

St George's University Hospitals NHS Foundation Trust

Obstetrics & gynaecology
Risk-based Review (on-site visit)



Quality Review report

22 May 2018

Final Report

Developing people
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healthcare

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Quality Review details

Background to review	<p>Health Education England (HEE) arranged the Risk-based Review (on-site visit) in order to assess the progress that St George's University Hospitals NHS Foundation Trust (SGH) had made against the recommendations and requirements produced during the 2017 Risk-based Review (focus group), especially regarding trainees' access to gynaecological operative training. The quality review in 2017 informed the Trust that if the issues regarding trainee access to operative gynaecology was not adequately resolved by April 2018, that two ST6 and ST7 training posts were to be decommissioned with effect from October 2018.</p>
Training programme / learner group reviewed	<p>Obstetrics and gynaecology (O&G)</p>
Number of learners and educators from each training programme	<p>The quality review team met with clinical fellows at ST1 – ST7 level equivalents as well as with the trainees from the following training grades:</p> <ul style="list-style-type: none"> • Foundation level • Specialty training at ST4 – ST7 level, including less than full time training • Sub-specialty training at ST6 level <p>The quality review team also met with the Director of Medical Education, Postgraduate Medical and Dental Education Training Manager, Clinical Director for O&G, College Tutor, Guardian of Safe Working Hours, nine Clinical and Educational Supervisors, Medical Director and Assistant General Manager for O&G.</p>
Review summary and outcomes	<p>The quality review team heard of the following areas that were working well:</p> <ul style="list-style-type: none"> • The quality review team ascertained that the Trust had made positive moves in addressing previous concerns with gynaecological operative training for higher trainees and was also pleased to hear about the introduction of two-month modules for ST3-ST5 within acute gynaecology unit which provided good training opportunities for the trainees. • The quality review team was reassured that obstetrics and gynaecology (O&G) department functioned cohesively at the time of the review; thus, benefitting the training experience afforded to the trainees. • The quality review team heard that the department held regular robust local faculty group (LFG) meetings and that trainees across all levels had dedicated representatives attend these meetings where they were able to feedback on their training experience. • All trainees reported that they were happy to recommend St George's University Hospitals (SGH) to their colleagues as a place of training. • It was reported that there was a very good working relationship between the clinical fellows and the higher trainees, and that there was robust rota coordination in place to ensure both training and non-training doctors had access to good clinical training exposure.

- All trainees were highly complimentary of the College Tutor (CT) and the quality review team commended the CT's efforts for the significant positive improvements in O&G at SGH.

However, some areas for improvement were also identified as outlined below:

- It was noted that the educational supervisors needed to ensure that all trainees were fully prepared and supported before they complete their Annual Review of Competence Progression (ARCP) and that e-portfolios had been reviewed and educational supervisors' reports were fit for purpose.
- It was reported that O&G would benefit from recruiting additional trainees at F3 or ST1 equivalent level. This would enable the department to have doctors at ST1/2 equivalent level on-call at night which would result in decreased waiting times for patients after hours. This would improve the patient experience and would also improve the higher trainees' educational experience by having trainees whom they are responsible for during out of hours.
- The quality review team heard that there were additional theatre lists which trainees had been undertaking with indirect supervision provided by the consultants. It was noted that as per the Royal College of O&G, Standards 43 and 44 – the Trust needed to ensure that these trainees were competent to undertake the individual procedures as well as supervising and managing the whole lists where proven to be competent to do so.

Quality Review Team

HEE Review Lead	Dr Greg Ward, Head of the London School of Obstetrics and Gynaecology, Health Education England	Deputy Postgraduate Dean	Dr Anand Mehta, Deputy Postgraduate Dean for South London, Health Education England
Deputy Head of School	Dr Sonji Clarke, Deputy Head of the London School of Obstetrics and Gynaecology, Health Education England	HEE Representative	Adora Depasupil, Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team, Health Education England (London and Kent, Surrey and Sussex)
Observer	Priya Unjia, Deputy Quality, Patient Safety & Commissioning Manager, Health Education England (London and Kent, Surrey and Sussex)	Observer	Elizabeth Goldsmith, Head of Department, Joint Royal Colleges of Physicians Training Board

Educational overview and progress since last visit

The quality review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process. The quality review team congratulated the College Tutor for the proactivity and commitment shown that had led to significant improvements in obstetrics & gynaecology (O&G) department. Therefore, it was decided that no training posts were to be decommissioned in October 2018.

The Head of School discussed each of the outstanding actions (three mandatory requirements, and three recommendations) from the Risk-based Review (focus group) that was undertaken in September 2017 with the College Tutor (CT), Director of Medical Education (DME), Postgraduate Medical and Dental Education Training Manager and the Guardian of Safe Working Hours. The quality review team ascertained that the department now had a robust local faculty group (LFG) in place which was one of the outstanding mandatory requirements. It was reported that the trainees had been made aware of the LFG meeting schedules to ensure that they were able to attend. The department was able to evidence this through LFG minutes. It was also reported that different training groups, as well as the clinical fellows (ST1-7 equivalent levels) had representatives accordingly who were able to attend LFG meetings to provide feedback on their training experience as well as receive feedback from the faculty group leads. Therefore, this action had been closed.

The second mandatory requirement was in relation to the proportion of time the ST3-5 level trainees spent in clinics and in the labour ward and to ensure that this was not disproportionate to their learning needs. The CT reported that the rota for these trainees ensured that they were able to receive maximum learning opportunities during the day time sessions. It was noted that the trainees spent 09:00 – 17:00 with a consultant, and also with a higher trainee at ST7 level to provide clinical support, usually two to three days a week thus this action had been closed.

The third mandatory requirement - which had also been closed - was in relation to trainee access to all aspects of gynaecological operative training including acute and elective gynaecology, as required by the curriculum and individual trainee needs, and for the Trust to ensure that preferential access was not given to clinical fellows. The Trust responded that there was an introduction of the two-month block since January 2018 where trainees were able to access dedicated gynaecological training experience. The CT reported that outside of the two-month block, trainees were in charge of the bleep at night which also afforded them gynaecology experience. It was reported that trainees were assigned to gynaecologist consultants and often had access to gynaecological sessions, albeit these sessions were more concentrated in those two months. The CT further reported that the Trust had recruited clinical fellows to fill the two-month gap where the higher trainees were taken from, therefore there had been no issues with the rota. The quality review team heard that the service that had been providing gynaecological training was organised by the relevant educational supervisors and trainees were able to work with the consultants. The CT stated that the feedback received was that all trainees were able to complete their competencies, and that the issue with supervision access had been resolved.

In terms of the recommendations, the first outstanding one remained unresolved. This was in relation to providing more structure and more after hours on call opportunities for F3/ST1 level equivalents. The CT reported that the 09:00 – 17:00 weekend shifts had been covered by trainees and clinical fellows at ST1 equivalent level that had provided them with training experience, but the department still needed better support at night. The CD reported that there had been discussions with the management to investigate ways of substantially increasing the number of ST1 level posts as well as considering employment of general practice trainees to contribute to the service in the future, as well as to gain training experience from the department.

The quality review team wanted reassurance that the department was functioning cohesively in obstetrics and gynaecology which was in relation to the final two outstanding recommendations, one of which had been closed. The CT reported that this issue had been discussed during LFG meetings and the feedback was that the O&G department operated as a team and were joint services. The DME stated that if a trainee was allocated to an obstetrics educational supervisor the trainee might have enhanced obstetrics training experience but this did not necessarily mean that gynaecological experience would be lacking. The DME commended the educational supervisors for their dedication in ensuring that all trainees received balanced O&G training exposure within the allocation.

The CT reported that there were initial issues with long term sickness which had impacted on the rota, but as some of the trainees had returned in early 2018 there had been no further issues in the day time rota. It was also reported that the department had no issues with agency staff who had covered gaps in the rota. The Guardian for Safe Working Hours stated that in terms of exception reporting there had been very little for O&G and very few reports were received relating to missed training opportunities. In terms of feedback, the Guardian of Safe Working Hours reported positive reports from both junior and senior trainees. The CT stated that the complex gynaecological surgery available provided exceptional educational opportunities and were not part of the trainees' job plan. It was stated that these surgical experiences were available to the trainees as second assistants and, when undertaken, the trainees were either paid extra for their time or they were able to take time off in lieu.

The quality review team wanted to ascertain how the department supported trainees in difficulty and whether the educational supervisor reports that had been produced were fit for purpose. This was because there was a fault that had been identified in the reporting that was produced previously - before the quality review in 2017 – and

whether any necessary action was required to ensure that this did not occur again. The CT stated that reporting had not been looked at on an individual basis but overall the Trust had highlighted that there was a need to see when the educational supervisors had received refresher training sessions.

It was reported that SGH had a rolling programme of theatre upgrade and so some theatres were closed in order to expand physical space in the department. It was reported that theatre lists did get cancelled every other month across the Trust and not only in O&G. It was also reported that when consultants were on annual leave, their theatre lists were not cancelled. The CD reported that there was only one theatre list that was cancelled for the whole group of consultants and in most cases theatre lists were always covered. The CD also reported that the department had been developing an emergency theatre list to be allocated to the trainees which would be mapped to competency and training needs of the trainees, with indirect consultant supervision. The quality review team was informed that these lists would be available twice a week to predominantly senior trainees, and would be appropriately and carefully managed, and allocated to three sessions: morning, afternoon and evening.

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>Appropriate level of clinical supervision</p> <p>It was reported that F3/ST1 equivalent clinical fellows felt engaged during the weekend shifts and were able to spend the majority of their time seeing patients. The quality review team heard that indirect supervision was provided during weekends on the labour ward, including Saturday on-call shifts. For instance, it was reported that there was usually both consultant and higher trainee at ST7 level presence on the labour ward, but on the weekends, there were often two higher trainees available for advice through indirect supervision. The quality review team was informed that indirect supervision meant that the leading consultant was not physically present with the trainee but was available on the hospital grounds, for example, in the office or in another operating room and thus was able to provide indirect supervision. It was reported that fixed operative lists were not cancelled when consultants were on leave but instead performed by a senior trainee with indirect supervision by another consultant.</p>	Yes, please see OG1.1 below

	<p>In terms of the ward rounds, it was reported that F3/ST1 equivalent clinical fellows worked independently and midwives provided updates to them independently. It was noted that management plans were formulated in the morning and a senior trainee would arrive from labour ward to see post-take patients. The quality review team heard that ward rounds were variable with consultants – some led ward rounds and saw all of the patients with the trainees and F3/ST1 equivalent doctors, whilst others would contact the senior trainee who the other trainees and/or F3/ST1 equivalent doctors would then liaise with. The quality review team was informed that the F3/ST1 equivalent doctor's main responsibility was to ensure that patient management plan was followed and completed, rather than formulating the plan.</p>	
<p>OG1. 2</p>	<p>Induction</p> <p>All trainees reported that they received induction when they started in the department.</p>	
<p>OG1. 3</p>	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The quality review team was informed that the trainees were able to access operative gynaecological experience as required by the curriculum and they were also able to request and access theatre sessions where possible on specific sub-specialties and interests they had. The trainees commended the consultant body for ensuring that their training needs were identified at the beginning of their training. The trainees also reported that they felt being part of the team and that work, including scanning lists, had been allocated appropriately to support the completion of their Advanced Skills Training Modules (ATSM).</p> <p>The trainees reported a noticeable change in the training environment since the College Tutor (CT) had started in post. The higher trainees described the CT as proactive and keen for the trainees to reach their educational objectives and therefore had contributed to a more positive training experience and environment.</p> <p>The quality review team heard that two ST3-5 trainees were allocated to the acute gynaecology unit, but there were some challenges due to long term sickness and the need to cover the general rota. However, the trainees reported that this had been resolved and there were no longer issues with the rota.</p> <p>The quality review team heard that trainees usually spent six months with one firm before changing to a different one and so one of their colleagues was able to take advantage of the three-session days. It was reported that theatre lists usually overrun but that trainees knew when and how to complete exception reporting. It was heard that the one trainee who had done the three-session days had a very good experience and was happy with the team, thus had asked to stay for another six months.</p> <p>In terms of scanning opportunities, the trainees reported that they spent two months on acute gynaecology unit which provided them with the confidence to complete their intermediate scanning. It was also reported that trainees were able to come in during their zero days if they needed to do more scanning. With obstetrics scanning, it was reported that there were on-call support and scanners available on the labour ward and so there were plenty of scanning opportunities. The higher trainees indicated that the department had been very proactive and supportive in ensuring that scanning was accessible to them and although this had occasionally resulted in the trainees being required to submit an exception report, they were happy with the training opportunities available to them.</p> <p>The foundation level trainees also reported positive feedback on the available training opportunities to them. It was reported that there was plenty of teaching available on the gynaecological ward and that they were able to observe the higher trainees during formulation of treatment plans without feeling the pressure of the workload. The quality review team heard that there was good arrangement of foundation teaching and that foundation trainees were able receive a breadth of clinical experience between obstetrics and gynaecology.</p>	

OG1. 4	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>All trainees reported that they had met with their individual educational supervisors, were able to create training plans and were able to receive advice on curriculum requirements and timescales.</p>	
<h2>2. Educational governance and leadership</h2>		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
OG2. 1	<p>Impact of service design on learners</p> <p>The trainees indicated that the obstetrics and gynaecology department no longer felt like two separate units but was now more of a unified centre. However, it was also noted that there were variances between some of the consultants as to the amount of obstetrics or gynaecology training that they received.</p> <p>The quality review team was informed by the trainees that extra support on the labour ward – such as F3/ST1 level equivalent post - at night would be beneficial to the department. It was reported that the department received large numbers of referrals at night which often had taken trainees away from learning opportunities on the labour ward. It was noted that there had been occasions where the higher trainee, junior trainee and the leading consultant were all present but were in different rooms attending to the different needs of the service.</p> <p>The meeting with the supervisors indicated that the department had taken on-board the outcomes of the previous quality reviews and recommendations so there had been a focus on the interaction between the clinical fellows and higher trainees, especially in terms of the ensuring that training needs were afforded to both training and non-training doctors. It was reported that the educational supervisors had made a conscious effort to recognise that ST6 and ST7 needed specific training access, thus the theatre lists were utilised to identify and meet the different training needs. It was indicated that encouragement from the CT and discussions during LFGs had led to significant improvements, which the trainees had echoed in their feedback to the quality review team. The CD was confident to report that the O&G department and its structures were interlinked and functioned as a unified centre.</p>	Yes, please see OG2.1 below
OG2. 2.	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The trainees indicated that LFG meetings were held every month and trainee representatives were able to attend to represent each training groups. It was also reported that there was a representative for clinical fellows who was able to provide feedback to the faculty group. The quality review team heard that trainees were able to raise concerns and they felt that the department were proactive in addressing any concerns that had raised.</p>	

OG2. 3	<p>Systems to manage learners' progression</p> <p>All trainees reported that they were able to meet with their educational supervisors regularly and had identified their educational needs which had been taken into account by their educational supervisors.</p>	
<h3>3. Supporting and empowering learners</h3>		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p>		
OG3. 1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The quality review team heard of one occasion where a trainee felt emotionally unsupported during a personal difficulty.</p>	
OG3. 2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>There were no reports of bullying and undermining by the trainees and all trainees stated that they would recommend SGH to their colleagues as a place of training for O&G.</p>	
<h3>4. Supporting and empowering educators</h3>		
<p>HEE Quality Standards</p> <p>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</p> <p>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</p>		
OG4. 1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>It was reported that there were some educational supervisors who needed their training and accreditation updated. The quality review team heard that the DME had sent intermittent electronic reminders to the educational supervisors and that all educational supervisors had a log of their individual accreditations. The CT reported that the Trust was checking individual educational supervisors including the quality of the educational report post Annual Review of Competence Progression (ARCP).</p>	Yes, please see OG4.1 below
OG4. 2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The CD reported that the Trust had reduced the level of consultant hours on the labour ward from 144 to 133 and that the Trust was expected to maintain these hours. In terms of allocation of time for educational supervision as part of consultant job planning, the CD stated that this had been allocated appropriately and fairly. The quality review team heard that the number of Programmed Activities (PA) had increased since the last quality reviews and this was now 0.25 PA per trainee.</p>	

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>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The trainees reported a collegiate working relationship in the O&G department between the higher trainees and the clinical fellows and that there had been no issues with sharing the theatre lists. The supervisors reported that trainees with specific interests in gynaecology had been identified and thus had been provided with the relevant training experience as required by the curriculum. However, the quality review team emphasised the importance of ensuring that all trainees were able to access training opportunities across obstetrics & gynaecology to ensure that trainees received sufficient training to pass their competency requirements. It was heard that the Friday afternoon acute gynaecology theatre list had been made available to trainees, but often trainees were not present to attend these sessions. The quality review team advised that the consultants worked closely with the trainee rota coordinator who had the responsibility to allocate shifts to the trainees to ensure that these sessions were well attended by the trainees.</p>	
OG5.2	<p>Opportunities for inter-professional multidisciplinary working</p> <p>It was reported that the trainees and clinical fellows were able to work cooperatively along with the consultants and midwives to meet service demands and incorporate educational opportunities.</p>	
OG5.3	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The trainees stated that they noticed a positive change now that there was a junior doctor to the ST3 trainee available in the department. It was reported that previously, trainees often had to cover different areas which meant that there was some difficulty in undertaking the post-natal ward round. ST3-5 reported that having FY3/ST1 during evenings and daytime on weekends helped manage their workload especially when they were covering both labour ward and A&E. The trainees reported that it was helpful to have a junior doctor to relay messages to them throughout the day, instead of them physically attending to the various non-essential queries. The trainees reported that during the weekdays 17:00 – 20:00 there was a consultant and a higher trainee present with ST1 support.</p> <p>It was noted that after 20:00 hours if a F3/ST1 equivalent could be on-call, that this would also be helpful with managing the workload and ensuring that trainees were not taken away from learning opportunities.</p> <p>The quality review team heard that at night, there was usually resident obstetrics consultant cover. However, when the accident & emergency (A&E) department was busy, a ST3-5 usually went to A&E to see patients to ensure that these patients did not</p>	

	<p>breach. Additionally, the trainees indicated that some of the triage work from the nursing staff was not always accurate and so the trainees had to quickly attend to A&E especially during on-calls. Therefore, the trainees indicated that additional support such as having a ST1 equivalent at night would be beneficial to the service and training experience.</p> <p>The CT stated that the department had explored the benefits of recruiting additional junior doctors at ST1 level equivalent, but had faced some delays with recruitment approval due to Trust financial pressures. The CD stated that there was a combination of potential patient safety issues due to workload and training issues as the ST3-5 trainees had no opportunity to develop supervisory skills to more junior doctors. The supervisors reported that there were plenty of opportunities available for junior trainees to gain good experience with managing referrals and that consultants were easily accessible to provide guidance and advice. The quality review team also heard that the midwifery staff at SGH were very good and reliable and so there were no real patient safety issues; however, the patient experience had been impacted as they had to wait for some time to be seen by the clinicians. The quality review team further heard that often the labour ward was made priority and that gynaecological patients therefore had to wait a long time without being seen, or sometimes had to come back the next day. Thus, patient complaints were mainly from acute gynaecological patients who were unhappy because of the waiting time. On the other hand, it was noted that patient complaints were low as non-labouring patients had been made aware of the day assessment unit availability (open 12 hours a day); thus the labour ward only saw true emergencies.</p> <p>The CD also stated that the DME and MD had been made aware of these concerns and that the business case had been proposed to recruit additional four junior doctors at ST1 level equivalent. Additionally, the CD stated that the department had held discussions with the Head of General Practice Training School in order to explore whether GP trainees could be allocated to SGH in the next rotation.</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.

	N/A	
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Good Practice

Good Practice

- The quality review team ascertained that the Trust had made positive moves in addressing previous concerns with gynaecological operative training for higher trainees and was also pleased to hear about

the introduction of two-month modules for ST3-ST5 within acute gynaecology unit which provided good training opportunities for the trainees.

- The quality review team was reassured that obstetrics and gynaecology (O&G) department functioned cohesively at the time of the review; thus, benefitting the training experience afforded to the trainees.
- The quality review team heard that the department held regular robust local faculty group (LFG) meetings and that trainees across all levels had dedicated representatives attend these meetings where they were able to feedback on their training experience.
- All trainees reported that they were happy to recommend St George's University Hospitals (SGH) to their colleagues as a place of training.
- It was reported that there was a very good working relationship between the clinical fellows and the higher trainees, and that there was robust rota coordination in place to ensure both training and non-training doctors had access to good clinical training exposure.
- All trainees were highly complimentary of the College Tutor (CT) and the quality review team commended the CT's efforts for the significant positive improvements in O&G at SGH.

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.
OG4.1	The Trust is required to ensure that all educational supervisors' training and accreditation have been updated and that all trainees are fully supported when preparing for their ARCPs	Trust to provide report that educational supervisors have all completed their training and accreditation.	R4.1

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
OG1.1	The Trust is recommended to ensure that trainees are competent and at the appropriate level of training grade when managing theatre lists with indirect supervision provided by the consultants	The Trust to provide a rota clearly showing the training grade of the trainee scheduled to do this work is competent at ST3 level and above as outlined in the Royal College of O&G, Standards 43 and 44	R1.9
OG2.1	The Trust is advised to explore ways of increasing the F3/ST1 level equivalent posts to further support the workload and to maximise training opportunities for the trainees	The Trust to submit evidence that this has been discussed and considered with subsequent action taken	R1.7

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 Greg Ward
Date:	20 June 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.