

North Middlesex University Hospital NHS Trust

GP – Obstetrics & Gynaecology and GP –
Paediatrics and Child Health
Risk-based Review (on-site visit)



Quality Review report

15 November 2018

Final Report

Developing people
for health and
healthcare

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Quality Review details

Background to review	<p>This review was based on the Trust's performance in the 2018 General Medical Council National Training Survey. The Trust returned red outliers in GP Obstetrics & Gynaecology for:</p> <ul style="list-style-type: none"> - Overall Satisfaction; - Clinical Supervision; - Clinical Supervision out of hours; - Teamwork; - Supportive environment; - Induction; - Adequate Experience; - Feedback; - Local Teaching; - Regional Teaching; - Study Leave; and - Rota Design. <p>This highlighted a significant deterioration in trainee experience for the programme compared to the previous year when only one red outlier was returned.</p> <p>The Trust's performance in GP Paediatrics and Child Health also showed a significant deterioration, returning two red outliers (Induction and Study Leave) and six pink outliers, compared to just two pink outliers and no reds for the previous year.</p>
Training programme / learner group reviewed	<p>All trainees working within the GP Obstetrics & Gynaecology and GP Paediatrics and Child Health programmes.</p>
Number of learners and educators from each training programme	<p>The quality review team met with:</p> <ul style="list-style-type: none"> - Five ST1-2 trainees in GP prog – Paediatrics and Child Health - Five ST1-2 trainees in GP prog – Obstetrics and Gynaecology <p>The joint feedback session, which included the reviews into GP – Obstetrics and Gynaecology and GP – Paediatrics and Child Health, was attended by the Chief Executive, AMD, DME and the Emergency Medical Education Lead, as well as representatives for Obstetrics and Gynaecology and Paediatrics.</p>
Review summary and outcomes	<p>The quality review team thanked the Trust for hosting and facilitating the review. The review team was pleased to hear that the following areas were working well:</p>

- Both groups of trainees the review team met with reported a rich spectrum of clinical exposure and would recommend their posts to their peers; and
- Both groups of trainees reported that they enjoyed open and productive relationships with the consultants and registrars that they worked with.

However, the review team identified the following serious concerns and areas for improvement:

- Trainees in the GP Paediatrics and Child Health (GP Paediatrics) reported that there was no named consultant on the Paediatric Day Assessment Unit (PDAU), and that they were often responsible for leading the clinic and that the escalation pathways were unclear. The review team was of the opinion that that this was grounds for the issuance of an Immediate Mandatory Requirement, which was duly issued;
- Trainees in GP Paediatrics reported that resuscitation equipment and drug bags in the labour ward theatre suite were not always readily available and had to be sought from elsewhere;
- Trainees in both programmes reported that they felt their local induction lacked demonstrable practical knowledge and did not prepare them for the duties they were expected to perform;
- Trainees in both programmes reported that their induction at Trust level was not robust and that there were issues around obtaining login credentials for all the necessary programmes and systems;
- Trainees in GP Paediatrics reported that they could only take annual leave on nominated 'float' days, and the review team heard of an incident where a trainee had to arrange their own cover when needing to take compassionate leave;
- Both groups of trainees reported that their release for Thursday VTS teaching was not listed as protected time or built into the rota;
- Both groups of trainees reported that elements of their training did not feel relevant to the role of community GPs and that training opportunities for other trainee groups in both specialties were prioritised;
- The review team heard of instances where GP O&G trainees were asked to take consent in situations they did not feel comfortable in; and
- Both sets of trainees reported cultural issues when engaging with the wider MDT, especially midwifery staff, some of whom the trainees found to be confrontational and dismissive in their dealings with trainees.

Quality Review Team

HEE Review Lead	Dr Naureen Bhatti, Head of the North Central and East London General Practice School	Deputy Postgraduate Dean	Dr Gary Wares, Deputy Postgraduate Dean, Health Education England (North Central and East London)
GP School	Dr Riz Noor	GP School	Dr Aiysha Jawaid

	Programme Director Enfield & Haringey GP Vocational Training Scheme		Programme Director Enfield & Haringey GP Vocational Training Scheme
Lay Representative	Robert Hawker	HEE Representative	John Marshall Learning Environment Quality Co-ordinator, Quality, Patient Safety & Commissioning Team, London, Health Education England
Observer	Tolu Oni Learning Environment Quality Co-ordinator, Quality, Patient Safety & Commissioning Team, London, Health Education England		
Educational overview and progress since last visit – summary of Trust presentation			
N/A			

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
GP1.1	Patient safety Trainees in GP Paediatrics and Child Health (GP Paediatrics) reported that it was common for there to be no named consultant on the Paediatric Day Assessment Unit	

	<p>(PDAU), and that trainees were often responsible for leading the clinic and that the escalation pathways were unclear. The review team heard that in some cases the trainees had felt that this posed a risk to patient and trainee safety. The review team was of the opinion that that this was grounds for the issuance of an Immediate Mandatory Requirement, which was issued to the Trust at the feedback session at the end of the review.</p> <p>GP Paediatrics trainees working in neonates reported that resuscitation equipment and drug bags in the paediatric resuscitation area of labour ward theatres were not always readily available and had to be sought from the Neonatal Intensive Care Unit (NICU).</p> <p>The review team heard from the GP Obstetrics and Gynaecology (GP O&G) trainees that trainees in previous rotations had been asked to conduct fertility testing procedures at a clinic without the appropriate level of clinical supervision and had felt uncomfortable carrying these out. It was reported that the trainees had raised this with the Trust and that these concerns had been listened to and trainees were no longer attending the clinic without the appropriate level of supervision.</p> <p>The GP O&G trainees also reported that they felt that rota gaps had the potential to jeopardise patient safety, but they did note that they had not yet felt the need to raise a serious incident (SI).</p>	Yes, please see GP1.1
GP1.2	<p>Serious incidents and professional duty of candour</p> <p>The review team heard of an incident regarding a prescribing error that was identified and reported by a paediatric consultant. It was reported that whilst the incident was safely managed the process had not involved the trainee involved.</p>	
GP1.3	<p>Appropriate level of clinical supervision</p> <p>Trainees in GP Paediatrics reported that they generally felt that the level of clinical supervision was good and that advice and guidance from senior clinicians was readily available. In contrast, the trainees in GP O&G reported that the consistency and quality of clinical supervision was variable. The trainees attributed this due to the stresses caused by rota gaps. The trainees indicated that they did not always feel comfortable seeking support from senior colleagues during these periods.</p>	
GP1.4	<p>Taking consent</p> <p>Trainees in GP O&G reported that they did not always feel comfortable when taking consent. The review team heard that in some cases the trainees were required to take consent in clinical situations that they did not feel fully comfortable in or had had the necessary training for. The trainees gave the example of taking consent when talking through the management of medical miscarriage with a patient (for which they had the necessary competencies for), compared to the management of surgical miscarriage. In the case of surgical miscarriage, the trainees reported that they were having to check training manuals and induction materials to inform patients.</p>	Yes, please see GP1.4
GP1.5	<p>Rotas</p> <p>The review team heard that the GP Paediatrics trainees were on a shared rota with ST1-2 trainees in the wider Paediatrics programme and that there had initially been a lot of rota gaps and that they had been asked to cover lots of night shifts. It was noted that when covering night shifts the trainees received two extra annual leave days that could only be taken on designated 'float' days, rather than get paid overtime for the additional work.</p> <p>Trainees in GP Paediatrics also reported that the rota had changed significantly in the past year, and that trainees were now working shift patterns that pushed them close to breaching the contractual weekly maximum. Trainees who had completed an earlier rotation reported that they had had a better experience than the current cohort, where it was noted that rotas were not as demanding and that there had been access to</p>	

	<p>departmental teaching on a near daily basis. This teaching had not always been specific to GP Paediatrics but had provided a good learning opportunity. However, the trainees were grateful to the consultant responsible for coordinating the rota, whom they felt accommodated and addressed their concerns</p> <p>The GP Paediatrics trainees reported that they could only take annual leave on designated 'float days', which raised issues around whether enough of these fell on successive days to allow the trainees a substantial break. If the trainees wanted to take a longer break the review team heard that they would be required to arrange their own cover. The review team were concerned that this could impact on the overall wellbeing of trainees. It was also reported that in one case a trainee had to arrange their own cover when wanting to take compassionate leave.</p> <p>In contrast, the trainees in GP O&G reported that the rota had improved recently through the appointment of a designated rota coordinator (a non-clinical member of staff), whom the trainees were highly complimentary of, noting that the coordinator went to great lengths to ensure that all requests were met. However, the trainees felt that additional trainees or Trust grade doctors were required to lessen the number of requests for trainees to work extra shifts.</p>	
GP1.6	<p>Induction</p> <p>The review team heard from both groups of trainees that their department-level inductions were not deemed sufficient.</p> <p>In the case of the GP Paediatrics induction, the review team heard that trainees were not informed of the relevant ward names and that the differences and criteria for admission between the Paediatric Assessment Unit (PAU) and the PDAU were not explained. It was also reported that the trainees did not receive any practical clinical information that would aid them in their clinical work or receive a set of objectives for the rotations.</p> <p>The review team heard that the trainees fed back their dissatisfaction with their departmental induction, highlighting that the process for taking bloods from babies was not clear and felt unsafe. It was noted that if an adult was showing a c-reactive protein (CRP) rate of above 10 there would be no cause for concern whereas with a baby this could be an indicator of meningitis. Likewise, the trainees reported that they had not been advised of the correct antibiotics to prescribe in the event of neonatal sepsis.</p> <p>One trainee did note that they had spent their first two days shadowing a consultant and that this had been an invaluable experience. However, this shadowing was not part of the formal induction process and was not afforded to other trainees.</p> <p>Trainees in GP O&G also reported that they did not feel that their department-level induction had sufficiently prepared them for their clinical duties. The review team heard that the trainees felt that this local induction was an extension of, and in some cases duplicated parts of, the Trust induction. It was reported that trainees were provided with an electronic copy of the department induction at the start of their induction booklet but that this was lacking in practical information and curriculum requirements and objectives.</p> <p>Both groups of trainees reported that they had not received logins for all the systems that they had to use in a timely manner. Some GP O&G trainees noted that they were using a shared login for the BadgerNet neonatal records system, raising issues around trainee accountability. Likewise, the GP O&G trainees reported delays in being issued with logins for the Medway system.</p>	<p>Yes, please see GP1.6a</p> <p>Yes, please see GP1.6b</p> <p>Yes, please see GP1.6c</p>
GP1.7	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>Both groups of trainees reported that elements of their training did not feel relevant to the role of community GPs and that training opportunities for other trainee groups in both specialties were prioritised.</p>	

	<p>The review team heard that two GP Paediatrics trainees had recently completed three months in neonates. Whilst they reported enjoying the experience they did not feel that this was wholly relevant to their overall training and curriculum objectives. It was also noted that the two trainees did not feel they had the suitable clinical competencies required to fully engage in the training opportunities in the NICU. As a result of this the trainees found that they were undertaking a lot of administrative work.</p> <p>GP O&G trainees reported feeling that they were receiving the same curriculum and training environment offered to specialist O&G trainees. The review team heard that there was an apparent lack of knowledge of the GP O&G curriculum requirements as set out in the Royal College of General Practice guidance. The GP O&G trainees also reported that they felt the O&G specialty trainees were given preferential treatment when Obstetric cases went to theatre, leaving the GP O&G trainees to cover other duties.</p> <p>The trainees in GP O&G also reported that they were rostered on to two Urogynaecology clinics that they did not feel were relevant to their training. The review team heard that the trainees felt that attending the general gynaecology clinic had been made more accessible to them than previous cohorts but reported that they had not received any preparation to attend the clinic during their induction and were not instructed on the required basic practical skills. The review team heard that trainees were not robustly supervised when conducting pelvic exams and that it was assumed that once one had been supervised that the trainees had the necessary competencies from then on. Whilst the trainees said they felt comfortable conducting the examination, they were less confident when analysing or reporting these examinations. The impression the trainees had of this clinic was that they were primarily there to clerk patients, fulfilling a service provision rather than getting any discernible educational value from the clinic.</p> <p>It was also reported by the GP O&G trainees that although they had the option to attend the community O&G clinic, this was not made readily available and they had only discovered they could attend through word of mouth.</p>	Yes, please see GP1.7
GP1.8	<p>Protected time for learning and organised educational sessions</p> <p>Trainees in GP Paediatrics reported that the half day VTS training on Thursday afternoons was not written into their rota, and the review team heard that trainees working in neonates and the PDAU were not permitted to attend this teaching if they were on shift. In contrast, GP O&G trainees reported that the VTS training was protected in the rota – except where the trainee was on call. It was noted that trainees working in GP Emergency Medicine had the time protected in their rota.</p>	Yes, please see GP1.8

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.

GP2.1	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>Both sets of trainees reported that they were aware of the reporting systems for both clinical incidents and to raise concerns about their education and training. The review team heard that they were aware of who the guardian of safe working was but were unsure about the Trust's whistleblowing policy. It was noted that whistleblowing was covered in the Trust-level induction.</p> <p>The review team were concerned that the purpose and utilisation of Datix for reporting clinical incidents had not been made clear to both groups of trainees. Rather than being seen as a tool for learning from clinical incidents, it was viewed by the trainees as a punitive measure to the point that one trainee recalled an incident where a clinical site manager and midwifery staff threatened to submit a report against the trainee if they did not immediately do what was being requested of them.</p> <p>GP O&G trainees reported that they had needed to seek guidance before exception reporting.</p>	Yes, please see GP2.1
GP2.2	<p>Organisation to ensure access to a named clinical supervisor</p> <p>All of the trainees in GP Paediatrics reported that they had a named clinical supervisor and that they were visible on a day to day work basis, but that regular formal meetings did not necessarily take place.</p>	
GP2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>Both groups of trainees reported that they had a named educational supervisor with whom they were in regular contact.</p>	

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.

GP3.1	<p>Access to study leave</p> <p>The review team heard from the GP Paediatrics trainees that they were responsible for arranging their own cover if they wanted to attend training courses. It was also reported that any study leave had to coincide with one of the trainee's 'float' days.</p>	
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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.

	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>N/A</p>	
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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.

GP5.1	<p>Opportunities for interprofessional multidisciplinary working</p> <p>Both groups of trainees reported poor relations with a number of the midwifery staff. The review team heard that the tone and manner of midwifery staff in their interactions with the trainees lacked professionalism and civility – the GP Paediatrics trainees reported that they were often referred to as ‘Paed’. Both groups of trainees reported feeling demoralised as a result of this.</p> <p>GP O&G trainees reported that there were issues around handover in postnatal settings due to a lack of robust handover procedure. The review team heard that in some cases handover was conducted in writing via a logbook and that these notes were not always clearly set out or lacked information.</p> <p>GP Paediatrics trainees also reported that they often had Healthcare Assistants calling them on behalf of midwives but were unable to communicate clearly the rationale behind the call and what was being asked of them.</p>	Yes, please see GP5.1
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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.

GP6.1	<p>Learner retention</p> <p>GP Paediatrics trainees reported that they would not recommend their posts to their peers as a training opportunity. The trainees cited the issues around access to study leave and annual leave and the impact this had on work/life balance as the main reason for this. It was noted that this was not due to the quality of educational and clinical supervision or opportunity.</p> <p>GP O&G trainees said that they would recommend their posts to their peers.</p>	
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Good Practice and Requirements

Good Practice

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
GP1.1	There is no named consultant on the Paediatric Day Assessment Unit (PDAU). Trainees are responsible for leading clinic and the escalation pathway unclear.	The Trust must identify a named consultant responsible for the PDAU when postgraduate trainees are providing care and identify a clear pathway for escalation for clinical decision making.	R1.2

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
GP1.4	The Trust is required to ensure that GP O&G trainees are only ever taking consent in cases that are commensurate with their level of clinical competencies	The Trust is required to ensure that the appropriate level of clinical supervision is available to GP O&G trainees when taking consent, and that trainees are signed off by their clinical supervisor when they have met the required competencies.	R1.11
GP1.6a	The Trust is required to work with the GP TPDs to undertake a curriculum mapping exercise for GP Paediatrics and provide trainees with their placement objectives at induction. The Trust is also to update the departmental level induction handbook for GP Paediatrics trainees so that it includes all practical information, glossary of terms and basic practical clinical guidance necessary for new trainees in Paediatrics.	The Trust is required to provide HEE with a curriculum map for GP Paediatrics, along with an updated version of the GP Paediatrics induction handbook by 20 January 2019.	R1.13
GP1.6b	The Trust is required to work with the GP TPDs to undertake a curriculum mapping exercise for GP O&G and provide trainees with their placement objectives at induction.	The Trust is required to provide HEE with a curriculum map for GP O&G by 20 January 2019.	R1.13
GP1.6c	The Trust is required to ensure that all trainees have access to the necessary administrative and reporting systems from the start of their placement.	The Trust is required to feedback to HEE the first LFG meetings for the next cohort of trainees in both GP Paediatrics and GP O&G documenting that they received all of the necessary logins for all the administrative and reporting systems.	R1.19
GP1.7	The Trust is required to ensure that GP O&G trainees have their competencies for	The Trust is required to provide HEE with evidence that competencies for pelvic	R1.9

	carrying out pelvic examinations signed off under clinical supervision before carrying out examinations without supervision.	examinations are signed off under clinical supervision and that evidence is passed on to the trainees' educational supervisor.	
GP1.8	The Trust is required to protect time in the rota for GP O&G and Paediatrics trainees to ensure that they can attend the Thursday VTS teaching.	The Trust is required to provide HEE with a work plan and copy of the rota setting out how the Trust will accommodate VTS training on Thursdays for GP O&G and Paediatrics trainees.	R1.16
GP2.1	The Trust is required to provide all trainees with guidance promoting the purpose and criteria for reporting clinical incidents and exception reporting at the Trust-level induction.	The Trust is required to draft a good practice checklist for reporting clinical incidents and exception reporting and is required to submit a copy to HEE.	R2.1
GP5.1	The Trust is required to include an introduction to the midwifery nursing staff and the wider MDT at the departmental induction for both groups of trainees that sets out each group's roles and responsibilities.	The Trust is required to feedback to HEE the first LFG meetings for the next cohort of trainees in both GP Paediatrics and GP O&G documenting that the induction meetings took place.	R5.9e

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
	N/A		

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

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Naureen Bhatti Head of School for General Practice
Date:	17 December 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.