

Royal Free London NHS Foundation Trust

Risk-based Review (Education Lead Conversation)



Quality Review report

10 January 2017

Final Report

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Quality Review details

Training programme / Learner group	General Practice – Obstetrics and Gynaecology (GP O&G)
Background to review	The risk-based review (education lead conversation) to GP O&G was arranged following concerns raised via the General Medical Council National Training Survey (GMC NTS) in 2016. The programme generated red outliers for 'overall satisfaction', 'clinical supervision', 'reporting systems' and 'supportive environment' as well as three pink outliers for 'clinical supervision out of hours', 'induction' and 'feedback'.
HEE quality review team	Dr Rachel Roberts, Head of Primary Care Education and Development, Health Education England, working across North Central & East London Dr Naureen Bhatti, Head of School of General Practice, Health Education England, working across North Central & East London Dr Andrew Deaner, Trust Liaison Dean, Health Education England North, working across North Central & East London Kate Neilson, Learning Environment Quality Coordinator, Quality and Regulation Team, Health Education England
Trust attendees	Dr Louise Schofield, Director of Medical Education Zarina Khan, Head of Quality for Postgraduate Medical Education Mrs Pradnya Pisal, O&G Consultant and Service Line Lead for O&G at Barnet Hospital Dr Mike Wyndham, GP Programme Director – Barnet Hospital scheme Dr Joe Rosenthal, GP Programme Director – Royal Free Hospital scheme Mr Sajjad Ali, Clinical Director for O&G Mrs Deborah Boyle, O&G Consultant and Trust Educational Lead for O&G at Royal Free Hospital Claire Brown, Assistant Operations Manager, O&G at Barnet Hospital

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1/4	<p>The service line lead for O&G at the Barnet Hospital site confirmed that following the 2016 GMC NTS, the college tutor had completed an internal trainee survey and as a result, actions had been implemented in order to rectify some of the issues raised.</p> <p>The main problem identified by the Trust across both sites was the rota. According to the Trust, this was due to the fact that there was an insufficient number of trainees to staff it, which was exacerbated by sickness and maternity leave amongst trainees.</p> <p><u>Barnet Hospital site</u></p> <p>At the time of the review, the rota issues described above had been resolved at the Barnet Hospital site and the main issue on this site was around maintaining recruitment. Furthermore, the quality review team was informed that regarding the pink outlier for 'induction', as trainees commenced their placements at varying times throughout the year inductions had to be rolled out at these different times, which was sometimes difficult to facilitate (especially with small numbers of trainees).</p> <p>The service line lead for O&G at the Barnet Hospital site confirmed that in order to address the issues identified above, the Trust had implemented the following plans:</p> <ul style="list-style-type: none"> • A focus on recruitment in terms of anticipating gaps in the rota and ensuring that vacancies were advertised ahead of time. • Appointment of an admin rota coordinator and dedicated consultant programmed activity (PA) time to oversee the rota. 	Yes. See ref GP1.1 below.

	<ul style="list-style-type: none"> Reduction of elective activity on days when trainees started placements (usually Wednesday, Thursday and Fridays) to facilitate induction. A formal induction format had been introduced which was systematically followed regardless of the number of trainees commencing placement. The programme included a 15 minute slot in which a previous trainee shared their experience of the placement with the new trainees. Regarding consultant presence and support on the postnatal ward, trainees were informed which consultants were to provide supervision when other consultants were on leave so that lines of escalation were always explicit. Higher trainees were available to provide a second tier of supervision to GP trainees and it was confirmed that they were aware of their responsibility for this. Increased ring-fenced PA time for consultant supervision of trainees. Relevant clinics, such as smear and colposcopy clinics had also been identified for GP O&G trainees to observe in order to gain exposure to these. <p>The Head of Primary Care Education and Development suggested that regarding clinical supervision, it would be useful to implement a model whereby trainees shadowed their clinical supervisor for a day in order that they had a detailed understanding of what was expected from the environment. It was noted that some GP trainees may not have had experience within an O&G placement since medical school, so their knowledge in this area may have been limited.</p> <p>The GP Programme Director (Barnet Hospital scheme) advised that the department should improve its lines of communication with trainees to ensure that they had sufficient opportunity to raise concerns around their training. It was noted that the department should have a proactive approach to training and resolving issues.</p>	<p>Yes. See ref GP1.2 below.</p> <p>Yes. See ref GP1.3 below</p>
1/5	<p>Royal Free Hospital site</p> <p>The quality review team heard from the Trust's Educational Lead for O&G at the Royal Free Hospital site that the rota was the main issue which was impacting upon training. At the time of the review, the core trainee rota was staffed by six trainees although previously there had been seven trainees. It was noted that whilst the Trust was supportive of GP trainees attending the required half-day teaching a week, this was not always possible due to the service pressures exacerbated by having only six trainees on the rota. The quality review team heard from the Trust's Educational Lead for O&G that it was not possible to provide a safe training environment with a rota staffed by six trainees.</p> <p>The GP Programme Director (Royal Free Hospital scheme) confirmed that attendance at clinics should be an integral part of the training programme for GP O&G trainees. It was noted by the Trust's Educational Lead for O&G at the Royal Free Hospital site that this was not always possible due to the constraints on the rota and related service pressures. One clinic per week, one educational meeting and 80% attendance at the weekly half-day release programme were discussed as the minimum standard required for GP training posts.</p> <p>There followed a discussion about the need for a seventh trainee on the core trainee rota. The Head of Primary Care Education and Development suggested that this issue should be taken to the Trust's executive team in order to review whether funding could be obtained for this purpose. It was agreed that the O&G leads would complete a scoping exercise around modelling the rota with the introduction of a seventh trainee. It was suggested that if funding was identified by the Trust, Health Education England could then work with the Trust to discuss introducing a post for a seventh trainee.</p>	<p>Yes. See ref GP1.4 below.</p> <p>Yes. See ref GP1.5 below.</p> <p>Yes. See ref GP1.6 below.</p>

1	There was a discussion about the importance of maintaining regular communication between the O&G leads at both the Barnet Hospital and Royal Free Hospital sites in order that they could share knowledge and resolutions to the issues related to education and training.	Yes. See ref GP1.7 below.
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Next steps

Conclusion

It was agreed that a meeting with the Trust and the Head of School of General Practice would be arranged for April 2017 in order to discuss the progress made on the issues outlined above, as well as the requirements and recommendations below.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
GP1.1	The Trust to ensure that a session is included within the induction programme specifically for GP O&G trainees in order that they feel supported in this environment.	Trust to submit copies of the following items from the most recent induction programme: <ul style="list-style-type: none"> • updated departmental induction handbook, • timetable, • agenda, • register of trainee attendance, • summary of feedback from trainees on the induction. Compliance with this action should be monitored through LFG meetings.	R1.13
GP1.2	The Trust to ensure that all GP O&G trainees receive a day of shadowing experience with their clinical supervisor, where the supervisor observes and assists the learner to take appropriate history and be supported and observed in gynaecology examination techniques.	The Trust to produce a standard operating procedure for the shadowing model of joint working clinical supervision whereby trainees receive one day with their clinical supervisor where two-way observation takes place, so the supervisor supports and observes them working. <p>The Trust to submit copies of communications sent to trainees regarding arrangements to be put in place for shadowing of clinical supervisors.</p> Compliance with this action should be monitored through LFG meetings.	R1.8
GP1.3	The Trust is required to adopt a pro-active approach to training and ensure that there is an ongoing conduit for trainees to feedback any issues. The Trust to ensure that trainees receive regular meetings with their educational	The Trust to submit copies of educational supervisors' job plans which clearly include time relating to their responsibilities for regular meetings with trainees.	R5.9

	<p>supervisors. The purpose of these meetings should be to:</p> <ul style="list-style-type: none"> • Sign off core competencies, including abdomen and pelvis examinations, to ensure that trainees are confident in these. • Review whether the training is meeting trainees' individual training needs. <p>The Trust is required to ensure that this is included within educational supervisors' job plans and that there is protected time for these activities.</p>	<p>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 educational supervision is discussed over a three month period.</p>	
GP1.4	<p>The Trust is required to ensure that GP O&G trainees are able to attend the weekly half-day teaching sessions.</p> <p>The Trust should conduct an audit on the number of sessions that GP O&G trainees do not attend and the reasons given.</p>	<p>The Trust to submit the audit results.</p> <p>Compliance with this action should be monitored through LFG meetings.</p>	R5.9
GP1.5	<p>The Trust is required to revise the rotas to ensure that GP O&G trainees attend regular clinics, relevant to their O&G training.</p>	<p>The Trust to submit copies of the revised rotas for GP O&G trainees, which clearly indicates access to clinic lists.</p> <p>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.</p>	R1.12

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
GP1.6	<p>The Royal Free team identified that concerns started with the loss of the seventh O&G post on the rota. It is recommended that these discussions should be escalated to the Trust's executive team to scope options for funding a seventh post from within the Trust to prevent issues of unacceptable training quality of these GPVTS O&G posts.</p>	<p>The Trust to submit an update on the outcome of discussions regarding the funding for a seventh trainee post.</p>	R1.12
GP1.7	<p>The quality review team recommends the O&G leads at both the Barnet Hospital and Royal Free Hospital sites meet on a regular basis in order to share knowledge and encourage communicate between the sites.</p>	<p>The O&G leads to provide an update about the communication between both sites and how they are working together to resolve training issues.</p>	R2.1

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

Requirement	Responsibility
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N/A	
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Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Rachel Roberts, Head of Primary Care Education and Development, Health Education England, working across North Central & East London
Date:	6 February 2017

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.