

King's College Hospitals NHS Foundation Trust (Princess Royal University Hospital) Obstetrics & Gynaecology Risk-based review (on-site)



Quality Review report

6 December 2018

Final report

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Quality Review details

Background to review	<p>Health Education England (HEE) felt that with the release of the 2018 General Medical Council's (GMC) National Training Survey (NTS) results and an Educational Leads Conversation (ELC) which took place in September 2018, that a conversation with the General Practice (GP) trainees and higher trainees in obstetrics and gynaecology was required.</p>
Training programme / learner group reviewed	<p>Obstetrics & Gynaecology</p>
Number of learners and educators from each training programme	<p>The review team met with a number of trainees in Obstetrics & Gynaecology.</p> <ul style="list-style-type: none"> - General Practice Trainee (GP) - Specialty Trainee Level 1 (ST1) - Specialty Trainee Level 3 (ST3) - Specialty Trainee Level 5 (ST5) - Specialty Trainee Level 6 (ST6) <p>As well as meeting with the GP and higher trainees, the review team also met with a number of the senior management within the department including:</p> <ul style="list-style-type: none"> - Director of Medical Education - Medical Education Manager - Guardian of Safe Working Hours - Clinical Director - Educational Leads
Review summary and outcomes	<p>The review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> - The review team was pleased to hear that GP and higher trainees all agreed that consultants were supportive and approachable. - There were a host of educational opportunities available at the Trust. - Educational supervisors were trained, approved and appraised for their educational roles. - All trainees felt comfortable to raise concerns. <p>However, the review team also noted a number of areas for improvement:</p> <ul style="list-style-type: none"> - The review team was disappointed to hear that advanced training skills modules were not being attained in a timely fashion and sessions were not being allocated. - Whilst the review team was pleased to hear that there were a host of educational opportunities this was highly dependent on adequate staffing at all levels. - The review team felt that there was a lack of culture for exception reporting within the department. - The review team felt that the educational opportunities for the GP trainees should be mapped to the GP curriculum. - The review team felt that there was a perception that there was a differential across the Trust with regards to the enhanced locum payment.

Quality Review Team			
Head of the London Specialty	Greg Ward Head of the London Specialty School of Obstetrics & Gynaecology	Trust Liaison Dean/County Dean	Anand Mehta Deputy Postgraduate Dean Health Education England (London and the South East)
Trust Liaison Dean/County Dean	Sonji Clarke Deputy Head of the London Specialty School of Obstetrics & Gynaecology	GP Representative	Veni Pswarayi, GP Associate Dean South London
External Clinician	Charlotte Kingman Training Programme Director for Obstetrics & Gynaecology	Lay Representative	Jane Chapman, Lay Representative
HEE Representative	Bindiya Dhanak, Learning Environment Quality Co-ordinator, Health Education England (London and the South East)		

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

The Trust gave the review team an overview of the changes made in the training environment in the obstetrics & gynaecology department since the previous Educational Leads Conversation (ELC) that took place in September 2018.

The College Tutor (CT) for obstetrics & gynaecology informed the review team that at the time of the General Medical Council's (GMC) National Training Survey (NTS) the department was experiencing significant rota gaps. The CT informed the review team that there were three full time trainees and one less than full time trainee which left the department with two higher trainee vacancies. As a result of this, the trainees were experiencing an adverse impact on training due to service provision and the need to prioritise acute services and the labour ward.

The CT indicated to the review team that since October 2018 staffing levels had increased which meant trainees were attending theatre lists which they felt was of educational value. The CT informed the review team that there were currently six higher trainees out of eight owing to one accepting a Certificate of Completion of Training (CCTT) fellowship and one on long term sickness. The department informed the review team that they were aware that rota gaps negatively impacted on educational opportunities and have looked into the appointment of non-training grade doctors to help manage the service. It was reported by the Clinical Director (CD) that the Trust was under financial special measures which proved challenging when seeking approval to recruit into staffing gaps.

The CD indicated to the review team that Educational Supervisors (ESs) were engaged and proactive with teaching. The ESs informed the review team there was a protected timetable for teaching on a Wednesday morning between 9am–12:30pm. It was heard by the review team from the ST6s that between 8am-9am there was a video linked teaching taking place between both sites which was consultant and higher trainee led.

The CD indicated to the review team that they were aware there was learning to be had from the Denmark Hill site (King's College Hospital) due to the green outliners from the 2018 GMC NTS.

The review team heard that there had not been an exception report submitted by the trainees since March 2018. The CT informed the review team that there was a formal presentation on exception reporting at departmental induction.

The review team was pleased to hear that all trainees would recommend their post and the Specialty Trainees Level 6 (ST6s) noted that they would apply for a consultant job at the Trust.

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>The review team was pleased to hear that no trainees spoken to on the day indicated that they had issues related to patient safety being directly compromised.</p>	
OG1.2	<p>Appropriate level of clinical supervision</p> <p>The review team was pleased to hear that the all trainees spoken to on the day indicated that they had no concerns about consultant support.</p> <p>The Clinical Director (CD) informed the review team that there was a total of 14 consultants in the department. The review team heard that there was no resident consultant but that there was consultant cover from 7am-9pm and thereafter on-call at home during the week and 9am-9pm on the weekend. All trainees confirmed to the review team that they would feel comfortable calling the consultant on-call after 9pm.</p>	
OG1.3	<p>Rotas</p> <p>The College Tutor (CT) for obstetrics and gynaecology indicated to the review team that the survey was taken by trainee's experiencing rota gaps which had an impact on training due to service provisions for acute services and the labour ward. The CT</p>	

	<p>felt that there had been an improvement since October 2018 due to an increase in staffing, however, the review team heard that since then one trainee had left to take up a CCT fellowship and one trainee was off on long term sickness. The CD informed the review team that work had been undertaken with the General Manager (GM) for obstetrics and gynaecology to recruit two trust grade doctors.</p> <p>It was noted by the review team that there was a different infrastructure at the Denmark hill site which attracted locum shifts due to enhanced pay and available research posts. It was noted by all trainees and the CD that locums received a higher rate for shifts at the Denmark hill site and was noted if the rate was the same for both sites then this might help the PRUH site attract locums.</p> <p>The review team heard from the trainees that the gaps in the rota had a significant effect on the provision of educational opportunities. The CD informed the review team that when there were rota gaps, the consultants had to step down to fill gaps. It was noted by the review team that the Specialty Trainees Level 6 (ST6s) were involved in managing the higher trainee rotas and Specialty Trainees Level 1 (ST1s) were involved in managing the junior level rotas.</p> <p>The ST1s indicated to the review team that the overall experience was good due to the amount of activity available but noted that November 2018 had been difficult due to staff shortages on the junior rota. It was noted by the ST1s that consultants were proactive, holding regular meetings to ensure trainees were kept informed of progress.</p> <p>The CT informed the review team that consultants had also been covering rota gaps to support trainees. It was heard by the review team that the CT held a meeting with trainees to assure them of the support and that consultants would step in if required.</p> <p>The Specialty Trainees Level 3 (ST3s) informed the review team that when there were not as many gaps in their rota they were happy with the balance between service and educational opportunities.</p> <p>Trainees reported that they routinely stayed back beyond their contracted hours due to service commitments. Most had not filled out any exception reports and as they felt it was routine occurrence. They had reported to their ES or supervising consultants but had not been encouraged to exception report.</p>	<p>Yes, please see OG1.3a</p> <p>Yes, please see OG1.3b</p> <p>Yes, please see OG1.3c</p>
OG1.4	<p>Induction</p> <p>The new General Practice (GP) trainees confirmed to the review team that they had attended a trust induction and received a departmental induction from the higher trainees.</p>	
OG1.5	<p>Handover</p> <p>The CT informed the review team that multi professional morning handover took place at 7am and 7pm during the week. It was noted by the higher trainees that 7pm handover proved problematic as occasionally the meeting had started later than scheduled meaning a later finish than anticipated. The review team encouraged all trainees to exception report for such issues. The CT reassured the review team that the department was monitoring the start and finish times of handover, particularly for the evening.</p> <p>The Specialty Trainees Level 5 (ST5s) informed the review team that there was no pre-weekend handover to review patients. The ST5s agreed this would be useful and of educational value.</p>	
OG1.6	<p>Protected time for learning and organised educational sessions</p> <p>The CD indicated to the review team that Educational Supervisors (ES') were engaged and proactive with teaching. The ES' informed the review team there was a protected timetable for teaching on a Wednesday morning between 9am–12:30pm. In addition, between 8am-9am there was a video linked teaching session between</p>	

	<p>both sites which was consultant and higher trainee led. The ST6s informed the review team that after 9am it would be peer to peer and simulation teaching.</p> <p>The review team heard that it was the ST6s who allocated speakers for teaching which was higher trainee and consultant led with occasional external speakers. GP trainees in the department noted to the review team they were usually not able to attend this departmental session due to service cover.</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 ST6s informed the review team that teaching was highly dependent on staffing levels and service provisions. The higher trainees all agreed that there had been improvements since October 2018 but noted to the review team that in the coming months there was due to be lower staffing numbers due to leavers and sickness. The CD informed the review team that trainees received information through the Local Faculty Group meetings (LFGs) on staffing updates as well as meetings aside from education and training.</p> <p>The GP trainees indicated to the review team that Wednesday afternoon was protected teaching for them, however, it was made difficult to get to due do to last minute service cover which would be needed across acute services and labour ward. The GP trainees indicated to the review team that they felt this was not educationally beneficial.</p> <p>The ST5s noted to the review team that they had a keen interest in the business side of the unit and informed the ES' in their objective setting meeting. The review team heard that a number of opportunities were available to trainees such as helping with the management of complaints and being involved in the business case for purchasing blood storage fridges on labour ward.</p> <p>All trainees informed the review team that overall, they had enjoyed the job and noted there were very good opportunities at the Trust. It was heard by the review team that trainees felt that there was a good mixture of clinics however rota issues pushed them into covering more on-calls.</p>	Yes, please see OG2.1
OG2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team heard that all trainees felt that if they needed to raise concerns they would feel comfortable to do so. It was noted by the ST1s that there was good support from the higher trainees and that the consultants who were actively involved in the rota were supportive. It was noted by the review team that the higher trainees felt it was a supportive culture and that the consultant body were approachable.</p>	

	<p>It was heard by the review from the consultants and trainees that there was a suggestion box where all trainees could raise concerns and suggest ways of improvement to service and training.</p> <p>The ST1s informed the review team that there were always higher trainees on the wards to approach and felt comfortable to approach all consultants as well.</p>	
OG2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>All higher trainees confirmed to the review team that they had been allocated an educational supervisor (ES) and had met with them to discuss objectives and responsibilities of the role. The ES' noted to the review team that meetings took place in the clinic rooms as office space was limited with 14 consultants sharing an office with five desks which proved difficult for confidential conversations.</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.

OG3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>All trainees informed the review team that they had not experienced any bullying or harassment in the workplace from any staff member.</p>	
OG3.2	<p>Regular, constructive and meaningful feedback</p> <p>The CT informed the review team that regular Local Faculty Group (LFG) meetings took place with trainee representation. Further to this, the ST6s confirmed that higher trainees met with ES' once a month which was scheduled in the programme as part of Wednesday morning teaching.</p>	

4. Supporting and empowering educators

HEE Quality Standards

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

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

OG4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The review team was pleased to hear that all educational supervisors were trained, approved and appraised for their educational roles and in line with GMC standards and that the DME conducted all educational appraisals.</p> <p>The ES' confirmed that the Post Graduate Medical Educational (PGME) department arranged internal courses and advertise external courses available.</p>	
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	The ES' informed the review team that the CT sends regular update emails as well as updates through the ES 'whatsapp' group. It was noted by the review team that education and training was a standing item on the monthly consultant meetings.	
OG4.2	Sufficient time in educators' job plans to meet educational responsibilities The Clinical Lead (CL) informed the review team that all ES' and CT had time within their job plans to meet educational responsibilities.	

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	Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum The ST6s informed the review team that advanced training skills modules (ATSMs) were not being attained due to staff shortages. The ST6s informed the review team that they had previously not had much exposure to theatres and had discussed this with the ES'. It was heard from the ST6s that they had now secured a main theatre list which they felt would provide sufficient practical experience to achieve competences.	Yes, please see OG5.1
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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.

OG6.1	Appropriate recruitment processes It was reported that rota gaps at junior trainee and higher trainee level had impacted on educational experience in the past year. The Trust had attempted to mitigate this	
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	<p>by increasing the level of support and bringing in Trust grade doctors and locum doctors to help manage the workload.</p> <p>It was reported by the CD that the Trust was under financial special measures which proved challenging when seeking approval to recruit into staffing gaps. The CD informed the review team that work had been undertaken with the General Manager (GM) for obstetrics and gynaecology to recruit two trust grade doctors.</p>	
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Good Practice and Requirements

Good Practice

The review team was pleased to hear that trainees all agreed that consultants were supportive and approachable.

The review team was pleased to hear that trainees felt comfortable to raise concerns.

The review team felt that there were a host of educational opportunities available at the Trust.

The review team was pleased to hear that all educational supervisors were trained, approved and appraised for their educational roles.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
OG5.1	The Trust is to ensure that advanced training skills modules (ATSMs) are being attained in a timely fashion.	The Trust should provide HEE with evidence to show ATSM sessions have been embedded into the rota. Please provide an update within two months.	R1.12
OG1.3a	The Trust is to explore ways to further the educational opportunities for trainees through the expansion of the non-training grade workforce.	The Trust is to provide HEE with evidence of plans and recruitment pathways for additional non-training grade doctors and other staff groups in to the department. Please provide an update within three months.	R1.12
OG2.1	The Trust should ensure GP trainees are able to attend Wednesday afternoon GP teaching and that specialty experience it is mapped to the GP curriculum	The Trust should provide HEE with evidence to show attendance at Wednesday afternoon teaching and send a copy of the teaching programme. Please provide this within two months.	R2.4

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
OG1.3b	The Trust should investigate the difference within the trust (KCH and PRUH) with regards to equitable locum payments.	The Trust should seek advice from the medical workforce departments and provide HEE with an update of this within two months.	R2.3
OG1.3c	The Trust should encourage all trainees to exception report within the department.	The Trust should provide HEE with evidence to show information about exception reporting has been communicated to trainees. This can be done through LFG meetings and emails. Please provide an update in two months.	R2.1

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:

Date:

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.