

**King's College Hospital NHS Foundation
Trust (Princess Royal University Hospital)
Obstetrics and Gynaecology
Risk-based Review (education lead
conversation)**



Quality Review report

14 February 2020

Final

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Quality Review details

Training programme	Obstetrics and Gynaecology (O&G)
Background to review	This review was requested to discuss the GMC NTS 2019 results for O&G with the Trust, specifically relating to the Princess Royal University Hospital site.
HEE quality review team	<p>Anand Mehta Deputy Postgraduate Dean, HEE South London</p> <p>Sonji Clarke Deputy Head of School, London School of O&G</p> <p>Charlotte Kingman Training Programme Director and O&G Consultant</p> <p>Alex Drewett Medical Education Fellow, HEE London</p> <p>Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager, HEE London</p>
Trust attendees	<p>Clinical Director for Women's, Children's and Core Services</p> <p>Service Director</p> <p>Director of Medical Education</p> <p>Senior Medical Education Manager</p> <p>Deputy Medical Education Manager</p> <p>College Tutor/ Educational Lead for O&G</p> <p>Rota Coordinator</p> <p>O&G Consultants</p>

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
OG1	<p>GMC NTS results</p> <p>The review team explained that the purpose of the quality review was to discuss the 2019 General Medical Council National Training Survey (GMC NTS) results and the Trust's response to these. The Trust representatives identified five areas which had been targeted for improvement: overall satisfaction, curriculum coverage, rota design and induction. The Clinical Director (CD) noted that the previous quality review was shortly before the 2019 NTS so some of the improvement work done following the review had not taken full effect by the time of the survey. However, the CD felt that morale in the department had significantly improved since then and that successful recruitment to previously vacant posts had helped to ease workloads and pressure on consultants and trainees.</p>	

OG2	Curriculum coverage and teaching	
	<p>The Trust representatives advised that the unit was able to provide a wide range of learning experiences and that for certain procedures, for example specialist cervical cerclage, trainees could go to the King's College Hospital site. It was suggested that the issues raised in the NTS around access to curriculum coverage were largely due to rota gaps and the resulting pressure on trainees to provide service over accessing training. The review team heard that following this feedback, if trainees were rostered to attend teaching or another learning opportunity then they were not moved to cover gaps in service elsewhere, unless there was very late notice of staff sickness. For gaps which were known about in advance, consultants could provide cover where possible, or services could be cancelled if necessary.</p> <p>The College Tutor reported that they and another consultant had begun offering additional one-hour scanning sessions every two weeks prior to the start of morning clinics. Trainees could sign up to attend these. The Rota Coordinator advised that additional operating lists had been created for trainees which provided more opportunities for them to act as first operator.</p> <p>In response to feedback around the timing of local teaching sessions, the department had introduced twilight teaching sessions once per month which were led by the consultant on call, with cover by the higher trainee on call if the consultant was required to go to labour ward or theatre. This timing meant that trainees were available to attend. Trainees were given time off in lieu if they attended the twilight teaching sessions as they fell outside their rostered hours, but the College Tutor noted that this did not impact negatively on the rota as it removed the need to plan clinical activities around protected teaching time during the day. The Trust representatives indicated that early feedback around this teaching had been positive and attendance was increasing each month, but that formal feedback would be sought through an internal survey.</p> <p>General Practice (GP) trainees in Obstetrics and Gynaecology (O&G) had a weekly GP teaching day and the College Tutor reported that rotas were planned so that trainees could attend if they were not on call. The Rota Coordinator advised that it was difficult to ensure protected time for GP teaching due to the need to cover the rota and balance on call commitments across the team, but that in general shift swaps could be arranged if these were requested in advance. GP trainees were also able to attend the twilight O&G teaching sessions.</p> <p>There were locally employed doctors (LEDs) and senior associate specialists (SASs) working in the department on the same rotas as the junior and higher trainees. The CD explained that all junior doctors had educational supervisors, had access to learning opportunities and could attend teaching and study days. The CD noted this support and development was good for staff retention and that in recent years four LEDs and SAS doctors had gone on to take up consultant roles in the department.</p>	
OG3	Handover	
	<p>The College Tutor reported that the department had encouraged trainees to volunteer to be a handover champion and participate in forming a working group to improve handover. It was hoped that this would encourage more input from trainees around making handover a better teaching opportunity. The review team heard that the labour ward handover was multidisciplinary and worked well in terms of service provision, but</p>	

	because it was midwifery-led the trainees had few opportunities to develop skills around leading and participating in handover. The Director of Medical Education (DME) suggested that this could be raised at a local faculty group (LFG) to encourage participation. The review team agreed that it was valuable for trainees to help drive quality improvement and to build skills around handover.	
OG4	<p>Rotas and staffing</p> <p>The CD acknowledged that ensuring the rota was covered had been a challenge for the department, particularly as the number of trainees could vary between years and there were increasing numbers of less than full-time trainees. The Rota Coordinator explained that it was often difficult to recruit to less than full-time posts, so there were often partial gaps in the rota. The review team encouraged the Trust representatives to raise this issue at the Specialty Training Committee (STC) meeting, as STCs in other parts of London had identified solutions to this issue. Four higher trainees were due to leave the department in April 2020 to complete their training or pursue sub-specialty training, so further rota gaps were anticipated and the Trust representatives were considering ways to manage these.</p> <p>The revised junior doctor contract and the impact of this on the rota was discussed. It was noted that the rota had been redesigned shortly before the legal requirements changed in October 2019 so fewer changes were needed. These included giving trainees below specialty training level three (ST3) an additional day off each month and giving trainees at ST3 and above an additional half day in between working weekend nights and subsequent shifts (to comply with the requirement that trainees' working hours should not exceed 72 in a 168 hour period). The review team heard that there was enough flexibility in the rota to cope with issues such as short-term sickness, as staffing levels had improved, there were a good number of locum doctors who could provide cover and consultants were prepared to cover for junior doctors if necessary.</p> <p>The College Tutor advised that the Trust was seen as a positive place to work and that there was little difficulty in attracting candidates when posts were advertised. The Trust had hosted junior doctors in O&G through the Medical Training Initiative (MTI) in the past, and these doctors had worked between the Princess Royal University Hospital and King's College Hospital sites. The Rota Coordinator noted that most delays in recruitment related to internal approval processes or issues such as visa processing. The review team was aware that there had been delays in the past when the Health Education England (HEE) Health Education Team had not provided trainee details to the Trust 12 weeks in advance of the rotation start date (in accordance with HEE's code of practice), or allowed unfilled training posts to be released for recruitment eight weeks prior to the rotation. The review lead informed the Trust representatives that this issue was being addressed.</p> <p>The review team enquired whether the department had considered incorporating non-medical roles in order to ensure there were sufficient team members to run the service. The review lead suggested that having prescribing pharmacists, physician associates or advanced nurse practitioners could help to reduce the amount of routine, ward-based tasks required of the trainees. The College Tutor acknowledged that the potential for these roles had not been explored fully within O&G, although there were a range of non-medical roles in other departments at the Trust. The Trust had a well-established physician associate training programme and planned to expand the</p>	<p>Yes, please see action OG4</p> <p>Yes, please see Other Actions</p>

	<p>prescribing pharmacist workforce. The review team encouraged the Trust representatives to contact the HEE Workforce Transformation team for assistance around this and in identifying ways to diversify the workforce and create new roles without this leading to competition for training opportunities.</p> <p>The CD described improving the working environment as a priority, in order to retain staff and trainees, attract new staff and encourage good morale and teamworking. The review lead commended the Trust for the work done to identify solutions and protect training while managing staffing levels.</p>	
OG5	<p>Governance</p> <p>The review team heard that the department had LFG meetings every four months. The dates and agendas for meetings were published in advance and the CD reported that the NTS results, quality improvement work and potential projects for trainees had been discussed at recent meetings. The meeting included an open session which included a trainee representative and a closed session for clinical and educational supervisors. The College Tutor advised that minutes were circulated after the meetings, including to the trainee representative with the expectation that they would distribute these to the other trainees. The Trust representatives felt that this was a useful forum for trainees to give feedback and identify issues which affected them as a group, rather than surveys which often picked up individual issues. In addition, the department had a suggestion box, but the College Tutor reported that this was not used frequently.</p>	Yes, please see action OG5

Next steps

Conclusion

The review team thanked the Trust for facilitating the review and commended the work done to address the issues raised by the GMC NTS results. Some recommendations were made to assist with further improvements. HEE will review the results of the 2020 GMC NTS and the next National Education and Training Survey (NETS) to determine whether the issues have been sufficiently resolved and consider whether further intervention is needed.

Good Practice and Requirements

Good Practice

The department held regular LFG meetings, advertised with set agendas for the year.

Additional ultrasound training sessions had been put in place to ensure ultrasound training needs were addressed.

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.
	None		

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.
	None		

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.
OG4	The Trust representatives are advised to discuss the arrangements for allocation of less than full-time trainees at the next STC meeting.	R2.3
OG5	The review lead advised that the NTS results, quality improvement work and opportunities for audit and other projects should be standing items on the LFG agenda.	R1.22

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

Requirement	Responsibility
The Trust is advised to contact the HEE Workforce Transformation team to discuss potential non-medical staffing solutions. In addition, Guy's and St Thomas' NHS Foundation Trust has undertaken some work around this and the Trust is advised to liaise with the team there. The Workforce Transformation team can help to facilitate this.	Trust/HEE

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Anand Mehta
Date:	18 May 2020

What happens next?

We will add any requirements or recommendations generated during this review to the Quality Management Portal. These actions will be monitored via our usual action planning process.