GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

HEIW Education & Training Targeted Visit Report

Singleton Hospital

Obstetrics and Gynaecology

Swansea Bay University Health Board

Wednesday, 2nd April 2025

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Section One: Visit Remit

Health Board	Swansea Bay University Health Board	**Site**	Singleton Hospital
Visit Date	2nd April 2025	**Risk Rating (Pre visit)**	**12**
Specialty	Obstetrics and Gynaecology	**Grade(s)**	GPST & ST
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Euan Kevelighan, Head of School for Obstetrics and Gynaecology* • Makiya Ashraf, Training Programme Director • Benjamin Dicken, Faculty Lead (Quality) • Mandy Martin, Quality Manager • Vicky Collins, Quality Officer • Lisa O'Leary, Lay Representative • Sarah Rivers, Lay Representative (Shadowing)		
LEP Representatives	• Balwinder Bajaj, Assistant Medical Director (Education and Training) • Madhuchanda Dey, Clinical Director for Obstetrics and Gynaecology • Rajesh Krishnan, Deputy Medical Director • Anjula Mehta, Deputy Medical Director • Charity Knight, College Tutor • Nagindra Das, Clinical Lead for Obstetrics and Gynaecology • Sarah Madden, Assistant Speciality Manager, Gynaecology • Donna Hole, Head of Education and Learning • Sade Bewsher-Griffiths, Education Centres Manager • Llinos Hodder, Postgraduate Medical and Dental Education Manager • Sarah Morris, Postgraduate Medical Education Manager • Bethany Jones, Postgraduate Medical & Dental Supervisor		
Evidence Considered	• Evidence Timeline • Action Plan • Previous Visit Report, 10th July 2024 • GMC National Training Survey Results		
Residents Present	3X GPST & 4X ST	**Trainers Present**	X9
Status Summary	• The previous visit was undertaken on **10th July 2024.** • This concern is **not** in Enhanced Monitoring status with the GMC.		

**Recused for resident feedback sessions due to locally employed status. **

In the context of this report, the term 'Residents' refers to Postgraduate Doctors in training unless otherwise specified.

Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

The primary training concerns related to difficulty attending clinic, staff shortages at all levels, reduced theatre capacity thereby limiting opportunities to obtain the required level of experience, and reports of bullying and undermining.

The Health Board had indicated that progress was being made in some areas, such as attempts to improve recruitment, reviewing and revising the rolling rota, developing a robust teaching schedule, improving the induction, and work undertaken regarding civility in the workplace.

The following recommendations were agreed upon during the HEIW Targeted Visit on **10th July 2024.**

Requirements

1. The Health Board must ensure that further efforts are made to ensure that undermining behaviours and comments are eradicated, and that behaviour is always professional, in line with GMC standards and Health Board values.

2. The Health Board must ensure that efforts are made to improve communication and relationships between trainees and trainers, enabling an environment that allows concerns to be raised regarding behaviours, training, and patient safety.

3. The Health Board must optimise theatre allocation for trainers in Gynaecology, aiming for a weekly session for consultants with a Gynaecology interest and fortnightly for the remainder.

4. The Health Board must ensure that the handover for post-operative patients is in person and part of the Obstetrics and Gynaecology handover.

5. The Health Board must ensure that ST2 (specialty training year 2) residents have step up sessions on labour ward in preparation for ST3.

6. The Health Board must ensure that sessions for ATSMs (Advanced Training Skills Modules) and the forthcoming replacement SITMs (Special Interest Training Modules) are clearly identified on the rota to ensure there is minimal disruption of them.

Recommendations

1. The Health Board should continue to ensure that antenatal clinics are appropriately supervised according to resident grade, experience, and confidence.

2. The Health Board should ensure that speciality residents have their formal monthly Educational Supervisor meetings, which are recorded on the portfolio. Time should be available for residents and trainers on the roster for these meetings.

3. The Health Board should ensure that residents are rostered to specialist clinics to ensure access to a breadth of training.

4. The Health Board should ensure that the Standard Operating Procedure (SOP) for Gynae-oncology out of hours is reviewed for clarity and monitored for compliance.

5. The Health Board should ensure there is support for the College Tutor to aid them in improving the environment, culture, and communication with residents. A meeting with HEIW will be organised to help facilitate this.

6. HEIW will arrange a review visit within six months.

Since the previous visit, the Health Board has indicated the following progress in response to the above recommendations.

- The Health Board has undertaken a third Civility in the Workplace presentation in September 2024, which included the GMC workshop. Attendance at the presentation was reported to be positive.

- The Clinical Director updated the consultant body on the findings of the HEIW report and reiterated that it is the responsibility of each colleague to ensure they all act in line with the Health Board values.

- The College Tutor informs all residents of the new escalation pathway the Health Board have implemented. This pathway includes details of who to contact both within and outside the department.

- The Health Board have confirmed the establishment of a regular Resident Forum meeting at the Thursday afternoon teaching sessions, with the Clinical Director attending for part of the session. The meetings would be referenced during induction.

- Additional theatre capacity has been granted to the General Gynaecology team since HEIW's last visit.

- Training opportunities have increased, and residents are rostered to attend theatre regularly. The College Tutor meets with the rota coordinator on a weekly basis to ensure training sessions are prioritised.

- A Standard Operating Procedure (SOP) for the handover of post-operative patients within Obstetrics and Gynaecology is now in place.

- Measures have been taken to increase accessibility of step-up sessions for ST2 (second year specialty training) residents.

- A training programme guide was discussed in a Consultant Meeting to ensure the Educational Supervisor meetings had a log of monthly training opportunities provided to each resident.

- The College Tutor and the 'Senior House Officer' ('SHO') Tutor would continually meet with the Rota Manager on a weekly basis to ensure the rota is appropriate to support learning targets and supervision requirements.

- The College Tutor would liaise with the Rota Manager to ensure all Special Interest Training Modules (SITM) sessions were highlighted on the weekly rota and the training opportunities would be prioritised.

- The College Tutor updated all Educational Supervisors of the role requirements, including the need for an induction meeting within the first two weeks of residents starting and monthly meetings from then onwards. The College Tutor will monitor this through informal enquires at Resident Forum and review of resident portfolios.

- A SOP for Gynae-oncology was introduced, and feedback was sought from consultants and residents.

- Whilst the review visit was due in January 2025, this was slightly delayed due to challenges with availability.

Section Two: Summary Findings

The induction provided to residents at the beginning of their placements was confirmed to be beneficial and contained all information and logins needed for residents to begin their placements. Residents unable to attend the initial induction due to rota commitments and starting their placement out of sync received a personalised induction from a member of the senior team, which was valuable and highly praised. An educational agreement had been incorporated into the induction process, which outlined theatre procedures, and Gynaecology and Labour ward expectations of residents.

Initial meetings with Educational Supervisors were promptly undertaken at the beginning of the residents' placements. Overall, the level of availability and support provided by Educational Supervisors was confirmed to be good. Feedback from the Consultant body about clinical duties undertaken by residents was provided in a constructive format. Examples were provided of residents adjusting their behaviours when working in the presence of some senior clinicians due to previous negative experiences. However, this was agreed to be in a small minority of cases, with most of the Consultant body reported to be approachable and supportive.

Workplace Based Assessments (WBAs) were confirmed to be achievable as long as residents were pro-active in their organisation. Annual Review of Competence Progression (ARCPs) requirements were being met; however, some residents felt their lack of regular exposure to procedures could affect their long-term level of competence. Trainers highlighted issues in the provision of early pregnancy ultrasound scanning training due to a small trainer cohort and sickness within the trainer team. Nevertheless, arrangements had been made to ensure that adequate training would be available prior to residents' ARCPs.

Access to clinics had improved for all grades, comprising a mix of Speciality, Emergency Gynaecology and Antenatal Clinics. ST grades reported workload to be fairly high within the clinic setting, with some patients deemed to be high-risk and complex. Nevertheless, residents did not feel they were expected to work outside of their competencies and physical access to a senior clinician during clinics was available the majority of the time, except in cases of short notice staff sickness. On those occasions, a consultant was easily contactable via phone. Some GPSTs (General Practice Specialty Trainees) raised concerns about being pulled away from clinics to assist with theatre lists that had overrun, however this was not a regular occurrence.

Teaching within the department was rostered and the doctors' forum was scheduled directly afterwards. The teaching provided was confirmed to be valuable, however feedback about the benefit of the doctors' forum was ambivalent, due to a perceived lack of effectiveness in achieving change or improvement.

Educational Development Time (EDT) had been incorporated into the rota and would be rescheduled if an explanation and adequate notice were given. EDT was being monitored and documented within residents' portfolios by the department's College Tutor. Residents were encouraged to participate in audits and quality assurance projects and had also had Associate Principal Investigator clinical research schemes available to them.

Access to theatre was not regularly scheduled, however most residents were rostered sufficient sessions to meet their curriculum requirements. Concerns were raised about the outsourcing of procedures during weekends to specialist teams from London and the reduction this would cause in procedures available for residents to undertake their training. However, the external lists had been implemented to help with department waiting lists. Additional theatre lists had been recently implemented at other hospitals within the Health Board, and this was agreed to have greatly increased available theatre sessions.

Resident learning within theatres varied greatly and appeared to depend heavily on the consultant leading the procedure. Most theatre procedures were described as a beneficial learning experience; however, instances were mentioned of consultants undertaking procedures that would have been a beneficial

learning experience to residents, with the assistance of Advanced Nurse Practitioners (ANPs) instead, as the ANPs were more used to the Consultants' ways of working. Examples were given of some inappropriate behaviours, including aggression. These incidents were not common and reflected a small proportion of the workforce. Residents acknowledged that there was a departmental drive to improve behaviour and most felt comfortable raising concerns, although were not confident of subsequent change. The residents were nevertheless encouraged to use mechanisms for reporting inappropriate behaviour using Health Board or HEIW processes.

Handover was generally effective; however, concerns were raised about the process for Gynae-oncology patients and patients commissioned by external teams that remained on Gynaecology wards for post operative care during out-of-hours and weekends. The current procedure consisted of a face-to-face handover between the on-call consultants or registrars, as well as a patient list. Concerns were raised due to the list becoming locked when accessed on more than one computer, therefore becoming outdated or numerous copies being circulated, as well as lead clinicians sometimes missing handovers due to being unavailable. Residents were investigating the possibility of utilising the "Signal" system as a way of tracking Gynae-Oncology patients. The senior team supported this plan; however it was still at the discussion stage at the time of the Targeted Visit.

Overall, residents were satisfied with their current placements and felt it was a beneficial learning opportunity. There were no ST2 grades at the visit, so step-up arrangements within the department were not discussed. The number of SITMs (Special Interest Training Modules) sessions available to residents had been increased, but there were no residents currently in training at the Health Board that required them. Residents appreciated the efforts made within the directorate to encourage staff wellbeing and improve team cohesion. There was recognition amongst the residents of the attempts made by the consultant body to encourage resident feedback and increase options for reporting. Residents felt able to report concerns for the most part, but fears of backlash or a lack of confidence in actioned outcomes following concerns being reported has meant that a threshold would have to be crossed before some of the cohort would feel the need to raise a concern. Nevertheless, the majority of the residents in attendance at the visit would recommend their posts for learning, with all GPSTs and most STs confirming that they would recommend their current posts to peers.

Areas Working Well	Areas for Improvement
• Increased access to theatre. • Clinical supervision during clinics. • Good quality initial induction with personalised inductions for those rotating out of sync or unable to attend. • Access to and utilisation of Educational Development Time. • Scheduling of teaching. • Relationships between residents, trainers and the wider departmental team. • Access to and recording of Workplace Based Assessments. • Timely allocation of Educational Supervisors.	• The handover process for Gynae-oncology patients and patients under the care of external teams. • GPST residents being moved away from clinics to support overrunning theatre lists. • Departmental interactions within theatre settings. • Recording of concerns and timely feedback following review. • Prioritisation of learning opportunities during theatre procedures.

Requirements and Recommendations

The following requirements and recommendations were made in response to the findings of the visit process.

Requirements

1. The Health Board must ensure that handover is robust, comprehensive and effective at all times so that on-call residents are aware of patients on the ward. This includes:
   a) Patients who have had gynae-oncology surgery.
   b) Patients commissioned by external teams.

   GMC Requirement R1.14
   Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

2. The Health Board must make certain that concerns regarding inappropriate behaviours are managed effectively, with clear evidence of a positive change in behaviour with appropriate feedback provided in a timely manner.

GMC Requirement R3.3
Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

3. The Health Board must ensure that where residents are allocated to theatre, training opportunities must be available and delivered. Theatre sessions in which training opportunities are not available should not have residents allocated.

GMC Requirement R1.12

Organisations must design rotas to:
a) make sure doctors in training have appropriate clinical supervision
b) support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK
c) provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
d) give doctors in training access to educational supervisors
e) minimise the adverse effects of fatigue and workload.

Recommendations

1. HEIW will arrange a review visit in Autumn 2025.

GMC Requirement R2.6
Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

Next Steps

The aforementioned requirements and recommendations were provided to the Health Board verbally on the day of the visit and in writing on **Monday, 7th April 2025.** An action plan has been requested with a response required by **Wednesday, 21st May 2025.**

Risk Rating Recommendation

It was agreed that the current risk of twelve (high) is reduced to eight (medium). A further review of the risk rating would be undertaken at the next visit which will be scheduled in around six months' time.

Chair's Signature

Signature: 

Malcolm Gajraj, Director of Quality Management

Date: 13th May 2025