SEHSCT
Obstetrics and Gynaecology Placement Quality Review Re-survey Results:2020

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Northern Ireland Medical and Dental Training Agency
REPORT COMPILED BY DR G.V. BLAYNEY & DR S.A. PHILLIPS |2020

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Executive Summary

NIMDTA's Placement Quality (PQ) team commenced a review into the quality of Obstetrics and Gynaecology (O&G) training posts in Northern Ireland (N.I) in August 2018. Initial background research into current O&G training in N.I included the GMC National Training Survey and the RCOG Training Evaluation Form (TEF) Report. Trainee feedback was obtained through the PQ Survey of Training in O&G in August/September 2018. A PQ re-survey of small training units (SWAH, DHH, and CAU) was completed in January 2019 to increase the number of trainees providing feedback. The analysis of the results was summarised in an Interim Report which was published on the NIMDTA website in March 2019. Results were disseminated at individual Trust meetings (January 2019 – May 2019) and from the identified improvement strategies the key recommendations for placement quality improvement were defined.

Key recommendations included:

1. Production of a Unit Prospectus for O&G Training in N.I
2. Development of a regional O&G Training Leaflet to improve the information available for trainees in making career and placement choices
3. Provision of unit rota allocations at least 6 weeks prior to post commencement
4. All trainees should receive an appropriate induction to the unit as highlighted by GMCs Promoting Excellence[1]
5. Establishment of a regional 'Return to Work Course' for trainees after a prolonged time out of programme
6. Co-ordination of rotas by a permanent staff member(named consultant/SAS doctor), with appropriate job planning and time allocation
7. Provision of additional day time cover in emergency clinic areas and consideration of an elective caesarean section list in units where workload intensity is reported as excessive
8. Delivery of 3 hours/week of protected (bleep-free) in-unit teaching with consultant involvement
9. Provision of a regional e-portfolio teaching update for trainers in O&G who are Educational (ES) or Clinical Supervisors (CS)
10. Improved utilisation of training opportunities on ward rounds, EPPC and ANCs
11. Development of regional written guidance for O&G supervisors from GP Lead Educators on specific training requirements for GP specialty trainees

Indicators of Good Quality Training units included:

- Trainee-centred where trainees are listened to, respected and valued;
- Good teamwork and clearly defined team structure;
- Recognised trainers who understand trainee needs, are appropriately trained and have dedicated time to supervise;
- Regular, weekly, protected (bleep-free) teaching time with enthusiastic commitment of senior colleagues to teaching and training;
- Rotas issued in a timely manner and co-ordinated by a permanent member of staff.

In January 2020, following a period of time to allow for implementation of the key recommendations, further trainee feedback was obtained on O&G training placements, through the O&G PQ Review re-survey in Jan 2020. This report details the results of the re-survey for the South Eastern Health and Social Care Trust (SEHSCT). The results are discussed under seven headings:

1. Placement preferences and Allocations
2. Induction and rotas
3. Clinical Workload and Teaching
4. Educational and Clinical Supervision
5. Training opportunities
6. Overall opinions

Section 1 of this report summarises the results of the re-survey for the SEHSCT. The SEHSCT 2018 O&G PQ survey results and the N.I 2020 PQ re-survey regional averages are included for comparison.

Section 2 outlines the positive developments within the SEHSCT and areas where further improvements are still required.

Section 3 provides an update on developments in relation to the N.I. Regional recommendations from the 2018 PQ report.

This report and the results of the re-survey will be circulated to the Department of Health as well as all Medical Directors, DMEs and Head of School/DHoS. To ensure continued improvements are maintained and to assess the success of additional measures that have been introduced to further improve the O&G training experience, the Placement Quality Team at NIMDTA will be conducting a further survey of all trainees working in O&G in late 2021.

Section 1: Key Recommendations – Progress Update

In the O&G PQ Re-survey of the SEHSCT, all trainees (both O&G and GPST) were asked about training in O&G between 07/08/19 and 01/01/20.

In the 2020 O&G PQ re-survey the response rate for the SEHSCT was 77% (100% response O&G trainees; 40% response GPST). This was above the regional response rate of 66% and an improvement on the 2018 PQ (SEHSCT) survey result (58%) with a greater engagement of O&G trainees (2018 PQ survey: 71% response rate O&G trainees).

1. Placement Preferences and Allocations

Key recommendations:

- Production of a Unit Prospectus for O&G Training in N.I
- Production of an O&G Training Leaflet - 'Train in O&G in NI'
- Timely Post allocations – NIMDTA to ensure that all trainees receive notification of their training post more than 6 weeks prior to post commencement
- Rota allocations should be made available to trainees at least 6 weeks prior to post commencement.

Placement Preferences

Q/ Did you have sufficient information about placement options prior to making placement preferences	NI Regional Average 2020 Re-survey (%)	NI Regional Average 2018 Survey (%)
Yes, I had enough information	80 ↑↑	33

Q/ If you are new to the specialty did you find the O&G Training Leaflet on the NIMDTA website helpful in understanding the structure of O&G Training	NI Regional Average 2020 Re-survey (%)
Yes	35
Yes, I didn't know about it but would have used it	55
No	3
No, I didn't know about I and would not have used it	7

Q/ Did you find the O&G Training Unit Prospectus on the NIMDTA website helpful in making your placement preferences	NI Regional Average 2020 Re-survey (%)
Yes	45
Yes, I didn't know about it but would have used it	30
No	9
No, I didn't know about I and would not have used it	15

Trainees report a significant improvement in the information available to them regarding placement preferences (33% → 80%). This has largely been due to the development of the 'Train in O&G in NI' leaflet and the 'O&G Training Unit Prospectus' , now available on-line, with 90% and 75% of N.I. trainees respectively, reporting that they had used or would have used them.

Post and Rota Allocations

Notice of post by NIMDTA	NI Regional Average 2020 Re-survey (%)	NI Regional Average 2018 Survey (%)
>6 weeks	75 ↓	87
4-6 weeks	25	9
<4 weeks	0	4
<2 weeks	0	0

Q/ Was the notice regarding your post location adequate time for personal/professional/situational preparation?

Yes – 87%
No – 13%

Notice of out-of-hours rota allocation by Trust	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
> 6 weeks before	31	40 ↑	14
4-6 weeks before	40	30	43
< 4 weeks before	25	30 ↓	43
< 2 weeks before	4	0	0

Q/ Was the notice regarding your rota allocation adequate time for personal/ professional/situational preparation?

Yes – 80% (SEHSCT)
No – 20% (SEHSCT)

"Made it more difficult to arrange swaps to accommodate leave."

It is a requirement of the Learning and Development Agreement between NIMDTA and Local Education Providers (LEPs) that information relating to the allocation of trainees within training programmes is provided to LEPs 8 weeks in advance of the changeover date. (1) Trainees are notified by NIMDTA of their post allocation at this time and Trusts are then required to inform trainees of their out of hours (OOH) rota allocation at least 6 weeks before the commencement of their post. (2)

The majority of trainees (75%) reported receiving notification from NIMDTA of the Trust where they would be working at least 6 weeks prior to starting their post, with the remaining 25% reporting at least 4 weeks' notice. It has been confirmed that all trainees were emailed confirmation of their training post more than 8 weeks prior to post commencement and the survey response to this question may reflect the later allocation of posts within the Trust.

Improvements are noted in the SEHSCT with 40% of trainees now achieving the target of rota notification > 6 weeks prior to post commencement, up from the 2018 survey (14%). Overall 70% of trainees in the re-survey reported receiving their OOH rota allocation at least 4 weeks prior to commencing their post, compared to 57% in the 2018 Survey. This is in line with the regional average and the majority of trainees (80%) feel that this is adequate notice.

Recommendation: Placement Preferences
Production of a Unit Prospectus for O&G Training in N.I and development of a Regional O&G Training Leaflet

Recommendation MET

Recommendation: Timely Post Allocations by NIMDTA
All trainees emailed postings >8 weeks prior to post commencement

Recommendation MET

Recommendation: Trust OOH Rota Notification > 6 weeks prior to post commencement

Improvements noted in the SEHSCT

2. Induction and Rotas

Key recommendations:

- All trainees should receive an appropriate induction to the unit as highlighted by GMCs Promoting Excellence [2]
- Co-ordination of rotas by a permanent staff member (named consultant/SAS doctor), with appropriate job planning and time allocation.

Q/ Unit induction appropriate?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
Yes, appropriate with clear understanding of roles and responsibilities	90	90	88
No, induction wasn't appropriate and I was not completely clear of my roles and responsibilities	8	10	12
No, there was no induction and I didn't understand my roles and responsibilities	2	0	0

"Induction – spent time on irrelevant information."

Q/ Who co-ordinated the weekly rota in your unit?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
A trainee	54	0	85
An allocated specialty doctor	45	100	14
A named consultant	2	0	0
A member of administrative staff	0	0	0

Rota vacancies?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)
Yes, there were rota vacancies	51	30
Filled by external locum/agency long-term staff	76	50
Filled by external locum/agency on a daily/shift-by-shift basis	10	50
Trainees already on the rota	10	0
Left unfilled	3	0

Q/What impact did vacant rota slots have on your training? (SEHSCT vs NI regional average)

Positive (e.g. less competition): **12%** vs 13%

Negative (e.g. missed opportunities) **38%** vs 19%

No impact: **50%** vs 68%

"[Rota vacancies were] undertaken by a long term locum, however, unfortunately what opportunities were given to trainees varied, usually find that on training week you are used for service provision."

"Before starting the placement one GP trainee was moved to Paeds when it was known that we had a GP trainee soon to go off on maternity leave. Therefore we missed a lot of training opportunities due to staffing and inability to get locums."

A high standard of unit induction continues to be delivered in the SEHSCT with 90% of trainees reporting that their induction to their placement was appropriate, providing them with a clear understanding of their roles and responsibilities.

The SEHSCT (UHD) is currently one of four units in N.I with an allocated specialty doctor co-ordinating the rota, an important development from the 2018 PQ Survey where the vast majority of trainees had commented that this change would positively impact trainee experience (over another trainee co-ordinating the rota) - *"An allocated specialty doctor has the best understanding of the needs of the unit and of the best way to meet trainees needs, other trainees may have conflicts of interest and won't know the unit as well as a permanent doctor."*

In the SEHSCT trainees have not had to cover rota gaps which have instead been filled by external locum/agency staff; however 38% of respondents report that vacant rota slots have had a negative impact on their training. This is double the NI regional average (19%) indicating that rota gaps are having a more significant effect on training opportunities in the SEHSCT than in other sites.

Recommendation: Induction
All trainees should receive an appropriate induction to the unit as highlighted by the GMCs Promoting Excellence [2]

Unit Induction SEHSCT - High standard being maintained

Recommendation: Rota co-ordination
Co-ordination of rotas by a permanent staff member (named consultant/SAS doctor), with appropriate job planning and time allocation

Recommendation: MET in SEHSCT

3. Clinical Workload and Teaching

Key recommendations:

- Provision of additional day time cover in emergency clinic areas and consideration of an elective caesarean section list in units where workload intensity is reported as excessive
- Delivery of 3 hours/week of protected (bleep-free) in-unit teaching with a dedicated consultant attending or a consultant teaching rota.
- Local teaching should be tailored to GP trainees/FY2s when CME is on (when O&G trainees are therefore off-site) and should be targeted for all trainees when regional CME teaching is not scheduled.
- All O&G trainees should be released from clinical duties to attend Friday afternoon regional CME teaching (aside from those providing emergency on-call cover).

Clinical Workload

ST1-2

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey (%)			SEHSCT 2020 Re-survey (%)			NI Regional Average 2018 Survey (*)		
	Daytime	At night	At weekends	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light	0	0	0	0	0	0	0	0	0
Low intensity	6	17	6	0	0	33	0	7	0
Just right intensity	83	72	61	100 ↑	100↑	67↑	86	64	57
Very intense/excessive	11	11	33	0	0	0	14	28	43

* NI Regional Average 2018 PQ Survey figures used as no ST1-2/LAT respondents in SEHSCT on 2018 PQ Survey

ST3-7

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey (%)			SEHSCT 2020 Re-survey (%)			SEHSCT 2018 Survey (%)		
	Daytime	At night	At weekends	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light	0	0	0	0	0	0	0	0	0
Low intensity	0	0	0	0	0	0	0	0	0
Just right intensity	78	57	70	60 ↑	20	40	0	40	60
Very intense/excessive	22	43	30	40 ↓	80↑	60↑	100	60	40

GP-ST

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey (%)			SEHSCT 2020 Re-survey (%)			SEHSCT 2018 Survey (%)		
	Daytime	At night	At weekends	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light	0	0	0	0	0	0	0	0	0
Low intensity	0	0	0	0	0	0	0	0	0
Just right intensity	100	86	57	100	100	100	0	100	50
Very intense/excessive	0	14	33	0	0	0	100	0	50

There has been some improvement in work intensity in SEHSCT with no ST1-2 or GP-ST trainees reporting workload as very intense or excessive. Although for ST3-7 trainees there has been some improvement in the intensity of workload during the day with 60% of trainees now indicating that day-time workload is just right; workload intensity remains an issue at night and at weekends with 80% and 60% of ST3-7 trainees respectively reporting that workload is very intense or excessive. This is an increase on the 2018 figures and is almost double the regional re-survey average (43% at night and 30% at weekends).

All trainees responded to say that there is no separate elective caesarean section list in SHESCT. Regionally, 92% of trainees who had an elective c/s list felt that it improved their training.

"There are times it is busy but most consultants are approachable and happy to help, very good place for obstetric training."

"Very busy unit- can obviously have calmer days but on average OOH is busy, particularly when paired with a junior trainee who can't scan."

Yes - During times of excessive work intensity I felt well supported by seniors.

67% ST1-2/LAT

100% ST3-7

100% GP-STs'

During times when work intensity is excessive is there **additional cover in emergency clinical areas?**

22% = 'Yes'

78% = **'No'**

Recommendation: Additional day time cover in units where workload intensity is reported as excessive

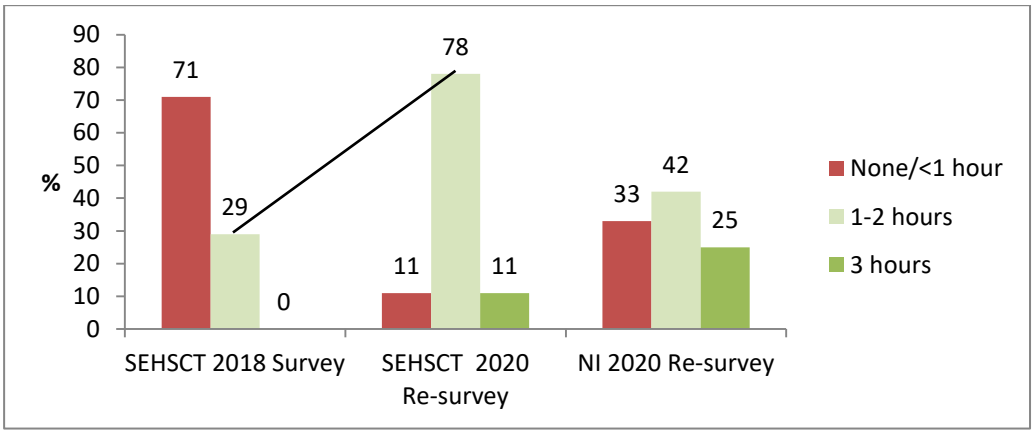
Recommendation NOT MET in SEHSCT

Recommendation: Elective CS lists in units where workload intensity is reported as excessive

Recommendation NOT MET in SEHSCT

Teaching

Q/ How much protected teaching time (bleep-free) do you get / week?



Q/ How would you rate the quality of local departmental teaching during your post?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
Interesting, relevant, weekly	63	44 ↑	33
Interesting and relevant but not regular	23	22	67
Not interesting or relevant but was weekly	8	33	0
Not interesting, or relevant or weekly	6	0	0

"Attempts are made to make teaching bleep-free."

"A lot of perinatal/risk meetings but not always bleep-free."

Q/ How often was there consultant attendance at local departmental teaching?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
Always/usually	73	55 ↑	50
Sometimes	15	33	33
Rarely	6	0	17
Never	6	11	0

Q/ GP trainees – do you feel the local departmental teaching meets your training needs?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)
Yes	60	100 ↑
No	40	0

In the SEHSCT there has been a significant improvement in the frequency of protected (bleep-free) teaching with 78% of trainees reporting 1-2 hours/ week of protected teaching time, an increase from 29% in the 2018 PQ Survey and almost twice the NI regional average in 2020 (42%). A further 11% of trainees report having achieved the target of 3 hours/week of protected (bleep-free) teaching. Overall 89% of trainees in the SEHSCT are receiving at least 1-2 hours/week of protected teaching, above the regional figure of 67%.

There has been a small increase in the number of trainees reporting that teaching is interesting, relevant and occurring weekly (33% → 44%), but this remains below the NI regional average (63%). Minimal change in consultant attendance at departmental teaching is reported with just over half of trainees stating that teaching always or usually has a consultant present, in comparison to the regional figure of 73%.

Positively however, all GP trainees reported that local teaching was meeting their training needs, a figure significantly above the NI regional average (60%). This addresses the recommendation from the O&G Interim PQ Report (March 2019), which advised that – '*Local teaching should be tailored to GP trainees/FY2s when CME is on (when O&G trainees are therefore off-site)* '

An active unit culture of research, presentations and posters was reported by 50% of trainees but 25% said there was no specific encouragement to undertake such activities. This is similar to the NI Regional 2020 average (47% and 34% respectively) but poorer than the SEHSCT 2018 results (71% and 14% respectively).

CPD

22% of SEHSCT trainees state that they get 1-2 hrs/week of rostered CPD time (e.g. e-portfolio, teaching preparation, CPD). The majority of trainees (78%) state that they get less than 1 hour/week.

CME

CME attendance	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
Clinical commitments (not on-call) or morning activities running late preventing CME attendance	31	14 ↓↓	100

In the SEHSCT there has been a significant reduction in the number of trainees reporting that they were unable to attend CME due to non-emergency clinical commitments (100% →14%) with a figure well below the reported NI regional average (31%). This suggests that the recommendation from the Interim PQ Report (March 2019), which advised that all O&G trainees should be released from clinical duties to attend Friday afternoon regional CME teaching (aside from those providing emergency on-call cover) is being achieved..

The PQ Re-survey findings highlight that in the SEHSCT some progress has also been made towards achieving the recommendation of 3 hours/week of protected (bleep-free) in-unit teaching with a dedicated consultant attending or a consultant teaching rota.

Recommendation: Protected Teaching Time
Delivery of 3 hours/week of protected (bleep-free) in-unit teaching with a dedicated consultant attending or a consultant teaching rota

Recommendation: NOT MET in SEHSCT but significant improvement noted

Recommendation: Local Teaching tailored for GP trainees

Recommendation: MET in SEHSCT

Recommendation: Improved access to CME

All O&G trainees should be released from clinical duties to attend Friday afternoon regional CME teaching (aside from those providing emergency on-call cover).

Recommendation: Significant improvement in SEHSCT

4. Educational and Clinical Supervision

Educational Supervision

Q/ How would you rate the supervision by your named Educational Supervisor?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
Excellent	48	33 ↑	14
Above average	31	22	43
Satisfactory	21	44 ↔	43
Poor/Very poor	0	0	0

The number of trainees reporting supervision by their ES as excellent or above average (55%) remains significantly below the NI 2020 figure of 79%. There was however an increase in the number of trainees reporting supervision as excellent (14 →33%), over double that in the 2018 PQ survey. No trainees reported educational supervision as unsatisfactory.

Q/ Do you feel your supervisors have an appropriate level of knowledge re: new e-portfolio system and trainee requirements?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)
Yes	61	33
No	39	67

Two thirds (67%) of trainees in the current survey reported that ES's did not have an appropriate knowledge of the new RCOG e-portfolio system and trainee requirements.

"Limited knowledge of new portfolio." – E Portfolio

"Excellent support, not just clinically and for training needs but also in a pastoral role. Advocates for me to spend dedicated time in her clinic/theatre list so she can assess my progress and complete portfolio tickets." – Educational Supervision

Clinical Supervision

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		SEHSCT 2020 Re-survey (%)		SEHSCT 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	22 ↑	0	0	0
Good	48	48	44	44	43	43
Acceptable	25	35	33	56	57	57
Less than satisfactory	4	2	0	0	0	0
Unsatisfactory	0	0	0	0	0	0

A high standard of clinical supervision is being maintained. All trainees report the quality of clinical supervision as acceptable, both during normal working hours and out of hours with two thirds of trainees reporting CS as excellent/good during the day, an increase from the 2018 survey (43%). Out of hours 44% report CS as good/ excellent, compared to the NI regional figure of 63%.

5. Training Opportunities

Key recommendations:

- Improved utilisation of training opportunities on ward rounds, EPPC and ANCs

ST1/2

Q/ Please indicate if the clinical activities listed are meeting your training needs?	SEHSCT 2020 Re-survey ST 1-2 (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	33	67	0
Gynae clinic	100	0	0
Gynae theatre	33	67	0
Labour ward	0	100	0
Early pregnancy clinic (EPPC)	67	33	0
Obstetric ward rounds	0	100	0
Gynae ward rounds	0	100	0

"Didn't get to many clinics"

"Very minimal gynae experience – both theatre and clinic, never allocated to EPPC."

Q/ Please rate the quality of training received through this activity?	SEHSCT 2020 Re-survey ST1-2 (%)				
	Excellent at every attendance	Good, some missed opportunities	Good but opportunities often missed	Training rare and opportunities regularly missed	Training usually didn't occur
Antenatal clinic	0	0	100	0	0
Gynae clinic	0	33	0	67	0
Gynae theatre	0	67	33	0	0
Labour ward	33	67	0	0	0
Early pregnancy clinic (EPPC)	0	50	0	0	50
Obstetric ward rounds	0	67	0	33	0
Gynae ward rounds	0	33	0	67	0

All ST1-2 (O&G) trainees in the SHESCT report that there is the right amount of labour ward and ward round work to meet their training needs and that the quality of training on labour ward, in gynae theatre and on obstetric ward rounds is generally good. Trainee feedback however indicates that there is not enough gynae clinic or EPPC attendances to meet training needs and that in gynae clinics, EPPC and on gynae ward rounds, training doesn't occur or is rare with training opportunities regularly missed.

Overall survey feedback indicates that training in EPPC, gynae clinics, gynae ward rounds and ultrasound training are the key areas where training opportunities are being missed for ST1-2 (O&G) trainees.

ST3-7

Q/ Please indicate if the clinical activities listed are meeting your training needs?	SEHSCT 2020 Re-survey ST3-7 (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	0	40	60
Gynae clinic	40	40	20
Gynae theatre	100	0	0
Labour ward	0	60	40
Early pregnancy clinic (EPPC)	80	20	0
Obstetric ward rounds	0	80	20
Gynae ward rounds	0	80	20

"Heavily obstetric based."

"Few theatre sessions, due to protected beds."

"Overall very little training occurs on a day-to-day basis. Though theatre sessions are few, these have been the only areas where training occurs."

Q/ Please rate the quality of training received through this activity?	SEHSCT 2020 Re-survey ST3-7 (%)				
	Excellent at every attendance	Good, some missed opportunities	Good but opportunities often missed	Training rare and opportunities regularly missed	Training usually didn't occur
Antenatal clinic	0	40	20	0	40
Gynae clinic	40	20	20	0	20
Gynae theatre	20	60	20	0	0
Labour ward	40	40	0	0	20
Early pregnancy clinic (EPPC)	25	25	0	0	50
Obstetric ward rounds	20	40	20	20	0
Gynae ward rounds	0	60	20	20	0
ATSM sessions	0	50	0	0	50

The 2018 SEHSCT PQ Survey results highlighted that ST3-7 trainees felt there were training opportunities often or regularly missed in the antenatal clinic and EPPC. The current re-survey indicates that there has been no improvement in this area, with 40% and 50% of ST3-7 trainees reporting inadequate training opportunities in the antenatal clinic and EPCC respectively.

A high standard of training in gynae clinic, gynae theatre, labour ward and on ward rounds was reported in the 2018 PQ Survey and feedback from the 2020 re-survey shows that his has been maintained, with between 60 and 80% of ST3-7 trainees stating that training is good or excellent in these areas.

ST3-7 trainees continue to report that they not getting enough EPPC (80%) and gynae theatre sessions (100%) to adequately meet their training needs.

For ST3-7 trainees, access to Gynae theatre and EPPC sessions remains an issue and training in EPPC, antenatal clinic and ATSM sessions are the key areas where training opportunities are being missed.

Ultrasound Training

In the SEHSCT the majority of O&G trainees (71%) report that they are **not** getting adequate exposure to good quality ultrasound training. This is significantly below the NI regional figures, in which 69% of O&G trainees indicated that they **were** receiving good quality ultrasound training.

For ST1-2 (O&G) trainees in the SEHSCT, **all** report poor access to ultrasound training with one trainee commenting that there was "No supervised EPPC/gynae scanning." In comparison, regionally the majority of ST1-2(O&G) trainees (65%) reported they **were** receiving good ultrasound training.

GPST1-2

Q/ Please indicate if the clinical activities listed are meeting your training needs?	SEHSCT 2020 Re-survey GPST (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	100	0	0
Gynae clinic	100	0	0
Gynae theatre	0	100	0
Labour ward	0	100	0
Early pregnancy clinic (EPPC)	0	100	0
Obstetric ward rounds	0	100	0
Gynae ward rounds	0	0	100

All GPSTs highlighted that they are not attending enough antenatal and gynae clinics to meet their training needs (NI regional figure 67%). This appears to be a regional issue, with only 33% of GPST trainees in NI reporting that they are able to attend enough clinics to meet their training needs.

In the SEHSCT 2018 PQ Survey results GPST trainees reported that generally training was good but opportunities were often missed at each of the clinical activities. Unfortunately in the current survey no feedback was received from GPST trainees on the quality of training received at each clinical activity.

Recommendation: Improved utilisation of training opportunities on ward rounds, EPPC and ANCs

Recommendation: NOT MET in SEHSCT

6. Overall opinion

Q/ Please provide a global score for this placement as a training opportunity?	NI Regional Average 2020 Re-survey (%)	SEHSCT 2020 Re-survey (%)	SEHSCT 2018 Survey (%)
Excellent	33	22	0
Good	47	56	50
Acceptable	15	0	50
Less than satisfactory	5	22	0
Poor	0	0	0
SEHSCT regional ranking based upon this question (8 training units in total)		8/8	5/8

Positive comments from trainees included:

- Very good obstetric placement
- Excellent Labour ward
- Good obstetric training with busy labour ward and generally good consultant presence in hours.
- All consultants are friendly and most consultants are very good at teaching and training. The unit as such (doctors, midwives, nurses) are very proactive and work as a team, helping junior trainees to learn and feel comfortable.
- Dr Bryson, through regular emails, ensures trainees are up to date with portfolio and skills
- Everyone is nice and it was a nice relaxed place to work

Negative comments from trainees included:

- Poor gynae experience
- Was 6 months of service provision - GPST
- Haven't learnt anything new, very limited theatre time
- Some consultants take the time to teach but unfortunately this is rare and infrequent rather than it being the usual

Suggestions to improve training in SHESCT included:

- More theatre sessions, especially laparoscopic surgery, DPU and main theatre
- More gynae
- More time in EPPC for ST2 level
- Consultant-led teaching. Usually trainees end up overseeing teaching sessions
- More senior feedback on performance, as it can be difficult to assess how you are performing
- Registrars not to be placed in SHO sessions to fill spaces without their consent
- More FY2s/SHOs for training opportunities
- Since theatre/subspecialty subjects are difficult for all trainees to get exposure in, consultant could take audit days to teach trainees with lecture/skills lab style.
- Encourage more consultant attendance at handover and teaching
- Consultants take clinical opportunities to teach

Section 2: Practice Improvements and Development Needs

SEHSCT (Ulster Hospital):

Practice Improvements	Development Needs
Placement preferences: Significant improvement in the number of O&G trainees reporting that they had sufficient information about placement options prior to making placement preferences (33% →80%). 90% of N.I trainees new to O&G stated they had used or would have used the 'Train in O&G in NI' leaflet. 75% of NI trainees stated they had used or would have used the O&G Training Unit Prospectus.	**Clinical Workload:** ST3-7 trainees report an increasing workload at nights and weekends, describing workload as very intense or excessive at night (60% → 80%) and at weekends (40% → 60%). This is almost double the Regional 2020 re-survey figures. The majority (78%) of trainees report that there is no additional cover in emergency clinical areas when work intensity is excessive.
Post notification by NIMDTA: All trainees received at least 4 weeks; notice of their posting, the majority (87%) of who feel this is adequate time.	**Rota:** 38% of trainees felt that vacant rota slots have negatively impacted their training, greater than the N.I regional average (19%).
OOH rota allocation by SEHSCT: Improvement in the SEHSCT in the number of trainees receiving rota allocations >4 weeks prior to commencing their post. (57% →70%). 40% of trainees are achieving the target of 6 weeks	**Local departmental teaching:** The quality of local teaching has improved but remains below regional average (44% SEHSCT vs 63% regionally stating that is interesting, relevant and weekly) and consultant attendance remains below the regional average (55% vs. 73%).
Induction: A high standard is being maintained with 90% of trainees reporting that their unit induction was appropriate, giving them clear understanding of their roles and responsibilities.	**Elective caesarean section (EL-c/s) list:** There continues to be no EL-c/s list in SEHSCT. Regionally, 92% of trainees who have an EL-c/s list in their unit felt that it improved their training.
Rota: SEHSCT is one of 4 units in N.I with an allocated specialty doctor co-ordinating the weekly rota. Recommendation: MET Rota gaps have been filled by external locum/agency staff instead of trainees.	**Educational Supervision:** 44% of trainees rate their Education Supervision as just satisfactory (regional average 21%). 67% of trainees report that their supervisors' did not have an appropriate level of knowledge of the new e-portfolio system and trainee requirements.
Clinical Workload: Significant improvement in workload intensity for ST1-2 and GPST trainees with none reporting workload as very intense or excessive. Improvement in daytime workload for ST3-7 trainees noted, with a significant fall in the numbers reporting workload as very intense or excessive (100→40%). The majority of trainees feel well supported by seniors when work intensity is excessive.	**Clinical commitments:** ST1-2s: Not enough gynae clinic or EPPC attendances to meet training needs and training opportunities missed. ST3-7s: Not enough EPPC and gynae theatre sessions to adequately meet their training needs. Training opportunities often or regularly missed in ANC, EPPC and ATSM. GPSTs: Not enough ANC and gynae clinics to meet training needs.

Clinical Supervision: All trainees rate their Clinical Supervision as at least acceptable, both during normal working hours and out of hours. It is noted that the number of trainees reporting clinical supervision as excellent/good during normal working hours (66%) has increased from the 2018 figures of 43%.	**Ultrasound training:** **All** ST1-2 (O&G) trainees report that they are not getting adequate exposure to good quality US training in SEHSCT. This is significantly below the regional figures for ST1-2 trainees where 65% of trainees report receiving good quality US training.
Teaching: The number of trainees stating they get none or less than 1 hour per week of protected teaching has fallen significantly (71%→11%). This is mirrored by a significant increase in the number of trainees receiving **1-2 hours of protected teaching /week** (29%→**78%**) with a further 11% reporting achieving the recommended 3 hrs/week. Overall 89% of trainees report receiving at least 1-2 hours/week of protected teaching, above the regional figure of 67%. All GPST trainees report that local teaching has met their training needs.	
CME attendance: There has been a significant reduction in the number of trainees reporting that they were not able to attend CME due non-emergency clinical commitments in the SEHSCT (100% →**14%**). This is better than the reported NI regional figure (31%).	
Overall comments: Excellent for obstetric training. (The SEHSCT was ranked as one of the top 10 units in the UK for obstetrics training in the 2019 TEF Outcomes Report.[2]) Consultants are friendly and most are very good at teaching and training	**Overall comments:** Poor gynae experience. Limited theatre time. Consultants take time to teach infrequently.

Section 3: Update on Regional Recommendations

Key recommendations:

- Production of a Unit Prospectus for O&G Training in N.I
- Production of an O&G Training Leaflet - 'Train in O&G in NI'
- Establishment of a regional 'Return to Work Course' for trainees after a prolonged time out of programme
- Provision of a regional e-portfolio teaching update for trainers in O&G who are Educational or Clinical Supervisors (ES/CS)
- Development of regional written guidance for O&G supervisors from GP Lead Educators on specific training requirements for GP specialty trainees.

Unit Prospectus for O&G Training in N.I: see Section 1

O&G Training Leaflet –'Train in O&G in N.I': see Section 1

Regional Return to work Course

As recognised in the O&G Final Report in November 2019, the need for an individually tailored return to work program is recognised by the RCOG. The School has addressed this recommendation through a number of different approaches to date including: use of the RCOG 'Return to Work Toolkit', a 'Return to Work' meeting with their Educational Supervisor, Keeping in Touch (KIT) days, locally delivered 'refresher' courses such as: PROMPT (Practical Obstetric Multi Professional Training), STEP UP and ROBUST (RCOG Operative Birth Using Simulation Training) and an online update on 'Physiological CTG Training'. https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/return-work-toolkit/

Further development of additional simulation courses, such as 'Management of Massive obstetric haemorrhage and caesarean hysterectomy' alongside a specific practical based 'Return to Work' Course, has been on hold due to the current COVID-19 pandemic.

Recommendation: Regional 'Return to Work' Course
Establishment of a regional 'Return to Work Course' for trainees after a prolonged time out of programme

Recommendation: Further Regional development required

Regional E-Portfolio teaching update for Trainers

Although an e-portfolio update was delivered as part of the O&G regional induction programme for trainees in August 2019, no trainer specific teaching sessions were held on the new RCOG e-portfolio introduced in August 2019 with the RCOG curriculum update. The need for further provision of e-portfolio training updates for trainers who are ES/CSs is highlighted by trainee feedback in the January 2020 survey. This should be considered both regionally and at Trust level.

Recommendation: Provision of a Regional e-portfolio teaching update for trainers in O&G who are Educational or Clinical Supervisors (ES/CS)

Recommendation: NOT MET Regionally

Regional guidance on training requirements for GP specialty trainees

Written guidance on the GP curriculum requirements for GP trainees in O&G hospital specialty posts are available on the GP section of the NIMDTA website.
http://www.nimdta.gov.uk/download/general_practice/gp-trainees/curriculum_mapping_og_2012.pdf

Additional information for O&G supervisors has been provided through Faculty Development Days where Lead Educators in General Practice provide information to trainers on what GP trainees in O&G training posts need to do in practice in order to achieve their curriculum requirements. A further trainer development course, the BEST O&G (Bringing Excellence to Specialty Training in O&G) Course was introduced in 2020 to cover the supervision of GP and Foundation trainees in O&G training posts. There remains however a lack of written, practical guidance for O&G trainers and further development in collaboration with General Practice is required to address this recommendation.

Recommendation: Development of regional written guidance for O&G supervisors from GP Lead Educators on specific training requirements for GP specialty trainees

Recommendation: Further Regional development required

References

1. BMA Code of Practice Section 6.1: Employment Information
2. GMC Promoting Excellence: standards for medical education and training. (2015)
3. Royal College of Obstetricians and Gynaecologists TEF 2019 Report. RCOG 2019. https://public.tableau.com/profile/rcog.mbr#!/vizhome/shared/RPGK5T2SG [accessed 06/10/20]

Appendices

Appendix 1 Free text comments – SESHCT Re-survey 2020

Rota allocation

"Made it more difficult to arrange swaps to accommodate leave."

Induction

"Induction spent time on irrelevant information."

Rota gaps

"Undertaken by a long term locum, however unfortunately what opportunities were given to trainees varied, usually find that on training week you are used for service provision."

"'Before starting the placement one GP trainee was moved to Paeds when it was know that we had a GP trainee soon to go off on maternity leave, therefore we missed a lot of training opportunities due to staffing and inability to get locums."

Senor support during times of excessive work load

"Often doing c/s so unreachable."

Educational Supervision

"Calm, composed and available"

"Not always with your supervisor"

"Excellent support, not just clinically and for training needs but also in a pastoral role. Advocates for me to spend dedicated time in her clinic/theatre list so she can assess my progress and complete portfolio tickets."

Knowledge of new portfolio

"New portfolio not understood."

"New portfolio – no one seems to understand requirements."

"Due to transition to new curriculum not many people are aware of changes."

"No one seems to understand the new portfolio this year."

"Regarding training yes, but lack of understanding of the new eportfolio is common."

"Supervisors, as most, struggling with new portfolio"

"Limited knowledge of new portfolio"

Clinical supervision during normal working hours

"Differs depending on consultant on call."

Clinical supervision out of hours

"Registrars were excellent."

Teaching

"Attempts are made to make teaching bleep-free."

"Bleeps were still happening during teaching."

"Normally was bleeped."

"Audit is the only protected bleep-free time."

"Not bleep free, but teaching allocated every Friday afternoon but normally miss it as CME is on."

"A lot of perinatal/risk meetings but not always bleep-free."

Clinical Duties

"Didn't get to many clinics."

"Very minimal gynae experience – both theatre and clinic, never allocated to EPPC."

"Heavily obstetric based."

"Theatre sessions few, due to protected beds."

"Overall very little training occurs on a day-to-day basis. Though theatre sessions are few, these have been the only areas where training occurs."

Rostered CPD time

"None allocated."

Ultrasound training

"Already signed off so expected to just do it."

"No supervised EPPC/gynae scanning."

"No one around to observe my skills."

Overall opinion

"Very goods obstetric placement."

"Excellent LW, poor gynae."

"Was 6 months of service provision, wanted paeds as it would have been far more useful for a male GP."

"Haven't learnt anything new, very limited theatre time."

Appendix 2 Trainee suggestions for improvement – SESHCT Re-survey 2020

Suggestions for improvement:

"More theatre sessions, esp. laparoscopic."

"More gynae; more time in EPPC for ST2 level."

"Consultant-led teaching… usually trainees end up overseeing teaching sessions."

"More senior feedback on performance as can be difficult to assess how you are performing."

"Registrars not to be placed in SHO sessions to fill spaces without their consent."

"More Fy2s/SHOs for training opportunities."

"More gynae theatre – DPU and main theatre."

"Since theatre/subspecialty subjects are difficult for all trainees to get exposure in consultants could take audit days to teach trainees with lecture/skills lab style."

"Encourage more consultant attendance at handover and teaching."

"If consultants took clinical opportunities to teach; more gynae theatre (including DPU)."

Points that made this post a good post:

"All Consultants are friendly and most consultants are very good at teaching and training. The Unit as such (doctors, midwives, and nurses) are very proactive and work as team helping junior trainees learn and feel comfortable. Dr Bryson through regular emails ensures trainees are update with portfolio and skills."

"Everyone was nice and it was a nice relaxed place to work. I just didn't find it that beneficial."

"Some consultants do take time to teach but unfortunately this is rare and infrequent, rather than it being the usual."

"Good obstetric training with busy labour ward and generally good consultant presence in hours."