

HEE Quality Interventions Review Report



**Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital)
Obstetrics and Gynaecology (including General Practice)
Learner and Educator Review**

**London – South East London
Date of Review: 21 April 2022
Date of Final Report: 22 August 2022**

Review Overview

Background to the review

This risk-based Learner and Educator review was arranged following the decline in results for Obstetrics and Gynaecology (O&G) and General Practice (GP) O&G programmes at Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital site) from the General Medical Council (GMC) National Training Survey (NTS) 2021. The GMC survey highlighted 16 red outlier results in GP O&G including Overall Satisfaction, Clinical Supervision, Reporting Systems, Workload, Teamwork, Handover and Supportive environment, Induction, Adequate Experience, Curriculum Coverage, Educational Governance, Educational Supervision, Local Teaching, Regional Teaching, Study Leave and Rota Design.

There was also one red outlier result for foundation year one (F1) O&G in Adequate Experience and seven pink outliers in the Trust-wide data for O&G foundation year two (F2) O&G in Overall Satisfaction, Teamwork, Handover and Supportive environment, Induction, Educational Supervision and Study Leave.

Health Education England (HEE) had previously reviewed the department in September 2020 following a decline in the GMC NTS results in 2019.

Subject of the review: Obstetrics and Gynaecology

Who we met with

Five postgraduate doctors in training (PGDs) in O&G
Seven postgraduate doctors in training in GP O&G
Clinical and Educational Supervisors
Director of Medical Education
Medical Education Manager
Medical Director
Educational Lead/ Training Programme Director
HR/Workforce Representative
Freedom to Speak Up Guardian

Evidence utilised

The review panel received the following information and documents from the Trust in advance of the review:

Obstetrics and Gynaecology Incident Report September/October 2021
Minutes from the Medical Education Committee Meeting September 2021
Minutes from the Medical Education Committee Meeting December 2021
Minutes from the Medical Education Committee Meeting March 2022
Laparoscopy Course Feedback March 2022
Laparoscopy Course Feedback April 2021
Laparoscopy Course Feedback July 2021
2020 NHS Staff Survey Results – Lewisham and Greenwich NHS Trust – Benchmark Report
2020 NHS Staff Survey Results – Lewisham and Greenwich NHS Trust – Directorate Report

The review panel also considered information from the GMC NTS 2019 and 2021 and HEE's National Education and Training Survey (NETS) 2019 to 2021.

This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Geeta Menon, Postgraduate Dean Health Education England, South London
HEE Deputy Postgraduate Dean	Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England, London
Specialty Expert O&G	Dr Karen Joash, Head of School of Obstetrics and Gynaecology, Health Education England, London
Specialty Expert GP	Dr Veni Pswarayi, Associate Director of London School of General Practice, Health Education England, London
Lay Representative	Jane Chapman, Lay Representative, Health Education England, London
HEE Quality Representative(s)	Kenika Osborne, Learning Environment Quality Coordinator, Health Education England (London)
Supporting roles	Ummama Sheikh, Quality, Patient Safety and Commissioning Officer, Health Education England London

Executive Summary

The review panel thanked the Trust for accommodating the review and ensuring the sessions were well attended. The review panel heard from the PGDs that there was a very friendly, supportive and hardworking team across the department, including an approachable and friendly consultant body. Most of the PGDs felt that they worked together as one cohesive group.

It was reported that registrars had a good training and learning experience with varied learning opportunities and that they were supported by their consultants with good supervision. They further stated that they were well supported by consultants when dealing with serious incidents (SIs).

The review panel was concerned to hear that all the PGDs would not be comfortable with their friends or family being treated in the department for acute gynaecological issues. The majority of the PGDs stated that they would recommend their posts to other PGDs as there was a wide caseload and a diverse patient population.

The review panel was concerned that whilst consultants were formally allocated to the gynaecology ward during weekdays and to the labour ward, there was no consultant allocated to the antenatal ward, postnatal ward or out of hours to the gynaecology ward. These services were mainly covered by PGDs.

The review panel heard from the GP PGDs that they did not have allocated clinical supervisors and therefore did not have initial meetings to discuss the expectations and learning outcomes of their rotations until two weeks into post. This also impacted their ability to have their exception reports filed.

This report includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 September 2022.

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

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
OG1.1	The review panel heard that the Trust had held informal meetings with all PGDs, including GP PGDs, to openly discuss any issues they faced. However, it was stated that these meetings were not minuted in order to provide PGDs with an opportunity to be more open and transparent about their issues. The review panel felt that without documenting issues raised it was difficult for PGDs to gain valuable feedback and know when and if actions arising from these meetings have been completed.	<p>The Trust is required to ensure that there are formalised meetings in place which are minuted. PGDs should be provided with written feedback on issues raised in order to ensure that these issues are monitored and addressed consistently.</p> <p>Please provide minutes of formal meeting logs and minutes of PGDs' feedback from the next three departmental meetings.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>
OG1.4	The review panel found that there was no systematic way for PGDs to obtain feedback on their clinical skills. The GP PGDs stated that although higher PGDs were helpful, it was difficult to get hold of them or to receive adequate feedback as they were usually very busy with patients.	<p>Please provide evidence that PGDs receive adequate feedback in practice on their skills.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>
OG1.5a	The review panel heard from PGDs that although there was protected teaching time it started before their rostered hours start time. PGDs reported that on many occasions this had resulted in a loss of educational opportunities as they were not always able to attend.	<p>Please provide evidence that the Trust has undertaken the necessary steps to ensure PGDs can attend protected teaching time within their rostered hours without having to miss handovers.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>

OG1.5b	<p>The O&G PGDs stated that it was very difficult to get emergency cases booked into theatre including urgent cases such as women dealing with ectopic pregnancies and emergency caesarean sections.</p>	<p>The Trust is to review the process of adding cases to the theatre list in order to prevent potential patient safety risks which may result from a lack of structure around this. The Trust is required to ensure there are clear guidelines and procedures in place for operation on theatre lists and that this has been circulated to all staff within the department.</p> <p>Please submit evidence of this by 1 September 2022, in line with HEE's action plan timeline.</p>
OG1.9	<p>GP PGDs stated that there was an overall lack of opportunities to engage in evidence-led practice. The learning opportunities available to them were not meeting the needs of their training.</p>	<p>The Trust is required to ensure that GP PGDs have access to sufficient learning opportunities and evidence-based practice in order to meet the needs of their curriculum.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>
OG1.10	<p>The majority of PGDs, did not appear to be aware of the support available for them or who to contact if they wanted to request support following an SI. Some PGDs stated that they would report such incidents through the Datix incident reporting system.</p>	<p>The Trust is required to ensure that PGDs are aware of the support available following an SI and know how to use the Datix system.</p> <p>Please submit this evidence that this information has been provided to PGDs by 1 September 2022, in line with HEE's action plan timeline.</p>
OG3.5	<p>The review panel was concerned about the continuity of care and access to clinical supervision on the antenatal and postnatal wards.</p>	<p>Please provide evidence that clinical supervision on the antenatal and postnatal wards meets the PGDs' needs. Please provide feedback from PGDs on this topic, LFG meeting minutes or other evidence.</p>

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		Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.
OG3.9	The GP PGDs stated that they did not receive an adequate induction before starting on wards. The PGDs informed the review panel that they had received a half day induction which felt rushed and it did not make them feel equipped or ready for work in the department.	<p>The Trust should ensure that all PGDs, including GP PGDs, receive an appropriate departmental and Trust induction on starting in post. Please provide evidence of the induction process for new starters and the steps taken to ensure that all PGDs receive a substantive induction on joining department.</p> <p>Please submit this evidence that this training has been given to PGDs by 1 September 2022, in line with HEE's action plan timeline</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A		
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence

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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation

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

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 Trust representatives advised the review panel that the Trust was dedicated to improving the learning environment for the PGDs within the department. The review panel also heard that PGDs representatives regular attended college tutor meetings. The review panel heard that the Trust had held informal meetings with all PGDs in the department, including GP PGDs, to openly discuss any issues they faced. However, it was stated that these meetings were not minuted in order to provide PGDs with an opportunity to be more open and transparent about their issues. The review panel felt that without documenting issues raised it was difficult for PGDs to gain valuable feedback and know if and when actions arising from these meetings have been completed.</p> <p>The Trust executives informed the review panel that the Trust was dedicated to improving the teaching environment for PGDs and twilight teaching had been consistent over the last three years. It was also stated that there had been an increase in the number of full-time consultants in O&G, so their rota had gone from 1 in 16 to 1 in 12.</p> <p>The Guardian of Safe Working Hours (GoSWH) informed the review panel that there had not been any exception reports filed by the PGDs in the O&G department at Queen Elizabeth Hospital (QEH) in 2022 since the changes to the foundation year two (F2), specialty training level one (ST1) and ST2 rota.</p>	Yes, please see OG1.1
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The trust representatives informed the review panel that they were dedicated to improving the culture within the department and ensuring that PGDs felt valued and appreciated. It was stated that they had secured 20 free spaces for PGDs to go ice-skating in the Greenwich area which was well received.</p> <p>PGDs reported that there had been opportunities to discuss any difficulties they experienced with seniors within the department.</p>	

<p style="text-align: center;">1.4</p>	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>The review panel found that there was no systematic procedure for PGDs to obtain feedback. The GP PGDs stated that although the registrars were helpful, it was difficult to find time to discuss their practise or to receive adequate feedback as they were usually very busy with patients. PGDs confirmed to the review team that they did not always receive adequate workplace and clinical supervision as their seniors were too busy seeing patients on the wards.</p>	<p>Yes, please see OG1.4</p>
<p style="text-align: center;">1.5</p>	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The PGDs informed the review panel that handovers were mostly effective and followed a clear structure however, due to a clash in timings with their protected teaching, at times the handover took place without them.</p> <p>The review panel heard that there were structured systems in place for handover. Trust representatives stated that handover was formalised, electronically documented, and carried out three times a day.</p> <p>The PGDs informed the review panel that there was no dedicated gynaecology ward and therefore the patients were spread across multiple wards. PGDs stated that it would help the department immensely if there was a dedicated gynaecology registrar rota. The review panel heard that there were two registrars allocated to the labour ward. The review panel heard from PGDs that although there was protected teaching time it started before their rostered hours. On many occasions, this had resulted in a loss of education and learning opportunities as they were not always able to attend these morning teaching sessions.</p> <p>PGDs informed the review panel that there was consultant presence for the ward round and other members of the multi-disciplinary team also attended, for example anaesthetics and midwifery representatives. The PGDs confirmed there were major concerns with the labour ward environment which created a strained relationship. PGDs stated that there were many difficulties faced by the midwifery PGDs and their seniors.</p> <p>The majority of the PGDs stated that they would recommend their posts to colleagues, as training in the department provided them</p>	<p>OG1.5a</p>

	<p>with a wide caseload and the chance to work with a diverse patient population.</p> <p>Most PGDs at the review reported that they would not feel comfortable for their friends and family to be treated for acute gynaecological issues at QEH. It was also noted that PGDs would not recommend treatment in the emergency department and stated that it was a very busy department with potential patient safety issues. PGDs informed the review panel that they were comfortable in identifying and raising patient safety issues if necessary. PGDs stated that they were able to contact registrars or consultants if they had to raise patient safety concerns with a senior colleague.</p> <p>The O&G and GP PGDs reported that the midwifery staffing was not adequate to meet the needs of patients within the department. PGDs advised that there were not enough midwives to cover the five-room birthing centre which was often closed due to a lack of staffing.</p> <p>The review panel heard that at times PGDs felt that they had to choose between multiple patient cases requiring urgent review due to lack of ward support when dealing with patients and this made prioritisation very difficult. PGDs further stated that on occasions it was difficult to get consultants to review their cases which had the potential to put patients at risk.</p> <p>The O&G PGDs stated that it was very difficult to get emergency cases booked into theatre including urgent cases such as women dealing with ectopic pregnancies and emergency caesarean sections. Overall, PGDs described the access to the theatre list as challenging and said that the process of arranging for urgent cases to go to theatre needed improvements.</p> <p>The review panel asked who was responsible for running the theatre lists. PGDs informed the review panel that every morning the overnight O&G specialist trainee (ST3-7) would review the CEPOD list, see the patients if arrived and this list was discussed between the different surgical specialities for prioritisation. Prioritisation of patients on the list also depended on the theatre coordinator and anaesthetist present at that time. PGDs also stated that many of the experienced midwives had left and been replaced with a new cohort of inexperienced newly qualified midwives. They felt this had caused a further strain on the department and their training. For example, PGDs stated that some of the newer midwives had no experience of the midwife's role in theatre during a caesarean section. This was particularly</p>	<p>Yes, please see OG1.5b</p>
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	<p>stressful for PGDs and affected their sense of support and teamwork on the wards and in theatres.</p> <p>The review panel heard that the Trust had introduced incentives for bank midwives to take up shifts at QEH, however PGDs felt that the outcomes were not sufficient to meet the staffing needs of the department.</p>	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>N/A</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>Some O&G and GP PGDs reported that they did not feel part of the team although they had been in post for over four months. PGDs stated that there was not a close relationship amongst the education leads, the PGDs and supervisors. It was noted the locally employed doctors were helpful however, PGDs had not been introduced to most of their consultants in the department.</p> <p>PGDs reported that they felt comfortable raising concerns to their seniors within the department.</p> <p>When asked about experiences of bullying and undermining in the department, PGDs reported that they could not recall any instances of bullying and undermining.</p>	
1.8	<p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p>	
1.9	<p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</p> <p>The GP PGDs informed the review team that there was little opportunity to engage in quality improvement initiatives within the O&G department at QEH.</p>	Yes, please see OG1.9
1.10	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>Most of the PGDs reported that they had not been involved in any serious incidents (SIs) since starting in post. One PGD reported being involved in a SI and stated they were well supported through this process.</p>	Yes, please see OG1.10

	<p>The majority of PGDs, however, did not appear to be aware of the support available for them or who to contact if they wanted to request support following an SI. Some PGDs stated that they would report such incidences through the Datix incident reporting system. PGDs reported that local training on Datix was not part of their induction and no information on this was provided in the in the induction handbook they received. PGDs stated that they were simply informed by seniors that they operated in high-risk department and that they may one day be involved in SIs.</p>	
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The review panel heard from PGDs that overall, the obstetrics teaching experience had been substandard and that there were no multi-professional teaching opportunities except the Friday morning teaching sessions.</p> <p>However, PGDs informed the review panel that they had received good support from some of the previous midwifery team members. Some PGDs informed the review panel that the relationship between midwives and doctors had been strained and this had affected the experience of their training. It was noted that the midwifery service was exceptionally understaffed, putting an extra strain on the department. PGDs reported that there had been some issues with rota gaps and overall communication within the midwifery team which had added to the pressure on the department.</p>	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p>	

2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.	
2.3	The governance arrangements promote fairness in education and training and challenge discrimination	
2.4	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used.	
2.6	Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.	
2.7	There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	
2.8	Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	
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 was concerned about the continuity of care and access to clinical supervision on the antenatal and postnatal wards. PGDs stated that there were only two registrars on the labour ward and one consultant on the gynaecology ward. PGDs expressed that this made them feel unprepared to deal with patients or to answer questions from patients. PGDs also stated that it was very difficult to get help from senior staff if needed on the wards when it was busy in theatre.</p>	Yes, please see OG3.5

	<p>PGDs reported that whilst their experience on the labour ward was positive, there was a lack of supervision beyond the labour ward which needed improvement.</p> <p>GP PGDs stated that there were no opportunities to have case-based discussions as the department was very busy. PGDs felt apprehensive about their progression due to this and the lack of feedback on their performance. PGDs had not been assessed by relevant supervisors to indicate their competencies in areas such as clinical reasoning, decision making and application of medical knowledge in relation to patient care. PGDs also informed the review panel that ward rounds were generally rushed and with no ward-based teaching or opportunities for learning.</p> <p>The supervisors confirmed that they were aware of these issues but informed the review panel that an increase in consultant staffing was needed in order to improve this. There were no specific consultant-led ward rounds for the antenatal and postnatal wards. The review panel was informed by the consultants that the ward round was usually PGDs led and escalated to consultants if necessary.</p> <p>PGDs stated that clinical supervision out-of-hours and weekends were inadequate. PGDs stated that consultant cover on the wards was insufficient on the weekends. The review panel heard that although there was mostly consultant cover on the labour ward, there were no obstetrics consultants available to review patients on the other obstetric wards available at weekends. Therefore, it was difficult accessing the right help if needed.</p> <p>The review panel heard that there was an allocated registrar for the antenatal ward rounds and also a consultant on-call if there were any antenatal cases requiring review or a senior opinion. PGDs stated that, as there was no dedicated consultant on the postnatal wards, the F2 or ST1-2 PGDs were the most senior staff looking after the patients on that ward. The PGDs informed the review panel that there was registrar cover on the day assessment unit.</p> <p>The review panel heard that F2 and ST1-2 PGDs were required to do CTGs without undertaking training in the obstetric simulation clinic.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The review panel heard that perinatal teaching sessions were complicated as PGDs did not get much time to prepare. PGDs felt that overall teaching was poorly delivered, with few learning</p>	

	<p>outcomes. GP PGDs stated that they had not been allocated clinical supervisors in the department.</p> <p>The review panel heard that due to a lack of training, some PGDs were not confidently able to evaluate CTGs and did not feel able to deal with patients in triage.</p> <p>The education supervisors informed the review panels that they had tried to run teaching sessions for PGDs but there was a lack of engagement due to clinical commitments.</p>	
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>The review panel heard that there was a straightforward process for doctors to access study leave. PGDs reported that they had access to a funded support course for returning to training worth approximately £2000. PGDs reported that there had been issues with completing assessments and logbooks as the department had been too busy to get the time required to complete them.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>GP PGDs stated that they did not feel part of the team and had struggled to meet most of the staff in the department despite being in post for over four months. The review panel were told that the PGDs would have preferred more practical help with the actual skills they needed for their job rather than the induction they received when joining the department. For example, PGDs stated that they had found the time spent with the ward pharmacist more helpful than induction.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust representatives informed the review panel that there had been both a local and Trust induction for PGDs joining the department. However, it was acknowledged that further improvements could be made to the Trust induction. Induction had also been affected by key team members' absence during holiday periods.</p> <p>The GP PGDs stated that they did not receive adequate induction before starting on wards. The PGDs informed the review panel that they had received a half day induction which felt rushed, and it did not make them feel equipped or ready for work in the</p>	Yes, please see OG3.9

	<p>department. PGDs stated that they would have benefited from more preparation and shadowing before independently undertaking procedures involving use of a speculum. The review panel further heard that GP PGDs had not had CTG or O&G emergency training since starting their placements.</p> <p>PGDs reported that they were sent an induction booklet including contact numbers at the start of their placement.</p> <p>The higher O&G PGDs stated that their induction was not very useful, as it felt rushed, was not well-planned and was delegated to other PGDs to organise.</p> <p>The supervisors informed the review panel that there was a delay in the PGDs' induction to labour ward due to problems with staffing levels at the time the PGDs started.</p>	
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	<p>Supervisors can easily access resources to support their physical and mental health and wellbeing.</p> <p>The supervisors informed the review panel that although the department was very busy, they were dedicated to providing the best care for their patients and training environment for all PGDs. It was noted that supervisors did not feel the workforce was large enough to cover all the required areas and that more staff were necessary.</p>	
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The supervisors confirmed they had sufficient time allocated in their job plans for educational responsibilities but stated that they were challenged with clinical work and stretched to maximum capacity as they operated in an extremely busy department. The review panel heard from the educational supervisors that they did not receive additional remuneration for their educational supervision.</p>	
4.3	Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or	

	professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).	
4.4	<p>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</p> <p>When asked, the supervisors informed the review panel that they were able to ensure there were appropriate levels of supervision for PGDs by modifying their approach to each PGDs' level of competence.</p> <p>The review panel enquired if there was a systematic way of ascertaining the needs of GP PGDs. The supervisors responded that they regularly liaised with GP PGDs to ensure that their curricular requirements were met and understood.</p>	
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the education, training and any other support needs of their learners.	
4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	

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>PGDs reported that the Trust offered a diverse patient group and challenges which contributed to a varied learning environment. PGDs also reported that the exposure to challenging obstetrics cases was helpful, and that the patient mix at the Trust was interesting although it was noted that they worked in a high-risk department. However, it was noted that there was a lack of opportunities to engage in evidence-led practice opportunities was not meeting the needs of their training</p> <p>The supervisors reported that there were meetings held every week to discuss complex cases and the midwifery team were also invited to attend. PGDs also reported that there were weekly meetings which was well attended by both PGDs and consultants however this was not minuted and no feedback was given. PGDs</p>	

	also stated that there was informal teaching, but this was not recorded and therefore PGDs were unable to catch up if necessary.	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel heard that rota was poorly managed. PGDs reported that there was no dedicated rota coordinator and rotas were managed by F2, ST1 or ST2 PGDs who performed this task in addition to their day-to-day roles. PGDs reported that at times the rotas were changed with little to no prior notice. GP PGDs stated that they regularly worked beyond their rostered hours. However, they did not submit exception reports as they did not have assigned clinical supervisors who could approve these.</p> <p>The PGDs informed the review panel that there had been deterioration in the rota management and the balance between service provision and education had worsened. The review panel heard that there was no senior supervision of the rota and as a result there were missed educational opportunities to be shared equally amongst the PGDs. The Trust representatives reported that the PGDs had access to protected teaching time every Friday morning, however PGDs confirmed that this was before their scheduled working hours.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>The majority of the PGDs at the review reported that they would recommend the department as a place to train although it was a very busy place to work. PGDs confirmed that they would</p>	

	<p>recommend the training environment to colleagues despite its challenges. Some PGDs noted they had reservations due to the variability of consultant and senior staff supervision and lack of access to training and learning opportunities. The PGDs reported that prior to starting at the Trust they had been aware of the poor reputation the department had. However, PGDs noted that the department had been very kind and welcoming, and some of issues faced were longstanding and beyond the control of the consultants. The supervisors informed the review panel that they wanted to work with the wider sector to improve the working environment within the department and change PGDs' perceptions of it.</p>	
6.2	<p>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>	
6.3	<p>The provider 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>	
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>	

Report Approval

Quality Review Report completed by	
Name	Kenika Osborne
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Review Lead	
Name	Dr Anand Mehta
Role	Deputy Postgraduate Dean, North Central London, Health Education England
Signature	
Date signed	Date N/A

HEE Authorised Signatory	
Name	Dr Geeta Menon
Role	Postgraduate Dean, North London, Health Education England
Signature	
Date signed	Date 16/08/2022

Final Report submitted to organisation	Date 22/08/2022
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