QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

# Kingston Hospital NHS Foundation Trust

## Obstetrics and Gynaecology

**Risk-based Review (on-site visit)**

# Quality Review report

**Date:** 06 September 2016
**Version:** Final Report

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# Quality Review details

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| **Background to review** | The purpose of the risk-based review (on-site visit) to obstetrics and gynaecology (O&G) at Kingston Hospital NHS Foundation Trust was twofold. Firstly, Health Education England (HEE) had not reviewed the specialty specifically in recent years. However, HEE had met with trainees within O&G as part of the annual quality visit (AQV) held on 8 May 2012 and no issues with their training were raised at this time.<br><br>Secondly, the quality review team was keen to explore the results of the 2016 General Medical Council National Training Survey (GMC NTS). This survey generated four red outliers in O&G for 'overall satisfaction', 'handover', 'workload' and 'regional teaching'. Furthermore, there were four pink outliers in 'induction', 'adequate experience', 'supportive environment' and 'educational supervision'. These results showed an increasing trend in red and pink outliers since 2014 with only one of the former generated in 2014 (for 'regional teaching') and two in 2015 (for 'regional teaching' and 'study leave'). Additionally, there were no pink outliers in 2014 but two were generated in 2015 for 'adequate experience' and 'feedback'. |
| **Specialties / grades reviewed** | The quality review team met with trainees in O&G and trainees in general practice (GP) with experience of O&G, at the following grades:<br><br>• Foundation year 2 (F2),<br>• Specialty training year 2 (ST2),<br>• Specialty training year 3 (ST3),<br>• Specialty training year 5 (ST5),<br>• Specialty training year 6 (ST6). |
| **Number of trainees and trainers from each specialty** | The quality review team met with nine trainees.<br><br>The quality review team met with seven trainers including consultants in obstetrics, gynaecology, benign gynaecology, and gynaecological cancer.<br><br>The quality review team also met with the college tutor, the lead for obstetrics and the clinical lead for gynaecology. |
| **Review summary and outcomes** | The quality review team would like to thank the Trust for accommodating the risk-based review (on-site visit), which was organised at short notice.<br><br>During the course of the review, the team identified areas that were working well with O&G training at the Trust, including the following:<br><br>• Consultants were supportive and always contactable over the phone for trainees to seek advice.<br>• The trainees reported that they had received a good training experience on the labour ward.<br>• The trainees all knew who their educational supervisors were and had met with them.<br>• Midwives and ward nurses were reported to be very supportive.<br><br>Although there were no serious concerns identified with the O&G training at the Trust, the quality review team highlighted a number of areas for improvement which are outlined below:<br><br>• The trainees reported that high workload across both obstetrics and gynaecology was the main issue with their training. It was noted that there was no flexibility within the rota.<br>• ST3 trainees were doing clinic sessions without consultant input despite |

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| | not having received sufficient experience of these at ST2 level at the Trust. ST2 trainees were not receiving clinic experience due to workload pressure elsewhere.<br>• The quality review team heard that although they received a good training experience within obstetrics, the gynaecology experience was lacking. Exposure to operative gynaecology for higher trainees was limited as they had to provide cover elsewhere i.e. within clinics, on the labour ward, in the early pregnancy assessment unit (EPAU) and the emergency department (ED). Additionally, the trainees reported that there was a lack of gynaecological scanning training.<br>• The quality review team heard that the acute gynaecology structure meant that the front of house responsibility fell to core trainees. There was not a dedicated acute gynaecology consultant between 9am-5pm as the named consultant sometimes had other duties during these times. The responsibilities of the two acute gynaecology consultants needed to be clarified.<br>• The higher trainees noted that they were not always able to attend the gynaecology morning handover as they had to consent patients for theatre.<br>• The quality review team heard that it was hard for the trainees in general practice to attend the weekly Wednesday afternoon teaching sessions due to the rota structure.<br>• The quality review team heard that the trainees were not all aware of the Local Faculty Group (LFG) meetings within the department.<br>• The trainees informed the review team that although cardiotography (CTG) meetings were held within the department, they were unable to attend due to their high workload.<br>Regarding the red and pink outliers from the 2016 GMC NTS, the trainers, college tutor and clinical leads questioned the veracity of some of the responses, as although they were aware of the issues with 'workload' and 'handover' (within gynaecology), they were unaware of any problems relating to the indicators for 'regional teaching', 'induction' and 'supportive environment'. Both trainees and trainers confirmed that the former were encouraged to attend regional teaching and that all trainees received a three day Trust and local induction. The quality review team heard that trainees felt well supported by consultants, other trainees and nursing staff within the department so these findings did not corroborate the red and pink outliers in the 2016 GMC NTS.<br>The Trust explained that they had developed an action plan in order to address the issues highlighted within the 2016 GMC NTS which they gave to the quality review team. The quality review team noted that they would like to see the outcome of this action plan.<br>The quality review team was informed by the foundation, general practice and ST1 trainees that they would recommend the programme to colleagues. Some of the ST4 trainees stated that they would recommend the obstetrics aspect of the programme at the Trust to colleagues and noted that the experience gained on the labour ward was especially valuable. However, some of the higher trainees noted that they would not recommend the gynaecology part of the programme, especially regarding benign gynaecology as it was sometimes difficult to gain sufficient experience in gynaecological surgery. |

| **Quality Review Team** | | | |
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| **HEE Review Lead** | Dr Greg Ward<br>Head of School for Obstetrics & Gynaecology | **External Representative** | Dr Sadaf Ghaem-Maghami<br>Consultant Gynaecologist / Gynaecological Oncologist |

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| **Lay Member** | Jane Chapman<br>Lay Representative | **Scribe** | Kate Neilson<br>Learning Environment Quality Coordinator |
| **Observer** | Elizabeth Dailly<br>Learning Environment Quality Coordinator | | |

# Findings

## GMC Theme 1) Learning environment and culture

**Standards**

**S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.**

**S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**

| Ref | Findings | Action required? Requirement Reference Number |
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| O&G1.1 | **Patient safety**<br>The quality review team heard from all trainees that although their workload was high, they did not have any patient safety concerns as a result. Furthermore, although at times these trainees reported that patients had had to wait for a prolonged period of time to be seen due to trainee workload, as far as they were aware there had been no incidents of the care of acutely ill patients being overlooked as a result. | |
| O&G1.2 | **Serious incidents and professional duty of candour**<br>The college tutor, the lead for obstetrics and the clinical lead for gynaecology all confirmed that regarding the three serious incidents in O&G reported to HEE by the Trust between 2014 and 2016, trainees were not directly involved.<br>Furthermore, they noted that the trainees were informed of learning from serious incidents through departmental risk and governance meetings. | |
| O&G1.3 | **Appropriate level of clinical supervision**<br>The quality review team was informed by all trainees that they felt well supported by consultants, other trainees, nurses and midwives in the department. This was especially the case on the labour ward, with 108 hours of consultant presence per week.<br>All of the trainees reported that consultants were also supportive over the phone and would always attend when requested and that trainees always knew who to contact for advice. | |
| O&G1.4 | **Rotas**<br>The quality review team heard from all of the trainees that their workload was extremely high, which sometimes made it difficult for these trainees to maintain a good work-life balance. It was reported by both the core and higher trainees that there was no flexibility within their rotas, which accounted for the high workload. This lack of flexibility meant that when one trainee was off, workload soon became | Yes. See O&G1.4a |

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| | unmanageable. Although it was reported by all trainees that the labour ward was busy, the experience and knowledge gained in this environment was especially good. When asked if they would recommend the O&G post to colleagues, the trainees highlighted that they would especially recommend the labour ward as a good training environment. | below. |
| | It was noted by all trainees that there was insufficient opportunity to attend clinics and gain this experience when at ST2 level and below. This was due to the high workload within the department and the eight week block allocated for clinics which coincided with the period when annual leave was permitted. Consequently, when trainees reached ST3 level, they had to cover clinics without prior experience of doing so and often without consultant input. The higher trainees noted that the clinics were often overbooked, more so than at other placements. | Yes. See O&G1.4b below. |
| | The quality review team heard from the trainers that at the time of the risk-based review (on-site visit), the number of consultants had recently increased to 16 which had consequently led to an increase in clinic numbers and theatre lists. However, trainee numbers had not increased to compensate for this expansion in workload. At the same time, it was noted that there had been a higher proportion of trainees on maternity leave which had exacerbated the workload issue. The trainers also reported that they felt business pressure from management not to cancel clinics and theatre lists (e.g. when consultants were on annual leave), which meant that it was more likely that trainees would have to do clinics without consultant input. | Yes. See O&G1.4c below. |
| | The quality review team was informed by the higher trainees that it was often difficult to gain experience in some areas of gynaecology, such as gynaecological elective surgery, benign gynaecology and gynaecological scanning, depending on which consultant they were working with. When working with a consultant in gynaecology, trainees were able to gain good learning experiences and achieve their learning objectives. Some trainees reported that they would work during their days off in order to gain this experience. Training opportunities in theatre at higher trainee level were often lost as they were required to cover other areas (i.e. clinics, labour ward, EPAU and ED), so core trainees often assisted in theatre instead. However, the higher trainees confirmed that they had received sufficient experience with laparoscopic ectopic procedures. | Yes. See O&G1.4d below. |
| | The workload within acute gynaecology was reported by the trainees to be especially intense and trainees often felt pulled in various directions as they were constantly bleeped to answer queries. Duties within acute gynaecology included attending the gynaecology ward round (with the acute gynaecology consultant) as well as covering the EPAU, ED, postnatal ward and obstetric day assessment unit. It was noted that there were two acute gynaecology consultants in the department but that they were not always dedicated to acute gynaecology between 9am-5pm, as the named consultant sometimes had other duties during these times. As a result, the front of house duties often fell to the trainees. The quality review team advised that the responsibilities of the two acute gynaecology consultants needed to be clarified. | Yes. See O&G1.4e. |
| | The trainees reported that although the EPAU was a nurse-led service, trainees covered various duties including gynaecology scanning and that acute gynaecology was also dealt with in the EPAU. Moreover, it was noted by the trainers that workload on the EPAU had increased due to a business decision made to replace the staff grade doctor on the unit with two senior nurse specialists. | |
| | The quality review team was advised by all of the trainees that were it not for the support of colleagues in the department; the workload would have made the placement unmanageable. The trainers informed the quality review team that the workload issues could have been resolved through increased trainee numbers (which the Head of School for O&G confirmed may not be possible) or by appointing either clinical fellow or middle grade doctor posts, but that funding for these from the Trust was an issue. | |
| O&G1.5 | **Induction**<br><br>The quality review team heard from all of the trainees that they had received a three day Trust and local induction when they commenced their placement. | |

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| | It was noted by trainees that they felt that this induction was adequate and that they were unaware of the reasons for the pink outlier in 'induction' in the 2016 GMC NTS. | |
| O&G1.6 | **Handover**<br>The clinical lead for gynaecology informed the review team that the red outlier for 'handover' in the 2016 GMC NTS was likely due to the gynaecology handover arrangements.<br>At the time of the risk-based review (on-site visit), this handover was between core trainees and not always attended by the higher trainee, as they were required to consent patients prior to the evacuation of retained products of conception (ERPC) theatre list. It was noted by the higher trainees that there was pressure from theatre to start these lists on time and that they had been advised not to attend the gynaecology handover to facilitate this.<br>The higher trainees in gynaecology reported that they often felt isolated in their work, which was exacerbated by the handover arrangements. The clinical lead for gynaecology confirmed that the gynaecology handover was due to be amended from October 2016 to try to resolve the issues described above. | Yes. See O&G1.6 below. |
| O&G1.7 | **Protected time for learning and organised educational sessions**<br>The quality review team heard that it was hard for the trainees in general practice to attend the weekly Wednesday afternoon teaching sessions due to the rota structure. Although trainees in general practice were not on the rota on a Wednesday afternoon in order to facilitate attendance at teaching sessions, they reported that as they had worked a 60 hour week, they were often too tired to attend the teaching.<br>All of the trainees informed the quality review team that they were encouraged to attend the regional teaching, held on a Friday, and that the college tutor was supportive in facilitating this. Regarding the red outlier for 'regional teaching' in the 2016 GMC NTS, the higher trainees noted that this was not due to the Trust being unsupportive but more likely due to other factors, such as trainee annual leave.<br>The core trainees informed the review team that although cardiotography (CTG) meetings were held within the department, they were unable to attend due to their high workload. | Yes. See O&G1.7 below. |
| O&G1.8 | **Adequate time and resources to complete assessments required by the curriculum**<br>The quality review team heard from the general practice and core trainees that it was sometimes difficult to complete their workplace-based assessments (WPBAs) due to the lack of clinic experience and the high workload of higher trainees as they did not always have time to assist with these.<br>The higher trainees reported that it was sometimes challenging to complete advanced training skills modules (ATSMs), especially related to gynaecology, and had to complete these during their own time as described above (see O&G1.4).<br>The higher trainees informed the quality review team that they had not received a special interest session and that there had been no time on the rota in which to accommodate this. | Yes. See O&G1.8 below. |

## GMC Theme 2) Educational governance and leadership

**Standards**

**S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.**

**S2.3 The educational governance system makes sure that education and training is fair and is based on**

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| **principles of equality and diversity.** | | |
| O&G2.1 | **Appropriate system for raising concerns about education and training within the organisation**<br>The quality review team heard that the trainees were not all aware of the Local Faculty Group (LFG) meetings and whether a trainee representative attended these. | Yes. See O&G2.1 below. |
| O&G2.2 | **Organisation to ensure time in trainers' job plans**<br>The trainers informed the quality review team that they had programmed activities (PA) in their job plans.<br>The college tutor noted that the department had a proactive approach to education. | |
| **GMC Theme 3) Supporting learners** | | |
| **Standards**<br>**S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.** | | |
| O&G3.1 | **Behaviour that undermines professional confidence, performance or self-esteem**<br>The quality review team heard from all of the trainees that they had not experienced any bullying or undermining behaviour from colleagues. | |
| **GMC Theme 5) Developing and implementing curricula and assessments** | | |
| **Standards**<br>**S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.**<br>**S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.** | | |
| O&G5.1 | **Opportunities for inter-professional multidisciplinary working**<br>The higher trainees advised the quality review team that they had experienced some issues with surgical referrals as some colleagues in surgery were reported as being reluctant to review patients.<br>The trainers confirmed that they had a good working relationship with consultants in other specialties and had not experienced the issues described by the trainees. | |
| O&G5.2 | **Regular, useful meetings with clinical and educational supervisors**<br>The quality review team was informed by all trainees that they knew who their educational supervisor was and had met with them, when required. | |

# Good Practice and Requirements

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

| Immediate Mandatory Requirements |
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| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
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| | N/A | | |

## Mandatory Requirements

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
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| O&G1.4a | The Trust is required to ensure that the rotas for trainees in O&G are European working time directive (EWTD) compliant. | The Trust is required to undertake a diary card exercise. If the diary card exercise results in confirmation of non-compliance, the Trust must provide a plan detailing how it intends to resolve the breach.<br>The Trust is required to provide the minutes of LFG meetings, over a three month period, confirming that trainee workload is a standing agenda item. | R1.12 |
| O&G1.4b | The Trust is required to revise the rotas to ensure that trainees at ST2 level, including trainees in general practice, are able to attend regular clinics. | The Trust to submit copies of the revised rotas for core trainees in O&G, which clearly indicates access to clinic lists.<br>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to clinics is discussed over a three month period. | R1.12 |
| O&G1.4c | The Trust is required to ensure that clinic lists are cancelled if there is inadequate consultant input for clinics for which higher trainees are covering.<br>The Trust must ensure that clinics are not overbooked. | The Trust to undertake an audit of clinic sessions in which trainees are working alone and those that have consultant oversight/input and submit the results to HEE.<br>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where clinics are discussed. | R1.8 |
| O&G1.4d | The Trust is required to ensure that higher trainees receive sufficient practical experience within gynaecology including, gynaecological electives, benign gynaecology and gynaecological scanning. | The Trust to undertake an audit of the opportunities for higher trainees to perform practical procedures within gynaecology including gynaecological electives, benign gynaecology and gynaecological scanning. The Trust should share these audit results with HEE.<br>Following the above audit, the Trust should implement measures to augment the experience within gynaecology offered by the current post, and submit a report detailing how the issues relating to the lack of gynaecology experience are to be rectified, including clear timescales for this.<br>Compliance with this action should be monitored through LFG meetings. The | R1.9 |

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| | | Trust to submit minutes from LFG meetings, at which there is trainee representation, where gynaecology experience including that of procedures, is discussed. | |
| O&G1.4e | The Trust is required to clarify the responsibilities of the two acute gynaecology consultants. The Trust is required to ensure that the dedicated acute gynaecology consultant, who provides cover between 9am-5pm, should not have other responsibilities between these times. | The Trust to undertake an audit of the responsibilities of the acute gynaecology consultants between the hours of 9am-5pm and share these results with HEE.<br>The Trust to submit updated rotas over a four week period which clearly state which consultant is responsible for covering the acute gynaecology service. | R1.8 |
| O&G1.6 | The Trust is required to ensure that the higher trainee in gynaecology is able to attend the morning gynaecology handover. | The Trust should share the new arrangements for the morning gynaecology handover, which is due to be introduced in October 2016 with HEE and evidence that this has been communicated to trainees.<br>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings over a three month period, at which there is trainee representation, where the gynaecology morning handover is discussed. | R1.14 |
| O&G1.7 | The Trust is required to review the rota to enable trainees in general practice to attend the Wednesday afternoon teaching sessions. | Trust to submit copies of the revised rotas for trainees in general practice.<br>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings over a three month period, at which there is trainee representation, where general practice attendance at teaching sessions is discussed. | R1.12 |
| O&G1.8 | The Trust is required to ensure that all trainees receive adequate opportunities for WPBAs and ATSMs and that these are signed off in a timely manner. | The Trust is required to submit the minutes from LFG meetings which demonstrate that trainees are able to get adequate opportunities and timely sign-off on WPBAs and ATSMs. | R1.18 |
| O&G2.1 | The Trust must ensure that LFG meetings include trainee representation and that trainees are aware of when these meetings take place and how they can provide feedback to the trainee representatives. | Trust to submit copies of communications sent to trainees informing them of the dates for upcoming LFG meetings, who the trainee representatives are and how they can provide feedback prior to the meetings.<br>This should also be covered within the trainees' departmental induction and evidence of this should be submitted to HEE. | R2.7 |

## Recommendations

| Req. Ref No. | Recommendation | Recommended Actions / Evidence | GMC Req. No. |
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| | N/A | | |

| Other Actions (including actions to be taken by Health Education England) | |
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| **Requirement** | **Responsibility** |
| N/A | |

| Signed | |
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| **By the HEE Review Lead on behalf of the Reviewing Team:** | Mr Greg Ward<br>Head of London Specialty School of Obstetrics and Gynaecology |
| **Date:** | 29 September 2016 |