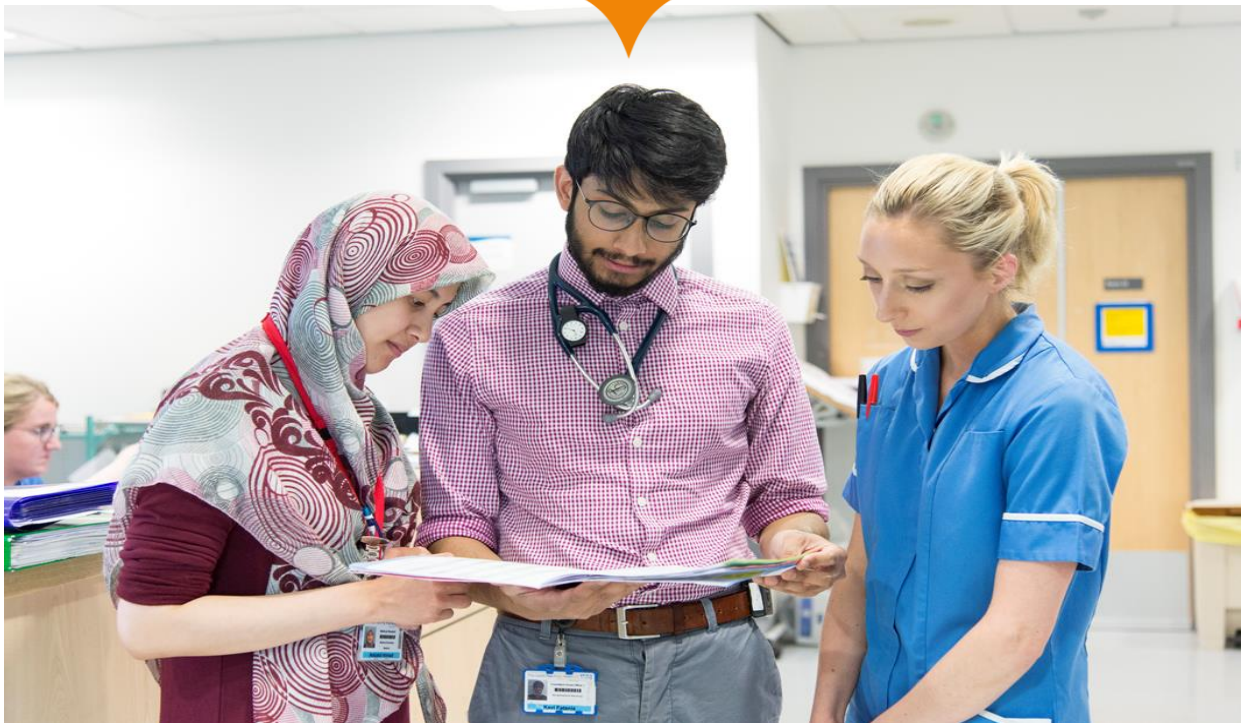


HEE Quality Interventions Review Report

**Royal Free London NHS Foundation Trust
Obstetrics and Gynaecology
Educator Review**



HEE London

23 September 2021

Final Report 16 November 2021

Review Overview

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|---|--|
| Background to the review: | <p>This follow-up Educator Review was scheduled for Obstetrics and Gynaecology at Royal Free Hospital due to concerns raised at a multiprofessional review of Maternity Services to the Trust on 01 July 2021. The review generated three Immediate Mandatory Requirements (IMRs) around lack of consistent consultant supervision for higher trainees and foundation trainees in clinics, and lack of trainee access to consultant ward rounds twice daily on the labour ward.</p> <p>There were also some concerns raised around insufficient gynaecology operations and deliveries at Royal Free Hospital for trainees at Specialty Trainee Grade three to five (ST3-5) to obtain adequate curriculum coverage. HEE proposed that the Trust consider six-monthly rotations between sites for middle grade trainees to ensure that they were able to cover all required areas of the curriculum.</p> <p>HEE sought to approach this Educator Review as a supportive, collaborative discussion around Obstetrics and Gynaecology training at the Trust.</p> |
| Subject of the review (e.g. programme, specialty, level of training, healthcare learner group) | <p>Obstetrics and Gynaecology</p> |
| Who we met with: | <p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> - Director of Medical Education (Royal Free Hospital) - Director of Medical Education (Barnet Hospital) - Divisional Director - Clinical Director (Royal Free Hospital) - Clinical Director (Barnet Hospital) - Two College Tutors (Royal Free Hospital and Barnet Hospital) - Divisional Operations Manager - Guardian of Safe Working Hours (Barnet Hospital) - Medical Education Manager - Head of Quality PGME - Three obstetrics and gynaecology trainee representatives |
| Evidence utilised: | <p>The review team utilised the following evidence for this review:</p> <ul style="list-style-type: none"> - OG LFG Minutes 23 Apr 2021 |

Review Panel

| Role | Name / Job Title / Role |
|---|--|
| Quality Review Lead | Dr Bhanu Williams Deputy Postgraduate Dean for North London |
| HEE Head of Specialty School of Obstetrics and Gynaecology | Dr Greg Ward Head of School for Obstetrics and Gynaecology |
| Lay Representative | Robert Hawker Lay Representative |
| HEE Quality Representative | Nicole Lallaway Learning Environment Quality Coordinator |
| GMC Representative | Lucy Llewellyn Education Quality Assurance Programme Manager |
| GMC Representative | Craig Steele Consultant in Obstetrics and Gynaecology/GMC Enhanced Monitoring Associate |
| Observer | Hazel Minihane Quality, Patient Safety and Commissioning Officer |

Executive summary

This Educator Review was organised as a collaborative discussion around obstetrics and gynaecology training at Royal Free London NHS Foundation Trust. The HEE review team sought to discuss progress against some of the concerns around clinical supervision in clinics and the culture within the department, as well as plans for the allocation of ST3-5 trainees between Royal Free Hospital and Barnet Hospital. The review team were particularly interested in understanding how middle grade trainees at ST3-5 would be able to receive adequate experience in their placement pertaining to deliveries and gynaecological operations required by their curriculum.

The review team were pleased to hear that work was actively being done to improve the culture of the department and that work had been done to address concerns around clinical supervision, with clinics now being cancelled if consultants were on annual leave.

However, the review team were concerned to hear that Foundation trainees would see patients alone and that while consultant supervision was available externally, patients would not always see a consultant. It was felt that this could be detrimental to patient safety.

The Trust reported on their plans to reallocate a number of middle grade trainees at ST3-5 to Barnet Hospital from October 2022, and in the interim, middle grade trainees would be offered occasional days on the labour ward at Barnet Hospital as required, if they were not receiving enough experience at Royal Free Hospital. The HEE review team were unpersuaded by the Trust's plan in the interim, and seek reassurance that trainees are receiving adequate experience by the monthly submission of trainee logbooks. If HEE remain unconvinced by January 2022, ST3-5 trainees will be reallocated to Barnet Hospital in April 2022 as originally suggested by HEE.

HEE intend to revisit Royal Free Hospital in January 2022 for a follow-up Learner and Educator Review.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section. Requirements identified should be succinct, SMART and not include the full narrative from the detailed report. Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider.

| Immediate Mandatory Requirements Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales | | |
|--|-------------------------------|-------------------------------------|
| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| | N/A | |
| Requirement Reference number | Progress on immediate actions | Required Action, timeline, evidence |
| | N/A | |

| Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions. | | |
|---|---|--|
| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| OG1.4 | It was concerning to hear that patients reviewed by Foundation trainees were not automatically reviewed in person by the consultant. The review team felt that this could have a negative impact on patient safety. | The Trust is required to ensure that any patient seen by a Foundation trainee is also seen by a consultant afterwards. Please submit trainee feedback in the form of Local Faculty Group minutes or another form of feedback that this is no longer happening in clinic by the next Quality Management Portal (QMP) reporting cycle. |
| OG5.1 | The review team were not reassured from the Trust's interim plan that Royal Free Hospital trainees from ST3-5 would receive adequate curriculum coverage in the coming year. | <p>The Trust is required to send monthly submissions of ST3-5 trainee logbooks directly to the Training Programme Director for review between on the 28th of each month, October 2021-January 2022. Please also submit all logbook evidence by the next QMP deadline.</p> <p>If HEE are not reassured that middle grade trainees are receiving enough experience in Royal Free Hospital, HEE will reallocate the trainees to Barnet Hospital in April 2022.</p> |

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

| Recommendation | |
|---------------------------------|----------------|
| Related Domain(s) & Standard(s) | Recommendation |
| | None |

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

| Learning environment / Prof. group / Dept. / Team | Good practice | Related Domain(s) & Standard(s) |
|--|---------------|---------------------------------------|
| | N/A | |

HEE Quality Standards and Domains for Quality Reviews

| Domain 1 - Learning environment and culture | | |
|--|---|------------------------------|
| <p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p> | | |
| HEE Standard | HEE Quality Domain 1 - Learning Environment & Culture | Requirement Reference Number |
| 1.2 | <p>Bullying and undermining</p> <p>It was encouraging to hear that work had been done to address cultural issues around the behaviour of a small number of the consultant body identified at the previous Learner and Educator Quality Review in July 2021. The Divisional Director reported that they had met with the individual consultants concerned to discuss issues raised by the trainees and agreed to have an individual behaviour contract attached to their appraisals. Additional organisational development work had been implemented to improve the culture of the department which included the coordination of multiprofessional sessions in work-based culture training and active bystander training for both consultants and midwives within the obstetrics and gynaecology department in Royal Free Hospital.</p> <p>The review team were pleased to hear from trainee representatives in attendance at the review that there had been no issues pertaining to the behaviour of consultants or midwives since the previous HEE Quality Review on 01 July 2021.</p> | |
| 1.4 | <p>Appropriate levels of Clinical Supervision</p> <p>The review team opened up a discussion about clinical supervision and access to consultants on-call at the Royal Free Hospital following concerns at the previous Learner and Educator Review on 01 July 2021. The Trust reported that within two weeks of the last review, it had implemented the process for gynaecology clinics to be cancelled when the consultant was on annual leave, or it was a 'hot-week'. The Trust also reported that two antenatal clinics were run at the same time, which ensured that consultant supervision was always available, even if one of the two rostered consultants was not available. The review team heard that if both consultants were on annual leave at the same time, that clinics would be cancelled. However, an instance was identified by the Trust where a consultant list was cancelled, and the clinic list was overbooked for a registrar. The review team heard that this was escalated, and they were able to provide consultant support to the trainee.</p> <p>Trainee representatives from the Royal Free Hospital at the review reported that they obtained good clinical experience and felt that there was always a consultant available if they needed support in clinic. This included either consultant support in the clinic or a consultant from the labour ward. However,</p> | |

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| | <p>the review team heard from the Foundation representative that they felt they did not get enough clinic experience and would benefit from more exposure during their placement. This issue was corroborated by the Trust, and it was reported that due to rota gaps, they were unable to provide more outpatient clinical experience.</p> <p>The review team heard from a trainee representative from Barnet Hospital that they received adequate exposure to clinics and that clinical supervision was generally good, however it reportedly varied among different consultants. The review team heard that some consultants would triage a clinic and identify appropriate cases for trainees, while other consultants provide limited support, and some trainees may not know what patients were coming to a clinic. Despite this, it was reported that there was a positive atmosphere among the consultant body and that they were able to access support where required.</p> <p>The review team were concerned to hear that Foundation trainees would see patients on their own in antenatal clinics. It was reported that while this happened, consultant or registrar support was available, and the trainees were able to meet with them to discuss and agree the patient's plan. However, it concerned the review team that patients only met with Foundation trainees and would not meet with a consultant during their time in antenatal clinic. While the Trust reported that consultants triaged cases and allocated Foundation trainees to straightforward cases, it was felt that this could have a negative impact on patient safety if a case was complex and a consultant did not meet with the patient directly.</p> | Yes, please see OG1.4 |
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Domain 2 – Educational governance and leadership

- 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.

| HEE Standard | HEE Quality Domain 2 – Educational Governance and Leadership | Requirement Reference Number |
|--------------|--|------------------------------|
| | Domain not discussed at review | |

Domain 3 – Supporting and empowering learners

- 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.

| HEE Standard | HEE Quality Domain 3 – Supporting and empowering learners | Requirement Reference Number |
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| | Domain not discussed at review | |

Domain 4 – Supporting and empowering educators

- 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.

| HEE Standard | HEE Quality Domain 4 – Supporting and empowering educators | Requirement Reference Number |
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| | Domain not discussed at review | |

Domain 5 – Delivering curricula and assessments

- 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.

| HEE Standard | HEE Quality Domain 5 – Developing and implementing curricula and assessments | Requirement Reference Number |
|--------------|--|------------------------------|
| 5.1 | <p>Placements must enable learners to meet their required learning outcomes</p> <p>The review team heard that from October 2022, the Trust proposed to alter the complement of trainees between the two sites by reallocating four ST3-5 trainees from Royal Free Hospital to Barnet Hospital. The Trust also reported that it would look into moving four locally employed doctors (LEDs) from Barnet Hospital to Royal Free Hospital to cover the rota gaps made by this change. The review team heard that this would result in increased exposure to deliveries and gynaecological operations as required by the middle grade trainees' curriculum, as there would be fewer ST3-5 trainees on the Royal Free Hospital site. The review team agreed that HEE would work with the Trust and the Training Programme Director (TPD) to reallocate trainees for October 2022.</p> <p>It was recognised that there needed to be an alternative plan for the coming cohort of obstetrics and gynaecology trainees from October 2021-2022, as it was currently too late notice to make a major change in rotations for the coming cohort. The review team therefore heard that in the interim, middle grade trainees would be able to access occasional ad-hoc sessions at Barnet Hospital if they weren't getting enough experience at Royal Free Hospital. The Trust reported that this could be offered bi-weekly for middle grade trainees and that this would include working on the labour ward. Trainee representatives at the review reported that in the interim, they understood that they would have a monthly meeting with their educational supervisor</p> | |

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| | <p>where they could arrange to work on the Barnet Hospital site to get additional experience on the labour ward. The review team heard that this would be offered on a case-by-case basis for trainees. It was also reported that at three to four months into their training, junior trainees would meet with their educational supervisor to assess their training and decide if more experience was required at Barnet Hospital.</p> <p>The review team were not persuaded that the Trust plan would enable ST3-5 trainees to gain adequate curriculum coverage from October 2021-22. The review team therefore require monthly submissions of ST3-5 trainee logbooks for scrutiny by the TPD, to ensure that junior trainees are receiving enough experience for their curriculum. If by January 2022, HEE are not convinced that trainees are getting enough experience in gynaecological operations and deliveries specifically, junior trainees will be reallocated in April 2022 to Barnet Hospital.</p> | Yes, please see OG5.1 |
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| Domain 6 – Developing a sustainable workforce | | |
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| <p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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 of patients and service.</p> <p>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.</p> | | |
| HEE Standard | HEE Quality Domain 6 – Developing a sustainable workforce | Requirement Reference Number |
| | Domain not discussed at review | |

Report sign off

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| Quality Review Report completed by <i>(name(s) / role(s)):</i> | Nicole Lallaway Learning Environment Quality Coordinator |
| Review Lead name and signature: | Dr Bhanu Williams Deputy Postgraduate Dean for North London |
| Date signed: | 07 October 2021 |

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| HEE authorised signature: | Dr Gary Wares Postgraduate Dean for North London |
| Date signed: | 12 November 2021 |

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| Date final report submitted to organisation: | 16 November 2021 |
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and, where that is the case, these can be found on HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups