

HEE Quality Interventions Review Report



Croydon Health Services NHS Trust (Croydon University Hospital)

**Obstetrics & Gynaecology including Midwifery
Multi-Professional Learner and Educator Review**

London – South West London

Date of Review: 22 September 2022

Date of Final Report: 8 November 2022

Review Overview

Background to the review

Health Education England (HEE) initiated this Multi-Professional Learner and Educator Review of obstetrics and gynaecology (O&G) specialty training at Croydon Health Services NHS Trust (Croydon University Hospital (CUH)) in response to the 2022 General Medical Council (GMC) National Training Survey (NTS) results for the programme group. Negatively outlying results were reported for overall satisfaction, reporting systems, handover, induction, educational governance, feedback, local teaching, clinical supervision, clinical supervision out of hours, teamwork and educational supervision.

In light of the final report of the Ockenden review published in March 2022 and increased scrutiny of maternity services in England, HEE requested to meet with undergraduate midwifery learners and their supervisors at CUH as part of this review, to obtain a broader, multi-professional perspective of the O&G learning environment. HEE's National Education and Training Survey (NETS) from June 2021 reported negatively outlying results for induction and teamworking in relation to the midwifery training programme at the Trust. However, there were no negatively outlying results for midwifery training at CUH from the most recent NETS in November 2021. The 2022 GMC NTS results for General Practice (GP) O&G training at CUH reported numerous negatively outlying results and the Trust was asked to submit a self-report to HEE regarding these results in the first instance. Therefore, GP O&G training was not included in the scope of this review.

Subject of the review:

- O&G specialty training level one to seven (ST1-7); and
- Undergraduate midwifery training.

Who we met with

The review panel met with:

- Nine O&G ST1-7 doctors in postgraduate training (DPT).
- Three undergraduate midwifery learners.
- Seven O&G educational supervisors (ESs) and clinical supervisors (CSs); and
- Six midwifery Practice Supervisors, Assessors, and Clinical Practice Facilitators (CPFs) **(NB. group referred to as 'midwifery supervisors' in this report)**

The review panel also met with the following Trust representatives:

- Chief Executive Officer
- Medical Director
- Chief Nurse & Executive Director of Midwifery
- Director of Medical Education
- Medical Education Manager
- Interim Director of Midwifery & Gynaecology
- Royal College Tutor for O&G

- Guardian of Safe Working Hours (GOSWH)
- Clinical Business Unit Lead
- Service Manager for O&G

Evidence utilised

The review panel received the following supporting evidence from the Trust in advance of the review:

- GOSWH report February to August 2022
- Narrative from College Tutor re. teaching September 2022
- Clinical Governance Meeting dates 2021
- Teaching programme overview October 2020 to August 2022
- Links to medical rotas 2021 to 2022
- Registrar induction programme October 2021
- Registrar induction programme August 2022
- Overview of O&G ESs and CSs October 2022 and April 2022
- Labour ward handover forms May 2022
- Overview of O&G medical learner groups September 2022
- Perinatal meeting minutes and actions October 2021, January, and April 2022

The review panel also considered information from the GMC NTS 2018-2022 to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Richard Bogle, Deputy Postgraduate Dean, South London Health Education England, London
HEE Obstetrics & Gynaecology Lead	Karen Joash, Head of the London Specialty School of Obstetrics & Gynaecology Health Education England, London
HEE Midwifery Lead	Jenny Ekstrom, Deputy Head of Clinical Education Transformation, London Health Education England, London
External Specialty Expert	Carolyn Paul, Consultant Obstetrician Whittington Health NHS Trust
Learner Representative for Obstetrics & Gynaecology	Sughashini Murugesu, Learner Representative
Learner Representative for Midwifery	Angela Lambeth Amoo, Learner Representative
Lay Representative	Robert Hawker, Lay Representative
HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator Health Education England, London
Supporting role	Louise Lawson, Quality, Reviews & Intelligence Administrator Health Education England, London
Observer	Christine Valcarcel, Learning Environment Quality Coordinator

Executive Summary

The review panel is grateful to the Trust for accommodating the review. Whilst the departmental leads for O&G at CUH were surprised by the negatively outlying 2022 GMC NTS results for supervision, they had expected such results in relation to workload and rota coordination due to workforce challenges and rota gaps in recent months, compounded by an O&G Business Support Administrator vacancy since September 2021. The departmental leads were hopeful that Trust management would support their business case for three additional DPTs to help mitigate this situation.

The review panel was pleased to note several areas that were working well in the O&G learning environment at CUH. Higher specialty O&G DPTs reported receiving good clinical supervision and a particularly positive training experience in gynaecology.

Midwifery learners and supervisors received excellent support from the newly appointed CPFs. The CPFs provided helpful links between students and supervisors, and the universities. The midwifery supervisors and CPFs also felt well supported by senior midwives and Trust management.

However, the review panel identified some areas for improvement. The local induction programme required revision to ensure DPTs at all training levels, especially those with less experience, were fully integrated into the O&G team. It was noted that midwifery learners did not have the opportunity to meet with the obstetrics team during their orientation and induction programmes.

The local teaching programme needed modifying to better meet the needs of all training grades and professions within the department.

Local Faculty Group (LFG) meetings were an area of concern. They were held infrequently and without quorate attendance. The review panel also recommended a robust approach to exception reporting within the department to ensure, in conjunction with the GOSWH and their team, that exception reports are actioned promptly by ESs and addressed at LFG and consultant meetings.

The review panel was concerned to hear that central doctors were often expected to cover multiple clinical areas at any one time whilst on shift, due to rota gaps.

There was also a lack of formal pastoral support in place for DPTs and staff.

This report includes specific requirements 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 December 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
OG1.10 / Midw1.10	The review panel noted a lack of formal pastoral support in place for O&G DPTs. In particular, debriefs were rarely initiated to discuss upsetting cases and incidents.	<p>Feedback and support, including debriefs, should be provided to maternity department staff and DPTs following any incident reports.</p> <p>Please provide a process document outlining how debriefs, feedback and other support will be initiated for maternity department staff and DPTs following incident reports.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG1.12	The review panel heard that the labour ward handover meetings held each weekday morning and evening were supposed to be multi-disciplinary, but O&G consultants and anaesthetics doctors did not always attend.	<p>Labour ward handover meetings should involve the complete multi-disciplinary team, including an anaesthetist and labour ward central doctors. This should be included on the handover meeting register to ensure their presence is recognised and recorded.</p> <p>Please provide copies of recent labour ward handover meeting registers evidencing the presence of a multi-disciplinary team, including an anaesthetist and DPTs.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG2.1a	Some of the O&G DPTs thought that the departmental leads did not pay due attention to exception reports and only the GOSWH took appropriate action.	<p>A more robust approach to exception reporting is required in O&G. Exception reports should be promptly actioned by ESs and a log should be reported to the LFG and consultants' meetings. The department should work closely with the GOSWH and</p>

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		<p>exception reporting from all levels of DPTs should be regarded as routine.</p> <p>Please provide copies of exception reporting logs, LFG and consultant meeting minutes and any relevant correspondence with the GOSWH demonstrating how exception reporting is being addressed within the O&G department.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG2.1b	<p>To address the maternity department's rota gaps, the departmental leads confirmed that they were in the process of submitting a business case to Trust management for three new registrar-level O&G DPTs.</p>	<p>The review panel recognises that the maternity department requires additional staffing to fill rota gaps. Trust management should support the department to develop the appropriate business case to obtain funding for this.</p> <p>Please provide further details of the business case and an update on the status of this.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG2.4	<p>Most of the O&G DPTs had not attended any LFG meetings, nor were they aware of the arrangements for these.</p> <p>The O&G supervisors said that LFG meetings re-started in June 2022, although it was not stated how long it had been since the previous meeting.</p>	<p>LFG meetings need to be held at least quarterly. The meetings should include ESs, the Royal College of Obstetrics & Gynaecology (RCOG) College Tutor and learners or their representatives from all grades of DPT in the department (e.g., Foundation, GP, ST1-2 and ST3-7). There should be support from the Postgraduate Medical Education team representatives to help facilitate the organisation of these meetings and to support the production of minutes. Monitoring of action points should be recorded and fed back at monthly consultant meetings.</p> <p>Please provide a copy of the O&G LFG meeting schedule for 2022 and 2023 and, when available, copies of meeting minutes and actions, including attendance lists.</p>

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		Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.
OG3.1	The O&G team had not yet secured any wellbeing leads, nor implemented any wellbeing initiatives but the O&G supervisors confirmed that the Trust held general wellbeing sessions.	<p>The O&G team should work with the Trust's wellbeing leads to develop a support programme for O&G supervisors and DPTs.</p> <p>Please provide a copy of the support programme devised by the O&G team and the Trust's wellbeing leads and feedback on how the programme has been received and its impact.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
OG3.5a	The review panel was concerned to hear that O&G central doctors were often expected to cover multiple clinical areas at any one time whilst on shift. This should not be the case.	<p>Please provide rota information demonstrating how central doctors are only expected to cover one clinical area whilst on shift and how the other clinical areas are being covered.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG3.5b	The review panel was concerned that the workload exerted on O&G central doctors significantly reduced their access to learning opportunities.	<p>The Trust must urgently address this issue to ensure DPTs' access to learning opportunities is not compromised by service provision. Consideration must be given to making service changes when staffing levels in O&G are low.</p> <p>Please provide evidence that educational opportunities are not being missed by providing a report of educational exception reports and the actions that have been taken to resolve them.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG3.5c	The review panel heard from O&G DPTs that clinical supervision during outpatient clinics was variable.	The Trust must ensure that all DPTs always have immediate access to a consultant supervisor during outpatient clinics.

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		<p>Please provide copies of rotas and/or any other useful information demonstrating how consultant supervision has been assigned to outpatient clinics attended by DPTs.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG3.6	<p>The review panel heard that some O&G DPTs had only met with their ESs on one or two occasions during their placements.</p>	<p>ESs are obliged to meet at least three times with their DPTs at the beginning, middle and end of their placements as a bare minimum.</p> <p>The College Tutor should conduct an audit of educational supervision in O&G using the standards set out in the HEE document on Educational Supervision Standards and then formulate an action plan to address any deficiencies detected.</p> <p>Please provide an update on this audit and action plan in the first instance and, when available, the findings of this audit and a copy of the action plan.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG3.9	<p>The departmental leads highlighted that the local O&G induction programme was a concern for DPTs. In particular, the DPTs needed more time to learn about the unique maternity care features of the electronic patient records system, Cerner. The DPTs confirmed that the local IT induction was inadequate, and this had a negative impact upon risk management.</p> <p>Furthermore, some DPTs said they knew of colleagues who were on-call for most of their local induction programme. Others said they did not receive a local induction to the department at all, only a Trust induction.</p>	<p>The local O&G induction programme requires improvement to ensure DPTs at all training levels feel integrated into the O&G team.</p> <p>Please provide a copy of the updated O&G local induction programme(s) and, when available, feedback from DPTs on their experience of this induction.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>

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Midw3.9	The review panel heard that midwifery learners did not have a formal introduction to the obstetrics team as part of their induction programme.	<p>Midwifery learners should have the opportunity to meet with the obstetrics team during their orientation and induction programmes.</p> <p>Please provide a copy of the updated undergraduate midwifery orientation and induction programmes demonstrating when midwifery learners will meet with the obstetrics team.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG4.7a	The O&G ESs did not know about nor have HEE-mandated educational portfolios.	<p>Educational portfolios should be completed on a mandatory basis once every three years as part of the educational appraisal process and there should be evidence of review at the annual appraisal.</p> <p>Please provide a plan outlining how and when educational portfolios will be implemented for O&G ESs and how these will be kept updated.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG4.7b	Feedback from DPTs on their educational experience was not currently collected by the O&G team.	<p>ESs should collect feedback from their DPTs on their educational experience, which could be obtained through HEE's Multisource feedback tool (MSF).</p> <p>Please provide copies of feedback from DPTs on their educational experience in O&G at CUH.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG5.1	Some of the O&G DPTs said they had not spent sufficient time in outpatient clinics or theatres during their placements, due to covering rota gaps for service provision.	The Trust must ensure equality of opportunity and access to operating theatre lists and clinics for O&G DPTs at all training levels. This should be monitored by ESs and recorded in the DPT's Personal

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		<p>Development Plan (PDP) at the initial meeting.</p> <p>Please provide feedback from DPTs at all training grades on their access to theatre lists and clinics, including how this training experience has been linked to their PDPs.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG5.6a	<p>The O&G DPTs informed the review panel that the local teaching programme requires improvement. Sessions were reported to be predominantly peer-led and not catered to all training grades. Consultant input was described as sporadic, and it was difficult for DPTs to attend sessions held out of hours.</p>	<p>The O&G educational leads should consult with DPTs to make the local teaching programme more appropriate for all training grades. Attendance lists should be taken and DPT feedback collated.</p> <p>Please provide copies of attendance lists and feedback on the local O&G teaching programme from DPTs at all training grades.</p> <p>Please submit this evidence by 1 December 2022, in line with HEE's action plan timeline.</p>
OG5.6b / Midw5.6b	<p>Some of the O&G DPTs reported that they had only been aware of one simulation training session taking place while they had been on placement.</p>	<p>A structured programme of multi-professional simulation training should be established in the maternity department.</p> <p>Please provide a copy of the multi-professional simulation training programme for the maternity department.</p> <p>Please submit this evidence by 1 December 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
	N/A	

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

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>Some of the O&G DPTs reported that certain learner groups were marginalised and ignored by staff in the department and although this was reported to the review panel as a known cultural issue amongst the team, it was had not yet been addressed by the departmental leads.</p> <p>The O&G supervisors expressed some surprise and disappointment at the 2022 GMC NTS results indicating that that they were not approachable, as they felt they tried to engage with their DPTs and to offer effective supervision. Whilst they acknowledged that no learning environment was perfect and that staff shortages had been a challenge, they thought the culture of the O&G team was friendly and offered good opportunities for DPTs to learn and develop themselves with appropriate levels of support and supervision.</p> <p>The midwifery learners reported generally positive interactions with the obstetrics team and thought that the wider multi-professional team was friendly and nurturing. However, on occasion some members of the obstetrics team did not realise the learners were not qualified midwives and would ask them questions as though they were. At other times, the learners felt that some obstetrics colleagues were too busy to speak with them and they did not always feel part of a fully cohesive multi-professional team.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>Some midwives were considered to be more approachable and encouraging towards the midwifery learners than others. At times, the midwifery learners felt that certain midwives expected them to know more than was appropriate for their level of training. On occasion, midwives had also undermined learners in front of patients, which they had found humiliating. However, the review panel noted that this was not the behaviour of the majority of midwives at CUH.</p>	

	<p>The midwifery supervisors said they incorporated teaching into their duties wherever possible and aimed to update their learners' training handbooks throughout shifts, rather than at the end.</p> <p>The supervisors found it useful when patients agreed for learners to be involved in their care, as the supervisors were better able to explain processes and procedures to the learners in real time.</p>	
1.5	<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 O&G supervisors confirmed there were remote cardiotocography (CTG) systems based in two handover rooms and on the main labour ward desk.</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 of the O&G DPTs said that concerns they had raised with their supervisors, other consultants and DPTs about their own safety and that of patients, or in relation to cultural issues in the O&G team, were neither listened to nor addressed. Some DPTs said they had experienced bullying and undermining behaviour towards them by colleagues and felt unsupported in their roles. They reported good support by senior members of the Postgraduate Medical Education team and the review panel was pleased that there were mechanisms to give DPTs support who needed it.</p> <p>Although most of the DPTs considered the O&G consultants to be approachable they thought there was a lack of formalised protocol and structure in place for raising concerns with consultants.</p> <p>All of the midwifery learners were aware of how to raise concerns within the department. The midwifery supervisors said that the escalation policy was discussed with learners on a frequent basis.</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>In response to the Ockenden Report (from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust) published in March 2022, a local review of maternity services at CUH was undertaken by NHS England on 23 August 2022. Whilst some of the O&G DPTs had been told the Trust was compliant with the Ockenden Report's recommendations, they said the results and report from the local review had not yet been shared and discussed with them.</p>	
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>When O&G DPTs reported serious incidents via Datix, these were investigated but the DPTs were not usually provided with any feedback on the outcomes.</p> <p>The review panel heard from the O&G and midwifery supervisors that clinical governance meetings were held once a month to share feedback on incidents and both DPTs and midwives were invited to attend if they had time. Furthermore, the supervisors described how weekly Perinatal and Mortality meetings and handover meetings were useful forums to discuss cases. It was not clear if DPTs were invited to the former, but midwifery learners were.</p>	<p>Yes, please see OG1.10 / Midw1.10</p>
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The review panel heard that the labour ward handover meetings held each weekday morning and evening were multi-disciplinary; led by a midwifery coordinator and attended by midwives, midwifery learners and usually, but not always, both O&G and anaesthetics doctors. The O&G DPTs thought these handover meetings were poorly structured, there was no consistent visual aid for discussions, such as a whiteboard, and they did not offer any teaching or learning.</p> <p>The departmental leads were aware that the O&G DPTs wanted more teaching during these handover meetings and recognised that they were often rushed. The leads confirmed that they were reviewing the format of the meetings to find a suitable compromise for all involved to balance the service provision with the need to maximise educational opportunities.</p>	<p>Yes, please see OG1.12</p>

<p>The midwifery learners often wrote Situation, Background, Assessment, Recommendation (SBAR) summaries for the midwives to use during handover meetings, where appropriate.</p> <p>The gynaecology ward handover meeting was led by a central doctor but there was no specific location assigned for this. The gynaecology sub-team operated a 'consultant of the week' model.</p> <p>In general, the DPTs thought the maternity department's handover meetings could be improved by including more teaching.</p> <p>The DPTs also highlighted that ward rounds on the antenatal and postnatal wards were not always attended by consultants. The O&G supervisors confirmed that antenatal ward rounds were not job planned for consultants, but labour ward rounds were (held morning and evening) and antenatal patients were reviewed during those. However, the review panel was also told that a registrar would usually conduct the labour ward round and then report back to the rostered labour ward consultant afterwards. Similarly, the O&G supervisors stated that the postnatal ward round was led by a central doctor, who would speak with the antenatal registrar regarding any escalation required and then any more serious concerns would be escalated to a consultant. All re-admissions required a consultant decision.</p> <p>The midwifery learners thought that the labour ward rounds were effective and considered them to be the only time when the multi-professional obstetrics team felt fully cohesive.</p> <p>The departmental leads advised that midwifery meetings were held each morning, bringing all midwifery staff and learners together at the start of their shift. However, the midwifery coordinators no longer attended these meetings as this caused ward handovers to be delayed.</p> <p>The review panel was informed that many of the midwives working at CUH were newly qualified and so the DPTs felt they did not benefit from the guidance and knowledge of experienced midwives that they might receive at another Trust. This also meant that DPTs at lower training grades were often asked by midwives to triage patients without being given enough information to make accurate clinical decisions, which had led to some patients being under-triaged. However, the DPTs did not report any animosity or division between the midwives and</p>	
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	doctors working together in the maternity department and they felt it was a friendly multi-professional team.	
	A recent multi-professional endometriosis training programme had reportedly been well-organised.	

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> <p>The departmental leads and O&G supervisors described being surprised by some of the 2022 GMC NTS results for O&G at CUH (such as supervision), but the negatively outlying results for workload and rota design had been expected. An O&G Business Support Administrator had started in post in the week prior to the review, partly to support with the recruitment of locum doctors for the department, but previously the role had been vacant since September 2021. The departmental leads suggested that the absence of a Business Support Administrator had negatively impacted upon rota arrangements, which had in turn impacted upon the overall satisfaction of the O&G team. Before, during and after the GMC NTS was conducted in spring 2022, there had been delays in approving leave for O&G DPTs due to a lack of ownership and communication around this task. The department had also reportedly experienced problems securing locum doctors to fill both foreseen and unexpected rota gaps. The department had relied upon other directorates to help source locum doctors for them; a task that had not always been prioritised.</p> <p>In early 2022, prior to the GMC NTS results being published, the issue of rota gaps and workload had already been escalated to the GOSWH, who had subsequently developed an action plan. Between February and August 2022, 37 O&G exception reports had been submitted to the GOSWH, significantly more than the same period for previous years. The exception reports related to issues such as DPTs carrying more than one bleep; covering additional clinical areas than they were rostered to; not being able to attend teaching sessions due to service provision; and being required to cover on call duties at short notice. Some of the DPTs thought that the departmental leads did not pay due attention to the exception reports and only the GOSWH took appropriate action.</p>	Yes, please see OG2.1a

	<p>The review panel heard from the O&G DPTs that whilst they now had a central doctor rostered on night shifts, this had not been the case around the time of the 2022 GMC NTS and that a single registrar used to cover the labour, antenatal and postnatal wards overnight without in-person consultant supervision. The DPTs thought that the NTS results were reflective of this challenging situation.</p> <p>The DPTs also said that some locum central doctors' clinical practice could be unreliable at times, and this created additional stress in an already challenging environment for registrars, who might have to revisit patients or re-do the locum doctors' work.</p> <p>It was reported to the review panel that most exception reports submitted between February and August 2022 were from GP Vocational Training Scheme (GPVTS) and foundation level DPTs based in O&G. However, the departmental leads highlighted that, although specialty O&G DPTs had been informed about and encouraged to engage with exception reporting, the DPTs thought that working more than their rostered hours was part of their role and they actively chose not to submit reports on these grounds. This point was echoed by some of the O&G DPTs, who said they were not forced to work beyond their contracted hours but felt guilty for leaving on time.</p> <p>To address the department's rota gaps, the departmental leads confirmed that they were in the process of submitting a business case to Trust management for three new registrar-level DPTs. These DPTs would provide overnight cover for gynaecology, to ensure that central doctors were supernumerary and therefore not compelled to make independent clinical decisions about patients in the emergency department. According to the departmental leads, registrars working on labour ward generally felt anxious about leaving the ward to see patients in the emergency department, so the business case also aimed to ameliorate this issue. The departmental leads confirmed that this business case had the support of the Trust's executive team and they met with the Medical Director on a weekly basis to discuss the work they were undertaking to address their workforce challenges. They felt optimistic that the case would be approved. They were proceeding at risk with locum recruitment while they waited for the new substantive posts to be agreed.</p> <p>The review panel heard that the central doctor rota was coordinated by a DPT at that level of training. The departmental leads planned for the new Business Support Administrator to alleviate DPTs of rota coordination responsibilities.</p> <p>The O&G Clinical Director was also the Training Programme Director. The departmental leads were not aware of any issues pertaining to this joint role.</p>	<p>Yes, please see OG2.1b</p>
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	<p>The midwifery learners described the newly appointed CPFs at CUH as being accessible, approachable, and welcoming. The learners felt that the CPFs cared about their wellbeing.</p> <p>The midwifery supervisors thought their current education team was effective, and accessible to learners. They said that learners utilised their 'open door' policy to approach them about a range of matters.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Most of the O&G DPTs had not attended any LFG meetings, nor were they aware of the arrangements for these.</p> <p>The O&G supervisors said that LFG meetings re-started in June 2022, although it was not stated how long it had been since the previous meeting. Another meeting involving DPTs was also mentioned to have taken place in July 2022, but it was not clear if this was a LFG meeting or a different forum. The O&G supervisors said they had met with DPTs at LFG meetings, but it was not easy to find a suitable time when everyone could attend.</p> <p>A DPT representative reportedly attended monthly consultant meetings to present concerns and feedback from DPTs.</p>	Yes, please see OG2.4

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 noted a lack of formal pastoral support in place for O&G DPTs. Debriefs were rarely initiated to discuss upsetting cases and incidents. The DPTs said they would find debriefs helpful.</p> <p>The DPTs also thought that the stressful, busy, and variable clinical environments they were training in could be particularly challenging for DPTs at lower training grades and suggested more support should be offered to these colleagues as a priority. The department had not yet secured any wellbeing leads, nor implemented any wellbeing initiatives but the O&G supervisors confirmed that the Trust held general wellbeing sessions.</p> <p>Some DPTs felt able to approach their colleagues for emotional support on an informal basis.</p>	<p>Yes, please see OG1.10 / Midw1.10 & OG3.1</p> <p>Yes, please see OG3.1</p>

	<p>The managerial leads confirmed that the Trust was signed up to the 'British Medical Association (BMA) Fatigue and Facilities Charter' for O&G DPTs.</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>Due to rota gaps, it was reported that central doctors were on call for most of their shifts and were often expected to cover multiple clinical areas at any one time. The review panel was concerned that this was beyond the central doctors' clinical competency and risked being unsafe, as well as significantly reducing their access to learning opportunities. The central doctor rostered onto the night shift usually held two bleeps.</p> <p>The higher specialty O&G DPTs were particularly content with the clinical supervision they received whilst working on the wards. However, the review panel heard that clinical supervision during outpatient clinics was variable. In some instances, DPTs did not always have easy access to a consultant supervisor during clinics, whilst seeing both new and follow-up patients independently. The DPTs sometimes had to approach consultants with questions after the clinics had ended. Some of the DPTs felt there was a need for more direct clinical supervision and support through increased staffing.</p> <p>The midwifery learners confirmed they did not see any patients without supervision.</p>	<p>Yes, please see OG3.5a & OG3.5b</p> <p>Yes, please see OG3.5c</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 departmental leads and O&G supervisors were surprised by the O&G specialty training programme's negatively outlying 2022 GMC NTS results for clinical and educational supervision. All O&G DPTs were reportedly sent confirmation of their assigned CS and ES before starting in post and were informed of who to escalate concerns to, as appropriate. The leads also said that DPTs were met with early on in their placements to check they were content with their supervision arrangements and that no concerns had been raised in this regard by recent cohorts. However, the format of these meetings was not clarified.</p> <p>Some of the DPTs told the review panel that their ESs were not as supportive as they would have liked and suggested that ESs and DPTs sometimes had differing expectations of the working relationship. The review panel also heard that some DPTs had</p>	

	<p>only met with their ESs on one or two occasions during their placements. However, the majority of DPTs were satisfied with the educational supervision they received, most notably for gynaecology.</p> <p>The midwifery learners reported that their practice supervision lacked continuity due to a high turnover of midwifery staff in the department. They rarely had the same practice supervisor for each shift, which meant that the supervisors overseeing their work were not necessarily familiar with their level of competency and whether they were progressing as required. The learners felt this had a negative impact upon their training experience.</p> <p>Furthermore, they sometimes received conflicting guidance from CUH-employed and agency midwives, such as teaching different methods for performing certain procedures. In these instances, learners were not necessarily sure which was the approved method required to meet their clinical competencies.</p>	Yes, please see OG3.6
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>It was reported that the midwifery learners did not always get the opportunity to share feedback, fill in their practice assessment documents or sign-off proficiencies with their practice supervisors whilst on shift, as the department was so busy. The learners said they rarely had time to reflect on their learning as they were usually required to help midwives with service provision. A lack of continuity around their practice supervision was detrimental to conducting assessments of their progress with supervisors whilst on shift.</p> <p>The midwifery supervisors believed they had sufficient time whilst on duty to complete any required assessments with their learners, provided the learners were also proactive and organised in this regard. They were aware that, at times, learners had not had chance to discuss and sign-off proficiencies with their practice supervisors or assessors when required and confirmed that these discussions should have been booked for another time to ensure the task was completed. Sometimes learners were allocated a different practice supervisor or assessor if this problem persisted.</p> <p>CPFs had reportedly acted to complete assessments if a learner's assigned practice assessor had not managed to do so and this was usually due to staff shortages impacting upon workload, but sometimes because some assessors were difficult to make contact with.</p>	

	<p>The midwifery supervisors thought that the current midwifery education team was now more organised and had a better understanding of their learners' requirements than when the team was previously understaffed and there were no CPFs in post.</p>	
3.9	<p>Learners receive an appropriate, effective, and timely induction and introduction into the clinical learning environment.</p> <p>The departmental leads highlighted that the local O&G induction programme was a concern for DPTs. In particular, the DPTs needed more time to learn about the unique maternity care features of the electronic patient records system, Cerner. The DPTs confirmed that the local IT induction was inadequate, and this had a negative impact upon risk management.</p> <p>Furthermore, some DPTs said they knew of colleagues who were on-call for most of their local induction programme. Others said they did not receive a local induction to the department at all, only a Trust induction.</p> <p>The departmental leads confirmed that the local induction programme for new O&G specialty DPTs in October 2022 would be conducted over three days - rather than one-and-a-half, as it was previously - to address these issues.</p> <p>For foundation level DPTs who joined the O&G team in August 2022, the leads created a WhatsApp group between the DPTs, supervisors and educational leads to improve accessibility and with the aim of engaging with this group of learners more effectively. Overall, the leads said they wanted to ensure that consultants were more visible to foundation level DPTs, as they felt there was a disconnect between the two groups recently that had not previously existed.</p> <p>The midwifery learners told the review panel that their induction programmes at CUH varied in length and content depending on their stage of training, with some inductions lasting a matter of hours before starting on shift, while others lasted one week. Some learners were inducted several weeks before starting their placements at CUH. In these instances, it was suggested it might be useful to hold another 'refresher' induction when starting on placement. However, in general the midwifery learners were satisfied with their induction programmes.</p> <p>The midwifery supervisors said that the timing of learners' induction programmes was usually dictated by their universities. They recently delivered a newly devised one-day induction session when learners were introduced to managers and specialty midwives. They received positive feedback from the</p>	<p>Yes, please see OG3.9</p>

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	<p>learners who attended. The supervisors were pleased to be able to develop an induction programme that covered topics they would have found helpful for their own inductions.</p> <p>Midwifery learners usually had a two-week orientation period upon starting on placement when they would receive information about the various clinical areas in which they would be working. During this time, the learners were only expected to observe.</p> <p>The review panel heard that midwifery learners did not have a formal introduction to the obstetrics team as part of their induction programme.</p>	Yes, please see Midw3.9
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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 O&G supervisors felt that wellbeing support predominantly came from their peers in the department, as well as some highly experienced consultants who acted as mentors to them. The supervisors arranged social events monthly which offered solidarity and they also intended to resurrect regular social occasions with DPTs that had lost momentum through the COVID-19 pandemic.</p>	Yes, please see OG3.1
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 was informed that there were 17 ESs in O&G at CUH and each was assigned one DPT for educational supervision. Each DPT only had one ES but often two CSs. Two consultants coordinated foundation level 1 and 2 supervision respectively and CSs were also assigned to the GPVTS DPTs working in O&G. The ESs confirmed they had 0.25–0.5 of supporting professional activities (SPA) time allocated to educational supervision duties in their job plans. They attended monthly consultant meetings which offered an opportunity to discuss any concerns about their ES duties with the College Tutor, but the supervisors did not recall anyone raising any concerns. Similarly, the ESs felt able to approach the Director of Medical Education or Training Programme Directors if they had any problems in this regard.</p> <p>The ESs felt well supported by the O&G team and the Trust to fulfil their ES duties and thought they had access to useful development and training opportunities for this role. These included joining panels for Annual Reviews of Competency</p>	

	<p>Progression (ARCPs) and attending ES training courses organised by St George's University of London Medical School.</p> <p>The midwifery supervisors held their management team in high esteem and felt well supported in their roles. The newly appointed CPFs (one part-time and one full-time) were said to be approachable and helpful, providing useful links between midwifery learners, supervisors, and universities. The supervisors were notified in a timely manner about learners they were required to support and assess. None of the midwifery supervisors felt alone in dealing with educational or pastoral concerns and felt able to escalate concerns when required.</p> <p>Despite the department's workforce issues and the stress they often experienced in their roles, the midwifery supervisors enjoyed working at CUH because of the positive, proactive, and supportive ethos within the team.</p>	
4.3	<p>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).</p> <p>The O&G ESs described undertaking an annual educational supervision training course arranged by the Trust and delivered online by an external provider. The content of this course varied from year to year. This was the only training the ESs received upon initial commencement of this role.</p>	
4.7	<p>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.</p> <p>The O&G ESs confirmed they were required to complete an annual ES training course as part of their appraisal process. However, the ESs were not mandated to address educational duties as part of their PDPs; each PDP was tailored to the individual ES's requirements.</p> <p>The ESs did not know of, nor have HEE-recommended educational portfolios.</p> <p>Feedback from DPTs on their educational experience was not currently collected by the O&G team but the ESs were conscious of implementing a process for this, based on the 2022 GMC NTS results. The ESs considered adopting some HEE-approved approaches for this.</p>	<p>Yes, please see OG4.7a</p> <p>Yes, please see OG4.7b</p>

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>Some of the O&G DPTs said they had not spent sufficient time in outpatient clinics or theatres during their placements, due to covering rota gaps for service provision. Some DPTs thought their training placements could have been improved and they would have liked more exposure to high-risk operations and hands-on obstetrics cases. In contrast, other DPTs felt they had been exposed to good learning opportunities, had achieved their clinical competencies, and felt they had progressed successfully in their training. DPTs appeared to have had a particularly positive training experience in gynaecology.</p> <p>The departmental leads highlighted that some O&G DPTs had been required to cover rota gaps for DPTs of a lower training grade, which had restricted their training opportunities whilst simultaneously increasing their work intensity. The leads appreciated the compromises DPTs had made to deliver safe care for patients, acknowledging this had been to the detriment of their own learning at times.</p>	Yes, please see OG5.1
5.6	<p>Timetables, rotas, and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The departmental leads advised that, prior to the COVID-19 pandemic, multi-disciplinary local teaching sessions were held in person every Friday afternoon and this time was protected in the rota to allow learners, midwives, and the relevant tutors to attend. Since the peak of the pandemic, a reported increase in inpatient activity and a change to rota arrangements (particularly night shift frequency) had been detrimental to DPTs' access to teaching sessions and it had been difficult to find time slots suitable for all participants. Various options had been trialled - early mornings, evenings, and suspension of other activities to be replaced with teaching - but attendance had continually been poor.</p> <p>The O&G DPTs said that their formal teaching programme was suspended for several months in 2022 but had restarted in the last two months. Their supervisors had encouraged them to attend. However, the review panel heard that sessions were predominantly peer-led and not catered to all training grades. Consultant input was described as sporadic, and it was difficult for DPTs to attend sessions held out of hours. The DPTs recognised the departmental leads' efforts to organise formal</p>	Yes, please see OG5.6a

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	<p>teaching sessions but were generally dissatisfied with the arrangements.</p> <p>The O&G and midwifery supervisors confirmed that their learners were invited and encouraged to attend weekly CTG teaching sessions led by a foetal wellbeing midwife via videoconference on Tuesday evenings.</p> <p>Midwifery learners were also invited to attend multi-professional live simulations conducted by practice wellbeing midwives, which were held several times a week in clinical areas. Learning from these simulations was included in the midwifery team's newsletter. However, some of the DPTs reported that they had only been aware of one simulation training session taking place while they had been on placement.</p> <p>The review panel heard that midwifery learners attended CTG study days when they could – they could book a place on an ad hoc basis. Feedback on these study days was generally positive. They were not multi-professional but were co-produced with the consultant foetal wellbeing lead in the department.</p>	<p>Yes, please see OG5.6b / Midw5.6b</p>
HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	N/A	

Report Approval

Quality Review Report completed by	
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Date signed	20 October 2022

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Final Report submitted to organisation	8 November 2022
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