

Croydon Health Services NHS Trust

Obstetrics & gynaecology

Risk-based Review (on-site visit)



Quality Review report

20 April 2018

Final Report

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healthcare

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Quality Review details

Background to review	Health Education England (HEE) wanted to explore the obstetrics & gynaecology (O&G) training provided to trainees at Croydon Health Services NHS Trust. HEE was particularly interested to explore what actions the Trust had taken in the years preceding the review, which had resulted in significant improvements in the 2017 General Medical Council National Training Survey (GMC NTS) results.
Training programme / learner group reviewed	Obstetrics & gynaecology (O&G)
Number of learners and educators from each training programme	<p>The quality review team met with the trainees from the following training programme:</p> <ul style="list-style-type: none"> • Foundation level • Specialty training at ST2 – 7 level • General Practice at ST1 – 2 level <p>The quality review team also met with the Chief Executive Officer, Medical Director, Director of Medical Education, Medical Education Manager, Clinical Director for O&G, O&G Educational Leads, Educational and Clinical Supervisors, Outgoing College Tutor, and Incoming College Tutor - an O&G consultant in the department who was due to start in the college tutor post in June 2018.</p>
Review summary and outcomes	<p>The quality review team identified the following areas that were working well in O&G:</p> <ul style="list-style-type: none"> • The quality review team commended the faculty for being described by all trainees as approachable, supportive and highly regarded clinical supervisors. • The trainees all highly praised the access to gynaecology training in the Trust and recommended Croydon Health Services NHS Trust to their colleagues as a place of work and training. • It was reported that the trainees were appreciative of the opportunity that general practice trainees were in supernumerary training in outpatient clinics. • The quality review team particularly congratulated the Trust on significantly improving their General Medical Council National Training Survey and Care Quality Commission results in 2017. <p>However, the quality review team also ascertained that some areas still needed improvement:</p> <ul style="list-style-type: none"> • The quality review team considered it appropriate and so wanted to emphasise that all educational supervisors had time in their job plans clearly recognised and identified for their work, in line with General Medical Council guidance of Programmed Activities allocation per trainee. • The quality review team heard of the five-year plan of the physical environment and considered that this would be welcomed by the trainees and patients alike. • It was noted that rota gaps had been a considerable problem for all grades of training and the quality review team welcomed the Trust's commitment

in employing a further five clinical fellows and clinical nurse specialists to help alleviate workload, which was anticipated to improve training.

- There was concern amongst trainees relating to clinics over-running and inadequate medical personnel for the level of service provision required - particularly related to case complexity. The quality review team heard that there were measures being put in place to address this, and wanted to be clear exactly on what these measures were.
- The quality review team asked that the faculty was mindful that, although trainees were typically involved only peripherally in serious incidents resulting in death or harm to babies or mothers, that the faculty ensured that pastoral support was offered and provided to the trainees.

Quality Review Team

HEE Review Lead	Dr Sonji Clarke, Deputy Head of School of the London School of Obstetrics & Gynaecology, Health Education England	External Clinician	Miss Charlotte Kingman, Training Programme Director for North Central and East London, Consultant Obstetrician and Gynaecologist, Homerton University Hospital
Deputy Postgraduate Dean	Dr Jo Szram, Deputy Postgraduate Dean for South London, Health Education England	HEE Representative	Adora Depasupil, South West London - Learning Environment Quality Coordinator, Quality, Patient Safety & Commissioning Team, Health Education England
Observer	Nicole Lallaway, Quality, Patient Safety & Commissioning Officer, Health Education England		

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

The quality review team thanked the Trust for ensuring that the sessions were well attended and for the efforts made in facilitating the process. The Deputy Head of School congratulated the College Tutor (CT) for the efforts and diligence that had resulted in noticeable significant improvements in majority of the areas of training such as clinical supervision, supportive environment, induction, educational supervision, feedback and regional training. It was acknowledged that Croydon Health Services NHS Trust (CHS) was one of the few hospitals that performed extremely well in terms of General Medical Council National Training Survey (GMC NTS) from year 2012 – 2017 in the London region. Additionally, it was noted that O&G at CHS received a rating of Good from the 2017 Care Quality Commission (CQC) inspection.

The quality review team heard that there had been no reports of maternal deaths in the few years prior to the quality review. The Director of Medical Education (DME) stated that the Trust had a number of maternal deaths some years ago but that the Trust guidelines had been revised since then, and the department had continued to be diligent to ensure that the record of zero maternal deaths was maintained. The College Tutor (CT) reported that there had been a few stillbirths in the department, but that trainees had only been peripherally involved. The CT further stated that this was due to systemic issues rather than as a result of direct training involvement; thus there had been no trainee declarations during the two years prior to the review. The quality review team heard that the Trust had a good Datix reporting system with risk indicators in place. In addition, the CT reported that the department had been conducting weekly meetings, such as risk obstetrics meetings every Friday morning, to look at cases and immediate concerns and to discuss high risk patients to report to the Trust Board on a monthly basis.

In terms of providing support to trainees experiencing difficulty - regardless if trainees were directly involved in significant incidents or not - the CT stated that support had always been provided by the educational supervisors (ES) in the first instance. It was reported that either the trainee involved sought advice from the respective ES, or the ES was made aware of the incident by the department in order to contact the trainee to provide pastoral support. On some occasions, it was reported that support was provided by the consultant who was directly involved in the incident. The CT explained that a meeting between the trainee and the clinical director (CD) rarely took place so as to avoid the trainee feeling that a punitive approach was being taken and to ensure that all trainees felt supported in the first instance.

The quality review team heard that the Trust had difficulties with rota gap related issues. The Trust reported that there were fantastic simulation training opportunities at CHS and that the department had looked at alternative ways to recruit into vacant posts to take advantage of these. It was reported that clinical fellow posts had been advertised but the department had not yet been successful in recruiting into these posts at the time of the review.

The Trust reported that the O&G junior doctors in CHS at the time of the review were composed of: nine junior grades including two foundation year 2 (F2) trainees, two core specialty trainees, five general practice (GP) trainees; and the middle grades were composed of: two Trust doctors, one sub-specialty non-training doctor, seven specialty trainees and two additional clinical fellows in acute gynaecology to support the rota.

It was also reported that the department had three trainees that were on less than full time (LTFT) training contracts and that three trainees were on maternity leave. The CT reported that there had been instances when the department had found out about incoming LTFT trainees only eight weeks before the trainees' start date in the O&G department; whereas the ideal notification was 12 weeks before the commencement of the post. The CT further stated that the department usually had gaps in the rota – either a full vacant post or LTFT training (shared post) which had resulted in some difficulty with managing the staffing level and planning for recruitment processes to fill these gaps.

The quality review team wanted to ascertain how the Trust managed the reported patient aggression towards staff, particularly in O&G. It was reported that the Trust had a zero tolerance policy. However, it was also acknowledged that Croydon had a diverse population and so some of the patients were not able to communicate well in the English language and often needed an interpreter during their clinical appointments. The Trust estimated that about 25-30% of patients at CHS could display aggressive behaviour, albeit not necessarily considered to be abusive. The quality review team heard that a letter from the Trust had been sent to patients who had behaved aggressively towards staff and trainees, although this was not done for every incident. The incoming CT stated that the cohort of trainees at the time of the review had behaved in a resilient way and were generally understanding of the culture in which they operated in, so were able to be flexible in terms of dealing with aggressive behaviour and providing patient care at the same time.

The Trust recognised that this issue had potentially severe effects depending on the trainees' individual personalities and resilience. The DME reported that the Trust had a policy on dealing with aggressive behaviour and conduct, and that guidelines were available to all staff and trainees. The DME explained that the policy outlined how to manage bullying and harassment (B&H) in the workplace – for instance, how to report it, how it was investigated and how managers were involved in order to resolve it, and that the same principles applied to patients were all reports were investigated closely. The DME also stated that the B&H policy was part of the induction presentation and a link to the B&H policy and mandatory training that covered this module on the Trust intranet was sent to all trainees as part of the induction pack.

It was reported that all O&G consultants covered the on-call rota between obstetrics & gynaecology, which ensured that there was always a consultant present with the trainees at night from 17:00. It was reported that trainees were able to identify clearly which consultant was covering an on-call shift as this information was visible on the rota, that was circulated to all medical staff. It was reported that the rota for the consultants and higher trainees had been amalgamated so that it was easier to identify gaps in rota and to plan for cover.

The CT reported that most consultants now conducted board rounds on their clinic days, which the department felt had empowered trainees to see patients with the assurance that a consultant was able to physically see the patient as well if necessary. The quality review team also heard that on some occasions when a consultant was not well and was not able to attend clinic, there were often Trust doctors that undertook clinic independently at an acceptable standard, which ensured that trainees continued to have senior support.

It was reported that the O&G department had an electronic system where patient records were stored on a shared drive that had allowed the team to locate patients – either in emergency clinic or in theatre. The CT stated that gynaecology on-call during the day had allocated junior trainee, higher trainee, and a consultant. It was also reported that gynaecology had a specific elective ward and emergency ward, and that during the winter of 2017 there were some outlier patients. However, since the new electronic system was introduced, the CT reported that it was easier to locate patients and staff, and trainees no longer had to navigate through the wards in order to locate patients. The quality review team heard that junior trainees had the responsibility to enter the

patients' names on the shared drive, but patient demographics and clinical historically were already stored and so this was not a time-consuming task. The CT further stated that this system had ensured that handover was also efficient.

The quality review team heard that there had been no exception reports submitted by the O&G trainees. In terms of locum work, it was reported that the Trust had a policy in place that required trainees to sign a waiver related to the European Working Time Regulations (EWTR) if the trainees wanted to do extra locum work. However, the Medical Education Manager (MEM) stated that the Post Graduate Medical Centre (PGMC) had not received reports of O&G trainees signing up to EWTR.

The CD reported that there had been plans for improving the physical appearance of the obstetric theatre, which was described as out-dated. The quality review team heard that the Trust was now out of the financial special measures and had started on its refurbishment plans. It was also reported that the Trust aimed to have women and children's services collocated in a single, new building, as part of their five-year plan.

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
OG1. 1	<p>Patient safety</p> <p>There were no reports of patient safety issues. However, the higher trainees indicated that there had been delays between the point of escalation and when a senior colleague was available to see an unwell patient, due to issues with staffing levels on a specific day.</p>	
OG1. 2	<p>Appropriate level of clinical supervision</p> <p>All junior and GP trainees reported that the clinical supervision provided to them at CHS was of great quality. All trainees reported that the consultants in O&G had made them feel comfortable and welcome so they never felt hesitant when contacting the consultants for advice.</p> <p>The higher trainees reported that there was constant consultant presence every day on the labour ward and the level of supervision was good. In regard to gynaecology, the</p>	

	<p>higher trainees indicated that there was less visibility of gynaecology consultant presence and quite frequently the consultants were providing supervision from outpatient clinics. However, the higher trainees stated that this was not generally a problem and the consultants always made themselves physically available if the trainees needed them for support or if there was a patient that needed to be taken to theatre.</p>	
OG1. 3	<p>Rotas</p> <p>All trainees including junior, higher and general practice (GP) trainees described the rota and subsequent workload as heavy, although all trainees stated that this was expected due to issues surrounding staffing levels. The quality review team was informed that the on-call rota was always covered by a consultant and a higher trainee who provided supervision and support to the junior trainees. The junior trainees reported that there were significant issues with the rota during the winter months in 2017 when there were trainees who were on LTFT training, on maternity leave, and another trainee had left the programme. However, the junior trainees reported that although there were still gaps in the rota, they were now able to look at the rota with the senior team to identify potential problems and they all felt supported.</p> <p>The junior trainees including ST1-2 and foundation trainees, as well as GP trainees at level 1-2, reported that they were all on the same rota which was one in nine. It was reported that the junior and GP trainees were on on-call blocks of four days and during the three days that they were off the on-call rota they were rostered to outpatient clinics, the early pregnancy assessment unit (EPAU), triage referrals and patients.</p> <p>The junior trainees stated that they did not complete exception reporting, as although they worked on a heavy rota, they were able to keep to the appropriate hours of working. The junior trainees further explained that even during the times that they had stayed over their scheduled working hours, they felt that the training environment was good and so were happy to stay the extra hour or two voluntarily to gain further training and exposure in the department.</p> <p>The junior trainees indicated that the higher trainees felt unsupported since the rota was changed, which meant that there was no longer a dedicated junior support on the ward, as juniors were sent to clinics on the new rota. It was indicated that the higher trainees had felt the impact of the gaps in the rota more significantly than the junior trainees, which had impacted on the higher trainees' morale. It was noted that the middle and senior grade rota was composed of five higher trainees at ST4-7 level, two ST trainees who were on LTFT training, two Trust fellows, and one sub-specialty non-training post which was being covered by a locum due to maternity leave.</p>	
OG1. 4	<p>Induction</p> <p>The quality review team was informed that the previous departmental induction provided to the trainees was not as robust as the new one that had been implemented in 2018, where the trainees was only shown the grounds of O&G and then had to learn the basic processes, systems and procedures from their fellow trainees. The quality review team heard that the newly revised departmental induction that was provided to the trainees in 2018 was fit for purpose - where trainees learnt about the common presentations to the service, the expectations of the team and the escalation process.</p>	
OG1. 5	<p>Handover</p> <p>All trainees reported that the handover process in the O&G department was safe and robust. The quality review team was informed of a handover session every Friday for gynaecology patients, which was well attended by consultants, junior and higher trainees and the wider team, before the peri-natal teaching session.</p> <p>The junior trainees also indicated that although there were some occasional outlying patients, they generally had no difficulties locating patients in O&G.</p>	

OG1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The quality review team heard from all trainees that CHS provided excellent learning opportunities. For instance, the GP trainees reported that they were in supernumerary training in outpatient clinics which all trainees described as valuable and beneficial to GP trainees' learning. It was also reported that although on-call shifts were extremely busy, the GP trainees were able to observe a senior colleague whilst completing tasks such as writing discharge summaries, and taking swabs, so had plenty of opportunity to learn quite quickly in an environment that all trainees described as extremely well-supervised.</p> <p>Similarly, the junior trainees reported that they were able to gain plenty of educational and clinical learning due to the way that their rota had been set up. The quality review team heard that junior trainees had opportunities to attend more theatre sessions which all trainees described as a valuable learning experience. It was reported that antenatal clinics were heavily booked and that junior trainees had attended these clinics, although not as part of their rolling rota but as extra support to service provision. All trainees reported that their learning was not negatively impacted on by service provision, but that they were able to make the most of multiple educational and clinical learning opportunities whilst meeting the demands of the service.</p> <p>The higher trainees reported that the O&G exposure at CHS was excellent, for example in labour ward and hysterectomy clinics. The quality review team heard that all trainees were able to learn from the different pathologies within the local population. In terms of completing their Advanced Skills Training Modules (ATSM), the higher trainees indicated that they had received adequate exposure, but were not able to maximise their opportunity in accessing dedicated ATSM sessions due to workload.</p> <p>All trainees reported that they were able to receive regular feedback as part of their daily interaction with their educational and clinical supervisors, which they all found valuable.</p>	
OG1.7	<p>Protected time for learning and organised educational sessions</p> <p>The quality review team heard that junior and GP trainees were able to attend the local teaching sessions every Thursday from 08:00 to 09:00, which the trainees reported as protected time and bleep-free. The quality review team heard that the teaching session for higher trainees was scheduled every Friday afternoon. It was also reported that there was a separate teaching session for the foundation programme which the foundation trainees were able to attend.</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.

OG2. 1	Organisation to ensure access to a named clinical supervisor All trainees reported that they were able to easily access clinical supervision during their training placement at CHS especially during on-call and triage work.	
OG2. 2	Organisation to ensure access to a named educational supervisor The quality review team was informed that all junior and GP trainees knew who their educational supervisors (ES) were and were able to meet with them within the first month of their start date. All trainees described their ES as approachable and they were encouraged to meet with them depending on their educational needs and time preference. For instance, the quality review team heard that all trainees were supported during assessment period and were able to meet with their ES before their Annual Review of Competence Progression (ARCP) which had helped them prepare for this in advance.	
OG2. 3	Systems and processes to identify, support and manage learners when there are concerns The higher trainees indicated that they had concerns with the overbooking of gynaecology and antenatal outpatient clinics. The higher trainees reported that they were frequently seeing around 13 gynaecology patients and around 16 antenatal patients, which meant that they often stayed beyond their set working hours. The quality review team heard that the higher trainees had met with the senior management and at this meeting they were able to formally raise their concerns. The higher trainees explained that the senior management's response was positive and they felt that their voices were heard. It was noted that the senior management had arranged to meet with the lead consultants in the department to discuss the clinic templates as suggested by the higher trainees.	Yes, please 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.

OG3.
1 **Behaviour that undermines professional confidence, performance or self-esteem**

No trainees reported any issues relating to bullying and undermining from other staff in terms of being subjected to or having witnessed such behaviour during their placement time at CHS. The higher trainees stated that they had faced some challenging patients in the past but they had no real issues of concern. All trainees reported that CHS staff - especially the consultants - were overall highly supportive, which had allowed them to build their confidence in dealing with various, sometimes challenging, situations in the workplace.

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.

OG4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>All ESs reported that they had received very good support from the Post Graduate Medical Centre (PGMC) in terms of providing adequate facilities and ensuring that local faculty group meetings and medical education committee meetings had been efficiently organised and appropriately recorded. In terms of support for the educational supervisors' own professional development, it was reported that PGMC had provided the facilities to ensure that ES were able to complete their mandatory training and provided support for appraisals before they were signed off as qualified educational supervisors.</p>	
OG4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The quality review team was informed that the O&G department had 12 full-time consultants who were ESs, and that there were also four part-time consultants. The DME stated that a number of ESs Trust-wide had reported that they had not been paid accordingly for their educational time; for their time as educational and clinical supervisors. It was reported that the CD had met with the Medical Director (MD) and there had been an agreement to ensure that all ES had been clearly allocated with 2.5 supporting professional activity (SPA) in their job plans. The quality review team also heard that the DME had been liaising with the ESs across the Trust individually to ensure that all ESs received the appropriate supporting professional activities (SPAs) time in their job plan.</p>	Yes, please see OG4.2 below

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.

OG5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The higher trainees had indicated that due to gaps in the rota, there had been occasions when they felt that they had not been able to maximise access to training opportunities due to the workload. For instance, the quality review heard that the higher trainees were not able to attend as many risk assessment meetings as they wanted to due to the intensity of workload and lack of sufficient number of staff.</p> <p>Additionally, the CD stated that due to the large number of operating opportunities in CHS, the Trust had always attracted a number of higher trainees at ST6-7 level that required ATSM completion. Therefore, the CD acknowledged that there was a need to manage the higher trainees' expectations and perception. For instance, it was reported that certain procedures such as benign gynaecology needed to be explicitly recognised as fulfilling the ATSM requirement, and so the ES needed to ensure that the higher trainees were aware of this and were given the opportunity to do the procedure if they needed to for their ATSM requirement.</p>	
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OG5. 2	<p>Opportunities for inter-professional multidisciplinary working</p> <p>The quality review team heard that there was a dedicated caseloading midwife who covered childbirth and the community clinics. It was reported that the main role of the caseloading midwife was to provide counselling to a number of women who wanted to give birth at home and that consultants and trainees had worked closely with this midwife who provided support for these patients.</p>	
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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.

OG6. 1	<p>Appropriate recruitment processes</p> <p>The quality review team heard of various plans and suggestions from the trainees and trainers in O&G in order to address the issues surrounding staffing levels and high intensity workload. It was reported that the department had approval to recruit into a Band 8a post to do colposcopy, which the educational leads hoped would reduce some of the clinic workload for the higher trainees in order to release them for other training opportunities within the department. Additionally, The Clinical Director (CD) for O&G stated that there had been plans to recruit consultant midwives in order to facilitate structured satellite clinics in the borough.</p> <p>The higher trainees stated that when taking on LTFT trainees, the department would benefit from ensuring that the LTFT trainees were amalgamated in terms of job allocation, so that when those trainees moved on from the rotation that there was one full empty gap to fill. The higher trainees also indicated that the department would benefit from recruiting physician's associates (PAs) who can assist with endometriosis clinics, or with lower risk referrals. The higher trainees stated that if there were PAs in post or other non-medical staff who were able to assist with reducing workload, that this would allow trainees to be released to maximise their training opportunities.</p> <p>The junior trainees suggested that workload could be reduced in the department if there was an additional foundation year 1 (F1) trainee who had an interest in O&G as a support on an ad-hoc basis. It was reported that an additional F1 in the post-natal ward which was midwife-led could help reduce the workload and would also benefit the trainee by providing O&G training experience.</p> <p>The clinical director reported that an approval to recruit five O&G clinical fellows was received on the day of the quality review. The quality review team was informed that recruitment was under way and the CD was hopeful that the additional clinical fellows would help release trainees from service provision in order to maximise access to training opportunities which were plentiful in CHS, such as ATSM for the higher trainees.</p>	
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OG6. 2	Learner retention All trainees recommended Croydon Health Services NHS Trust as a place of work and training to their colleagues.	
OG6. 3	Progression of learners The educational leads stated that it was crucial that they were able to identify trainees in difficulty in the first instance in order to fully support the trainees in achieving their ARCP requirements. The quality review team heard that an initial meeting between ES and the trainees always took place once the trainees had started in their post, and this was usually followed by frequent albeit informal meetings. The educational leads acknowledged the importance of regular and formally scheduled meetings. It was therefore acknowledged that the ES needed to be supported better to ensure that they were able to meet with their allocated trainees, and so the job plans were to be reviewed by the CD and the DME together with the ESs. Finally, the CD stated that ES needed to look at the individual differences between the trainees in order to identify their different personalities and address their weaknesses in order to focus support through their training placement at CHS.	

Good Practice and Requirements

Good Practice

The Trust should be congratulated for successfully improving the standard of learning experience provided within the obstetrics & gynaecology department. The quality review team ascertained that the supportive environment, approachable clinical and educational supervisors, and excellent training opportunities had significantly contributed to the positive 2017 General Medical Council National Training Survey results. Health Education England recommends that the Trust uphold these standards to ensure that good trainee supervision and support, and high quality training and learning experience are maintained.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
N/A	None	None	N/A

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
N/A	None	None	N/A

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
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OG2.3	The Trust to consider reducing the overbooking of patients to clinics, to ensure that training is not negatively affected.	The Trust is recommended to share the outcome of the meeting with the consultant leads as a response to the higher trainees' clinic template suggestions.	R1.7
OG4.2	The Trust is recommended to ensure that appropriate Programme Activities (PA) are clearly recognised and identified in the educational supervisors' revised job plans.	The Trust is recommended to share a list of PA allocation for each O&G educational supervisors with HEE.	R4.2

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

Requirement	Responsibility
None	N/A

Signed

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

Dr Sonji Clarke

Date:

14 May 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.