

King's College Hospital NHS Foundation Trust (Princess Royal University Hospital) Obstetrics and Gynaecology Risk-based Review (on-site visit)



Quality Review report

Date: 2 November 2016

Version (if required): Final report

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Quality Review details

Background to review	<p>The purpose of the risk-based review (on-site visit) to obstetrics and gynaecology (O&G) at King's College Hospital NHS Foundation Trust (Princess Royal University Hospital) was two-fold. Firstly, the specialty had not been reviewed since May 2014 and secondly, concerns were raised within the 2016 General Medical Council National Training Survey (GMC NTS). The O&G programme at the Princess Royal University Hospital (PRUH) site generated three red outliers for 'overall satisfaction', 'adequate experience' and 'regional teaching' as well as three pink outliers in 'induction', 'educational supervision' and 'feedback'. Moreover, the general practice (GP) O&G programme received two red outliers for 'clinical supervision' and 'access to educational resources' as well as four pink outliers in 'clinical supervision out of hours', 'handover', 'adequate experience' and 'supportive environment'.</p> <p>The quality review team was keen to explore the areas of concern raised via the 2016 GMC NTS as outlined above, as well as some recent reports of undermining behaviour by consultants towards trainees. Furthermore, there remained one open action from the specialty focused visit to O&G in May 2014 regarding consultant presence on the labour ward. Consequently, the quality review team was keen to explore consultant presence on the labour ward during handover as well as at ward rounds. Moreover, as the Trust had not reported any serious incidents to Health Education England (HEE) since August 2015, the quality review team endeavoured to investigate how serious incidents were dealt with, including providing feedback to trainees as well as identifying and disseminating lessons learnt.</p>
Training programme / specialty reviewed	<p>Obstetrics and Gynaecology (O&G).</p>
Number and grade of trainees and trainers interviewed	<p>The quality review team met with seven trainees in O&G, including those at the following grades:</p> <ul style="list-style-type: none"> • Specialty training year 1 (ST1), • Specialty training year 4 (ST4), • Specialty training year 5 (ST5), • Specialty training year 6 (ST6), • Specialty training year 7 (ST7). <p>The quality review team was disappointed that they were not able to meet with any trainees in general practice due to the unavailability of these trainees at the review. Health Education England therefore separately invited feedback from the GP trainees in O&G after the quality review.</p> <p>The quality review team met with five trainers including consultants in obstetrics and gynaecology and those specialising in benign and ambulatory gynaecology, labour and diabetes as well as the leads for the early pregnancy unit and patient experience.</p> <p>The quality review team also met with the educational lead for obstetrics and gynaecology and the clinical lead for obstetrics.</p>
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the risk-based review (on-site visit).</p> <p>During the course of the review, areas that were working well with the O&G training at the Trust were identified, as follows:</p> <ul style="list-style-type: none"> • The quality review team heard that positive improvements had been made to the higher trainee rota following the introduction of the new junior doctor's contract.

- The trainees at all levels reported that the teaching they received was of a high standard and well organised.
- Staff facilities were reported to be very good, including the on-call room.

There were no serious concerns identified with the O&G training at the Trust but the quality review team highlighted a number of areas for improvement as outlined below:

- The educational culture within the department required improvement, and in particular it was felt that there was a tendency to only give negative feedback as opposed to balanced feedback. The quality review team advised that a programme should be developed to support trainers around how to give feedback to trainees.
- The quality review team heard that there were various missed training opportunities for core and higher trainees at grades ST3-5, especially. The Trust should maximise training opportunities for these trainees, including experience on the Surgical Management Miscarriage (SMM) and caesarean section lists.
- The quality review team heard from the higher trainees that obstetric ultrasound training was unavailable at the PRUH site.
- It was reported by the trainees that antenatal patients were not regularly reviewed by a consultant.
- The quality review team heard that there was inconsistency in consultant adherence to the Trust's policies and procedures.
- The handover on the labour ward was held at 7am during the week and 9am at weekends but there was no formal face-to-face handover at 1pm.
- Due to the recent changeover of trainees, trainee representatives for the local faculty group (LFG) meetings had not been identified.
- The quality review team heard that only nine out of 13 educational supervisors were accredited.

Subsequent to the review, HEE received the following feedback from the GP trainees who could not attend the review:

- The rota was reported to be significantly biased towards service provision covering obstetrics, antenatal clinics and on call. There were very few opportunities for them to attend gynaecology clinics which would be more suitable for general practice training.
- Owing to gaps in the rota and service commitments, the GP trainees reported that they were unable to attend most if not all their 'protected' GP teaching sessions.
- Overall, the GP trainees reported that they felt under-valued and treated differently to the specialty trainees in the department.

Quality Review Team

HEE Review Lead	Mr Greg Ward, Head of London Specialty School of Obstetrics and Gynaecology	GP Representative	Dr Veni Pswarayi, GP Associate Director, Health Education England South London
External Clinical	Ms Karen Joash, Training Programme Director, Imperial College Healthcare	Trainee Representative	Dr Kathryn Tompsett, Trainee Representative

	NHS Trust		
Lay Member	Jane Gregory, Lay Representative	Scribe	Kate Neilson, 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
O&G1.1	<p>Patient safety</p> <p>The quality review team was informed by trainees at all levels that whilst they did not have any significant patient safety concerns, they noted that the core trainee workload was such that tasks may be overlooked, which could potentially compromise patient safety.</p>	
O&G1.2	<p>Serious incidents and professional duty of candour</p> <p>The quality review team heard from the trainees at all levels that they had not personally reported any serious incidents. These trainees were aware of regular risk management meetings attended by consultants and which trainees were invited to attend also. However they noted that Root Cause Analysis (RCA) educational review meetings were not held at the Trust.</p> <p>The consultants in the department advised the quality review team that they encouraged trainees to attend the regular meetings on serious incidents as well as the weekly risk management meetings.</p>	
O&G1.3	<p>Appropriate level of clinical supervision</p> <p>The higher trainees reported that, since the last review in May 2014, consultants were much more visible within the department. However, it was noted that this increased consultant presence may have contributed to the limited training opportunities for some higher trainees.</p> <p>Despite this increased consultant presence in other areas, the higher trainees reported that they reviewed the antenatal patients without regular consultant oversight. Furthermore, there were no scheduled ward rounds for antenatal patients (although there was a daily gynaecology ward round). It was noted that one obstetrics consultant did regularly review their patients but otherwise, consultants would only do so when requested by the higher trainees. The quality review team heard from the consultants that their job planning did include responsibility for the antenatal ward patients and that if a patient had been on the ward for more than two days, then they would expect the higher trainees to have informed them.</p> <p>The higher trainees noted that some patients remained on the antenatal ward for</p>	Yes. See O&G1.3a below.

	longer than necessary in some cases but that they did not have any patient safety concerns around these patients. These trainees informed the quality review team that whilst there were Trust protocols in place, differences between consultants meant that guidelines were not universally adhered to.	Yes. See O&G1.3b below.
O&G1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>Trainees at all levels advised the quality review team that they received a good training experience within obstetrics, especially on the labour ward. However, it was noted by a trainee that similarly to other Trusts, the gynaecological training was lacking in operating experience due to a shortage of theatre lists. The trainees stated that regarding gynaecology, they received up to half a day of operating experience a week.</p> <p>Furthermore, the higher trainees reported that certain consultants requested trainees at grades ST6 and above to complete the SMM and emergency caesarean section lists, thereby denying ST3-5 trainees experience of these procedures.</p> <p>Regarding the elective caesarean section lists, these were run by consultants with either a core trainee or core-level Trust grade doctor (of which there were two within the department). It was noted that this was potentially a missed training opportunity for higher trainees in need of such experience.</p> <p>The quality review team heard that consultants completed the CEPOD lists either by themselves or with the assistance of junior trainees.</p> <p>The quality review team was informed by the higher trainees that there was a missed learning opportunity regarding gynaecological scanning (e.g. rapid access and transvaginal scanning) as consultants led such clinics but trainees did not attend.</p>	Yes. See O&G1.4 below.
O&G1.5	<p>Rotas</p> <p>The quality review team heard that improvements had been made to the higher trainee rota following the introduction of the new junior doctor's contract. These trainees noted that they were informed at their induction that the new team based structure was due to be introduced (and asked for their special interests) but that they had not received any further consultation on this. The quality review team was informed by the consultants that they planned to implement the new team based rota structure in January 2017 and were due to involve the trainees in these plans.</p> <p>The trainees at all levels reported that there were gaps in both the core and higher trainee rotas, as a result of maternity leave and vacant posts. It was noted by these trainees that they felt under pressure to cover rota gaps, as there appeared to be reluctance by the Trust to source external locums. Moreover, due to the gaps within the core trainee rota, these trainees felt that their role was more focused on service provision rather than their education and training.</p> <p>Regarding the rota gaps, the consultants confirmed that the Trust had recruited to the two vacant core trainee level posts and that these individuals were due to commence in December 2016. It was noted that the post left vacant by a higher trainee taking a career break was also due to be filled.</p> <p>The quality review team was informed by the trainees at all levels that the Trust's guardian of safe working was due to meet with them on 16 November 2016 to discuss the new junior doctor's contract and rotas.</p>	Yes. See O&G1.5 below.
O&G1.6	<p>Induction</p> <p>The trainees at all levels advised the quality review team that they received a three day Trust induction, which included one day's worth of information relating to the PRUH site and two days on the King's College Hospital (Denmark Hill) site (e.g. site-specific information on services/rotas/software). These trainees felt that the focus on the King's College Hospital (Denmark Hill) site was not helpful for them as they were based at the PRUH site.</p>	Yes. See O&G1.6 below.
O&G1.7	Handover	

	<p>The quality review team heard from trainees at all levels that there was a handover on the labour ward at 7am during the week and 9am at weekends, with a consultant present. It was noted by these trainees that there was no formal handover when consultants changed over at 1pm, but there was sometimes a consultant-to-consultant handover at this time, which could be done over the phone. The quality review team was advised by the trainees that at the time of the review, there was an ongoing project to evaluate the efficacy of the handover.</p> <p>The trainees at all levels informed the quality review team that ward rounds commenced after the 7am handover and also at 7pm, which sometimes included anaesthesia staff. There was no ward round at 1pm.</p> <p>Regarding consultant presence on the labour ward, the quality review team heard from the trainees that this was dependent upon consultant, as certain consultants remained on the ward more so than others. Moreover, these trainees advised that some consultants were reluctant to take responsibility for sick patients who presented towards the end of their shifts and waited to hand over to the next consultant, which was especially the case in gynaecology.</p>	Yes. See O&G1.7 below.
O&G1.8	<p>Protected time for learning and organised educational sessions</p> <p>The quality review team heard from the higher trainees that improvements had been made to the teaching timetable, which was subsequently more structured and held on Wednesday mornings (cross-site with the Denmark Hill site). It was reported by the trainees that the departmental teaching was of a high standard and led by one consultant. The majority of trainees were able to attend these teaching sessions, with the exception of two trainees to cover the antenatal clinic.</p> <p>The trainees informed the quality review team that at the time of the review, they were all due to attend a regional away day and that these were being integrated into the rota going forward, rather than on a first come first served basis.</p>	
O&G1.9	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The ST6 and ST7 trainees reported that they did not receive adequate time to complete some Advanced Training Specialty Modules (ATSMs) due to their workload. As a result these trainees found it hard to develop their curriculum vitae (CV) and noted that obstetrics scanning experience, in particular, was lacking. It was noted by these trainees that the Trust could have utilised the King's College Hospital (Denmark Hill) site to provide the trainees with obstetrics scanning experience.</p>	Yes. See O&G1.4 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 principles of equality and diversity.

O&G2.1	<p>Impact of service design on learners</p> <p>The quality review team heard from the trainees at all levels that whilst they would not recommend the post to colleagues. The reasons for trainees' reluctance in recommending the post was due to the missed learning opportunities afforded trainees at core and ST3-5 level. It was noted by trainees at grades ST3-5 that they would rather have worked in an environment where they received more experience, such as managing the labour ward.</p> <p>It was felt that core trainees were largely involved in service provision (including</p>	Yes. See O&G1.4 below.
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	covering the emergency department, labour ward and holding the gynaecology bleep) and did not receive adequate learning and training opportunities. Similarly, trainees at grades ST6 and ST7 took on a lot of activities due to consultant preference, which were felt could have provided a better learning opportunity for trainees at ST3-5 level. This was at the expense of obstetrics scanning experience and time to complete ATSMs for trainees at grades ST6 and ST7.	
O&G2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>Due to the changeover of trainees in October 2016, trainee representatives for the LFG meetings had not been identified at the time of the review.</p>	Yes. See O&G2.2 below.

GMC Theme 3) Supporting learners

Standards

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	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The higher trainees advised the quality review that since the previous visit in May 2014, improvements had been made concerning interactions with consultants. However, it was noted by these trainees that dynamics between some consultants meant that this could influence their behaviour or management of a patient, so there was scope for further improvement.</p> <p>The quality review team heard from the higher trainees that whilst they had not experienced any undermining behaviour from senior colleagues, some had witnessed such episodes with other trainees (and members of staff). However, it was noted that these occurrences were isolated events and that the approachable consultants within the department outweighed the unapproachable ones.</p> <p>The consultants noted that they were disappointed by the results of the 2016 GMC NTS, especially the red outliers, as they had been working on improving consultant-trainee relationships within the department as well as developing opportunities for trainees.</p>	Yes. See O&G3.1 below.
O&G3.2	<p>Access to study leave</p> <p>The trainees at all levels reported that they were able to easily access study as well as annual leave.</p>	
O&G3.3	<p>Regular, constructive and meaningful feedback</p> <p>The quality review team heard from trainees at all levels that certain consultants had an abrupt manner when giving feedback, especially that of a negative nature. The consultants noted that there was an awareness of this within the department and that it was being worked on, at the time of the review.</p> <p>The consultants advised the quality review team that negative feedback was usually delivered face-to-face whilst positive feedback was given via email, to enable trainees to easily insert it into their portfolio.</p> <p>Subsequent to the review, the GP trainees reported that they felt under-valued and treated differently to the specialty trainees in the department.</p>	Yes. See O&G3.3 below.

GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

O&G4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>Regarding the new General Medical Council framework and accreditation of trainers, the quality review team heard that nine of the 13 trainers within the department were accredited. At the time of the review, the educational lead had not received confirmation from the outstanding four trainers around whether they had been accredited.</p>	Yes. See O&G4.1 below.
GMC Theme 5) Developing and implementing curricula and assessments		
<p>Standards</p> <p>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.</p> <p>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.</p>		
O&G5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>See O&G1.9 above.</p>	
O&G5.2	<p>Regular, useful meetings with clinical and educational supervisors</p> <p>The quality review team heard from trainees at all levels that they knew who their clinical and educational supervisors were and that in most cases, they had met with them.</p>	
O&G5.3	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>See O&G2.1 above.</p> <p>Subsequent to the review, the GP trainees were asked for feedback and they reported that the rota was significantly biased towards service provision covering obstetrics, antenatal clinics and on call. There were very few opportunities for them to attend gynaecology clinics. Furthermore, owing to gaps in the rota and service commitments, the GP trainees reported that they were unable to attend most if not all their 'protected' GP teaching sessions.</p>	Yes. See Ref O&G 5.3 below.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The quality review team was pleased to hear that improvements had been made to the Wednesday morning teaching which was held collaboratively with the King's College Hospital site at Denmark Hill. The trainees reported that this teaching was consistently of a high standard.	Educational Lead	Please complete the attached proforma.	December 2016

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O&G1.3a	The Trust is required to instate a daily formal consultant-led/directed ward round on the antenatal ward.	Trust to submit copies of consultants' job planning, which includes responsibility for antenatal ward rounds.	R1.12
O&G1.3b	The Trust is required to keep a printed copy of key guidelines on each ward within the department. The Trust should email these guidelines to the consultant body to ensure that they are all following the same protocols.	Trust to submit copies of correspondence as evidence that key guidelines have been circulated to the consultant body.	R2.1
O&G1.4	The Trust is required to ensure that trainees receive sufficient practical experience within the following: <ul style="list-style-type: none"> • Trainees at grades ST3-5 receive experience on the Surgical Management Miscarriage (SMM) and caesarean section lists. • Trainees at grades ST6 and ST7 receive experience in obstetrics scanning. • Trainees at all levels receive experience in gynaecological scanning. 	Trust to undertake an audit of the opportunities to perform practical procedures (as detailed above) for trainees at all levels of training. The Trust should share these audit results with HEE. Following the above audit, the Trust should implement measures to augment the experience within O&G offered by the current post, and submit a report detailing how the issues relating to the lack of highlighted experience are to be rectified, including clear timescales for this. The Trust should also submit communications sent to the consultant body confirming that all trainees (including those at grades ST3-5) should receive experience on the Surgical Management Miscarriage (SMM) and caesarean section lists. 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 this is discussed.	R1.12
O&G1.5	The Trust must ensure that they involve the trainees in the consultation on the new team based structure, including matching trainees' special interests to particular teams.	Trust to submit evidence that they have communicated with the trainees on the new team based structure. 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 this is discussed.	R1.12
O&G1.6	The Trust is required to ensure that the induction is relevant to the O&G trainees based at the PRUH site.	Trust to confirm, via audit of trainees, that each trainee has received an induction and that this was considered fit for purpose.	R1.13

		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 induction is discussed.	
O&G1.7	The Trust is required to institute a formal handover on the labour ward at 1pm, when consultants change over between shifts. This handover should include members of the multidisciplinary team.	Trust to submit a register of attendance at the 1pm labour ward handover over a four week period.	R1.14
O&G2.2	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. There should be a trainee representative at all levels (i.e. GP, core and higher trainee level).	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. Compliance with this action should be monitored through LFG meetings.	R2.7
O&G3.3	The quality review team advised that the Trust should develop a programme/learning group for O&G trainers in order that they can support each other in their professional development as trainers. This should include an element of peer support around how to give negative as well as positive feedback to trainees. We also expect the Trust to engage with implementing the GP Charter.	Trust to provide a plan of action around the development of a learning group for O&G trainers to support their professional development. Please could you submit evidence of the Trust's engagement with the GP Charter, which the GP School will review.	R3.13
O&G4.1	The Trust must ensure that all trainers are accredited via the new General Medical Council framework.	Trust to submit accreditation evidence for all trainers within the department.	R4.1
O&G5.3	The GP trainees should be rostered to attend clinics and other training opportunities that are relevant to their training needs, e.g. attendance at gynaecology clinics and release for GP teaching.	Trust to provide evidence of GP attendance at their dedicated teaching and clinics.	R5.9

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O&G3.1	The quality review team suggested that the Trust solicit non face-to-face trainee feedback (e.g. via Survey Monkey), of their training experience. It was felt that the Trust was more likely to receive honest feedback if the trainees could submit it anonymously rather than in a face-to-face forum.	Trust to submit results of the trainee survey, which outlines their experience of the training provided within the department.	R3.13

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Mr Greg Ward, Head of London Specialty School of Obstetrics and Gynaecology
Date:	23 November 2016

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.