

Royal Free London NHS Foundation Trust (Royal Free Hospital and Barnet Hospital)

Obstetrics and Gynaecology

Risk-based Review (education lead conversation)



Quality Review report

8 May 2019

Final report

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Quality Review details

Training programme	Obstetrics and Gynaecology
Background to review	<p>The Trust's performance in the GMC NTS 2018 survey returned a number of red and pink outliers at both the Royal Free Hospital and Barnet Hospital. Red outliers as follows:</p> <p>Barnet Hospital:</p> <ul style="list-style-type: none"> - Overall Satisfaction - Handover - Educational Supervision - Feedback - Regional Teaching - Rota Design <p>Royal Free Hospital:</p> <ul style="list-style-type: none"> - Overall Satisfaction - Reporting Systems - Adequate Experience <p>These results were particularly disappointing since there had been a full on-site visit to both sites in January 2018.</p>
HEE quality review team	<p>Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London</p> <p>Dr Sonji Clarke, Deputy Head of School, London Postgraduate School of Obstetrics and Gynaecology</p> <p>John Marshall Quality, Patient Safety & Commissioning Team Health Education England (London)</p>
Trust attendees	<p>The review team met with the following representatives from the Trust:</p> <ul style="list-style-type: none"> – Director of Medical Education, Barnet Hospital; – Divisional Director, Women and Children's Division (Trust-wide); – Divisional Operations Director, Women and Children's Division (Trust-wide); – Clinical Director, Barnet; – Education Lead, Barnet; and – Clinical Director, Royal Free;

Conversation details

Item	Summary of discussions	Action to be taken? Y/N
	<p>Royal Free Hospital</p> <p>The review team was updated on the progress made against the open actions from previous Health Education England (HEE) visits.</p> <p>At the previous visit in January 2018 it was reported that junior doctors had been taking consent for caesarean sections in the day assessment unit and it was felt that this was unsafe practice. In response, the review team heard that all consenting for c-sections was taken by either a consultant or suitably experienced Trust or training grade doctor in the antenatal clinic. This was a two-stage consenting process, with a consultant checking the consent prior to the procedure taking place. It had been made clear to trainees that they could not and should not take consent for procedures that they would not be undertaking and that they were encouraged to report any instances where they had felt the need to do so. The review team heard that trainees upwards of specialty training year one (ST1) could be expected to perform c-section procedures, although no evidence was submitted to this meeting to assure that the process was embedded in the department.</p> <p>At the visit in January 2018 the review team had been concerned that trainees were being left without adequate supervision at clinics as there were reported instances of clinic not being cancelled if the consultant was not available to attend. To address this the review team heard that where consultants were unable to attend and lead a clinic the majority of them went ahead and were led by a senior trainee. It was reported that for most clinics this arrangement worked well. However, it was noted that the miscarriage clinic was cancelled if there was no available consultant to lead it. For all other clinics it was reported that there was consultant oversight if needed in the form of the ward-based consultant and the 'hot week' gynaecology consultant, although no evidence was submitted to provide assurance that the process was embedded in the department.</p> <p>It was also reported at the previous visit that trainees were being asked to lead clinics at short notice in place of the consultant. It was reported that where consultants would be on leave this was noted on trainee rotas so that there was suitable notice of absences given to trainees. The review team heard that feedback from trainees at local faculty group meetings had been good and the issue no longer seemed apparent.</p> <p>There had also been concerns about trainees having enough opportunity to undertake the necessary scanning training and achieve the number of cases to satisfy the curriculum requirements. The review team heard that there were the facilities to accommodate this but that some trainees had not undertaken the opportunity to do so.</p> <p>With regard to advanced labour ward practices the review team was concerned that the relatively low volume of births at the Royal Free Hospital may impact upon trainees getting the necessary exposure to rarer or more complex cases. It was reported that the department did not have the impression that trainees were unduly concerned in this regard. Where needed, it was reported that ST6 and ST7 trainees could get these opportunities at Barnet Hospital.</p>	

	<p>There had also been concern from HEE that foundation trainees had been tasked with attending the morning theatre meeting to secure slots for the department. It was reported that this meeting was now attended by a senior trust grade or trainee doctor.</p> <p>The review team was pleased to hear that any tensions between trainees and clinical fellows in terms of access to theatre and training opportunities had been resolved. It was reported that trainees and clinical fellows were not working together to design their rotas, ensuring that each cohort get access to the theatre and clinic lists that they want.</p> <p><u>GMC 2018 results</u></p> <p>The review team heard that at the time the 2018 survey had been completed that there had been a number of vacancies in the department. It was felt that this may have affected trainee morale as the need to ensure that the service work of the department was facilitated and may have come at the expense of education and training opportunities.</p> <p>It was reported that the staffing issues of 2018 had now been resolved and that this should be reflected in the results for the 2019 survey. It was felt that the department was now well staffed and that the pressures on trainees in 2018 were no longer an issue.</p> <p>The review team was disappointed to find that there did not appear to be an internal departmental action plan to address the red outliers for overall satisfaction, reporting systems, and adequate experience in the 2018 survey. It was also noted that neither the Director of Medical Education for the Royal Free Hospital, or the Education Lead were present at the review. As a result a follow-up ELC will be arranged.</p>	
	<p>Barnet Hospital</p> <p>The department gave a comprehensive presentation to the review team that gave an oversight of the department's staffing arrangements, service areas, and training opportunities.</p> <p>The review team heard that the department was staffed by a consultant body of 22, 16 whole time equivalent (WTE) foundation and core training and junior clinical fellow grades, and 18 WTE higher training and senior clinical fellow grades. There were an additional two trust grade doctors.</p> <p>The review team heard that trainees had access to a range of gynaecological and obstetric training opportunities, including urogynaecology, hysteroscopic surgery, foetal medicine, and advance labour ward and antenatal practices. It was reported that trainees could attend and, in some cases, lead a broad range of clinics, as well as a number of theatre lists.</p> <p>The review team was pleased to hear that trainees had access to a range of scheduled weekly timetabled education sessions and that there was a culture of on the job learning through teaching-focused board rounds, opportunities for trainees to get</p>	

involved with quality improvement and research projects, audits, and risk management meetings. It was also reported that there was programme-specific teaching for higher, General Practice (GP), and foundation trainees.

GMC NTS 2018 results

Following the publication of the survey results for 2018 the review team heard that the department surveyed all trainees in December 2018, with the questions framed around the red outliers from the survey. The department's own survey returned fairly positive response to questions around the local faculty group, handover, raising and escalating concerns, access to their educational supervisor, and gaps in the rota. Following this survey, the review team heard that the department had refreshed its LFG to include trust grade representation and to meet more frequently on a quarterly basis.

With regard to the open actions on the Trust's HEE visit action plan, the review team heard that a substantive acute gynaecology consultant had been in place since November 2018, addressing the concerns raised at the previous HEE visit in January 2018 that appropriate clinical supervision for trainees had not always been in place.

Similar to the issues around consultant supervision for clinics at the Royal Free site, the review team heard that senior trainees and a named consultant were now in place for all clinics at Barnet. It was reported that arrangements for leading clinics was reaffirmed at local induction for all trainees.

With regard to departmental induction, the review team heard that the department had developed a local induction tailored to the needs of each training cohort. In addition, it was noted that the department had listened to trainee feedback and incorporated these changes where possible. Where trainees had been rostered to start their rotation out of hours, it was reported that these shifts were swapped so that all trainees had had a local induction before they were expected to work at nights or weekends.

The review team was pleased to hear the issues around on the job teaching and teaching ward rounds for gynaecology for junior and GP trainees had been addressed, and that these trainees now had opportunities to observe specialist clinics. Likewise, the review team was pleased to hear that higher trainees now had access to gynaecology theatre lists at Chase Farm Hospital, and regular scanning opportunities in both gynaecology and obstetric settings, with five days protected study leave set aside so that ST1-3 trainees can meet the curriculum requirements to progress their training.

At the previous visit in January 2018 trainees had reported that they were unaware of how to claim for reimbursement of travel costs where they had been required to travel between sites. The review team heard that expenses forms had been sent to all trainees and clinical fellows and that they had been encouraged to claim for any incurred costs but that trainees did not always do so.

In light of the steps to address the red outliers from the 2018 GMC NTS survey and the responses to the action plan from previous HEE visits, the review team heard that the department was confident that the survey results for 2019 would be more positive. It was also noted that in the last year there had been changes within the consultant body, with more education-oriented consultants joining the department. The review

	team also heard that there was a Trust-wide initiative where educational and clinical supervisors were invited to attend sessions on providing feedback, pastoral care, and on the job teaching.	
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Next steps

Conclusion
The review team was impressed by the work the department at Barnet Hospital had done to address the issues that emerged in from the GMC NTS survey in 2018, as well as the work done to address the open actions from previous HEE visits.

Requirements / Recommendations

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

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 Gary Wares, Deputy Postgraduate Dean, North Central and East London
Date:	5 June 2019

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.