on gynaecology and leave the junior higher trainee on the labour ward. Furthermore, some senior higher trainees were reportedly more hands-on and keen to teach than others; it was reported that at times the clinical fellows preferred to work autonomously on the labour ward and were less happy to supervise and train the junior trainees. In general, the ST3-5 trainees felt that they should be given more autonomy to manage the labour ward by themselves. The trainees all appreciated the firm structure and the pairing system, but commented that it only functioned well, if they were paired with a senior trainee who was keen to teach. The visit team heard that the trainees remained with the same firm for 12 months but that this was due to be changed to six months. It was reported that the on call team was responsible for elective caesarean sections; it was variable whether the ST3-5 trainees or the ST6-7 ran these lists depending on the supervising consultant. Some of the ST3-5 trainees felt as though they were treated like a core trainee at night, whereas others did not. Again, this variability depended on which senior trainee / clinical fellow was on duty with them.	Impress on the clinical fellows that they have a responsibility to train and supervise the ST3-5 trainees. Ensure that the trainees rotate every six months so that the junior trainees have the opportunity to be paired with a numbered senior trainee.	
2	OG2.1	**Local Faculty Group** The visit team heard that there was a junior doctors' forum which was attended by different specialties and which discussed more generic issues. The college tutor reported that there was a departmental meeting twice a year, as well as a monthly consultant meeting, to which some higher trainees were invited to discuss rota issues. However, these trainees were not formal trainee representatives raising issues on behalf of their colleagues. Attempts had been made to organise a trainee forum once a month, but this had not succeeded. The postgraduate education team had made the obstetrics and gynaecology consultants aware of the need to organise a formal local faculty group, with an agenda, minutes and a	Establish a formal local faculty group, with minutes, register of attendance and a nominated trainee representative.	**Amber** Mandatory Requirement

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		nominated trainee represented. This was due to be instituted.		
6	OG6.1	**Obstetrics** Consultant presence on the labour ward was reported to be from 8am to 10pm at the Royal Free Hospital The college tutors and clinical director reported that handover took place on the labour ward in the morning at 8am, and that this was immediately followed by a ward round at 8.30am. The gynaecology ward round started at 9am. Since the new hot week system had been in place, the visit team heard that a handover now took place at 5pm – some consultants chose to undertake a ward round at this time whereas others opted for a board round or handover meeting. Trainees were sometimes invited to this handover but this was not always the case. There was variability in practice depending on the consultant on duty. The visit team heard that normally a consultant covered the elective caesarean section list from a Monday to Thursday, and a trainee was normally allocated to the list, if possible. The trainees confirmed that patients were seen on both Saturday and Sunday by consultants. At Barnet Hospital, the educational supervisors confirmed that a ward round took place at 8am, at 5pm and at 11pm.	The department should introduce at least two formal consultant-led ward rounds per 24 hours on the labour ward.	**Amber** Mandatory Requirement
6	OG6.2	**Acute gynaecology** Since the hot week system had been introduced, the visit team heard that a consultant-led ward round took place every day. The visit team was informed that the trainees had exposure to a great deal of gynaecology surgery. The trainees appreciated the team-based structure since they were with the same consultant every week and therefore the consultant could gauge their progression.		
6	OG6.3	**Training** **Barnet Hospital** The higher trainees at Barnet Hospital reported that the workload had increased since the		

		merger with Royal Free Hospital, and that this had had both positive and negative repercussions. The trainees appreciated the increased activity and exposure to cases but also felt that the need to cover service provision detracted from their training experience. The senior trainees reported no issues with the labour ward ATSM and commented that the benign gynaecology ATSM required a little more planning to be able to access surgery but that in general there was no problem attaining the required competencies. The trainees at Barnet Hospital reported that there was a good team spirit in the department but highlighted that the many unfilled posts and a shortage of doctors had led to an over-reliance on the trainees to cover service provision. The trainees felt that the staffing issues needed to be urgently addressed. The visit team heard that the trainees handled inpatients and emergencies at Barnet Hospital but ran clinics and day surgery lists at Chase Farm Hospital, in addition to clinics at other outlying sites. Shuttle buses were reportedly available between Barnet Hospital and Chase Farm Hospital, but it was necessary to drive to the other sites. The trainees were unaware of any policy for reimbursement of mileage. **Royal Free Hospital** The clinical director reported that the department provided good training in outpatient hysteroscopy, vulval ATSMs and hands-on ultrasound. He highlighted the state of the art simulation centre as a particular strength of the department. The college tutor at the Royal Free Hospital commented that there were good opportunities in genital tract disease and disorder management as well as exposure to a large cohort of female human immunodeficiency virus (HIV) cases. It was reported that there was also a haemophilia centre and a female genital mutilation specialist clinic at the Royal Free Hospital, both of which provided good training exposure. The ST6-7 trainees at Royal Free Hospital felt that they had been given autonomy and independence and had had exposure to a good amount of gynaecology operating and scanning. The ST3-5 Royal Free Hospital trainees reported that their exposure to interesting cases on the Labour Ward was limited because many complicated pregnancies were transferred to other hospitals (as the Royal Free Hospital was only a level one neonatal unit). The trainees reported that compared with other hospitals they had had little exposure to many	Provide the policy for reimbursement of mileage to the Barnet Hospital trainees.	**Green** Recommendation

		difficult caesarean sections; however, they confirmed that they attended outpatient hysteroscopy clinics where they received good teaching. There were also good training opportunities in gynaecology operating and in laparoscopy. The trainees reported that they attended an average amount of gynaecology and antenatal clinics but that due to staff shortages they could rarely attend vulval clinics or sexual health clinics. The ST3-5 trainees also reported that their scanning opportunities were limited, particularly in the EPU. They commented that the sonographers were not interested in teaching the trainees, and in fact had been told not to teach them. The trainees also stated that they were not released from their other service commitments to undertake scanning with their consultants. The educational supervisors were under the impression that the higher trainees were rostered to and were able to attend the EPU. However, they agreed that if the department were short-staffed, it was likely that the trainee allocated to the EPU would be the first to be called elsewhere to cover other duties. The college tutors informed the visit team that they had suggested to the trainees that they should allocate some of their study leave time to undertake more scanning practice. The visit team heard that the EPU was managed by a locum consultant but that a substantive appointment was imminent. The educational leads felt that this would improve the trainees' exposure to scanning. The trainees reported that there was a fetal medicine scanning session on a Friday morning but that they were rarely able to attend it due to other commitments. The visit team heard that the ability to attend ultrasound teaching was also team-dependent and that if trainees could not attend for part of the year they would hopefully be afforded the opportunity to access those sessions later in the year. For the ST3-5 trainees exposure to good laparoscopy training was only available in certain firms, therefore the trainees were proactive about swapping sessions to maximise all training opportunities. In general, the ST3-5 trainees commented that they would like to have more opportunity to complete procedures. At times, the visit team heard that clinical fellows finished procedures that could have been completed by the trainees. The higher trainees commented that they would not recommend the post to an ST2 or ST3 trainee because of inadequate exposure.	Ensure that trainees are able to access the full range of training opportunities, including scanning. The visit team recommends that the substantive consultant appointment in the early pregnancy unit is made as soon as possible. The GP trainees should be given sufficient exposure to out-patients settings including	**Green** Recommendation **Amber**

		The general practice (GP) trainees in obstetrics and gynaecology were based at the Royal Free Hospital and spent two-thirds of their time holding the bleep and the other third of their time on the antenatal / postnatal ward. They rarely attended theatre and had not attended many gynaecology clinics. The trainees confirmed that they attended a protected teaching session one afternoon a week. In general they were happy with their training, although they expressed a desire to learn more outpatient gynaecology procedures and access more clinics.	gynaecology clinics.	Mandatory Requirement
6	OG6.4	**Teaching** The visit team heard that there was a regular Tuesday afternoon teaching session which covered perinatal, CTG, journal club and maternal medicine. This was reported to be well coordinated by a midwife and a consultant. The visit team heard that the afternoon teaching session clashed with one of the theatre lists which meant that one of the trainees could not attend the teaching session. The visit team heard that this was being addressed. The trainees confirmed that they had worked independently in the simulation centre. The ST3-5s commented that they would like additional skills and drills training.	The visit team recommends the introduction of skills and drills and human factor training.	**Green** Recommendation
6	OG6.5	**Bullying and undermining** The visit team found that there was no culture of bullying and undermining in the department; however, the trainees felt that at times some consultants were not particularly supportive of them or their training needs in clinics. See above in Ref OG1.1 section. The educational and clinical supervisors were unaware that a regional champion for bullying and undermining had been appointed; the visit team suggested that the educational supervisors needed to be aware of how to signpost the trainees if they wanted to raise any issues outside of the department.		
6	OG6.6	**Educational supervision** The trainees confirmed that they had met with their educational supervisor and were able to complete workplace based assessments. At the Royal Free Hospital, the educational supervisors reported that they were allocated 0.25 programmed activities (PA) for each trainee they looked after up to a maximum of four. The educational supervisors at Barnet Hospital remarked, however, that they were	The allocation of SPAs for educational supervision across all sites of the Trust should be standardised.	**Amber** Mandatory Requirement

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		allocated 0.25 PA regardless of the number of trainees under their management. The college tutor at Barnet Hospital reported that he would be given one PA for his work in the new job plan. The college tutors at Royal Free Hospital confirmed that they shared one PA. The visit team heard that at Barnet Hospital, there were 19 consultant posts (of whom four were locums and one was retired); of the remaining substantive 14 educational supervisors, each looked after at least one trainee each (total of 18 trainees at this site). The educational supervisors at the Royal Free Hospital reported that they were well supported by management and commended their excellent director and deputy director of medical education and the education administrator.		
6	OG6.7	**Induction** No issues were noted in this area.		

Good Practice	**Contact**	**Brief for Sharing**	**Date**
N/A			

Other Actions (including actions to be taken by Health Education North Central and East London)	
Requirement	**Responsibility**
N/A	

Information and reports provided to the team prior to the visit

DME Annual Report	*No*	Regulator Reports/Data	*Yes*	LFG Reports	*No*	MEM minutes	*No*
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:	Mr Greg Ward
Date:	17 August 2015