

Royal Free London NHS Foundation Trust (Barnet Hospital)

Obstetrics and gynaecology

Risk-based Review (on-site visit)



Quality Review report

25 January 2018

Final report

Developing people
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Quality Review details

Background to review	<p>The Risk-based Review (on-site visit) was organised in response to the poor General Medical Council National Training Survey results received in 2017, as at Trust level, GP Programme O&G returned a red outlier in local teaching and several pink outliers for: overall satisfaction, clinical supervision, workload, supportive environment, adequate experience, educational governance and educational supervision.</p> <p>Furthermore, four O&G red outliers were received in: overall satisfaction, clinical supervision, adequate experience, curriculum coverage and educational governance. Pink outliers were also received in: clinical supervision out of hours, induction and educational supervision.</p> <p>It was therefore felt it would be beneficial to undertake a review of both sites in order to ascertain the quality of the education and training provided and ascertain how the Trust has integrated the training and teaching opportunities across both sites.</p>
Training programme / learner group reviewed	<p>Obstetrics and gynaecology</p>
Number of learners and educators from each training programme	<p>The review team initially met with both Directors of Medical Education for the Trust, the Head of Quality for postgraduate medical education, Medical Education Manager for Barnet Hospital the Divisional Director for women, children and imaging at both sites, the Divisional Director for Operations for women, children and imagine, the Clinical Director for O&G at Barnet Hospital and the interim College Tutor for O&G at Barnet Hospital.</p> <p>The review team then met with trainees at the following grades:</p> <ul style="list-style-type: none"> - GP trainee specialty training year one - Specialty training year one - Foundation year two - Specialty training year three - Specialty training year four - Specialty training year five - Specialty training year 7 <p>The review team then met with a number of educational and clinical supervisors based within the obstetric and gynaecology department.</p>
Review summary and outcomes	<p>During the course of the review, the review team was informed of a number of areas that were working well with relation to the education and training of obstetric and gynaecology trainees, including GP trainees within the specialty:</p> <ul style="list-style-type: none"> - Trainees of all level reported that they felt well supported by the consultants within the department. The junior trainees similarly stated that they felt well supported by the higher trainees and could access clinical supervision when necessary.

- The trainees indicated that they would recommend their posts to colleagues and stated that for trainees at specialty training year 3, 4 and 5 level there was good obstetric exposure.
- All trainees reported that they were able to attend their regional teaching sessions.
- The review team was informed that the Trust induction was of a high quality.

However, some areas for improvement were also highlighted, which are detailed below:

- It appeared to the review team that there was not a coherent and integrated local teaching programme in place. The trainees indicated that there were different teaching sessions available, but that they were delivered in an ad hoc manner, did not always reflect the curriculum and that they typically had poor attendance as trainees were unable to attend. It was felt that the local teaching programme needed to be reviewed to ensure it was curriculum mapped, that different sessions were available for different levels of trainees and that it was consultant led.
- The junior trainees reported that their departmental induction was of a low quality and did not cover all the necessary information. The review team was informed that some trainees had been on duty before they had undertaken their specialty induction and therefore felt unequipped to see patients. Furthermore, the trainees indicated that the induction did not cover all of the necessary information, especially regarding the acute gynaecology service, which they felt would have been beneficial.
- The review team was further informed that an up-to-date handbook was not available for the trainees.
- The review team heard that the trainees did not always feel well supported when based in the emergency gynaecology unit and felt that an acute gynaecology consultant would be a beneficial addition to the workforce. It was felt that this would provide the trainees with additional support and could be used to provide teaching for the trainees.
- The review team was informed that trainees were unable to access sufficient ultrasound scanning opportunities in order to meet their annual review of competence progression (ARCP) requirements. Although the review was informed of plans to increase the obstetric ultrasound opportunities available, the team felt plans also needed to be put in place to address the limited gynaecology ultrasound opportunities.
- The review team was concerned about the consultant supervision that was provided to trainees during clinics, as the trainees reported a number of incidents when there was no consultant present in clinic, just a trainee. Although the clinic numbers were typically reduced when the consultant was not present, it was felt that trainees needed a direct line of clinical supervision to be available as often the trainees indicated that they had to bring patients back to clinic at a later date to see the relevant consultant.
- The review team recognised that the split site working, at Barnet Hospital and Chase Farm Hospital, had been a challenge for the Trust. The review team heard that many of the trainees were unaware of how to reimburse their travel expenses and felt that it may be beneficial to ensure the trainees spent a whole day at Chase Farm Hospital, as opposed to travelling between the two sites during one day.

Quality Review Team			
HEE Review Lead	Dr Greg Ward Head of the London School of Obstetrics and Gynaecology	HEE Review Lead	Dr Sonji Clarke, Deputy Head of the London School of Obstetrics and Gynaecology
Deputy Postgraduate Dean	Dr Gary Wares Deputy Postgraduate Dean, Health Education England North Central and East London	GP Representative	Dr Mike Wyndham PD Barnet GP Speciality Training Scheme
Lay Member	Robert Hawker Lay Representative	Scribe	Elizabeth Dailly Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London, Kent, Surrey and Sussex
Scribe	Louise Brooker Learning Environment Quality Coordinator Health Education England, London, Kent, Surrey and Sussex		

Educational overview and progress since last visit – summary of Trust presentation

The review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process.

When asked about the Trust's vision regarding the management of training across the Trust's sites, especially Barnet Hospital and the Royal Free Hospital, the review team was informed that although the initial plan had been to ensure a unified workforce was delivered across the Trust, this had been unmanageable due to the size of the sites. Therefore, the decision had been made to ensure there was a separate senior management team at each site.

In relation to the education and training delivered, the Trust reported that there was a faculty meeting across the sites, which ensured that the structure and governance for education was mirrored at each site. The review team was informed that every six months the education committee meetings were cross-site and allowed learning and good practice to be shared. However, the department recognised that due to the geographical challenges of the two sites, as the distance between them did not pragmatically allow for cross-site working, each Hospital had their own separate cohort of trainees and training programme, which the Clinical Director felt worked well and was beneficial for training.

The Clinical Director reported that all elective operating lists and some outpatient clinics now took place at Chase Farm Hospital, which meant that although the trainees were based at Barnet Hospital they typically spent some time each week training at Chase Farm Hospital. The review team heard that this had been a challenge for the Trust, as the two sites were approximately a half hour-hour drive from each other, which created logistical problems for trainees travelling between the sites in one day.

In regards to ensuring trainees had adequate access to scanning opportunities, the review team was informed that a new early pregnancy unit consultant had been appointed who was based at the Royal Free Hospital site. The college tutor stated that going forward, the trainees would be able to attend the Royal Free to access more scanning opportunities and that the consultant would also carry out an antenatal clinic and scanning list at Barnet Hospital one day a week, which they anticipated would increase the trainees' access to scanning.

When discussing the GMC NTS results, the review team was informed that the feedback received from the previous trainees in the Training Evaluation Form (TEF) had been relatively positive and did not reflect that which was received in the GMC NTS. It was further acknowledged that the GMC NTS results had improved and that whereas in 2016 a number of red outliers were returned, in 2017 the majority of outliers received were pink.

The Trust indicated that they recognised further work needed to be undertaken, especially in relation to the GP trainees within the department.

The review team was further informed that one source of dissatisfaction for the previous cohort of trainees had been that all elective operating had been cancelled at the site for three months (from January 2017) due to bed pressures, which had had an impact upon the trainees' ability to meet their curriculum requirements. However, the Trust stated that as all elective operating had been moved to Chase Farm Hospital, this issue had been resolved.

The Clinical Director further commented that due to the significant workload within the department and rota gaps, this had put pressure upon delivering an effective balance between service provision and providing education and training. Therefore, it was felt it would be beneficial for additional trainees, especially higher trainees, to be allocated to Barnet Hospital.

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
O&G B1.1	<p>Appropriate level of clinical supervision</p> <p>The review team was informed that the junior trainees saw all the referrals from the emergency department (ED) themselves and reported that although the higher trainee was often extremely busy, they had always been able to access clinical supervision and advice when necessary.</p> <p>The trainees reported that in the emergency gynaecology unit, they did not always feel well supported and that although they could access the higher trainee or a consultant when a patient was extremely ill, it would have been beneficial if more day-to-day supervision was provided. The junior trainees indicated that as the gynaecology on-call higher trainee was often extremely busy (as they were responsible for the early</p>	Yes, please see O&GB1.1a below

	<p>pregnancy unit, the emergency department, the gynaecology wards and the emergency gynaecology unit), the support and supervision provided was limited. The review team was informed that the department was in the process of creating an additional post in the department for a designated acute gynaecology consultant, which they felt would ensure the trainees felt more supported and would provide additional clinical supervision, as well as further bed-side teaching for the trainees.</p> <p>The higher trainees reported that the clinical supervision they received was good, especially when they were undertaking the on-call rota, during which the trainees reported that the consultants were present and approachable. The review team was informed that this was particularly relevant in relation to the labour ward, as there was a consultant present until 11pm. The trainees further stated that if the ward was abnormally busy, the consultant would often stay later.</p> <p>However, the higher trainees indicated that during some clinics, in particular the gynaecology and antenatal clinics, there was often a lack of consultant supervision and that trainees often undertook the clinics alone. The trainees reported that this did not often pose an issue for the more senior trainees, but could be difficult for the trainees at specialty training year three (ST3) level and ST4 trainees, as it was not always clear who could provide direct clinical supervision if the trainees had any questions. This appeared to be particularly prevalent if the clinic was a satellite clinic and undertaken at Cheshunt Community Hospital or Edgware Community Hospital, as there was no one on-site to provide clinical advice. The review team was informed that if the consultant was away, the trainees would often have to book follow-up appointments for patients to return to clinic at a later date to see the relevant consultant. This was typically because the trainees could not make decisions on how they should be managed without clinical supervision and senior decision making power regarding operative decisions, or other consultants they contacted were not willing to make such operative decisions about other consultant's patients.</p> <p>It should be noted that the trainees reported that typically if the consultant was away, the clinic was reduced but that due to administration errors on occasion the full clinic had preceded with no consultant present.</p>	<p>Yes, please see O&GB1.1b</p>
<p>O&G B1.2</p>	<p>Rotas</p> <p>The review team was informed that the rota was organised by two ST1 trainees and one higher trainee, with consultant oversight. The junior trainees indicated that it was often difficult to fill rota gaps, as the Trust would only fill gaps out of the small bank of staff they had, as opposed to trying to find external locums to cover shifts. The trainees reported that although two junior trainees were supposed to be on-call overnight, due to rota gaps often there was only one trainee to cover the shift.</p> <p>The higher trainees corroborated this and reported that there were significant rota gaps which had been exacerbated in the weeks preceding the review, by sickness within the department.</p> <p>The review team was informed that the post-natal ward was often extremely busy and that the workload was extremely onerous. However, the team were informed of a new initiative that had been introduced, in which all trainees and consultants attended the post-natal ward first thing in the morning at 8am, before they started their clinic or list, to see one patient on the ward and therefore reduce the workload and help throughput. It should be noted that the trainees indicated that this initiative was still being embedded and that at the time of the review, not all trainees and consultants participated. The trainees indicated that the workload on the post-natal ward was more manageable if they covered the ward for the whole day, as opposed to just covering the ward for a half day, as often there was no one to handover to.</p> <p>The higher trainees stated that some of the clinics they undertook, for example the antenatal clinics, were extremely busy and often overbooked. The trainees reported that during such clinics, they did not always feel they were able to take the appropriate amount of time with each patient and make the best decisions for them, as they felt under significant pressure to see the patients quickly.</p>	<p>Yes, please see O&GB1.2a</p> <p>Yes, please see O&GB1.2b</p>

O&G B1.3	<p>Induction</p> <p>All trainees reported that they had received their Trust induction when they first started their posts and that it was of a high quality. The higher trainees stated that they had received all their relevant logins for the various IT systems used in the Trust and the induction programme in advance of starting, which they found beneficial.</p> <p>The higher trainees reported that their department induction was comprehensive and delivered promptly. However, the junior trainees reported that they had already been working in the department for three days before they received their departmental induction, during which they saw patients on their own in clinic and whilst covering the acute gynaecology service. As the trainees had no previous obstetric and gynaecology (O&G) experience, they therefore did not feel adequately prepared for these shifts without the departmental induction. The review team was further informed that when the local induction was delivered, it did not cover all the necessary information that would have been beneficial. In particular, the trainees felt that more information regarding gynaecology would have been beneficial, especially in relation to the early pregnancy unit and how the acute gynaecology on-call shifts worked. One of the core trainees indicated that when the new foundation trainees had started in the department, they had sent an email to them all with relevant information about the gynaecology service, as they knew this information would not be covered during their induction.</p> <p>Furthermore, the trainees stated that no shadowing opportunity was provided when they began their posts and that no up-to-date handbook was available, with all of the relevant guidelines and policies for the department.</p> <p>The review team was informed that one of the higher trainees had created a guideline for the junior trainees when they were working on the post-natal ward, which the trainees indicated they had found beneficial.</p>	<p>Yes, please see O&GB1.3a below</p> <p>Yes, please see O&GB1.3b</p>
O&G B1.4	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The junior trainees reported that overall, they received good experience to obstetrics, especially regarding operative exposure. The trainees confirmed that the ward round on the labour ward was of educational value and that bed-side teaching was provided.</p> <p>However, the review team was informed that the trainees' access to gynaecology teaching was not as structured or organised. They indicated that the gynaecology ward rounds often lacked an educational element and that the amount of bed-side teaching they received depended greatly on the consultant in question, how busy the unit was and whether the trainees were bleeped by the emergency department.</p> <p>The trainees reported that there was a dedicated consultant who covered the acute gynaecology service every week and undertook a ward round each morning. However, the trainees indicated that little teaching was provided, both in terms of surgical practical teaching and teaching within clinics.</p> <p>The review team was informed that the junior trainees had limited access to the gynecology elective operating lists at Chase Farm Hospital. The trainees further indicated that during their posts, they had had limited experience to gynaecology outpatients and that they had not undertaken any colposcopy lists during their placements. Furthermore, the trainees indicated that although some had attended hysteroscopy clinics, they had only written patient letters and found it to be of limited educational value. However, it should be noted that junior trainees reported that when they did have the opportunity to attend gynaecology outpatient clinics, the ST1 trainees had their own list and then discussed patients with the consultant, which was beneficial.</p> <p>Similarly, the higher trainees indicated that they although they received adequate experience in obstetrics, they had limited gynaecology operative exposure, which had been exacerbated in 2017 as all elective lists were cancelled for three months due to bed pressures, but was still an issue at the time of the review.</p>	<p>Yes, please see O&GB1.4a</p> <p>Yes, please see O&GB1.4b</p> <p>Yes, please see O&GB1.4c</p>

	<p>Furthermore, the higher trainees reported that as there were many Trust grades working in the department this had a negative impact on the amount of training opportunities available, as the clinics and theatres available were all shared equally amongst trainees and Trust grades.</p> <p>When discussing the scanning opportunities available at Barnet Hospital, the trainees reported that they had struggled to meet the requisite ultrasound scanning numbers for their annual review of competence progression (ARCP). The college tutor reported that the Tuesday morning scanning session had now been expanded to cover the whole morning and that two trainees could attend to gain further experience. The review team further heard that trainees could gain scanning experience during the two antenatal clinics that took place each week. Furthermore, the college tutor reported that one of the consultants who was based at the Royal Free Hospital would be attending the Barnet site on a weekly basis to provide further scanning opportunities for the trainees as a short term plan to address the issue.</p> <p>The trainees reported that they were aware of the plans the college tutor was making, to increase the scanning experience they could access in relation to obstetric ultrasound scanning, but that they were unaware of any plans to address the limited gynaecology ultrasound opportunities available.</p>	Yes, please see O&GB1.4d
O&G B1.5	<p>Protected time for learning and organised educational sessions</p> <p>The junior trainees indicated that although many of the consultants in the department were willing to teach and provided lots of bed-side teaching, the formal teaching programme was often delivered in an ad hoc manner and was of limited value.</p> <p>The trainees indicated that four teaching sessions were available each week, but that they were often held at inopportune times and therefore the trainees regularly struggled to attend due to their commitments on the ward or in clinic, or if they were based at Chase Farm Hospital. This was confirmed by the educational and clinical supervisors, who indicated that the cross-site working with Chase Farm Hospital had resulted in low attendance for the morning teaching sessions, as if the trainees were based there they were unable to attend.</p> <p>The review team was informed that due to the low attendance at each session, the sessions were often not well planned or structured and were not curriculum mapped. The trainees further commented that the sessions were delivered by the trainees within the department as opposed to being consultant led.</p> <p>This was confirmed by the higher trainees who reported that there was limited consultant involvement in the teaching sessions, and that the teaching programme was run by two clinical fellows and facilitated by an administrator, who allocated the slots and topics to each trainee to present. The trainees reported that there was no dedicated teaching programme for the higher trainees within the department, which was tailored to their curriculum or a separate, distinct programme for the GP and core trainees. Instead, the review team was informed that the local teaching sessions provided were intended for trainees of all levels.</p> <p>The review team was informed of the clinical governance meetings that took place on a weekly basis, during which cases were presented and any learning from serious incidents was discussed.</p>	Yes, please see O&GB1.5
O&G B1.7	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>All trainees confirmed that they had been allocated educational supervisors and had been able to meet with them regularly to create educational plans.</p>	

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.

O&G B2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>Trainees at all levels confirmed that they knew how to raise any concerns they had regarding the education and training and commented that they could all approach their educational supervisor or the college tutor with any issues.</p>	
O&G B2.2	<p>Impact of service design on learners</p> <p>The review team was informed that all of the elective operating lists for the department and some of the outpatient clinics took place at Chase Farm Hospital and that trainees often had to attend for a morning or afternoon list or clinic session. The trainees indicated that a shuttle bus had previously been in place, which allowed them to easily travel between the sites, but stated that this had been abolished. The trainees therefore had to make their own way to Chase Farm Hospital and commented that they had to pay for their parking or taxi fare. The trainees indicated that they had not been informed how to be reimbursed and those that had claimed, had not had their reimbursement claims authorised.</p> <p>However, it should be noted that the rota coordinator had taken on trainee feedback regarding trainees' ability to attend Chase Farm Hospital clinics or elective lists and had amended the rota accordingly, to ensure that those who struggled to attend Chase Farm Hospital did not have the majority of their clinics based there.</p>	Yes, please see O&GB2.2

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.

O&G B3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The junior trainees were extremely complimentary of the midwives within the department and reported that they were all approachable and supportive. Similarly, the junior trainees were very appreciative of the higher trainees, who they also reported as being supportive, approachable and helpful.</p>	
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	Trainees at all level indicated that the consultants within the department were approachable, understanding and friendly.	
O&G B3.2	Behaviour that undermines professional confidence, performance or self-esteem The trainees conformed that they had not experienced or witnessed any bullying or undermining behaviour during their posts.	
O&G B3.3	Access to study leave Trainees at all level confirmed that they had been able to access study leave in order to attend the regional teaching sessions.	

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.

O&G B4.1	Access to appropriately funded professional development, training and an appraisal for educators The review team was informed that the Trust was holding workshops for educational supervisors to attend, which covered topics such as how to deliver feedback appropriately and supporting trainees in difficulty.	
O&G B4.2	Sufficient time in educators' job plans to meet educational responsibilities The educational supervisors the review team met with confirmed that they received the requisite supporting professional activity, but indicated that this did not include formal time within their job plans for undertaking their educational responsibilities. The supervisors confirmed that they were adequate space within the department for them to meet with their trainees in private and discuss any issues they were having.	

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

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.

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.

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.

O&G B5.1	Appropriate balance between providing services and accessing educational and training opportunities	
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	<p>The review team was informed that due to the rota gaps at core level, the trainees often felt that there was an undue focus upon service provision as opposed to accessing educational opportunities.</p> <p>The higher trainees similarly stated that due to the rota gaps within the department, they often volunteered to swap their day shifts to night shifts to cover gaps, which resulted in them not being able to attend their clinics and theatre lists, reducing the amount of training opportunities they could access.</p>	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

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&GB1.1a	The Trust to ensure that adequate clinical supervision is provided for junior trainees when based in the emergency gynaecology unit. Health Education England supports the Trust's plan to appoint a designated acute gynaecology consultant.	The Trust to provide updates on the recruitment of the acute gynaecology consultant and any interim plans to ensure clinical supervision is provided in the emergency gynaecology unit.	R1.8
O&GB1.1b	The Trust to ensure that when the relevant consultant is unable to attend clinic and the clinic proceeds with just trainees, that there is a named consultant who the trainees can contact for clinical supervision during the clinic.	The Trust to confirm that this takes place and provide trainee feedback, through the form of Local Faculty Group (LFG) minutes that demonstrate that trainees can access clinical supervision during clinics.	R1.8
O&GB1.3a	The Trust to review the departmental induction provided for junior trainees: <ul style="list-style-type: none"> - The Trust to ensure that this is delivered before the trainees undertake shifts. - The Trust to ensure the induction covers all relative information, especially information relating to the gynaecology service such as how the early pregnancy unit 	The Trust to submit: <ul style="list-style-type: none"> - A copy of the induction timetable - A copy of the material covered during the induction - A copy of the updated handbook that is provided to trainees 	R1.13

	<p>functions and how the acute gynaecology on-call shifts are run.</p> <ul style="list-style-type: none"> - The Trust to reinstate the departmental handbook for trainees and ensure it contains up-to-date guidelines. 		
O&GB1.4a	The Trust to ensure that junior trainees receive gynaecology teaching and that teaching ward rounds take place.	The Trust to submit the teaching arrangements in place for gynaecology in the department and confirm that teaching ward rounds now occur. The Trust to submit trainee feedback confirming this.	R1.15
O&GB1.4b	The Trust to ensure that foundation, GP and core trainees have access to gynaecology elective lists and gynaecology clinics (especially colposcopy clinics and hysteroscopy clinics)	The Trust to submit rotas for the junior trainees demonstrating that they can access such gynaecology training and provide trainee feedback confirming this.	R1.15
O&GB1.4c	The Trust to ensure that higher trainees have adequate gynaecology operative exposure.	The Trust to submit rotas for the higher trainees demonstrating that they can access such gynaecology operative experience and trainee feedback confirming this.	R1.15
O&GB1.4d	The Trust to ensure that all trainees can access adequate scanning opportunities in order to meet their annual review of competence progression (ARCP) requirements.	The Trust to outline what plans have been made to ensure trainees can access both obstetric and gynaecology scanning opportunities. The Trust to provide trainee feedback demonstrating that this issue has been adequately resolved and that trainees can meet the scanning requirements for their ARCP.	R1.15
O&GB1.5	<p>The Trust to review the local teaching provided and ensure that a separate, integrated, coherent teaching programme is available for each group of trainees within the department.</p> <ul style="list-style-type: none"> - A specific teaching programme should be available for foundation, GP and core trainees which is curriculum mapped. - A teaching programme for higher trainees, which is curriculum mapped, should also be provided. - The teaching sessions should be held at times when trainees can attend - The teaching sessions should be consultant led 	<p>The Trust to submit:</p> <ul style="list-style-type: none"> - An outline for each teaching programme and which topics are to be covered - An attendance list, demonstrating that trainees are able to attend - Trainee feedback 	R1.16
O&GB2.2	The Trust to ensure that trainees are aware how they can be reimbursed for their travel to Chase Farm Hospital. The Trust to ensure that those who do claim reimbursement have their claims authorised.	The Trust to submit copies of the communication sent to all trainees informing them how they can be reimbursed for their travel.	R2.3

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O&GB1. 2a	The Trust to continue with the post-natal ward round initiative and ensure that everyone participates and attends at 8am to see patients before starting their clinic or theatre list.	The Trust to confirm that this is taking place and provide trainee feedback demonstrating that the initiative has become embedded within the department.	R1.15
O&GB1. 2b	The Trust to ensure clinics are not unduly overbooked.	The Trust to confirm that clinics are not unduly overbooked and provide clinic templates demonstrating this.	R2.3
O&GB1. 3b	The Trust to consider providing a shadowing opportunity for new foundation and GP trainees within the department.	The Trust to confirm the outcome of this review and whether an opportunity to shadow other trainees within the department can be offered to new foundation and GP trainees.	R1.13

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

Requirement	Responsibility

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Greg Ward

Date:

15 February 2018

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.