

HEE Quality Interventions Review Report



**Royal Free London NHS Foundation Trust (Royal Free Hospital)
Obstetrics and Gynaecology
Learner and Educator Review**

**HEE London – North Central London
Date of review/intervention: 24 February 2022
Date of Final Report: 6 May 2022**

Review Overview

This follow-up Learner and Educator review was scheduled for Obstetrics and Gynaecology at Royal Free Hospital due to ongoing concerns raised at the department in the previous reviews on 01 July 2021 and 23 September 2021. Three Immediate Mandatory Requirements (IMRs) were issued around a lack of consistent consultant supervision for Higher and Foundation trainees in clinics and lack of trainee access to consultant ward rounds twice daily on the labour ward. There were also 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.

The review on 23 September 2021 heard of Trust plans to reallocate a number of middle grades trainees from ST3-5 to Barnet Hospital from October 2022, however HEE were not assured by the Trust's interim plan for middle grade trainees to be offered occasional days on the labour ward at Barnet Hospital if they were not obtaining enough experience. HEE have sought monthly submissions of middle grade trainee log-books to demonstrate that the junior trainees are obtaining adequate experience under the Trust's interim plan.

Obstetrics and Gynaecology at the Royal Free Hospital is also under enhanced monitoring by the General Medical Council (GMC) due to concerns around clinical supervision of trainees, adequate experience and bullying and undermining.

This follow-up review will seek to explore improvements within the department around the previous IMRs and the adequate experience of middle grade trainees.

[Subject of the review i.e. programme, specialty, level of training, learner group]

Obstetrics and Gynaecology training, foundation, core and higher specialty training

Who we met with

Nine Obstetrics and Gynaecology specialty trainees from specialty training year one (ST1) to specialty training year 6 (ST6)
Sixteen Clinical Supervisors (CS) and Educational Supervisors (ES)
Director of Medical Education (Royal Free Hospital)
Trust Education Lead (Royal Free Hospital)
College Tutor/Trust Education Lead (Barnet Hospital)
Clinical Director
Clinical Lead Obstetrics and Gynaecology (Barnet Hospital)
Chief Executive Officer (Barnet Hospital)
Medical Director (Barnet Hospital)
Clinical Lead Women and Children's Division (Barnet Hospital)
Medical Education Manager
Postgraduate Medical Education Service Manager

Evidence utilised

The following evidence was utilised for this review:

HEE Quality Interventions Review Report

- 2022 Teaching Email
- 21.03.12 Education Committee Minutes
- 21.09.15 Education Committee Minutes
- Attendance List
- Educational Supervisor (ES) October 2021
- Flyers for Departmental Teaching
- Guardian Report 2021-22 Quarter 2 Royal Free Hospital (RFH)
- Obstetrics and Gynaecology (O&G) Local Faculty Group (LFG) Minutes 01 October 2021
- O&G LFG Minutes 23 April 2021
- RF Obstetrics & Gynaecology Exception Reports
- Teaching Documents 2021
- Trainees & Supervisors October 2021
- Trainees Feedback

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Specialty Expert	Dr Karen Joash Head of School for Obstetrics and Gynaecology
External Specialty Expert	Dr Charlotte Kingman Lead Training Programme Director, North Central and East London (NCEL)
Lay Representative	Saira Tamboo Lay Representative
GMC Representative	Lucy Llewellyn Education Quality Assurance Programme Manager – London and Wales
HEE Quality Representative(s)	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Kiera Cannon Quality, Patient Safety and Commissioning Officer

Executive Summary

This follow-up HEE Quality Learner and Educator review of Obstetrics and Gynaecology at Royal Free Hospital was scheduled due to ongoing concerns around the number of educational opportunities and deliveries for trainees at specialty training grade three (ST3) to specialty training grade five (ST5) to obtain adequate curriculum coverage. The review panel specified that if HEE were not assured by educational opportunities available, the middle grade trainees would be required to be redistributed to Barnet Hospital in April 2022 rather than October 2022 as previously planned.

The review team were pleased to hear that induction was thorough and that regular teaching was scheduled and well-attended by trainees. The review team were also pleased to hear that trainees would recommend their placement to colleagues as a place to train and that the majority of trainees would recommend their department to friends and family for treatment. In addition, trainees reported that the majority of consultants within the Obstetrics and Gynaecology department were approachable, and that they felt a sense of 'psychological safety' within their team.

This quality review generated one Immediate Mandatory Requirement (IMR) around a lack of consistent consultant supervision in outpatient clinics.

In addition, the following areas for improvement were identified:

- although the trainees felt they were getting sufficient experience to pass their Annual Review of Competency Progression (ARCP), the review panel were not assured that the level of activity in the placement was sufficient
- some junior trainees were running specialist clinics without immediate access to consultant support
- trainees raised some patient safety concerns about the post-natal ward, including staffing at Midwifery level and perception of infrequent observations and inadequate monitoring of higher risk patients
- there was no dedicated post-natal ward lead within the Obstetrics and Gynaecology department

HEE came to the decision that middle grade trainees ST3-5 would not be redistributed to the Barnet Hospital site in April 2022, however they would be required to be reallocated from October 2022 to ensure they obtain adequate curriculum requirements for their training grades. It was noted that there would be wider processes with HEE and the Head of Schools about the redistribution of trainees pan-London and that the Training Programme Director (TPD) would liaise with the Trust regarding next steps.

Further details around the IMR, Mandatory Requirements and Recommendation can be found on pages 5-7.

Review findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

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 clinical 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 Review Findings section. Requirements identified should be succinct and not include the full narrative from the Review Findings.

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
OG1.1	While the majority of trainees felt supported by their clinical supervisors, the review team heard that for a small number of trainees, the consultants identified at the previous HEE Quality Review on 1 July 2021 still exhibited some undermining behaviours.	The Trust is required to work collaboratively with the clinical supervisors to foster a positive, supportive working culture within the Obstetrics and Gynaecology department so that all trainees feel supported by their consultants. Please demonstrate work undertaken to improve the supportive culture of the department on the Quality Management Portal (QMP) by 1 June 2022.
OG3.5b	The review panel were concerned to hear that some junior trainees were running specialist clinics (e.g. medical obstetric and diabetic antenatal clinics) without appropriate direct and immediate access to consultant support.	The Trust is required to establish clear means of consultant support and escalation pathways for trainees running specialist obstetrics and antenatal clinics. Please demonstrate evidence that this has been done on QMP by 1 June 2022.
OG5.1b	The review panel heard that when some trainees worked on the labour ward at Barnet	The Trust is required to re-arrange timetables so that trainees working at Barnet

HEE Quality Interventions Review Report

	Hospital, they were on the ward at the same time as another trainee of the same training grade. It was felt that this impacted on the educational opportunities for both trainees.	Hospital are from different training grades and so require alternative educational opportunities and requirements. Please submit evidence towards this action on QMP by 1 June 2022.
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Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
OG3.5	The review team were concerned to hear that trainees undertaking outpatient clinics did not consistently have direct and immediate access to a named consultant for advice. It was disappointing that this was the same focus of a previous Immediate Mandatory Requirement at a HEE Quality Review in July 2021.	Trainees undertaking outpatient clinics must have immediate access to a named consultant for advice.
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
OG3.5a	The department has done a lot of work around reducing/cancelling clinics which has been working well, but on the day sickness has added challenges. Gynae clinics were not an issue this time and this is because we have cancelled these when consultants are away except for the cancer 2 week wait clinics (rapid access clinics) which we aim to cover with experienced clinical fellows, and we will continue to do this. It is difficult to cancel antenatal clinics. We would like to be able to provide prospective cover for the all day Thursday clinics and the Friday morning clinic but appreciate this will take time to agree on funding the PA investment to support this. The Clinical Director and Divisional Director will discuss taking this forward. Whilst this is being finalised	Thank you for this interim plan. Please monitor trainee satisfaction with consultant clinic cover and report back to HEE with the feedback. If we have consistent feedback from trainees that the situation has improved, we will look to close the action in the next reporting cycle. Please update HEE on QMP by 1 June 2022.

	<p>please find attached interim plans to ensure trainees are clear about who to contact for consultant advice on a day to day basis. Most of the days there are 2 ANC clinics. Hence they are able to cross cover if one consultant is away. The only time this is not the case this is Thurs PM, Fri AM and alternate Tuesday – an interim plan is outlined in the table to ensure support. This will be reviewed on a weekly basis at the Friday morning meeting until the prospective cover arrangements are in place.</p>	
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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.

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
OG1.6	The Trust is recommended to review staffing levels of Midwives within the post-natal ward to ensure trainees were confident that high risk patients would be appropriately monitored and escalated as required.
OG5.1a	In line with the wider redistribution work to realign posts with training opportunities in London, the Royal Free Hospital site will lose Obstetrics and Gynaecology posts in October 2022. The trainees will not move to the Barnet site. The Trust is being given prior notice to be able to begin preparations. Adhering to any standard notice period, final information will be given by approximately 1 June 2022.

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.

HEE Quality Interventions Review Report

Learning Environment/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
N/A	N/A	N/A

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The review panel were pleased to hear that the majority of trainees in attendance would recommend their Obstetrics and Gynaecology placement at the Royal Free Hospital to colleagues as a training post.</p> <p>The review panel were pleased to hear that the majority of trainees did not experience instances of bullying and undermining by any of their colleagues within the department. The vast majority of Obstetrics and Gynaecology trainees reported that consultants were approachable and that they felt a sense of 'psychological safety' whereby there were confident they could escalate concerns and that this would be well-supported by their department and consultants.</p> <p>However, a small number of trainees reported that they experienced instances of undermining behaviour by consultants when they asked for supervision when on the labour ward. The trainees reported that they were supported by the Trust to raise concerns about undermining behaviours.</p>	Yes, please see OG1.1
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>Trainees reported that they had some concerns about patient safety within the post-natal ward. The review panel heard that there were issues with limited staffing levels among the Midwives and despite reporting that Senior Midwives provided additional support where needed, it was felt that this did not mitigate concerns. As a result, the review panel heard from some trainees that they were reluctant to send patients to the post-natal ward from the High Dependency Unit (HDU) because they were not confident that jobs would be actioned or that unwell patients would be escalated appropriately by the Health Care Assistants (HCAs) or Midwives. The review panel heard of the trainees' perception that observations within the post-natal ward were infrequent and that high-risk patients were inadequately monitored. It was also highlighted that particularly when short-staffed, some trainees felt that recently qualified Junior Midwives needed more support, particularly when working nights or if it was busy. This meant that while the majority of trainees would recommend their department to friends and family as a place for treatment, some of the trainees were hesitant to recommend the department for these reasons. In addition, the review panel heard</p>	Yes, please see OG1.6

HEE Quality Interventions Review Report

	<p>that there was no dedicated post-natal ward lead within the Obstetrics and Gynaecology department.</p> <p>This Learner and Educator Review did not have Foundation trainee representation however some of the trainees were able to share previous feedback from Foundation trainees. The review panel heard that some Foundation trainees felt pressured to discharge patients on the post-natal ward and that they felt they did not know what to do or how to access support in maternity triage.</p> <p>The review panel heard from Clinical Supervisors (CS) and Educational Supervisors (ES) that Foundation trainees had a named ES and were informed that their training sessions were protected. In addition, CS and ES reported that the labour ward consultant was in the labour ward until 21:30 and that it was emphasised to trainees that they could directly approach the consultant if they were struggling. The review panel heard that Foundation trainees were not expected to make decisions without consultants.</p> <p>Following the Ockenden report in 2020, which was a review to address serious concerns around maternity care raised by two bereaved families in Shrewsbury and Telford maternity hospital in 2016, the review panel heard that post-Ockenden ward rounds were implemented on the labour ward at the Royal Free Hospital, with trainees reporting that ward round took place twice daily at 8:00 in the morning and evening.</p>	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
	Domain not discussed at review	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The review panel heard that in addition to work around the Ockenden report, the Trust had four workstreams around the wellbeing of staff which had participation from multi-professional colleagues throughout the Trust. The review panel also heard that all trainees were introduced to the Guardian of Safe Working and were informed on how to exception report.</p>	

	<p>The Trust representatives reported that there were monthly maternity briefings which were held via MS Teams. It was highlighted that the department were able to share any changes in guidelines and serious incidents (SIs) and that all multiprofessional colleagues were encouraged to attend these sessions. The review panel also heard that there was a weekly meeting on Friday which covered wellbeing and educational opportunities and acted as a forum to discuss interesting or complex cases.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The review panel were concerned to hear that trainees undertaking outpatient clinics did not consistently have direct and immediate access to a named consultant for advice. The vast majority of trainees reported that they usually had consultant presence in clinics, however it was reported that they would have an occasional clinic where there was no consultant supervision. When this was the case, the review panel heard that either the clinic list was reduced, the consultant was available via phone or the consultant had spoken to the trainee in advance to go through the list of patients or directed the trainee to the Electronic Patient Record (EPR) where summary notes were left on patient plans.</p> <p>The review team were concerned to hear that some junior trainees were running specialist clinics without appropriate direct and immediate access to consultant support. The review panel heard that for trainees in attendance, there was not much clinical supervision in specialist clinics such as medical obstetric and diabetic antenatal clinics, and that they frequently covered these clinics alone. Some of the higher trainees felt that this was appropriate for trainees at grade ST6 and above, however the review panel felt that this was inappropriate for trainees below ST6 as they did not have the specialist knowledge to run specialist clinics without immediate consultant support. It was highlighted that if trainees were running a specialist clinic by themselves, there wasn't anyone to ask for support if they had a query. The review panel heard that trainees would receive email feedback a couple of days later to answer their query that they weren't able to complete.</p> <p>The CS and ES reported that specialist clinics were not trainee-led and that obstetrics medical clinics were cancelled when the consultant was away on annual leave or sick leave. However, the CS reported that by ST4-ST5 trainees should be capable of leading a diabetic clinic on their own. The review panel heard that if the consultant was away, they would ensure there were no complex patients and that the clinic had a maximum of 8-9</p>	<p>Yes, please see OG3.5a</p> <p>Yes, please see OG3.5b</p>

	<p>patients, and assured that there was a clear pathway for trainees of who to escalate to should there be any concerns.</p> <p>The review panel queried what Covid-contingency plans were in place for when people were off sick. The CS reported that for diabetes clinics when they cannot be cancelled, there was a diabetic consultant and Midwife present, and the consultant had a list and summary plan for patients which was communicated to trainees. In addition, for specialist gynaecology clinics, the review panel heard that all gynaecology clinics except for Monday and Friday could be cancelled in case of unplanned consultant leave. The CS reported that there was a locum consultant available to support the clinics if the other two consultants were on leave, and that only specialist cancer rapid access clinics will not be cancelled. In this instance, the CS schedule higher trainees to support.</p> <p>The CS reported that elective caesareans were consultant-led and that if a consultant was on leave, there was another consultant available to cover the elective section list.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The review panel heard that induction was overall relevant and appropriate. Trainees reported that the Trust induction was virtual and adequate, and that the departmental induction was well organised and appropriately prepared trainees for their placement in the Obstetrics and Gynaecology department at the Royal Free Hospital.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The review panel heard from Trust representatives that CS and ES were supported as educators with the launch of an e-portfolio and trainees were allocated to consultants who were involved and invested in the process. Educators were also consistently in contact with the Medical Education department and that clinical supervision courses were run for supervisors to attend. In addition, sessions were run on how to adequately support trainees in difficulty and any concerns could be raised at the regularly schedule Local Faculty Group (LFG) meetings. The Trust reported that the LFG was attended by consultants and trainee representatives who survey all of the Obstetrics and</p>	

HEE Quality Interventions Review Report

	Gynaecology trainees and feedback any issues to the wider department.	
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HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>Although the trainees in attendance felt they received sufficient experience in their placement at the Royal Free Hospital to pass their ARCPs, the review panel felt that the level of activity on the labour ward was not sufficient in the Royal Free Hospital despite efforts of the department to mitigate this. The review panel heard from some of the higher trainees that their role was fulfilling in terms of non-Advanced Training Skills Modules (ATSM) elements, however it had been difficult to fit in ATSM among other trainees in the department. In addition, the review panel heard from some of the higher trainees that experience gained at the Royal Free Hospital site was good and adequate for training on the ST6 level of the curriculum, however they would have struggled to gain all of the required competencies as an ST5 due to the number of deliveries in the unit. It was particularly noted that many of the trainees had enough experience in previous placements to account for the lack of experience with deliveries at the Royal Free Hospital. This was compounded by similar accounts of some junior trainees who reported that there were not sufficient deliveries at the site and that as a trainee, they needed to ensure they were active in identifying what they could get out of their placement. Some of the middle grade trainees felt that they did have enough opportunities to meet their curriculum requirements, however it was reported that some had more luck than others and that they needed to 'finesse' their skills to obtain competency in instrumental deliveries which were described as 'sporadic'. Despite this, trainees reported that there were many opportunities to explore specialist interests at the site and were able to join specialist clinics and theatres for experience. The review panel heard from some of the trainees that when the department was less busy, they took time to reflect and review the care they delivered. It was worth highlighting that despite this, trainees were overall very positive about their placement and felt overall that they would be able to accomplish the required competencies with a combination of experience at previous placements in different hospitals, identifying opportunities where available and undertaking additional experience at Barnet Hospital. However, the review panel identified that there was an insufficient volume of births at the Royal Free Hospital for middle grade trainees ST3-5 to obtain adequate curriculum coverage whilst on their placement and were not wholly assured that the Trust's plan to mitigate this</p>	Yes, please see OG5.1a


<p>by presenting opportunities for additional training at the Barnet Hospital site.</p> <p>A small number of middle grade trainees reported taking up the Trust's arrangement to attend Barnet Hospital to obtain additional experience due to lower number of deliveries at the Royal Free Hospital. The review panel heard that Barnet Hospital offered significantly more instrumental deliveries and theatre attendance with emergencies, and that some of the trainees felt the curriculum was achievable with the additional experience gained at the Barnet site. The review panel also heard on occasions that the trainees would attend the labour ward on the Barnet Hospital site at the same time as another trainee at the same training grade. It was felt that this was not an efficient use of the trainees' time as they felt they were intruding upon another trainees' training time. It was felt that it would be more useful to have trainees of alternate training grades on the Barnet Hospital site at the same time so that they would have different competencies to cover in their shift. On the other hand, a small number of trainees reported that they declined rotating to Barnet Hospital for additional experience due to the length of commute and that they were concerned that Barnet Hospital had a busy unit and they did not know the team or the systems as they had never worked there before. Despite this, it was reported that it was beneficial for trainees to have the option to attend the Barnet site and that the flexibility of their training was welcomed.</p> <p>The review panel queried cross-site working and the culture between the two units with the CS and ES. The educators reported that there were cross-site guidelines and that they had the same electronic system cross-site. It was also reported that they had cross-site maternity and gynaecology risk meetings including 'Prompt' or CCG training sessions, and that there were many opportunities to do activities cross-site with colleagues at Barnet Hospital. With regards to training opportunities for middle grade trainees, the review panel heard that following the HEE Quality Review in September 2021, they had offered a timetable for middle grade trainees to gain experience at Barnet Hospital and that this had mixed reviews from trainees. The review panel hear that there was a split between those trainees who found it useful and those who did not. The CS acknowledged that having six ST4-5 trainees at the Royal Free Hospital was too many and that having two ST4-5 trainees at Barnet Hospital was too few. In addition, the review panel heard that the number of deliveries were rising at the Barnet Hospital site as it was not far from 6,000 deliveries per year. It was reported that there was ongoing work to redistribute deliveries among patients who live on the border to encourage patients to seek treatment at the Royal Free Hospital.</p> <p>The majority of trainees reported that they were encouraged to and were able to access ultrasound training and experience at the</p>	<p>Yes, please see OG5.1b</p>
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	<p>Royal Free Hospital. A small number of trainees reported difficulty obtaining ultrasound experience as they were declined on occasion by Sonographers and told they needed to pre-book an ultrasound week as a block, and to undertake as part of study leave rather than their regular shifts. It was recognised that sonographers did not always welcome Obstetrics and Gynaecology trainees as they had Sonographer learners to train on ultrasound scanning as well. The review panel heard that there were three consultants who undertook ultrasound scanning and that they were able to get some experience there, however this was perceived as not always regular.</p> <p>The review panel heard from CS that if trainees turned up ad-hoc to get experience in ultrasound scanning, they were unlikely to get opportunities and it would be better to make a plan in advance. Some of the CS reported that there were weekly scanning sessions on Friday mornings for trainees to attend, however they had some issues previously due to clinical commitments and the need to upkeep continuity of care on the ward. The review panel heard from CS that the reason trainees should have a block week of scanning was to build up skills on a core level and that sonography learners were also working on ultrasound scanning so it was important to find a balance.</p> <p>The Trust representatives reported that ultrasound was covered four and half days per week by a consultant and that trainees were allocated when possible, however all trainees were told they had five days of study leave available to attend scanning. The review panel heard that trainees needed to take the initiative to book and undertake scanning. The review panel also heard that in theatre there were approximately six hysteroscopy sessions a week and five theatre sessions a week, but there was some variance in these numbers. It was reported that trainees had preference to go to theatre if they were available.</p> <p>The Trust representatives reported that ward rounds took place the usual morning and evening, and that they also had an additional evening ward round at 18:00 to review patients on the antenatal ward round as well. The Trust representatives also reported that as part of their Covid-19 recovery, the department introduced additional gynaecology clinics to work through the backlog of patients and were running additional theatre sessions which were additional training opportunities for trainees. The review panel heard that middle grade trainees were invited to participate in clinics but as these often took place on the weekend, they were not timetabled to attend.</p> <p>The Trust representatives reported that the labour ward starts at 08:00 in the morning, and that there were on average three cases a day of elective caesareans from Monday-Thursday. It was reported that the labour ward had approximately three or four</p>
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	<p>inductions per day and that instrumental rates were 10-15%. When queried on why some trainees had four instrumentals' cases in four months, the Trust representatives reported that this was due to rota arrangements rather than capacity. The review panel heard that trainees had a set of night shifts, then one week off and then work in gynaecology.</p> <p>The Trust representatives reported that there was a lack of engagement regarding the log-book requests on middle grade trainee experience and curriculum coverage. The review panel heard of the perception that trainees did not understand why they were being asked for logbooks and it was felt to be additional paperwork.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review team heard from Obstetrics and Gynaecology trainees that local teaching was regularly scheduled and that it was well-received by trainees.</p> <p>The review panel heard from Trust representatives that there was departmental teaching on offer for trainees and that they had consultant-led teaching once a week, which was curriculum based and well-attended by trainees.</p>	
HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.4	<p>Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.</p> <p>The review panel heard from some of the trainees that they were supported in their transition between training grades and that they were encouraged to step-up early and take on additional responsibilities with support from their colleagues.</p>	

Report Approval

Quality Review Report completed by	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Date signed	8 April 2022

HEE Authorised Signature	Dr Gary Wares 
Date signed	6 May 2022

Final Report submitted to organisation	6 May 2022
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