

Royal Free London NHS Foundation Trust (Royal Free Hospital)

Obstetrics and Gynaecology

Risk-based review (On-site visit)



Quality Review report

6 February 2020

Final Report

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for health and
healthcare

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Quality Review details

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| Training programme / learner group reviewed | Obstetrics and Gynaecology |
| Number of learners and educators from each training programme | <p>The review team met with:</p> <ul style="list-style-type: none"> - nine trainees, including trainees from the Foundation, GP Vocational Training Scheme and Higher Speciality Training programmes <p>The review team also met with:</p> <ul style="list-style-type: none"> - Divisional Manager; - Divisional Director; - Clinical Director; - College Tutor; - Director of Medical Education; - Head of Quality, Postgraduate Medical Education; and - 11 Educational and Clinical Supervisors <p>The feedback session was attended by the site Medical Director</p> |
| Background to review | <p>HEE conducted this follow up on-site visit to Obstetrics and Gynaecology, including GP – Prog, to the on-site visit in January 2018 and the education lead conversation in May 2019 following the continued poor performance of both programmes in the 2019 General Medical Council National Training Survey. Red outliers were returned for (programme group by site):</p> <p>Obstetrics and Gynaecology:</p> <ul style="list-style-type: none"> - Overall satisfaction; - Reporting systems; - Supportive environment; - Induction; - Adequate experience; - Curriculum coverage; - Educational governance; and - Feedback <p>There were also pink outliers for clinical supervision and clinical supervision out of hours.</p> <p>GP Prog – Obstetrics and Gynaecology:</p> <ul style="list-style-type: none"> - Supportive environment <p>There were also pink outliers for clinical supervision, clinical supervision out of hours, Teamwork, Induction, curriculum coverage, educational governance, and educational supervision</p> |
| Supporting evidence provided by the Trust | <p>Prior to the visit the Trust submitted the following documentation:</p> <ul style="list-style-type: none"> - Departmental update; |

- Local faculty group minutes for October 2019 and January 2020;
- Departmental induction programme schedule;
- Local Survey results; and
- Faculty development day schedule

Summary of findings

The review team thanked the Trust for hosting and facilitating the review. The review team welcomed some of the developments since the previous on-site visit in January 2018 and the subsequent ELC in August 2019. However, the review team was alarmed at the impact the gynaecology 'hot week' on-call consultant arrangement had on trainees, resulting in the issuance of an Immediate Mandatory Requirement:

- Trainees reported that the on-call 'hot week' consultant occasionally did not have operating competencies. This put onus on trainees to identify the covering consultant. Trainees found this to be a significant source of stress and anxiety.

The review team acknowledged the second on-call consultant arrangement, but it was not clear that this was fully recognised by trainees.

The Trust must develop a clear escalation pathway that provides the necessary direct, clinical, operative supervision removing the need for trainees to canvass a series of individuals to provide said cover. This must apply 24 hour per day

The review team also identified the following areas in need of improvement:

- The review team was concerned to hear that O&G specialty programme trainees were not getting the allocated theatre lists commensurate with their curriculum requirements. Feedback from trainees suggested that the allocation of trainees to theatre lists was seemingly at random and unequitable. The visit team acknowledged the rich and unique outpatient clinical material; however, this must not distract from the ability of the department to provide basic, operative and procedural competencies; and
- The review team heard that GP trainees did not have enough access to specialist O&G clinics that would have more long-term benefit for their careers in general practice

The Trust will be required to review the rota and trainees' job plans to ensure that clinical duties are allocated in line with trainees' experience and curriculum requirements.

However, the review team was encouraged to hear that:

- Trainees unanimously agreed that the departmental induction had been thorough and prepared them well for working in the clinical environment;
- There were a number of consultants who trainees felt were highly supportive and keen to develop the education and training programmes for all trainee cohorts; and
- recent appointments had eased the persistent rota gaps and the review team looked forward to seeing the expected positive impact this would have on the delivery of education and training.

Quality Review Team

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| HEE Review Lead | Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London | Head of School | Mr Greg Ward, Head of School, London School of Obstetrics and Gynaecology |
| Foundation School | Dr Keren Davies, North Thames Foundation School Director | GP Representative | Dr Joe Rosenthal, Royal Free Vocational Training Scheme Director |
| Lay Representative | Sadhana Patel, Lay Representative | HEE Representative | Paul Smollen, Deputy Head of Quality, Patient Safety and Commissioning |
| HEE Representative | John Marshall, Deputy Quality, Patient Safety and Commissioning Manager | | |

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

The Trust gave the review team an overview of the changes it had implemented since the education lead conversation in August 2019.

The review team heard that the departmental induction had been revised following trainee feedback to ensure that it was appropriate for all trainee cohorts, with specific aspects tailored to individual trainee group curriculum requirements. It was reported that feedback from trainees since the implementation of the revised induction from was positive.

The review team heard that there had been rota gaps at consultant – five whole-time equivalent (WTE) posts - and training grade level – two WTE posts – and that these had negatively impacted upon the education and training experience. The review team was pleased to hear that these gaps had now mostly been filled and had put the department back on a sustainable footing to better facilitate and support education and training. It was noted that where gaps in the rota did occur, particularly out of hours, that there was a pool of trusted locum doctors that the department used or that one of the consultants would stay on-site.

It was reported that the department operated a minimum staffing model with services adapted to reflect the numbers of staff on shift. The review team heard that clinic lists were reduced or cancelled in the event that appropriate staffing and supervision could not be guaranteed. In the daytime the review team heard that a gynaecological 'hot week' consultant was rostered, with a second consultant designated as the on-call 'hot week' consultant to ensure clinical coverage. It was reported that this arrangement would become substantive from April 2020 following the implementation of new rotas and consultant job plans. On the gynaecology and postnatal wards it was reported that consultant cover was available 08:00 to 20:00 on weekdays, and from 08:00 to 14:00 at weekends. The review team heard that there was 24-hour consultant cover on the labour ward, including on-call cover.

In terms of curriculum coverage, the review team heard that the department offered trainees curriculum appropriate clinical learning opportunities. The review team heard that GP trainees were assigned to clinics as a priority, whilst higher specialty programme trainees had more theatre opportunities. It was noted that trainee opportunities to get acute gynaecology experience had been an issue and was evident in the most recent staff survey. However, it was felt that with trainees having the option to get this experience at either Barnet or Chase Farm Hospitals that sufficient training opportunities were available.

The review team heard that to address any cultural issues within the department, particularly where inappropriate trainer/trainee interactions had occurred, that a workshop around professional behaviour and communication and providing constructive feedback in the workplace had been held for all of the consultants. It was reported that all of those in attendance found the session to be valuable and it was hoped that a similar or follow-up session would be held in the future. It was also reported that a new cohort of educational supervisors, and support for these in their job plans, would follow the implementation of the new curriculum. As well as

support for trainees, it was also noted that junior non-training grade doctors would also be assigned an educational supervisor.

The review team welcomed the action taken by the department to date. However, it was unclear to the review team whether the workload in the department was high enough to support the relatively high number of trainees in the department when compared to the 3200 deliveries in the department per year. It was reported that there were 17 trainees in the department – two foundation year 2s, three general practice specialty training years 1-2 (ST1-2), one ST1-2 specialty trainee, and 11 ST3+ trainees. The review team heard that although the number of deliveries was low compared to Barnet Hospital and other Trusts, the department saw a high volume of patients with more complex medical needs that benefitted from the specialist medical care across a range of services available at the Royal Free Hospital. The review team heard that there were a broad range of theatre opportunities across the Trust to meet all trainees needs in terms of case numbers and clinical variance, including elective caesarean lists and termination lists.

It was recognised by the trust that more could be done to improve the training experience of foundation trainees. It was acknowledged that foundation trainees had their education and training requirements considered once the rota had been designed to meet service provision requirements.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

| Ref | Findings | Action required? Requirement Reference Number |
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| O&G 1.1 | <p>Patient safety</p> <p>The review team heard of no specific concerns for patient safety.</p> | |
| O&G 1.2 | <p>Appropriate level of clinical supervision</p> <p>The review team was pleased to hear that clinical supervision was generally good and that trainees felt well supported. Trainees who had worked in the department previously reported that clinical supervision had noticeably improved from previous experiences. Trainees also noted that clinical pathways were clear and well communicated.</p> <p>It was broadly agreed among all trainees that the review team met with there were some consultants in the department that were disengaged from the delivery of</p> | |

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| | education and training. In contrast, there were some among the consultant body whom trainees unanimously agreed were committed to their roles as educators. | |
| O&G 1.3 | <p>Rotas</p> <p>The review team heard that responsibility for designing the trainee rota was planned to be handed back to a higher specialty programme trainee. Both trainees and the educational supervisors (ES) felt that this would have a positive impact on ensuring appropriate curriculum-based clinical experience and protected time for scheduled teaching would be factored into the rota. It was reported that the rota was currently being coordinated by one of the clinical fellows who – through no fault of their own – was not attuned to trainees’ training and curriculum requirements.</p> | |
| O&G 1.4 | <p>Induction</p> <p>The review team heard that trainees found both the Trust and departmental inductions to be good. It was noted that both of these were said to have improved from previous iterations.</p> | |
| O&G 1.5 | <p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The review team heard that higher specialty programme trainees felt that they were missing out on gynaecology theatre opportunities to Advanced Skills Training Modules (ASTM) trainees. It was reported that ASTM trainees received favourable access to gynaecology theatre lists. It was also noted that there were clinical fellows and Trust-grade doctors with specialist interest areas that were in competition for the same clinical experiences. The situation as described by trainees suggested that the allocation of trainees to theatre lists was seemingly at random and unequitable.</p> <p>The review team was disappointed to hear that some trainees did not have the requisite basic, operative and procedural competencies commensurate with their level of training. The review team acknowledged the rich and unique outpatient clinical opportunities available to trainees; however, this must not distract from the ability of the department to provide trainees with core skills.</p> <p>It was reported that GP trainees in particular valued the broad range clinics available and the broad range of clerking entailed when being on-call. It was acknowledged by both trainees and the ES’ that the variety of clinics trainees could potentially attend was broad and were not being maximised.</p> | <p>Yes, please see O&G1.5a</p> <p>Yes, please see O&G1.5b</p> |
| O&G 1.6 | <p>Protected time for learning and organised educational sessions</p> <p>The review team heard that there were a range of scheduled teaching sessions that trainees could attend. It was reported that there was consultant-led departmental teaching on Tuesdays, a journal club on Wednesdays, junior doctor teaching on Thursdays, and a multidisciplinary team (MDT) meeting on Fridays that trainees found to be a valuable forum to discuss complex cases from a multiprofessional viewpoint.</p> | |
| O&G 1.7 | <p>Access to simulation-based training opportunities</p> <p>The review team heard that gynaecological MDT simulation exercises were held.</p> | |
| O&G 1.8 | <p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The review team did not hear of any concerns from the higher specialty programme trainees around access to their ES. However, it was noted that GP trainees could find accessing programme-specific support challenging at times, but the review team was</p> | |

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| | satisfied that GP-specific support was available on-site through a named GP clinical supervisor. | |
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2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

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| O&G 2.1 | <p>Impact of service design on learners</p> <p>The review team heard that the gaps in the department's staffing had a negative impact on trainees, particularly when holding several bleeps – sometimes on days when they were not the designated holder – as well as having to cover multiple wards and clinical areas. It was also reported that there had been occasions when the time came to handover the bleep and for there to be no one ready to accept it. The review team was particularly disappointed to hear that on occasion consultants had been known to refuse taking the bleep.</p> <p>The review team heard that some of the consultants did not have the requisite surgical competencies to fully cover the service when they were the designated 'hot week' consultant, putting the onus on trainees to identify the covering consultant. Trainees reported this to be a significant source of stress and anxiety. The review team acknowledged that a second on-call consultant was rostered to address this, but it was not clear that this was fully recognised by trainees. The review team felt that this had not been communicated effectively to trainees.</p> <p>Trainees also reported that split-site working at either Barnet Hospital or Chase Farm Hospital had a negative impact. Trainees cited the time it took to get between sites, and it was also noted that trainees had been asked at short notice to cover clinical gaps across the Trust. The review team heard that these issues were exacerbated for those working less than full time and those dependent on public transport.</p> <p>The clinical and educational supervisors the review team met with suggested that there was an opportunity to review how education and training were delivered by identifying ways to recognise on the job learning and similarly encouraging trainees to alter their expectations in light of this. It was also noted that theatre opportunities had been reduced due to combination of rolling theatre refurbishments across the Trust and due to staffing gaps that meant trainees were not considered for elective caesarean lists.</p> | Yes, please see O&G2.1 |
| O&G 2.2 | <p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team heard that there was a well-established local faculty group for raising concerns around education and training. Trainees also reported that they felt that they would be well supported by their ES in the event of having to raise any issues with them.</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 to achieve the learning outcomes required.
- 3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.3 Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4 Learners receive an appropriate and timely induction into the learning environment.
- 3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

O&G
3.1

Behaviour that undermines professional confidence, performance or self-esteem

The review team was pleased to hear of no reported instances of bullying or undermining behaviour.

4. Supporting and empowering educators

HEE Quality Standards

- 4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2 Educators are familiar with the curricula of the learners they are educating.
- 4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4 Formally recognised educators are appropriately supported to undertake their roles.

N/A

5. Delivering curricula and assessments

HEE Quality Standards

- 5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

N/A

6. Developing a sustainable workforce

HEE Quality Standards

- 6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.
- 6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

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| O&G 6.1 | Learner retention The review team was pleased to hear that all trainees it met with would recommend their training posts to their peers. | |
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Good Practice and Requirements

Good Practice

N/A

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|--------------|--|---|--------------|
| O&G2.1 | <p>Trainees reported that the on-call 'hot week' consultant occasionally did not have operating competencies. This put onus on trainees to identify the covering consultant. Trainees found this to be a significant source of stress and anxiety.</p> <p>The review team acknowledges the second on-call consultant arrangement, but it was not clear that this was fully recognised by trainees.</p> | The Trust must develop a clear escalation pathway that provides the necessary direct, clinical, operative supervision removing the need for trainees to canvass a series of individuals to provide said cover. This must apply 24 hour per day. | R1.7 |

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|--------------|---|--|--------------|
| O&G1.5 a | The Trust is required to ensure that higher specialty trainee job plans are designed to include the requisite clinical opportunities (theatre lists and clinics) needed to meet their curriculum criteria. | Please provide HEE with an update on how the Trust plans to ensure that trainees have appropriate opportunities to meet their curriculum requirements. | R1.15 |
| O&G1.5 b | The Trust is required to ensure that foundation and GP trainee job plans are designed to include the requisite clinical opportunities (theatre lists and clinics) needed to meet their curriculum criteria. | Please provide HEE with an update on how the Trust plans to ensure that trainees have appropriate opportunities to meet their curriculum requirements. | R1.15 |

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

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

Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

| Rec. Ref No. | Recommendation | GMC Req. No. |
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| | N/A | |

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

| Requirement | Responsibility |
|-------------|----------------|
| N/A | |

Signed

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| By the HEE Review Lead on behalf of the Quality Review Team: | Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London |
| Date: | 13 May 2020 |

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.