

Chelsea and Westminster NHS Foundation Trust

Obstetrics and Gynaecology

Risk-based Review (Focus Group and Education Lead Conversation)



Quality Review report

Dates of Reviews: 14/21 June 2016 and 26 July 2016

Developing people
for health and
healthcare

www.hee.nhs.uk

Quality Review details

<p>Background to review</p>	<p>A specialty-focused visit had been conducted at the Trust on 19 May 2015. During this visit, the review panel for obstetrics & gynaecology (O&G) had noted the following:</p> <ul style="list-style-type: none"> • A department that had a comprehensive range of training opportunities and the commitment to provide trainees with bespoke training plans. • A department with a receptive nature to improving and developing the training opportunities available to trainees. • Good support from the consultant body, although there needed to be an increase in support on the labour and gynaecology wards. • The visit team felt that the department was to be congratulated on the manner in which it had dealt with the bullying and undermining behaviour highlighted in the GMC NTS and the visit team encouraged the department to review the bullying and undermining behaviour in the department in a wider, multi-professional scope with an external reviewer. • The visit team found that publication and execution of the rotas needed improvement with trainees and senior staff involvement to ensure their predictability. • The visit team also found that there was a lack of adherence to the clinical guidelines in the department and that these guidelines were in need of updating. • The visit team also had a concern that there were conflicting requirements for trainees with respect to the provision of care to private patients whilst being required to undertake their NHS clinical duties. The visit team felt that this may have had a detrimental effect on supervision for training and therefore patient safety. • The General Medical Council National Training Survey (GMC NTS) results in 2015 had improved since 2014; however, there was still one pink outlier in 'induction' which needed to be explored. <p>A specialty training committee survey was subsequently conducted in October 2015. The survey had indicated potential issues that existed within the Obstetrics & Gynaecology (O&G) department in relation to bullying and undermining issues.</p> <p>Trainees had been asked to comment on the state of training in the respective Trusts and any Trusts that they had recently worked at. Three trainees from Chelsea and Westminster responded to this survey. The survey had highlighted that the O&G trainees at Chelsea and Westminster Hospital NHS Foundation Trust did not enjoy the teaching and learning environment within the department due to many reasons:</p> <ul style="list-style-type: none"> • The committee heard there was a lot of competition for gynaecological surgical lists. The distribution of gynaecological operating was limited and was not always appropriately organised by Trusts. Please see O&G1 below • The O&G trainees felt that lists that met the appropriate training needs of the different levels of trainees should be structured and consultants should be made aware that they may potentially have two trainees (ST3 to ST7) on their surgical lists and should be able to distribute appropriate operations to the relevant experience of trainees. • The O&G trainees felt it was an inefficient use of resources to send Advanced Training Skills Modules (ATSM) trainees (who had no gynaecological interest) to operating lists that other trainees desperately required, especially if the trainee had no ambition to become or have a career as a gynaecologist. However, trainees did appreciate that the competence in emergency procedure such as
------------------------------------	---

	<p>Evacuation of Retained Products of Conception (ERPC), Diagnostic Laparoscopy and Laparoscopy Ectopic must be maintained.</p> <ul style="list-style-type: none"> Some trainees felt that there was poor consultant presence on the labour ward.- Please see O&G2 below Overall, the O&G trainees felt that there was a lot of unpleasant behaviour within the O&G department and cited examples of consultants bickering. The trainees did not think that it was a nurturing environment for training. Please see O&G3 below <p>Following the completion of the survey, the North West London trainees for O&G met in March 2016 to discuss the findings of the survey and discussed a number of solutions to the problems faced by the department.</p> <p>The results of the survey led to a decision by the Head of the Specialty School of O&G to undertake a focus group to assess the education and training environment at the Trust.</p> <p>At the focus group which took place in June 2016, the review panel was keen to explore the following areas:</p> <ul style="list-style-type: none"> To identify whether trainees were involved in the provision of care to private patients whilst being required to undertake their NHS clinical duties. To explore the division between the consultant body in the O&G department and the senior management team and identify the issues that existed within these two teams. To identify the difficulties around rota allocation. To explore and review the bullying and undermining concerns raised in the O&G Training Committee Survey held in October 2015 and from the Training Feedback Report from March 2016. <p>Overall, the review panel intended to investigate further the concerns raised in the specialty training committee survey where bullying and undermining issues were highlighted and therefore this focus group was held to assess the Trust's progress.</p>
Quality review team	<p>Dr Greg Ward, Head of School for Obstetrics & Gynaecology</p> <p>Mrs Sonji Clarke, Consultant Obstetrician</p> <p>Jannatul Shahena - Quality Support Officer (Scribe)</p> <p>Victoria Farrimond - Learning Environment Quality Co-ordinator (Observer)</p>
Specialties / grades reviewed (including number)	<p>The review panel had the opportunity to meet with a number of trainees from the obstetrics and gynaecology (O&G) department. The visit was held in two different sessions to allow a good attendance rate from an adequate number of trainees. Over a course of two days period, the following numbers and grades were interviewed:</p> <ul style="list-style-type: none"> specialty training year one (ST1) specialty training year two (ST2) specialty training year three (ST3) specialty training year four (ST4) specialty training year seven (ST7) general practice vocational training scheme (GPVTS) foundation training year two (F2) trainee specialty training year one (ST1) specialty training year six (ST6) specialty training year seven (ST7)

Summary of findings	The review panel would like to thank the Trust for releasing trainees from the O&G department to attend the focus group sessions.
----------------------------	---

These were the first focus groups since the previous specialty-focused visit in May 2015. The review panel was pleased to note the following positive areas:

- The review panel heard that valuable teaching and learning opportunities existed within the O&G department at Chelsea and Westminster Hospital NHS Foundation Trust.
- The O&G trainees from F2 to ST3 level spoke highly of the department as a whole, and stated they were very happy to be training at the hospital. The review panel was pleased to hear that the O&G department offered good education and training opportunities to these trainees and that trainees would recommend their training post to as well as return to the Trust to work there.
- The O&G trainees at ST1 to ST4 level praised the department as a whole, and commended the consultants and the support they received from them. The review panel heard that the Trust offered many training opportunities, and there was a lot of positivity from the trainees who in general felt that the department as a whole had made improvements since the previous visit.
- The review panel heard that some trainees at ST1 to ST4 level had chosen to return to Chelsea and Westminster NHS Foundation Trust to continue further aspects of their training, as they had enjoyed the learning environment the Trust offered during their previous experiences at the hospital.
- The senior higher trainees stated they would not recommend their training posts. There was a mismatch in perception highlighted by the senior higher trainees who reported that they felt they were working in a dysfunctional department which allowed learning opportunities for trainees who were keen to gain exposure to the labour ward and obstetrics only but limited opportunities for the senior higher trainees who were unable to gain exposure to gynaecological procedures such as cystectomies, ectopic pregnancies and other gynaecological surgical procedures.
- The O&G trainees at ST1 level reported that during their first year of training they initially struggled with completing their training elements and did not feel supported as the rota was focused on service provision, but confirmed that this had changed and felt well supported at the time of the focus group.
- The review panel felt that one of the improvements made since the previous visit in May 2015 was the appointment of a clinical director within the O&G department, as this was something that the department had lacked prior to the visit in May 2015.

The review panel noted the following areas for improvement:

- The review panel noted that the allocation of the rota for higher trainees within the O&G department required improvement, as did the bleep system. **Please see O&G5 below.**
- The O&G trainees at ST6 to ST7 level reported that their training mainly consisted of a lot of exposure to obstetric cases rather than gynaecological examinations and procedures. The review panel heard that trainees at these senior training grades were mainly on call in the labour ward and that they felt dissatisfied with the lack of exposure to gynaecological experience.

The O&G trainees at ST6 and ST7 level informed the review panel that the culture within the O&G department was particularly unpleasant. The review panel heard that the training environment was political and hostile to a certain extent, where the consultants were selective in which trainees they worked with. The trainees reported that the consultants had particular clinical fellows they chose to work with, for example, those who had worked alongside them at their private practice. Therefore, senior higher trainees stated they felt unsupported within their training practice in the O&G department.

The review panel heard there was a lot of unprofessional criticism of both trainees and consultants from consultants which took place in the presence of trainees, which trainees found extremely uncomfortable. The senior higher trainees also reported that the culture

	was unstructured and chaotic at times and stated they only enjoyed some elements of their training practice. Please see O&G4 below.
Detailed Findings	
Patient safety	<p>The senior higher trainees commented that the communication between consultants and trainees was often very poor particularly on the labour ward which the trainees were expected to manage by themselves. This had led to some patient safety concerns.</p> <p>Therefore, the ST7s stated that although some parts of their clinical duties were very good for training, they were often left managing a high number of sick patients. The trainees informed the review panel that there was an unsupportive culture that existed within the gynaecology department; the low morale of trainees, in particular the senior higher training grade trainees, was evident to the review panel.</p> <p>The senior higher trainees stated there was no electronic system to check patient results within the emergency department, which delayed patient care. Please see O&G7 below.</p>
Clinical supervision	<p>The O&G trainees from ST1 to ST4 level reported that clinical supervision, in particularly the supervision on the labour ward was very good within the O&G department. The review panel heard that trainees felt well supported by senior colleagues and by the consultant body in O&G, and trainees reported no concerns regarding consultant supervision.</p> <p>The review panel heard trainees at ST6 level supervised trainees at ST1 and ST2 grade. The trainees reported that there was always a need for two higher trainees at any time during the day shift.</p> <p>However, on the other hand the senior higher trainees reported that there was hardly any consultant presence within the labour ward and very little interest was shown by some consultants with regards to seeing patients in the labour ward and trainees stated consultants often made excuses to not see ante-natal patients. The review panel heard that consultants were not always immediately available to provide clinical correlation or support due to the frequent private practice that was carried out in Kensington Ward (private wing) of the hospital.</p> <p>The review panel also heard that senior higher trainees often struggled to complete competencies, due to the heavy workload and supervision of junior trainees. Some O&G trainees at ST6 to ST7 level stated that consultant support was available. However the review panel heard of an occasion when a consultant failed to attend an operating session led by senior higher trainees despite being called a number of times and only later went to theatre at the request of the anaesthetist. Please see O&G6 below.</p>
Rotas	<p>The review panel heard the college tutor at the Trust was not responsible for the allocation of trainees on the rota.</p> <p>The O&G trainees at all levels reported that the ward rounds were consultant led and that the review panel heard that trainees felt very well supported during these. The review panel heard that trainees at foundation year one (F2) through to specialty training grade ST2 took part in ward round duties.</p> <p>The trainees at all levels reported that within the O&G department, there were two emergency gynaecology consultants who completed the ward rounds and that there was usually a consultant on-call between 8am to 5pm on Saturday and 8am to 1pm on Sunday. The review panel heard the obstetric consultant is present from 8am to 8pm Monday to Friday and from 8am to 1pm on Saturday and Sunday.</p> <p>Furthermore, the review panel heard there was a resident on call consultant on the rota three nights a week.</p> <p>The review panel heard that trainees at ST1 to ST3 level had access to consultant support during the week for clinical correlation and advice. The trainees from ST3 to ST5 reported they were unable to provide support in the gynaecological ward due to the high number of patients being admitted in the labour ward. Please see O&G1 below.</p> <p>The review panel heard that the private operative theatre lists did not impact trainees' clinical duties, as these sessions took place outside of NHS clinical times. Patients on these lists were scheduled around emergency theatre lists and were treated according to</p>

	<p>clinical priority. The trainees at F2 to ST3 level reported a surgical practitioner assisted with these operating lists.</p> <p>The O&G trainees at all levels reported that the night shift was difficult, as there was only one trainee on the rota for the night shift. The review panel heard during the weekend shifts, the wards were very short staffed, as there was only one specialty training grade on the rota after 1am who often worked between the gynaecology ward and triage. Please see O&G11 below.</p> <p>The review panel heard that ST1s were not required to cover the gynaecology ward between 9am to 5pm on a normal shift allowing them to have clinical exposure in other areas of the specialty such as an elective caesarean section list that took place every day of the week. The review panel heard O&G trainees at all levels had exposure to this.</p> <p>The review panel heard that there were two higher trainees based in labour ward between 9am to 5pm, and higher trainees at ST6 and ST7 grades completed the gynaecology ward round, clinics and theatre sessions.</p> <p>The trainees at all levels reported that there was a joint handover with midwives in the labour wards for consultants starting their shifts at 8pm. This was when the labour ward round took place, and the review panel heard that work was divided equally between the team.</p> <p>The review panel also heard that due to the high number of patients that were in the labour ward, midwives were not always able to manage their workload. The trainees informed the review panel that the O&G department had 6000 deliveries per year.</p> <p>The review panel heard that the college tutor had introduced a bleep system, and that the senior higher trainees carried the bleep from 9pm onwards. However, the review panel heard from all trainees that it was very difficult to cover the gynaecology and labour ward as well as carry the bleep from 5pm to 9pm as there was only one trainee at ST2 grade on the evening shift. In general, it was noted that there was some confusion and uncertainty around the bleep system. The O&G trainees at ST1 to ST3 level were unclear about whether the higher trainees or core trainees would carry the bleep. Please see O&G9.</p> <p>The review panel heard the Trust had recruited five posts as part of the Out of Programme Experience. Some of these positions were in Early Pregnancy Planning and Foetal Medicine. Three of these training posts were due to start in July and the remaining two in September. The trainees felt disheartened at this, as they felt that some of the main training aspects of their duties would go to these posts.</p>
Bullying and undermining	<p>The O&G trainees at F2 to ST4 level reported that they had no concerns regarding bullying and undermining issues. However, they felt there was a lot of negativity and unhappiness within the culture of the O&G department since the previous visit in May 2015. Some trainees reported that some of the comments made by other trainees were hurtful and untrue and fuelled by a spirit of competition between them. Despite this, the trainees emphasised that some of them had chosen to return to the Trust to complete further aspects of their training, and that that they would not have done so if they had felt uncomfortable in the department.</p> <p>However, in contrast to the above, the senior higher trainees stated they did not feel supported and as part of a team. The review panel noted that there were bullying and undermining concerns as well as a lack of professionalism from some of the O&G consultants. It appeared that trainees felt exposed to a training environment that was political and full of unconstructive criticism. Please see O&G3 below.</p>
Education and training	<p>The O&G trainees at ST1 to ST4 level praised the teaching and learning opportunities at the Trust. They felt that although there was a busy workload in the evenings, it offered plenty of valuable learning opportunities allowing them to achieve all required competencies. The trainees stated they felt happy and positive to be working in a supportive environment, where there was support available at any time of their working week.</p> <p>The review panel heard from O&G trainees at ST1 to ST4 that teaching opportunities within the O&G department had improved. Regular morning teaching sessions occurred three times a week. GP-focused teaching sessions took place for two hours a week as</p>

	<p>well as twilight sessions that took place during the week.</p> <p>The O&G trainees reported that the department granted study leave and annual leave as and when required without any complications.</p> <p>However, the senior higher trainees reported that they did not have much exposure to operating lists and one trainee had only been to theatre three times within the space of a year despite being at ST7 level.</p>
Local Faculty Groups	<p>The review panel heard that local faculty groups LFGs were not established within the O&G department. The senior higher trainees reported service provision meetings were held for the gynaecology and maternity teams. The ST7s stated education service meetings took place which the rota co-ordinator attended.</p>

Next steps

Conclusion

The review panel met with the Postgraduate Dean for North West London for a briefing meeting following the two focus groups to summarise the key findings highlighted at the meetings.

The Postgraduate Dean for North West London heard that the O&G department had poor consultant presence within the labour unit and that senior higher trainees were managing labour patients without consultant support on a regular basis. As a result of this, consultant duties were not being fulfilled although it was evident that there were a small percentage of committed consultants within the O&G department at the Trust.

The Postgraduate Dean for North West London heard that the gynaecology ward was being managed by recently appointed consultants with trainees at F2 to ST2 level and heard that many senior higher trainees were not receiving adequate gynaecological exposure. The trainees felt this was a missed opportunity for those interested in gynaecological procedures as opposed to obstetric procedures.

The review panel informed the Postgraduate Dean that there were bullying and undermining concerns as well as a lack of professionalism from some of the O&G consultants. It appeared that some senior higher trainees felt exposed to a training environment that was political and full of unconstructive criticism.

To conclude, it was agreed that an Education Lead Conversation would take place as soon as possible to address some of the key issues highlighted within these meetings. This conversation will include a meeting with the Director of Medical Education (DME), Medical Director, Clinical Director, General Manager, College Tutor and Divisional Director.

Following this conversation, the expectation is that issues of concern will be clarified and Health Education England (HEE) will work with the Trust to put in place an action plan to ensure the teaching and learning environment meets HEE quality and patient safety standards.

The planned date for the Education Lead Conversation is 26 July 2016.

Education Lead Conversation - 26 July 2016 - Chelsea and Westminster NHS Foundation Trust

Introduction	<p>The review panel would like to thank the Trust for accommodating the Education Lead Conversation on 26 July 2016. The review panel met with the Director of Medical Education (DME), college tutor, clinical director/director of midwifery, and the medical director to discuss the findings of the focus groups. The Head of School for O&G gave an overview of the findings of the two focus groups and highlighted the key points of the report including the supervision of the labour ward and the valuable teaching opportunities which existed within the O&G department.</p> <p>The review panel heard that the O&G department at Chelsea and Westminster Hospital had appointed a new clinical director since the previous visit in May 2015. The review panel heard this clinical director was also the director of midwifery at both the Chelsea and Westminster Hospital site and the West Middlesex Hospital site.</p>
Quality review team	<p>Dr Greg Ward, Head of School for Obstetrics & Gynaecology</p> <p>Mrs Sonji Clarke, Consultant Obstetrician</p> <p>Katherine Jones, Deputy Director of Education and Quality, North West London</p> <p>Jannatul Shahena, Quality Support Officer (Scribe), Health Education England</p> <p>Jennifer Quinn, Learning Environment Quality Co-ordinator (Observer) Health Education England</p>
Education Leads	<p>Miss Cecilia Bottomley, College Tutor.</p> <p>Ms Zoe Penn, Medical Director</p> <p>Ms Pippa Nightingale, Clinical Director/Director of Midwifery</p> <p>Ms Julia Hillier, Director of Medical Education</p>
Rotas	<p>The college tutor highlighted four factual inaccuracies to the report and was in disagreement with some trainees' comments within the report about the number of theatre sessions that they had attended and confirmed that there had been more than 200 half day theatre operating sessions between October 2015 and July 2016, which had been split between seven senior higher trainees to attend.</p> <p>The Trust confirmed that the rota coordinator was advised to update the electronic rota whenever trainees were moved to a different role than the one that they were originally allocated due to covering sick leave. The review panel heard that the rota coordinator was also instructed to discuss any trainee changes with the college tutor. The review panel heard there was some friction between the two rota-coordinators, with one rota coordinator feeling undermined by the other coordinator. The review panel noted this issue was on-going at the time of the Education Lead Conversation. Please see O&G12 below.</p> <p>The review panel heard that within the gynaecology team, most senior higher trainees were allocated to consultant theatre lists and clinics according to their ATSMs (eg urogynaecology, oncology and fertility)</p>
Clinical supervision	<p>The review panel heard that the trainees in the O&G department found the department stressful because of the changes introduced by the new bleep system and from feedback that the senior higher trainees were not happy with the challenges they faced during their normal working hours both on the labour ward and the gynaecological ward. The college tutor stated that the higher O&G trainees did not often participate in gynaecological ward duties with the two gynaecological consultants although they were rostered to do so. As a result of this, O&G trainees at ST1 to ST3 level were left to run the ward themselves. The review panel heard from the clinical director that clinical fellows had been appointed due to gaps in the rota. The college tutor reiterated that this was the prime reason for the appointment of</p>

	clinical fellows. Please see O&G9.
Educational supervision	The review panel heard that the educational supervisors in the O&G department had five trainees each and the GP trainees had been given new clinical supervisors. The review panel was reassured that this would not compromise training opportunities.
Education and training	<p>The review panel heard from the O&G department that a trainee on an Out of Programme Experience (OOPE) would be appointed for endometriosis. The Trust was aware that O&G trainees who had been put on endometriosis lists found that this did not support their training and learning as they were often standing in theatre for most of the day. The review panel noted this needed to be improved to allow learning opportunities for trainees who had an interest in this area of gynaecology.</p> <p>The clinical director/director of midwifery informed the review panel that consultants had been put in teams for ward round duties to enable each team to cover all clinical aspects of the department, which included an ante-natal session. The college tutor reported that there was always a consultant available to cover the gynaecological lists.</p> <p>The review panel heard that due to repeated vacancies in HEE appointed posts (3.5 posts at the time of the Education Lead Conversation), the department relied on bank and locum staff who predominantly covered night shifts. In order to allow 'In Programme' trainees access to the full training opportunities during the day, the Trust had created full time OOP posts to fill the rota. This would ensure they had better training experiences and less unpredictable withdrawal from planned sessions. The review panel heard that should there be any evidence of locums or OOPE trainees taking training opportunities from In Programme trainees, the O&G department would investigate this promptly. The review panel heard that the junior O&G trainees had been written to, subsequent to the focus groups with an explanation on this point, as it seemed there was misunderstanding. This had been sent to HEE for clarification following the focus group discussions.</p> <p>The medical director informed the review panel that the junior O&G trainees were very happy within the training roles within the department and that trainees were accessing the consultants more easily at the time of the Education Lead Conversation. The college tutor reported that two O&G trainees were struggling to complete their training competences. The review panel advised the team to report this issue to the Training Programme Director (TPD).</p> <p>The clinical director/director of midwifery was in agreement with the content of the report following the two focus groups. The review panel informed the Trust that all O&G trainees highly praised the training opportunities within Chelsea and Westminster Hospital. However, one of the main issues highlighted was the poor consultant presence within the labour ward. Similarly at the Education Lead Conversation, the review panel heard that midwives had also corroborated this view. The review panel heard that there was usually an immediate assumption that consultants were carrying out private practice if they did not turn up to the labour wards, even if they were in their offices. This did not surprise the Clinical Director. The Trust informed the review panel that there was an on-going audit to monitor this. It was suggested that further clarification of consultant job plans and therefore availability was needed.</p> <p>The review panel heard that the department was in the process of reviewing its guidelines since the merger of both the Chelsea and Westminster Hospital and West Middlesex University Hospital sites in September 2015. The Trust acknowledged the issues outlined by the review panel and agreed that improvements needed to be made as soon as possible in order to improve the culture and teaching and learning environment and essentially sustain trainees within the O&G department.</p> <p>The DME stated that the Trust needed to identify leadership challenges and that new clinical leadership programmes were planned as part of developing professional development. Some of these included laparoscopic and clinical leadership courses. The DME informed the review panel that one of the leadership challenges the Trust faced was the inability to creating a positive learning environment due to the negative culture which existed within the O&G department. Although the department offered</p>

	many teaching and learning opportunities, the culture made it difficult to sustain an enjoyable environment.
Bullying and undermining	The review panel heard that there were no concerns regarding bullying and undermining issues. However there was some negativity within the O&G department. The clinical director reported that the last six complaints were clinically related. The review panel heard that the O&G department dealt with incident reporting in an effective manner.
Local Faculty Groups	<p>The college tutor informed the review panel that LFGs were in place, which was at odds with the trainees' perception in the focus groups. The review panel heard that the O&G LFG met approximately four to six times per year and that minutes from these meetings were taken. The review panel heard that all junior O&G trainees were welcome to attend the meetings including the rota-co-ordinators both at core level and specialty training grade and trainee representatives were specifically invited, with the latter usually attending. Please see O&G10 below.</p> <p>The review panel heard that weekly rota coordinator meetings took place within the O&G department as well as other meetings, although there was not good representation of trainees at these meetings. The review panel heard from the college tutor that the local faculty meetings were attended by all educational supervisors and one of the managers and emphasised that all trainees were welcome to attend.</p> <p>In addition, the review panel heard weekly 'Education and Service' meetings took place within the O&G department. This was a meeting where the service leads, general manager, senior nurses, college tutor and rota coordinators were expected to attend, where training or service issues were discussed as standing agenda items. The college tutor informed the review panel that these meetings were set up ten years ago but the O&G trainees did not engage and attend these meetings.</p>
Organisation to ensure time in trainers' job plans	The review panel noted that communication between the consultants and trainees was inadequate. Clarification on job plans was also insufficient and trainees sometimes did not know where their consultants were on different days of the week. The review panel noted there needed to be openness regarding consultant timetables with contact details so trainees knew who to contact. Please see O&G8 below.
Professional development	<p>The Trust informed the review panel that plans had been put in place to address the issues raised at the focus groups. The review panel heard that a director of learning and development had been appointed.</p> <p>The review panel heard that the O&G department had two service directors, one for obstetrics and one for gynaecology in addition to the clinical director/director of midwifery.</p>

Rotas	<p>The college tutor reported one of the pressures they faced was the difficulty in filling vacancies. The review panel heard that short staffing made it harder for the department to recruit trainees as people were constantly being moved when there were staff shortages. The review panel heard that the O&G department found it difficult to recruit middle grade trainees at West Middlesex Hospital.</p> <p>In contrast to the trainees' comments at the focus groups, the review panel heard that at all times there was one trainee at ST1, ST2, F2 level or GPVTS on call as well as two trainees at ST3 to 7 levels. Additionally the Trust confirmed a second core foundation trainee was on call Monday to Thursday 8pm to 5pm, Friday 8am to 8pm and 8am to 1pm on Saturday and Sundays.</p> <p>The review panel heard that a revised bleep holding policy (with learning objectives) was suggested by the college tutor and local faculty in response to the reported pressure on the most junior staff (ST1/ST2/FY2/GPVTS) in carrying both obstetrics and gynaecology bleeps out of hours. This also provided a response to the immediate patient safety concern raised from the 2016 GMC NTS by an O&G trainee at junior level. The review panel heard that this was however not agreed by the senior trainees and they had proposed an alternative proposal to the Clinical Director. The review panel was keen to hear more about the alternative proposal.</p>
--------------	--

Conclusion
<p>The review panel heard that the positive culture that had previously existed in the department had changed over the last two to three years. There was uncertainty as to what had caused this to change. The DME reported that there were some excellent consultants within the O&G department, but there was no teamwork and as a group the department was not working or communicating effectively with each other. The review panel praised the college tutor and clinical director/director of midwifery for their hard work and continuous efforts to rebuild the culture of the O&G department and to make improvements to the training and learning environment.</p> <p>The review panel acknowledged their hard work and determination to change the department for the better, however there were areas of the department that required further work. It was noted positive improvements had been made since the previous visit in May 2015.</p> <p>The review panel recognised that it would take some time to change the negative culture; however they were pleased with the processes put in place to address trainee concerns raised within the focus groups. It was evident that the department was committed to making improvements and things were improving.</p> <p>To assess the progress made in the areas highlighted above, the review panel proposed that a review of the O&G department at both the Chelsea and Westminster Hospital and West Middlesex Hospital sites would be arranged for late November 2016.</p>

Requirements

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.

O&G1	<p>The Trust is required to ensure that the gynaecological operating lists are equally distributed to trainees and appropriately organised by the O&G department and meet the training needs of trainees at all levels. Trust to ensure that the senior higher trainees have adequate exposure to gynaecological procedures such as cystectomies, ectopic pregnancies and other gynaecological surgical procedures.</p> <p>The Trust is to ensure these are structured and consultants are made aware that they may potentially have two trainees (ST3 to ST7) on their surgical lists and should be able to distribute appropriate operations to the relevant experience of trainees.</p>	The Trust is required to submit monthly gynaecological operating lists and attendance records of trainees at these theatre sessions. Compliance of this action should be monitored through the O&G LFGs.	R1.15
O&G2	<p>The Trust is required to ensure that there is consultant presence on the labour ward. The Trust is to ensure that the communication between consultants and trainees is improved particularly on the labour ward which the trainees seem currently expected to manage by themselves.</p> <p>The Trust is to draft standard operating procedures for the labour ward, outlining who is responsible for clinical supervision and how this will be ensured.</p>	<p>The Trust is to provide copies of the rota which shows adequate clinical supervision of the labour ward.</p> <p>The Trust is to submit standard operating procedures for the labour ward. Evidence must be provided in the form of minuted discussion at the O&G LFGs. The Trust is to submit transparent consultant timetables, which should be made available so that all trainees can be aware of where individual consultants should be at any one time according to their job plans.</p>	R1.7, R1.8, R1.15
O&G3	<p>Consultants and trainees who behave in a manner that undermines the professional confidence of trainees should undertake appropriate reflection and training.</p> <p>The Trust is required to review the report of undermining behaviour discussed at the focus groups and education lead conversation.</p> <p>Clinical leads should hold regular meetings with the trainees to confirm that the behaviours identified have been resolved. Consultants who behave in a manner that undermines the professional confidence of trainees should receive appropriate training with reflection.</p>	<p>The Trust is to monitor this by the local faculty group meetings and a report forwarded to the Lead Visitor and through annual consultant appraisal documentation.</p> <p>All consultants should be encouraged to access the e-resource on Bullying and undermining on the RCOG website and this should be recorded on a database within the department. Confirmation of action taken regarding reports.</p> <p>Trust to submit report on actions taken. Compliance with this action should be monitored through LFG meetings.</p>	R3.3, R3.1
O&G4	The Trust is required to review the culture	Trust to submit copies of rota and report	R3.1,

	and training environment of the O&G department. The Trust is to ensure consultants are not selective about which trainees they work with as this could potentially interfere with ATSMs. The Trust is required to ensure that senior higher trainees feel supported within their training practice in the O&G department. Trainees should be prioritised over non-training grades for training opportunities.	on actions taken. Compliance with this action should be monitored through LFG meetings.	R3.3
O&G5	The Trust is required to review the rota gaps within the O&G rota at the Chelsea and Westminster site and ensure that there is a Human Resources (HR) policy in place around recruiting to vacant posts. There needs to be a conversation with the Lead provider about post allocations and matching.	Trust to submit copies of the new rota as well as evidence that this has been sent to trainees. Trust to provide details of discussions with lead provider. Compliance with this action should be monitored through LFG meetings.	R1.12
O&G6	The Trust is required to review rotas to enable senior higher trainees to complete competencies, as they struggle to do so, due to the heavy workload and supervision of junior trainees. The Trust is to diary card trainees. Trainee representatives to encourage and remind colleagues to participate in diary carding. A workload review of trainee posts should be undertaken.	The Trust is to provide confirmation of diary card results and emails sent to trainees regarding diary carding. The Trust is to provide evidence of outcome of the review	R1.7
O&G7	The Trust is required to implement a system to enable trainees at all levels check patient results within the emergency department.	The Trust is to provide a detailed plan of action to address this issue, including a timeline. Trainee feedback should also be sought to confirm that this issue has been resolved. Compliance of this action should be monitored through the O&G LFGs.	R2.6
O&G8	The Trust is to ensure consultants have clear job plans such that the unit is made aware of consultants' timetables. The Trust is to continue to deliver appropriate job plans for all educational leads within the O&G department and continue ensuring that teaching is timetabled for all supervisors.	The Trust is required to submit copies of revised job plans.	R4.2
O&G9	The Trust is required to ensure that all O&G trainees feel supported following the changes introduced by the new bleep system. The Trust is required to ensure that the senior higher O&G trainees undertake gynaecological ward duties with the two gynaecological consultants as rostered to do so.	The Trust is required to submit copies of revised rotas. Compliance of this action should be monitored through the O&G LFGs.	R1.12, R1.7

O&G10	The Trust is required to ensure there is trainee representation at the O&G LFGs and Education and Service meetings.	The Trust is to provide an update on the improvements of LFGs across the O&G department and indicate what the plan of action will be to ensure this. The Trust is required to ensure that trainees or trainee representatives are released to attend LFG meetings. Please provide evidence of LFG minutes and attendance sheets.	R2.7
O&G11	The Trust is required to ensure that there is a good ratio of trainees on the night shift after 1am, to provide clinical support to the one trainee on the rota.	Trust to submit copies of the on-call rota.	R1.12
O&G12	The Trust is required to ensure that there is consultant input into the rotas. This important role should not be the responsibility of the trainee rota coordinators.	The Trust should provide details of the named consultant who will oversee the rotas.	

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.

Signed

By the Lead Visitor on behalf of the Visiting Team:	Dr Greg Ward
Date:	18 August 2016