

St George's University Hospitals NHS Foundation Trust

Obstetrics & Gynaecology

Risk-based Review (focus group)



Quality Review report

12 September 2017

Final Report

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healthcare

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Quality Review details

<p>Background to review</p>	<p>The department was last visited in January 2017, whereby a Risk-based Review (on-site visit) was undertaken to review obstetrics and gynaecology. A number of areas of good practice were identified, including good access to educational activity and teaching. However, the review team identified the following areas which required improvement: the department was required to conduct a curriculum mapping exercise for ST3-7 competencies, the department did not have a formal local faculty group and the department was required to work to improve the local induction as it was not adequate in preparing trainees for starting at the Trust.</p> <p>The Head of the London School of Obstetrics and Gynaecology requested to hold the Risk-based Review (focus group) to review the training environment at St George's University Hospitals NHS Foundation Trust. This was in response to concerns that had been raised in relation to team dynamics within the department and to follow-up on progress made from the previous quality review.</p> <p>In the General Medical Council National Training Survey (GMC NTS) 2017, for obstetrics and gynaecology the Trust returned two red outliers (induction and regional teaching), two pink outliers (educational supervision and feedback) and two dark green outliers (local teaching and study leave).</p>
<p>Training programme / learner group reviewed</p>	<p>The review team met with the following trainees in obstetrics and gynaecology:</p> <ul style="list-style-type: none"> • Two foundation year one (F1) trainees; • Two specialty training year seven (ST7) trainees. <p>The review team also met with clinical fellows at the following grades:</p> <ul style="list-style-type: none"> • Two foundation year three (F3)/ specialty training year one (ST1); • Two specialty training year three to five (ST3-5); • One specialty training year six to seven (ST6-7).
<p>Quality review summary</p>	<p>The review team noted the following areas that were working well:</p> <ul style="list-style-type: none"> • Obstetrics was universally cited as providing excellent training opportunities. • Trainees felt well supported in the department and spoke highly of a number of consultants. • Both regional and local teaching were well attended and the local teaching was bleep free. • No patient safety issues were reported by the trainees. <p>However, the review team also noted the following areas that required improvement:</p> <ul style="list-style-type: none"> • Despite attempts by the Trust to rectify the issue, there remained a disparity in the access to gynaecology operating opportunities, with preferential access given to clinical fellows. The loss of regular

gynaecological operating has led to deskilling for trainees, both in acute and elective gynaecology.

- Higher trainees reported that they had no labour ward exposure from Monday to Friday, this was impairing their ability to develop and maintain their skills and have competencies signed off, due to limited consultant supervision elsewhere in the department.
- Trainees reported that they were spending disproportionate times in clinics. Some of this time would have been better spent in the labour ward.
- At the time of the review the F1 posts undertook two months in obstetrics and two months in gynaecology. The Trust was encouraged to review this structure after the first trainee cycle to determine if a more integrated approach would work better.
- Trainees were unaware of the existence or role of the local faculty group (LFG). The Trust was encouraged to disseminate the information regarding the LFG more widely.
- As in the previous visit the review team heard repeatedly that the service functioned as two separate departments of obstetrics and gynaecology. The review team felt that this structure inhibited the comprehensive delivery of the curriculum especially in gynaecology. Closer integration would be beneficial.
- The presence of clinical fellows in specialist gynaecology clinics detracted from the trainees receiving appropriate experience.

Quality Review Team

HEE Review Lead	Dr Greg Ward, Head of the London School of Obstetrics & Gynaecology	Deputy Postgraduate Dean	Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England South London
Lay Member	Jane Gregory, Lay Representative	Scribe	Heather Lambert, Learning Environment Quality Coordinator, Health Education England London and the South East
Observer	Thomas Kealy, Commissioning and Contracts Senior Administrator, Health Education England North West London		

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

- 1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.
- 1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.
- 1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.
- 1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.
- 1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
OG 1.1	<p>Patient safety</p> <p>No patient safety issues were reported.</p>	
OG 1.2	<p>Serious incidents and professional duty of candour</p> <p>All trainees were aware of how to complete serious incident reports. One trainee had completed a serious incident report and subsequently received feedback, although this was obtained by attending the relevant departmental risk meeting.</p> <p>The review team was informed that risk meetings were regularly held in the department for gynaecology, perinatal and the labour ward. Trainees were invited to attend. In addition, cardiotocography (CTG) meetings were held and would often comprise of an in-depth case discussion.</p> <p>All trainees reported that they had not been informed of the Trust's whistleblowing policy.</p>	<p>Yes, see OG1.2 below</p>
OG 1.3	<p>Appropriate level of clinical supervision</p> <p>All of the trainees reported feeling well-supported in the department. In particular, the college tutor was highlighted as being proactive and engaged in the trainees' learning experiences.</p> <p>F1 trainees reported that they were predominantly supervised by the higher trainees but they were aware of the escalation protocol within the department.</p> <p>The review team heard that the F3/ ST1 clinical fellows were rostered to work one in four weekends and one or two in four evenings, although they did not provide support in the emergency department. The F3/ ST1 clinical fellows reported that they felt underutilised within the department and would value more structure and more after hours on call opportunities, in order to develop their skills and contribute more fully to the service.</p> <p>It was reported that at night there was often only one ST3-5 and one ST6-7 trainee covering the labour ward. Although the Trust did have resident consultants on call, it was reported that this cover was variable and, on average, would be provided for one in four nights.</p> <p>In addition, although F3/ ST1 clinical fellows did provide support for the labour ward during the day, this was not rostered. Subsequently, trainees felt that it would be beneficial to have F3/ ST1 clinical fellows regularly rostered to provide cover on the labour ward, particularly at night.</p>	<p>Yes, see OG1.3 below</p> <p>Yes, see OG1.3 below</p>

	The review team was informed that a consultant would be present on the postnatal ward four out of five weekday mornings.	
OG 1.4	Rotas The department had recently introduced two F1 training posts. All of the trainees and clinical fellows valued the addition of the F1 posts within the department and commented that this had enhanced their training experience.	
OG 1.5	Induction All of the trainees reported that they had received a departmental induction. The review team was informed that the trainees had not been provided with a handbook during their induction, but it was confirmed that this was being developed.	Yes, see OG1.5 below
OG 1.6	Protected time for learning and organised educational sessions Trainees reported that local teaching was of good quality. This included a half day per month of bleep-free departmental teaching for all trainees. The review team heard that the department released trainees to attend teaching and would often cancel clinical activities if this was necessary. Trainees reported that they had not experienced difficulties in attending regional teaching and some trainees had attended 100 percent of sessions. It was reported that only one regional teaching session had been cancelled and this was reinstated for a later date. Less than full time (LTFT) trainees were offered a day in lieu when attending regional teaching on a non-working day.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

OG 2.1	Impact of service design on learners The review team heard that the Trust employed antenatal day assessment unit (ADU) clinical fellows to manage acutely unwell patients. Higher trainees reported that this minimised their access to these training opportunities. The review team heard repeatedly that the service functioned as two separate departments of obstetrics and gynaecology. The review team felt that this structure inhibited the comprehensive delivery of the curriculum; closer integration would be beneficial.	Yes, see OG2.1 below
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OG 2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>Trainees were unaware of the existence or role of the local faculty group (LFG). No trainees were able to identify the trainee representative for the department and also reported that they had never received feedback following the LFG.</p> <p>All trainees reported that they were encouraged to complete exception reports by the college tutor and that this had been reiterated in emails by some educational supervisors. However, trainees stated that they did not often complete the reports.</p>	Yes, see OG2.2 below
OG 2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>The review team heard that all trainees and non-training grade doctors had access to a named educational supervisor. Although not all trainees reported that they met with their educational supervisor at least every four months, they felt that the informal support they received was sufficient.</p> <p>The trainees reported that they discussed their curriculum requirements with their educational supervisors when commencing their placements. However, the review team was told that the trainees access to training opportunities was dependent on their educational supervisors' specialty interest (obstetrics or gynaecology) and the ES had limited influence in facilitating training with clinical supervisors in the other specialties. This limited the trainees' ability to access the full range of opportunities in the department across Obstetrics and Gynaecology.</p>	Yes, see OG2.3 below

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

OG 3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>All trainees reported that they had not experienced or witnessed bullying or undermining behaviour within the department.</p>	
OG 3.2	<p>Less-than-full-time training</p> <p>The review team heard that LTFT trainees struggled to access gynecological operative experience, as a vast amount of operating took place on a particular day each week.</p>	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

OG 4.1	<p>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</p>	
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	It was reported that the department did not have an allocated seminar room and sometimes struggled to find alternative space. Additionally, the consultants highlighted that they did not have space to discuss confidential issues with trainees.	Yes, see OG4.1 below
5. Developing and implementing curricula and assessments		
<p>HEE Quality Standards</p> <p>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</p> <p>5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.</p> <p>5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.</p> <p>5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.</p>		
OG 5.1	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>Trainees reported good access to a variety of clinics, including maternal medicine, pre-term birth and general antenatal. However, some higher trainees reported that they were spending disproportionate times in clinics during the week. The review team heard of instances whereby a higher trainee had attended five clinics in one week. It was felt that some of this time would have been better spent in the labour ward.</p> <p>Higher trainees reported that they had no labour ward exposure from Monday to Friday as they were only rostered to work on the labour ward out of hours. The review team identified that this was impairing the trainees' ability to develop and maintain their skills and have competencies signed off, due to limited consultant supervision elsewhere in the department.</p> <p>Obstetrics was universally cited as providing excellent training opportunities. It was reported that the neonatal intensive care unit at the Trust was a level three unit and that the Trust also had a high number of patient transfers. However, at the time of the review the F1 posts undertook two months in obstetrics and two months in gynaecology. It was reported that the F1 obstetrics post was predominately used to undertake baby checks. The review team encouraged the Trust to review this structure after the first trainee cycle to determine if a more integrated approach would work better.</p> <p>The review team identified that there remained a disparity in the access to gynaecology operating opportunities, with preferential access given to clinical fellows. The review team heard that one clinical fellow had a full operating list one day a week, whilst trainees reported that their access to operating lists was limited and did not meet their learning needs.</p> <p>This issue was compounded by the frequent cancellation of lists, partly resulting from facility issues at the Trust. The review team was informed that some theatres had been closed for refurbishment and gynaecology did not have an allocated theatre, resulting in some lists being cancelled if there was an emergency in another department. The review team noted that this lack of regular access to gynaecological operating had led to the deskilling of trainees, both in acute and elective gynaecology.</p> <p>Trainees with specialist interests reported that the Trust was accommodating of their specific learning needs. It was noted that the Trust provided good exposure to foetal medicine. Trainees reported that overall, they would recommend the placement to a friend for obstetrics but not for gynaecology, depending on the trainee's learning needs.</p>	<p>Yes, see OG5.1a below</p> <p>Yes, see OG5.1a below</p> <p>Yes, see OG5.1b below</p> <p>Yes, see OG5.1c below</p>

6. Developing a sustainable workforce		
HEE Quality Standards		
6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.		
6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.		
6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.		
6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.		
6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.		
OG 6.1	Progression of learners The review team heard that all F3/ ST1 clinical fellows were intending to apply for the specialty training programme.	

Good Practice and Requirements

Good Practice
N/A

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
OG1.2	The Trust must ensure that trainees are made aware of the Trust whistleblowing policy. This should be covered in the induction.	Trust to email all trainees and clinical fellows in the department a copy of the whistleblowing policy and to provide copies of this correspondence. Trust to ensure that the Trust whistleblowing policy is covered during the induction. The induction timetable should be provided to evidence that this is covered.	R2.1
OG1.5	Health Education England encourages the Trust to continue to develop the departmental induction handbook.	Trust to provide the induction handbook, once completed.	R1.13

OG2.1	The Trust to review trainees' access to opportunities to manage acutely unwell patients to ensure that preferential access is not given to ADU fellows.	Trust to consider and implement measures to augment the experience offered by the current training posts, and a submit report detailing what has been done. This issue should be monitored through the local faculty group. Trust to submit LFG minutes for the following two LFGs with trainee representation, evidencing trainee satisfaction with this issue.	R1.9
OG2.2	The Trust to disseminate the information regarding the LFG more widely to ensure that it is well signposted, trainees are aware of the trainee representative(s) and that feedback is provided to trainees.	Trust to provide copies of communications sent to trainees with details of the trainee representative, upcoming meeting dates and evidence that feedback is provided to trainees.	R2.1
OG4.1	The Trust to support the department in gaining access to a conveniently located seminar room and a private space for consultants and trainees to have confidential discussions.	Trust to provide evidence that this has been resolved.	R2.2
OG5.1a	The Trust to review the proportion of time higher trainees spend in clinics, to ensure that this is not disproportionate to their learning needs. Health Education England encourages the department to consider enabling higher trainees to spend some of this time in the labour ward, to allow trainees to develop and maintain their skills and have competencies signed off.	Trust to provide evidence that this point has been considered and an overview of any subsequent action taken. This issue should be monitored through the local faculty group. Trust to submit LFG minutes for the following two LFGs with trainee representation, evidencing that higher trainees are able to have competencies signed off and are satisfied with their labour ward exposure.	R1.9
OG5.1c	The Trust to review trainee access to all aspects of gynaecological training including acute and elective gynaecology as required by the curriculum and individual training needs. The trust must ensure that preferential access is not given to clinical fellows.	Trust to consider and implement measures to augment the experience offered by the current training posts, and a submit report detailing what has been done. This issue should be monitored through the local faculty group. Trust to submit LFG minutes for the following to LFGs with trainee representation, evidencing that this issue has been rectified.	R1.9

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
OG1.3	The Trust to consider ways of providing more structure and more after hours on call opportunities for F1/ ST3 clinical fellows, in order to allow them to develop their skills and contribute more fully to the service.	Trust to provide evidence that this has been considered and an overview of any subsequent action taken.	R1.9

	This could be achieved through rostering F1/ ST3 clinical fellows to provide cover on the labour ward, particularly at night.		
OG2.3	To ensure trainees have sufficient access to obstetrics and gynaecology training opportunities, the Trust could consider allocating trainees with one obstetrics educational supervisor and one gynaecology educational supervisor.	Trust to provide evidence that this has been considered and an overview of any subsequent action taken.	R1.9
OG5.1b	The Trust is encouraged to review the structure of the F1 training posts after the first trainee cycle to determine if a more integrated approach would provide a better breadth of clinical experience.	Trust to provide evidence that this has been considered and an overview of any subsequent action taken.	R1.9

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

Date:

26 October 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.