

HEE Quality Interventions Review Report

North Middlesex University Hospital NHS Trust General Practice Programme – Obstetrics and Gynaecology Learner Review



HEE London

Date of visit: 25 November 2021

Date of Report: 22 December 2021

Review Overview

Background to the review:	<p>This risk-based review was scheduled due to poor performance in the 2021 General Medical Council (GMC) National Training Survey for GP Programme - Obstetrics and Gynaecology (O&G) at North Middlesex Hospital.</p> <p>The survey results returned the following red outliers:</p> <ul style="list-style-type: none"> • Clinical Supervision • Clinical Supervision out of hours • Teamwork • Supportive Environment • Induction
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>GP Programme – O&G</p>
Who we met with:	<p>The review panel met with seven specialty training year one (ST1) and ST2 trainees from the GP O&G Programme.</p>
Evidence utilised:	<p>The Trust submitted a range of supporting documentation ahead of the Learner Review. This included:</p> <ul style="list-style-type: none"> • Antenatal Clinic Handbook • Faculty Meeting Minutes – 1 November 2021 • Junior Doctor Booklet • Induction Programme – August 2021 • Rota guidance and copy of November 2021 Rota

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central London
Specialty Expert	Dr Greg Ward, Head of School of Obstetrics and Gynaecology
Specialty Expert	Dr Sonji Clarke, Deputy Head of School of Obstetrics and Gynaecology
External Specialty Expert (as appropriate)	Dr Nicola Payne Associate Dean – General Practice South London
Lay Representative	Sarah-Jane Pluckrose
HEE Quality Representative	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
HEE Quality Representative	Sebastian Bowen, Quality, Patient Safety and Commissioning

Executive summary

The review panel was pleased to hear trainees describe the department as friendly and supportive, with a welcoming multidisciplinary team. Trainees also reported lots of on the job learning opportunities, particularly out of hours, with consultants and senior trainees willing to provide constructive feedback and discuss cases.

However, the review panel identified the following areas of concern:

- Trainees reported that they were required to consent for procedures that were not commensurate with their level of training and that the unclear expectations of what procedures and presentations they should be consenting for was a source of self-doubt and anxiety.
- Trainees reported that the departmental induction did not prepare them for their placements, with particular focus on the lack of shadowing opportunities to shadow clinics at which trainees themselves would be expected to undertake their own lists.
- Trainees reported that no departmental teaching programme was in evidence and that only in the lead up to this quality review had a senior trainee been tasked with developing departmental teaching for GP O&G trainees.

It was particularly disappointing to the review panel that the issues around consenting and induction were still evident as these mirrored concerns heard at a previous HEE quality visit to GP O&G on 15 November 2018.

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
GP O&G 3.1a	The review panel heard that trainees were expected to consent for procedures that they did not themselves know how to undertake. Some of the trainees reported feeling anxious because of this and felt that the procedures they were expected to consent for should have been covered as part of the departmental induction.	<p>The Trust is required to update the GP O&G trainee booklet to include a list of all the procedures that GP O&G trainees could be expected to consent for during the placement.</p> <p>Please provide the updated trainee booklet by 1 March 2022.</p>
GP O&G 3.4a	Trainees were unanimous in their agreement that the departmental induction did not prepare them for their placement. The review panel were disappointed to hear that despite the time given allocated to the departmental induction that trainees did not fully understand what was expected of them in their posts. Trainees reported feeling 'thrown in at the deep end' at the start of their posts on several occasions during the discussion with the review panel.	<p>The Trust is required to develop a trainee induction checklist, including opportunities to shadow clinics and appropriate theatre cases, to be issued alongside the GP O&G trainee booklet.</p> <p>Please provide a copy of the induction checklist by 1 March 2022.</p>
GP O&G 3.4b	As above.	<p>The Trust is required to provide demonstrable trainee feedback from the March 2022 cohort of GP O&G trainees via the local faculty group, or other trainee forum, that the induction checklist is being followed and that trainees are undertaking clinic lists only once they have had opportunities to shadow a senior clinician.</p> <p>Please provide an update by 1 June 2022.</p>

GP O&G 3.4c	The review team was disappointed to hear that trainee attempts to address concerns with the departmental induction had been dismissed. It was not clear during the discussion that trainees had access to an effective pathway for raising concerns about their education and training.	The Trust is required to include a pathway for raising concerns about education and training in the revised induction booklet. Please provide the updated trainee booklet by 1 March 2022.
GP O&G 5.1a	It was reported that no departmental teaching was in place at the start of the current trainee cohort's placements in August 2021 and that only in the weeks leading up to this quality review was departmental teaching offered. Trainees noted that one of the senior trainees had now been tasked with designing and delivering GP O&G training.	The Trust is required support the senior trainee tasked with delivering GP O&G departmental teaching by providing time in their job plan for this task. Please provide demonstrable trainee feedback that this is the case. Please provide an update by 1 March 2022.
GP O&G 5.1b	As above.	The Trust is required to provide an update of the GP O&G departmental teaching programme, including a list of topics covered, along with demonstrable trainee feedback via the LFG that time for the delivery of this teaching is protected on the rota for all trainees to attend. Please provide an update by 1 March 2022.

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
	N/A

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
1.1	<p>Handover</p> <p>The review panel were pleased to hear trainees describe the handover on the labour ward between the day and night teams as thorough, with detailed discussion of each patient.</p>	
1.2	<p>Bullying and undermining</p> <p>The review panel did not hear of any incidences of bullying and undermining and were encouraged to hear that the department and wider multidisciplinary team (MDT) were welcoming and that the culture within the department was good.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review panel were disappointed to hear that direct clinical supervision was routinely not available during clinics. The trainees also reported that they had their own dedicated clinic lists and that these were not reduced if the consultant was unable to attend. However, the trainees did note that all patient consultations were later reviewed by a senior colleague and that during clinics they were able to seek support from the consultant or senior registrar leading the clinic.</p> <p>The review panel heard that opportunities to shadow consultants in clinics were extremely limited, with the majority of trainees stating that they had not shadowed any of their senior colleagues before being required to undertake clinics of their own. Trainees reported that this was a cause for anxiety, particularly at the start of their placements. Trainees described this as 'you don't know what you don't know'. Trainees also reported some instances of being told to refer to Royal College of Obstetricians and Gynaecologists guidance when seeking advice.</p> <p>Trainees did however note that the GP O&G trainee booklet issued to them in advance of their placement had been able to address some of the gaps in their knowledge for topics not covered as part of the induction.</p> <p>The review panel were pleased to hear that there was a constant consultant presence on the labour and gynaecology wards.</p>	Yes, please see Induction subheading

Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
	Not within the scope of this review	

Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Learners being asked to work above their level of competence, confidence and experience</p> <p>The review panel heard that trainees were expected to consent for procedures that they did not themselves know how to undertake. Some of the trainees reported feeling anxious because of this and felt that the procedures they were expected to consent for should have been covered as part of the departmental induction. One trainee did report that when they had been approached for consenting to a procedure they were not capable of undertaking themselves and refused to do so that this was understood and consent was sought from another member of the team.</p> <p>It was noted by the review panel that the issues around consenting were particularly around hysteroscopy and c-sections. It was disappointing to hear that these issues were recurrent, following similar issues being identified at a previous quality visit in November 2018, following which it was understood that the Trust had addressed.</p>	Yes, please see GP O&G 3.1a
3.4	<p>Induction (organisational and placement)</p> <p>The review panel heard that the departmental induction was spread over two days. However, it was not clear to the review panel what was covered in the allotted time.</p>	

	<p>Trainees were unanimous in their agreement that the departmental induction did not prepare them for their placement. The review panel were disappointed to hear that despite the time allocated to the departmental induction that trainees did not fully understand what was expected of them in their posts. Trainees reported feeling 'thrown in at the deep end' at the start of their posts on several occasions during the discussion with the review panel. This was particularly apparent in discussions around the Early Pregnancy Unit.</p> <p>The trainees the review team met with had the impression that the issues that they had found with their induction had been similar for previous cohorts and noted that a booklet developed by former trainees and trust grade doctors had helped to address some of the gaps that the departmental induction did not address.</p> <p>Despite their misgivings about the induction they received, the trainees did note that the department was welcoming and friendly, with clear escalation pathways and readily available support when it was requested. However, this was felt to be more reactive than proactive.</p> <p>To address the issues around their induction, the trainees offered potential solutions to the review panel. This included a clear set of conditions and presentations that they could be expected to consent for during their placement, opportunities to shadow the consultant or a senior in the clinics that they could be expected to see patients, and the opportunity observe in theatre. However, the trainees reported that previous attempts to influence the induction had not been taken seriously by their seniors.</p> <p>The review team were disappointed to hear that trainee attempts to address concerns with the departmental induction had been dismissed. It was not clear during the discussion that trainees had access to an effective pathway for raising concerns about their education and training.</p> <p>It was also noted by the review panel that some trainees started on nights, meaning they were providing service in the department without an induction. The review panel also noted that there may have been a disconnect between what prior experience the educators felt trainees had in O&G settings than was actually the case.</p>	<p>Yes, please see GP O&G 3.4a and GP O&G 3.4b</p> <p>Yes, please see GP O&G 3.4c</p>
3.1	<p>Regular constructive and meaningful feedback</p> <p>The review panel were encouraged to hear that there were lots of opportunities for on the job learning, particularly out of hours, and that senior colleagues were always willing to provide feedback and discuss cases.</p>	

Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number

	Not within the scope of this review	
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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>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>All the trainees the review panel met with agreed that they felt that their role within the department was primarily to deliver services at the expense of their education and training. It was reported that no departmental teaching was in place at the start of the current trainee cohort's placements in August 2021 and that only in the weeks leading up to this quality review was departmental teaching offered. Trainees noted that one of the senior trainees had now been tasked with designing and delivering GP O&G training.</p> <p>The trainees did note that staff shortages may have impacted their workload at the start of their placements in August 2021. The trainees did say however, that they were able to attend their GP VTS teaching on Thursdays, but this did not include any coverage of O&G.</p>	Yes, please see GP O&G 5.1a and GP O&G 5.1b

Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>Trainee feedback on whether they would recommend their training posts to their peers was mixed. A majority of trainees reported that the department was a good place to work and that the MDT was supportive and that now they were settled in the department and were comfortable within their roles that they would recommend their posts to their peers.</p> <p>Trainees reported their frustration that the steep learning curve and insufficient induction at the start of their placements meant that the first two months of their posts were unnecessarily fraught. The review panel</p>	

	<p>welcomed the trainees constructive feedback on what could be done to improve the experience of future trainee cohorts as referenced in the induction section of this report.</p> <p>Trainees also reported some reticence to having their friends and family treated in the unit if they were aware of how anxious some of the trainees had been in their first two months working in the department. However, the trainees were reassured by the review panel that such feelings were common to all doctors, regardless of experience and stage of their careers.</p>	
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Report sign off

Quality Review Report completed by <i>(name(s) / role(s)):</i>	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
Review Lead name and signature:	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central London
Date signed:	22 December 2021

HEE authorised signature:	Dr Gary Wares, Postgraduate Dean, North London
Date signed:	22 December 2021

Date final report submitted to organisation:	22 December 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