Royal College of Obstetricians & Gynaecologists

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Mr David Hinchcliff
Senior Coroner, West Yorkshire (Eastern)
Coroner's Office and Court
71 Northgate
Wakefield WF1 3BS

3 May 2017

Dear Mr Hinchcliff

Your ref: DH/ST/893/15 re Baby Karpovich / DH/KLA/3156/13 re Billy Wilson

Thank you for writing to me on 22 February and 8 March 2017 regarding the inquest of the deaths of Maxim Karpovich and Billy Wilson. I responded to [redacted] on 17 March 2017 after meeting and discussing with the RCOG Officers and seeking input and advice from the new Vice Presidents of Education and Clinical Quality. I apologised to [redacted] for the delay in my response explaining that I needed to consult with the Curriculum Review team in some detail before I could address his concerns appropriately. The consensus from the RCOG Officers and the Curriculum Review team was that a theoretical course in itself – particularly a course taking place over many weeks as was being suggested – was unrealistic for all trainees, many of whom are struggling to obtain study leave from their Trusts and are also complaining bitterly about the mandatory training modules that they are expected to complete. There is also the question of whether a course is the most appropriate method of training as the problems that can arise in clinical practice are generally when the whole picture is not considered and the issue is not escalated appropriately.

Cardiotocograph (CTG) training is part of the current RCOG curriculum. In summary it is part of module 10 '*Management of labour*' and by the end of Specialist Training year 1 (ST1), all trainees must produce evidence of having completed a course demonstrating CTG interpretation skills (see Module 10 attached with relevant sections highlighted) before they can progress to become an ST2. As you will see this is usually an e-learning course and the resources which most trainees use are either the K2MS™ PTP (Perinatal Training Program) package or the e-learning for Healthcare Electronic Fetal Monitoring chapter. You may be aware that the K2 training requires hospitals to have a site licence and trainees can then be registered. The e-learning for Healthcare requires doctors to have a NHS email address and then they can register for free, but this precludes those working out with the NHS. However I should mention here that, as the official host, the RCOG has put a significant amount of resource into supporting the eFM package, working with the Royal College of Midwives and Health Education England.

CTG training is additionally included in the basic practical skills course which all trainees have to take to progress to ST3. One of the 10 practical stations is on interpretation of CTG and fetal blood sampling. All delegates are expected to complete the on-line tutorials in electronic fetal monitoring and fetal blood sampling during the pre-course preparation and should have a basic understanding the fetal monitoring principles.

In terms of the new curriculum, the pressure of completing modules does not allow us to increase the emphasis on CTG interpretation but it will remain an important that trainees evidence this skill. The RCOG opinion on CTG interpretation is that the problems arise in clinical practice when the whole picture is not considered, and this is why trainees are encouraged to demonstrate clinical competence within teams as part of workplace based assessments. In addition senior trainees who are likely to be in charge of such teams can register for our Advanced Training Skills Module (ATSM) in advanced antenatal practice or advanced labour ward practice, both of which contain curricula that deliver additional training in the teamwork around CTG interpretation which includes the running of team meetings and reviews of decision making . Further details of our ATSM programme can be found at https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/atsms/.

Whilst we fully understand the concerns around this case we would like to reassure you that the College is committed to ensure that safety is at the heart of anything we do. We have discussed whether one additional course such as that proposed by Professor Steer for all our trainees would enhance safety. We believe that it would not and that we should therefore concentrate on ensuring consistency of our curriculum and also fully engaging with NHS England and the 'Safer Maternity Care' programme, launched by Jeremy Hunt at the RCOG in October 2016. This important national programme has come with a very strong bias towards team work and leadership, supported by a new funding stream for multi-professional training programmes.

As I am sure you are aware, the Secretary of State announced £8m of funding for maternity safety training last Autumn 2016, with at least £40k to each NHS Trust in England. This has allowed some units to fund training in subjects such as team working in intrapartum care and CTG interpretation via courses that have already been established.

Lastly I should mention that in my reply to [redacted] I reminded him that the RCOG currently offer an "intrapartum fetal surveillance course" which is run over one day at the RCOG and is aimed at obstetric team working. I suggested to [redacted] that he could liaise with our Convenor of Meetings to help us design a pilot programme along the lines that Professor Steer proposes, that

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could then be trialled at the RCOG. I offered to give this my full support if he wished to pursue the proposal and I believe that he has already started to do so.

If you would like to discuss this further with me please do not hesitate to contact me.

Yours sincerely

[redacted]

President

Key:
Common competency framework competencies Medical leadership framework competencies Health inequality framework competencies

Core Module 10: Management of Labour

Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to labour

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
Mechanisms of normal labour and delivery Induction and augmentation of labour Drugs acting upon the myometrium Structure and use of partograms Fluid balance in labour Blood products Regional anaesthesia, analgesia and sedation Fetal wellbeing and compromise Prolonged labour Emergency policies/maternal collapse/haemorrhage Pre-term labour/ premature rupture of membranes Cervical cerclage Multiple pregnancy in labour Severe pre-eclampsia and eclampsia In-utero fetal death (IUFD), including legal issues Acute abdominal pain	1,2	Manage: ▪ in-utero transfer ▪ intrauterine fetal death (IUFD) ▪ women who decline blood products ▪ obstetric haemorrhage** ▪ severe pre-eclampsia/eclampsia** ▪ obstetric collapse** Prioritise labour ward problems Evaluate clinical risk Liaise with other staff Interpret a CTG Manage: ▪ induction of labour ▪ delay in labour ▪ labour after a previous lower segment caesarean section ▪ preterm labour Perform and interpret a fetal blood sample Prescribe blood products appropriately Advise on pain relief Removal of cervical suture Counsel and consent for fetal post-mortem in cases of intrauterine fetal death Manage abdominal pain	1,2 3,4	Demonstrate the appropriate use of protocols and guidelines Demonstrate the ability to prioritise cases and have the skills to supervise the workload on a labour ward Respect cultural/religious differences in attitudes to childbirth Practice effective liaison with colleagues in other disciplines, clinical and non-clinical Demonstrate the ability to deal sensitively with the issues regarding intrauterine fetal death Recognise personal limitations and the need to refer appropriately Keep accurate contemporaneous records Ensure prompt post-incident report is completed Confident in stepping up from ST2 to ST3 Increase responsibility and promote patient safety Non-clinical skills essential for: o Understanding of senior midwife coordinator	1,2 3,4 3 3,4 1,3 1,4	CTG training Eclampsia drill – simulation** Drill for obstetrical collapse and obstetric haemorrhage - simulation/drills** Communication in an emergency – role play/simulation Breaking bad news study session – role play Labour ward team drills (as used for CNST training) which include aspects of team-working, leadership and situational judgment awareness Perinatal mortality and morbidity meetings StratOG.net: Management of Labour and delivery e-tutorials	Meetings attended Case reports Audit project Annual Review Logbook Reflective diary OSATS- Fetal blood sampling MRCOG Part One MRCOG Part Two MRCOG Part Three

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
		Clinical skills essential for: o Common clinical skills-delivery of twins fetal bradycardia and ventouse delivery, malposition at full dilatation		expectations of an ST3 on delivery suite o Best practice in telephone consultations and referral o Coping and dealing with serious untoward incidents including debriefing and feedback. o Improving resilience –looking after yourself		Resillence training; Step-up course (or equivalent) Disposal of fetal parts RCOG Good Practice Guideline: Disposal following pregnancy loss before 24 weeks of gestation. RCOG website. Courses such as ALSO and MOET *The Obstetrician and Gynaecologist* journal	

Appendix to Module 10: Management of Labour

- Mechanisms of normal and abnormal labour
- Mechanism of spontaneous vaginal delivery
- Methods of induction of labour; indications, contraindications and complications
- Methods of augmentation of labour; indications, contra-indications and complications
- Drugs acting upon the myometrium and cervix
- Structure and use of partograms
- Fluid balance in labour
- Transfusion
- Types and methods of action of regional anaesthesia including epidural (lumbar, caudal), spinal, pudendal nerve block; indications and contra-indications
- Types and methods of action of analgesia and sedation including narcotics, hypnotics, psychotropics, non-steroidal anti-inflammatory drugs; indications, contra-indications
- Complications of anaesthesia and analgesia including cardiac arrest, respiratory arrest, aspiration, drug reactions
- Assessment of fetal wellbeing using fetal heart rate monitoring, acid/base balance. and fetal scalp blood sampling
- Causes and management of fetal compromise including cord prolapse and intra-uterine fetal death
- IUFD – legalities regarding registration and disposal of fetal tissue
- Causes and management of prolonged labour
- Causes and management of maternal collapse including massive haemorrhage, cardiac problems, pulmonary and amniotic embolism, drug reactions, trauma
- Emergency guidelines and procedures
- Ante andintra partum haemorrhage including, placenta praevia, vasa praevia, ruptured uterus, coagulation defects, iatrogenic causes
- Causes, mechanisms of action and complications of pre-term labour/ premature rupture of membranes including fetal pulmonary maturity, infection risks
- Preterm labour including therapy (antibiotics, steroids, tocolysis), consultation with neonatologists, in-utero transfer, methods of delivery (induction of labour, timing, mode), outcomes, risks
- Role and types of cervical cerclage
- Multiple pregnancy in labour
- Severe pre-eclampsia and Eclampsia
- Placental abruption

Key:
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Core Module 10 Logbook	Competence level Basic level ☐ Intermediate level ☐ Advanced level ☐ Not required ■					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Induce labour						
Manage delay in first labour						
Manage delay in second stage of labour						
Advise on pain relief						
Interpret CTG						
Perform fetal blood sampling						
Manage fetal acidaemia						
Manage preterm labour and delivery						
Manage labour after previous caesarean section						
Management of the breech in labour (excluding delivery)						
Management of transverse lie in labour (excluding delivery) OM						
Cord prolapse OM						

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Core Module 10 Logbook	Competence level Basic level ☐ Intermediate level ☐ Advanced level ☐ Not required ■					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Manage severe pre-eclampsia in labour						
Manage eclampsia in labour OM						
Manage HELLP in labour OM						
Manage obstetric antepartum haemorrhage						
Safe use of blood products						
Manage obstetrical collapse OM						
Manage intrauterine infection						
Prioritise labour ward problems						
Evaluate clinical risk						
Coordinate and run labour ward						
Liaise with other staff						
Manage in utero transfer						
Manage in utero fetal death						

GMC Good Medical Practice (GMP) Domains: Domain 1: Knowledge, skills and Performance Domain 2: Safety and quality Domain 3: Communication, Partnership and Teamwork. Domain 4: Maintaining Trust

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Core Module 10 Logbook	Competence level Basic level ☐ Intermediate level ☐ Advanced level ☐ Not required ■					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature

Title	Signature of educational supervisor	Date
Eclampsia drill		
Drill for obstetric collapse		
ALSO/MOET or similar		
Resilience training; Step-up course (or equivalent)		

Authorisation of signatures (to be completed by the clinical trainers)

Name of clinical trainer (please print)	Signature of clinical trainer

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Common competency framework competencies Medical leadership framework competencies Health inequality framework competencies

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer

OSATS	Each OSATS should be successfully completed for Independent Practice on 3 occasions before the module can be signed off					
Fetal blood sampling	Date		Date		Date	
	Signature		Signature		Signature	

COMPLETION OF MODULE 10 I confirm that all components of the module have been successfully completed:		
Date	Name of educational supervisor	Signature of educational supervisor