

Report of undermining check to Northwick Park Hospital, North West London Hospitals NHS Trust

This visit is part of the [GMC's remit](#) to ensure local education providers comply with the standards and outcomes as set out in *The Trainee Doctor*. For more information on these standards please see: [The Trainee Doctor](#)

Check	Undermining check
Date	31 October 2014
Location Visited	Northwick Park Hospital, North West London Hospitals NHS Trust
Team Leader	Professor Bill Reid
Visitors	Mrs Jane Nicholson Dr Jo Mountfield Dr Toby Reynolds
GMC staff	Ms Manjula Das, Education Quality Programme Manager Mr Joe Griffiths, Education Quality Analyst Mr Simon Roer, Education Quality Analyst

Purpose of the check

We are undertaking a series of checks to obstetrics and gynaecology departments and a number of surgical specialty departments across the UK to:

- explore bullying and undermining
- gain further insight into local and national challenges in addressing bullying and undermining of doctors in training

- explore the challenges faced when empowering victims of bullying and undermining to come forward.

We are also looking at ways in which sites have managed undermining and bullying concerns in order to learn and disseminate good practice to other local education providers.

These checks were prompted by an increasing number of undermining and bullying concerns reported to us. Our 2013 National Training Survey* asked doctors in training if they had experienced bullying or undermining in the workplace; 13% reported that they had.

We selected 12 departments: six obstetrics and gynaecology and six surgical specialty departments to visit over a period of three months. We chose to focus on obstetrics and gynaecology and surgical specialties as these were areas where doctors in training reported a high proportion of concerns. The sites were chosen after analysis of our evidence which includes bi-annual Dean's reports, data from the 2013 and 2014 National Training Surveys, and evidence from the Joint Committee on Surgical Training and Royal College of Obstetricians and Gynaecologists and local intelligence from Local Education and Training Boards (LETB) and deaneries.

This check was one of six obstetrics and gynaecology checks and was undertaken at Northwick Park Hospital. The check consisted of meetings with: specialty doctors in training; the Trust's senior management team; obstetrics and gynaecology consultants; student midwives; midwives and representatives from Health Education North West London.

Summary of the organisation

Northwick Park Hospital is managed by North West London Hospitals NHS Trust. The Trust was formed in October 2014 and included a merger with Ealing Hospital NHS Trust. Northwick Park is a general hospital providing acute services, with approximately 450 beds and 5,300 births annually. Deliveries will increase by approximately 250 annually from mid-2015 as a result of the site taking on some of the deliveries from Ealing Hospital when it stops providing a maternity service. It is likely that Northwick Park will receive some of the obstetrics and gynaecology consultants from Ealing Hospital when services at Ealing cease. At the time of our visit the hospital's obstetrics and gynaecology unit had 22 specialty training posts, including three general practice doctors in training. There were no foundation posts. The obstetrics and gynaecology programme for doctors in training at Northwick Park Hospital is managed by Health Education North West London (HENW).

¹ http://www.gmc-uk.org/NTS_2013_autumn_report_undermining.pdf_54275779.pdf
http://www.gmc-uk.org/NTS_bullying_and_undermining_report_2014_FINAL.pdf_58648010.pdf

Summary of key findings

Good Practice

1.	The vision and education focus of the Chief Executive, Director of Medical Education (DME) and the senior management team means that there is good senior engagement with education and training matters and the Trust's postgraduate education department is well supported. (TTD Standard 2.2, Standards for Deaneries 5.1)
2.	Doctors in training are very positive about the quality of experience in the obstetrics and gynaecology unit. They are well supported and supervised by consultants, midwives and the labour ward team, with excellent educational opportunities offering broad clinical exposure and experience. (TTD Standard 5.1, 6.11 and 6.17)

Requirements

1.	The Trust must implement more structured and formalised multi-professional handover arrangements in the obstetrics and gynaecology unit, such as the Situation Background Assessment Recommendation framework. There must be consistent presence by consultants and midwives during handover to ensure doctors in training have appropriate support and advice and to improve the educational value of this process. This needs to be urgently addressed by the Trust. (TTD Standard 1.6)
2.	The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used. All documentation, guidance and rotas should be reviewed to ensure that this terminology is removed. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)

Recommendations

1.	The Trust should take steps to ensure consistent application of clinical guidelines by Consultants in the obstetrics and gynaecology unit to reduce tensions between some individual members of staff. (TTD Standard 6.33)
2.	Doctors in training in obstetrics and gynaecology are expected to see any pregnant women and women with possible gynaecological problems in the emergency department to meet national waiting time targets. The Trust should urgently investigate the effect this is having on clinical prioritisation within the emergency department and timely review of patients in maternity services. (TTD Standard 6.32)
3.	The Trust should introduce more opportunities for engagement and interaction between obstetrics and gynaecology consultants and the unit's leadership team to improve cohesion among the consultant body and improve the educational environment and culture within the department. (TTD Standard 6.33)

Findings

Learning environment

Good practice 1: The vision and education focus of the Chief Executive, Director of Medical Education (DME) and the senior management team means that there is good senior engagement with education and training matters and the Trust's postgraduate education department is well supported. (TTD Standard 2.2, Standards for Deaneries 5.1)

Good practice 2: Doctors in training are very positive about the quality of experience in the obstetrics and gynaecology unit. They are well supported and supervised by consultants, midwives and the labour ward team, with excellent educational opportunities offering broad clinical exposure and experience. (TTD Standard 5.1, 6.11 and 6.17)

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- 1 We heard from the Trust senior management team that there are good structures for education at the LEP and a strong postgraduate education department. Education is represented at Trust Executive Committee by the Director of Medical Education, with regular updates going to the Board when required. In addition, the senior team reported that the Chairman and the wider Board are very engaged in education matters and that the Board considers an education risk register every six months. The senior team reported that the relationship with Health Education North West London is good and this was reinforced by the LETB team. However, we were told that the recent appointment to the College Tutor post had not followed the approved process.
- 2 The senior team acknowledged that service pressures in the obstetrics and gynaecology department have resulted in some challenges with the provision of education and training, but they have worked hard to address these. In particular,

the CEO of the Trust has emphasised that staff, including doctors in training, should feel able to raise any concerns that they have about their training and experience.

- 3 We heard from consultants and clinical leads that they have made considerable efforts in the last two to three years to improve the learning environment in obstetrics and gynaecology.
- 4 We heard from doctors in training that different consultants have different preferences for patient management which can lead to changes in patient care depending on which consultant is on duty. We also heard that not all consultants follow clinical guidelines and some doctors in training expressed concern that this could lead to decisions which were not always evidence based. Doctors in training sometimes felt compromised when consultants' clinical management differed.
- 5 Doctors in training in told us that are expected to see any pregnant women and women with possible gynaecological problems in the emergency department to meet national waiting time targets. They felt that this is having a negative effect on clinical prioritisation within the emergency department and on the timely review of patients in maternity services. They also perceived that this is leading to some tensions between staff in the obstetrics and gynaecology and emergency medicine departments.

Reports of undermining or bullying

Recommendation 3: The Trust should introduce more opportunities for engagement and interaction between obstetrics and gynaecology consultants and the unit's leadership team to improve cohesion among the consultant body and improve the educational environment and culture within the department. (TTD Standard 6.33)

- 6 We heard from the Trust senior management team that there have been challenges with bullying and undermining in the department, demonstrated by below outliers in the 2013 NTS. The Trust has set action plans to address these. The site also received a visit from the local School of Obstetrics and Gynaecology in late 2013 which provided more information on the issues. Actions taken included making changes to rota organisation and morning handover. The senior team commented that there is still work to do to resolve issues with undermining, but noted that there were no outliers for bullying and undermining in the department in the 2014 NTS.
- 7 The senior team advised that there are protocols in place at the site to manage reports of bullying and undermining. If issues cannot be resolved at departmental level they are escalated to human resources.
- 8 We heard from consultants that they were comfortable with managing concerns raised by doctors in training about their experiences and in giving feedback to doctors in training when they had experienced challenges. Consultants recognise the

importance of providing feedback to doctors in training in a constructive and supportive way.

- 9 Doctors in training reported that they receive information at induction about the process for raising concerns and feel comfortable approaching the consultants in the obstetrics and gynaecology department. Doctors in training did not report any bullying or undermining but did note, however, that there are some tensions between consultants in the department.
- 10 We were told that the college tutor regularly meets with doctors in training to get their feedback. The college tutor described their processes for managing feedback from doctors in training about consultants whilst retaining the anonymity of doctors in training.

Handover

Requirement 1: The Trust must implement more structured and formalised multi-professional handover arrangements in the obstetrics and gynaecology unit, such as the Situation Background Assessment Recommendation framework. There must be consistent presence by consultants and midwives during handover to ensure doctors in training have appropriate support and advice and to improve the educational value of this process. This needs to be urgently addressed by the Trust. (TTD Standard 1.6)

- 11 We heard significant concern from doctors in training about the handover arrangements in the gynaecology unit. They reported that current handover arrangements are informal, with limited consultant and multi-professional presence, particularly during gynaecology handover. They feel that they receive limited feedback as a result. We also heard that there are limited opportunities for handover between doctors and midwives on the labour ward. We require the LEP to take action to resolve issues with handover.

Time for training in job plans

- 12 The Trust senior management team reported that consultant job plans are currently being reviewed to ensure sufficient time for education and training. Those who are interested in and good at training should have appropriate educational responsibilities allocated to them and be suitably supported.

Conclusion

- 13 We were pleased to hear doctors in training reporting a positive educational experience and learning environment, and that they feel supported by consultants and midwives.
- 14 The main issues we heard about during our visit were with handover, the interaction between the obstetrics and gynaecology department and emergency medicine, and

inconsistent application of clinical guidelines. We also heard about tensions between some consultants, and between some consultants and the leadership team in the department.

- 15 We found that there was neither a culture nor a systemic problem of undermining and bullying in the department. Doctors in training know how to report concerns and feel able to do so. The trust management team have taken steps to ensure doctors in training feel supported to raise concerns and they are working well with Health Education North West London in this area.

Monitoring

The Trust is responsible for quality control and will need to report on the actions taken regarding the requirements and recommendations in this report. The action plan must be sent to quality@gmc-uk.org and Health Education North West London by 24 March 2015. The LETB is responsible for quality management of the requirements and recommendations and must report on progress to the GMC via the annual Dean's Report process.