

# BHSCT 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

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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<sup>1</sup>
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 Belfast Health and Social Care Trust (BHSCT). 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 BHSCT. The BHSCT 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 BHSCT 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 BHSCT, all trainees (both O&G and General Practice Specialty - GPST) were asked about training in O&G between 07/08/19 and 01/01/20.

In the 2020 O&G PQ re-survey 72% of respondents stated they were located in RJMS with the remainder in BCH. The survey response rate for the BHSCT was 72% (70% response O&G trainees; 80% response GPSTs). This was above the Regional (N.I) response rate of 66% and an improvement on the 2018 PQ (BHSCT) survey result (70%) with a greater engagement of GPST trainees (2018 PQ survey: 20% response rate GPST trainees; 87% 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 it and would <u>not</u> 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 it and would <u>not</u> 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 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%

*"The post location was issued last minute which cause a great difficulty for me in moving from Dubai to NI."*

Notice of out-of-hours rota allocation by Trust	NI Regional Average 2020 Re-survey (%)	BHSCT 2020 Re-survey (%)	BHSCT 2018 Survey (%)
> 6 weeks before	31	29 ↓	42
4-6 weeks before	40	47 ↑	33
< 4 weeks before	25	18	25
< 2 weeks before	4	6	0

**Q/ Was the notice regarding your rota allocation adequate time for personal/professional/situational preparation?**  
 Yes - 71% (BHSCT)  
 No - 29% (BHSCT)

*"I think >6 weeks is essential."*

*"Difficult re: swaps for childcare."*

*"I had to chase medical HR to determine my OOH working commitment."*

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. <sup>(1)</sup> 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. <sup>(2)</sup>

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.

In the BHSCT, 76% of trainees report receiving notification of their OOH rota at least 4 weeks before commencing their post. This is in line with the regional average (71%). There has however been a decline in the number of trainees given > 6 weeks' notice (42% → 29%), with a further 6% of trainees reporting that they were given less than 2 weeks notification. It is noted that the majority of trainees (71%) feel that they had adequate notice of their OOH rota commitments.

**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**

**Recommendation: NOT MET BHSC**

## 2. Induction and Rotas

### Key recommendations:

- All trainees should receive an appropriate induction to the unit as highlighted by GMCs Promoting Excellence <sup>(2)</sup>
- 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 (%)	BHSC 2020 Re-survey (%)	BHSC 2018 Survey (%)
Yes, appropriate with clear understanding of roles and responsibilities	90	81↑	67
No, induction wasn't appropriate and I was not completely clear of my roles and responsibilities	8	13	33
No, there was no induction and I didn't understand my roles and responsibilities	2	6	0

*"Information was 80% helpful. Couple of bits of missed information and no ward tour."*

*"As this was my first job in the UK the induction did not help me personally. I had to learn it all the hard way."*

Q/ Who co-ordinated the weekly rota in your unit?	NI Regional Average 2020 Re-survey (%)	BHSC 2020 Re-survey (%)	BHSC 2018 Survey (%)
A trainee	53	94	92
An allocated specialty doctor	45	6	8
A named consultant	2	0	0
A member of administrative staff	0	0	0

Q/Rota vacancies?	NI Regional Average 2020 Re-survey (%)	BHSC 2020 Re-survey (%)
Yes, there were rota vacancies	51	71
Filled by external locum/agency long-term staff	76	77
Filled by external locum/agency on a daily/shift-by-shift basis	10	8
Trainees already on the rota	10	8
Left unfilled	3	8



**Q/What impact did vacant rota slots have on your training? BHSCT (RJMS) vs NI Regional Average)**

Positive (e.g. less competition): **8%** vs 13%

**Negative** (e.g. missed opportunities) **8%** vs 19%

No impact: **84%** vs 68%

**Q/What impact did vacant rota slots have on your training? BHSCT (BCH) vs NI Regional Average)**

Positive (e.g. less competition): **40%** vs 13%

Negative (e.g. missed opportunities) **20%** vs 19%

**No impact: 40%** vs 68%

Improvements are noted in the quality of unit induction on the BHSCT site, with 81% of trainees reporting that their induction to their placement was appropriate, providing them with a clear understanding of their roles and responsibilities; compared to 67% in the 2018 survey. The BHSCT figure is however below the regional figure of 90%.

The BHSCT currently does not have an allocated specialty doctor co-ordinating the rota; a recommendation 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.”* At present 4 sites in NI have an allocated specialty doctor co-ordinating the rota and on one further site this is the responsibility of a named consultant.

In the BHSCT 8% of trainees reported having to cover rota gaps, with the majority of unfilled gaps being filled by external locum/agency staff. Rota gaps are reported to have a negative effect on training across both sites (RJMS 8% and BCH 20%), with reported figures similar to or below the NI Regional figure of 19%.

**Recommendation: Induction**

All trainees should receive an appropriate induction to the unit as highlighted by the GMCs Promoting Excellence <sup>(2)</sup>

**Unit Induction BHSCT – NOT MET in BHSCT but significant improvement noted**

**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: NOT MET in BHSCT**

### 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			BHSCT (RJMS)* 2020 Re-survey			BHSCT 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	0	0	0	0
Just right intensity	83	72	61	75	50	0↓	80	40	40
Very intense/excessive	11	11	33	25	50	100↑	20	60	60

\*BHSCT 2020 PQ Survey - RJMS figures as no ST1/2 respondents BCH.

##### ST3-7

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			BHSCT 2020 Re-survey				BHSCT 2018 Survey		
	Daytime	At night	At weekends	Daytime (Obs/RJMS)	Daytime (Gynae/BCH)	At night	At WEs	Daytime	At night	At WEs
Too light	0	0	0	0	0	0	0	0	0	0
Low intensity	0	0	0	0	0	0	0	0	17	17
Just right intensity	78	57	70	80	33↓	37↓	50↓	67	50	67
Very intense/excessive	22	43	30	20	67	63	50	33	33	17

##### GPST (Obs/RJMS)

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			BHSCT (Obs/RJMS) 2020 Re-survey			BHSCT (Obs/RJMS) 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↑	50	0	60	50	60
Very intense/excessive	0	14	43	0	50	100↑	40	50	40

## GPST (Gynae/BCH)

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			BHSCT (Gynae/BCH) 2020 Re-survey			*NI Regional Average 2018 Survey		
	Daytime	At night	At weekends	Daytime	At night	At weekend	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↑	73	82	64
Very intense/excessive	0	14	43	0	0	0	27	18	36

\*NI Regional Average 2018 PQ Survey figures used for comparison as no GPST respondents in BCH (gynae) in 2018 survey

A good balance of workload has been maintained during the day on the BHSCT (RJMS) site with 75% of ST1-2 and 80% of ST3-7 reporting that workload intensity during the day is just right. On the BCH site however 67% of ST3-7 trainees report day time workload as very intense or excessive, significantly above the regional figure of 22%.

At night and at weekends, workload intensity continues to be an issue in the BHSCT.

**ST1-2 trainees** (RJMS) report workload as very intense or excessive at night (50%) and at weekends (100%), significantly above the NI 2020 regional figures of 11% and 33%, at night and at weekends respectively. It is noted that there has been no improvement from the 2018 survey figures where 60% of ST1-2 trainees reported workload as intense or excessive at night and at weekends. In addition, there has been an increase in the number of **ST 3-7 trainees** reporting workload as very intense/excessive at night (33→63%) and at weekends (17→50%), again above the NI regional figures (43% at night and 30% at weekends).

**GPST trainees** report workload intensity as just right during the day, at night and at weekends in BCH and during the day in RJMS. All GPST trainees report workload as very intense/excessive at weekends in the RJMS site. This is significantly higher than the NI Regional 2020 Re-survey Average, in which just 33% of GPST trainees reported weekend workload as very intense /excessive and an increase from the BHSCT figure of 40% in the 2018 survey.

All trainees responded to say that there is a separate elective caesarean section list in the BHSCT. Regionally, 92% of trainees who had an elective c/s list reported that they felt that it improved their training.

No additional cover in emergency clinical areas when work intensity is excessive is reported by 73% of trainees but all O&G ST1-2, 88% of ST 3-7 and 50% of GPST1/2 trainees feel well supported by seniors during times of excessive work intensity.

*“Can be intense but support there when needed.” O&G ST3-7*

*“But depends on the seniors on with you.” [Senior support when work intensity is excessive] O&G ST1/2*

*“Weekend work can vary – little or no downtime to eat or be manageable.” O&G ST1/2*

*"Not always, certain seniors that clearly avoided work and made the on call team's job very difficult."* GP-ST1/2

*"Reg/tutors are helpful, some are better than others, always available to answer queries."* GP-ST1/2

*"Only some senior colleagues are supportive."* O&G ST3-7

*"The weekend cover needs to be looked at, particularly in Obstetrics – 1 SHO is expected to cover LW, 4 wards and a busy admissions unit."* GP-ST1/2

*"A single SHO covering RMH is ridiculous and extremely stressful. An 8am-12noon/9am-1pm SHO covering discharges is appropriate as can be excessive number along with ward reviews, ward jobs, admissions and possible LW duties."* GP-ST1/2

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

100% ST1-2/LAT (BHSCT)

88% ST3-7 (BSHCT)

50% GP-STs (BHSCT)

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

27% = 'Yes' (BHSCT)

73% = 'No' (BHSCT)

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

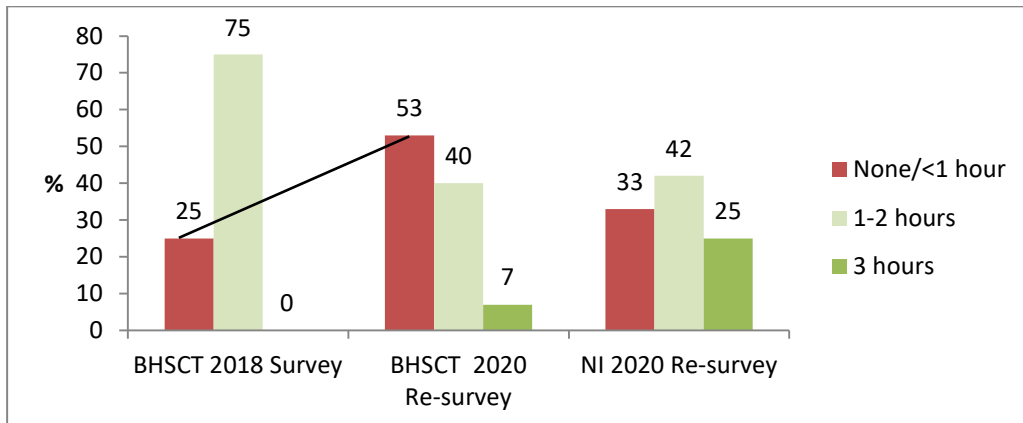
**Recommendation:** NOT MET in BHSCT

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

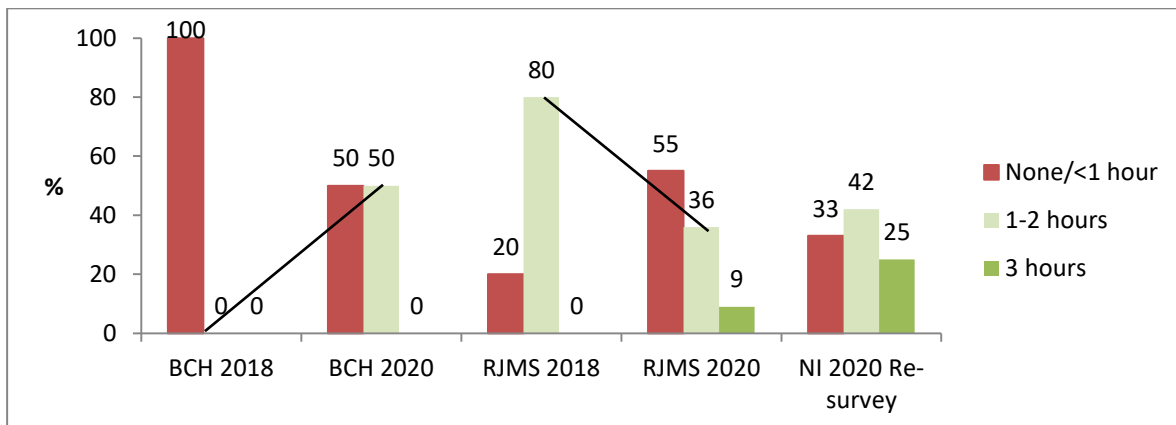
**Recommendation:** MET in BHSCT

## Teaching

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



Protected teaching time (bleep-free) /week by hospital site



*"In gynae there is no rostered teaching, in Obs there is CTG teaching for 30 minutes before work starts on a Wednesday."*

*"Only teaching was CTG for half an hour a week on Wed morning. M&M meetings happen once/month."*

*"No dept. teaching in RJMS or BCH, there is a focus on O&G trainees, not on GP/F2; in my view unacceptable."*

*"<1hr/week"*

*"Teaching is very sparse in RJMS."*

Q/ How would you rate the quality of local departmental teaching during your post?	NI Regional Average 2020 Re-survey (%)	BHSCT (BCH) 2020 Re-survey (%)	BHSCT (BCH) 2018 Survey (%)	BHSCT (RJMS) 2020 Re-survey (%)	BHSCT (RJMS) 2018 Survey (%)
Interesting, relevant, weekly	63	25 ↓	50	27 ↑	11
Interesting and relevant but not regular	23	50	50	45	67
Not interesting or relevant but was weekly	8	0	0	9	0
Not interesting, or relevant or weekly	6	25 ↑	0	18	22

Q/ How often was there consultant attendance at local departmental teaching?	NI Regional Average 2020 Re-survey (%)	BHSCT 2020 Re-survey (%)	BHSCT 2018 Survey (%)
Always/usually	73	73 ↑	18
Sometimes	15	13	45
Rarely	6	7	18
Never	6	7	18

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

*“Could have more GP focused teaching as teaching was focused on CTG.” GP ST1/2*

*“No regular teaching other than for CTG interpretation which was not relevant for me.” GP ST1/2*

In the BHSCT, the frequency of protected (bleep-free) teaching remains an issue, with the number of trainees reporting receiving none or less than one hour/week of protected teaching doubling (25% → 53%) and only 7% reporting achieving the target of 3 hours/week (NI 2020 Regional Average 25%). Overall, only 47% of trainees in BHSCT reported receiving at least 1 hour /week of protected departmental teaching. This appears to be an issue on both the RJMS and BCH sites.

There has been a decline in the quality of departmental teaching on the **BCH** site, with the number of trainees reporting that teaching is interesting, relevant and occurring weekly halving (50% → 25%). On the **RJMS** site, the number reporting that teaching is interesting, relevant and occurring weekly has increased (11% → 27%). The figures on both sites however remain well below the NI 2020 Regional Average (63%).

There has been significant improvement in BHSCT in consultant attendance at local departmental teaching with 73% of trainees reporting that teaching always or usually has a consultant present, in comparison to the 2018 figure of 18%. Particular improvement is noted on the RJMS site where 72% of trainees report that teaching always or usually has a consultant present, in comparison to the 2018 figure of 0%.

All GPST trainees in BHSCT reported that local teaching was **not** meeting their training needs, a figure significantly below the NI Regional Average (60%). 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)' remains to be addressed.

An active unit culture of research, presentations and posters was reported by a 60% of trainees in the BHSCT (RJMS 64%; BCH 50%). This is above the NI Regional 2020 Average of 47%.

**CPD**

In BHSCT 60% of trainees reported that they get less than 1 hour/week of rostered CPD time (e.g. e-portfolio, teaching preparation, CPD). This is similar to the NI 2020 Regional Average (51%).

**CME**

CME attendance	NI Regional Average 2020 Re-survey (%)	BHSCT 2020 Re-survey (%)	BHSCT 2018 Survey (%)
CME attendance prevented due to clinical commitments (not on-call) or morning activities running	31	55 ↓	63

In the BHSCT over half of trainees (55%) report not being able to attend CME due to clinical commitments other than on-call. Results suggest 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 not being achieved.

**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 BHSCT**

**Recommendation: Local Teaching tailored for GP trainees**

**Recommendation: NOT MET in BHSCT**

**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: NOT MET in BHSCT**

#### 4. Educational and Clinical Supervision

##### Educational Supervision

Q/ How would you rate the supervision by your named Educational Supervisor (ES)?	NI Regional Average 2020 Re-survey (%)	BHSCT 2020 Re-survey (%)	BHSCT 2018 Survey (%)
Excellent	48	47↑	17
Above Average	31	26	25
Satisfactory	21	27	50
Poor/Very poor	0	0	8

*“Easily approachable, good ideas for development,”*

*“Very flexible with timing to adjust for work commitments.”*

*“Regularly comments on my portfolio learning logs with feedback.”*

*“Very proactive in organising meetings and taking an interest in portfolio and practical experience.”*

*“Seemed disengaged from the process”*

There has been a significant improvement in the quality of Educational Supervision in the BHSCT with 73% of trainees reporting supervision by their ES as excellent/above average, compared with the 2018 figure of 42%. Overall, 47% of trainees reported their named ES as excellent, up from 17% in the 2018 survey and in line with the Regional Average (48%).

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 (%)	BHSCT 2020 Re-survey (%)
Yes	61	42
No	39	58

In BHSCT 42% of trainees reported that their ES had an appropriate knowledge of the new RCOG e-portfolio system and trainee requirements. This is below the regional figure of 61%.



## Clinical Supervision

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		BHSCT (BCH) 2020 Re-survey (%)		BHSCT (BCH) 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	25	0	50	50
Good	48	48	75	100 ↑↑	0	0
Acceptable	25	35	0	0	50	50
Less than satisfactory	4	2	0	0	0	0
Unsatisfactory	0	0	0	0	0	0

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		BHSCT (RJMS) 2020 Re-survey (%)		BHSCT (RJMS) 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	28 ↑	9 ↓	10	20
Good	48	48	28 ↓	55	60	50
Acceptable	25	35	28	27	30	30
Less than satisfactory	4	2	18	9	0	0
Unsatisfactory	0	0	0	0	0	0

*"I had no clinical contact with my supervisor as he is mainly based in RFC where juniors don't work. Was pleasant and would be helpful if I would have any issues but had to just ask other staff." – GP ST/2*

*"Fantastic!"*

*"[Out of hours] There when needed but didn't hover."*

Overall, a high standard of clinical supervision is being maintained in the BHSCT with figures similar to the NI Regional 2020 Re-survey Average.

In **BCH** all trainees report the quality of clinical supervision as good or excellent, both during normal working hours and out of hours, an improvement from the 2018 survey (50%).

In **RJMS** there has been a fall in the number of trainees reporting clinical supervision during normal working hours as good or excellent (70% → 56%). In addition, 18% and 9% of trainees report clinical supervision as less than satisfactory during normal working hours and out of hours respectively.

## 5. Training Opportunities

### Key recommendations:

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

### ST1/2: (BHSCT)

Q/ Please indicate if the clinical activities listed are meeting your training needs?	BHSCT ST1-2 2020 Re-survey (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	25	75	0
Gynae clinic	0	100	0
Gynae theatre	0	75	25
Labour ward	50	50	0
Early pregnancy clinic (EPPC)	100	0	0
Obstetric ward rounds	0	100	0
Gynae ward rounds	0	100	0

Q/ Please rate the quality of training received through this activity?	BHSCT ST1-2 2020 Re-survey (%)				
	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	50	25	25	0	0
Gynae clinic	0	50	50	0	0
Gynae theatre	50	25	25	0	0
Labour ward	0	50	25	25	0
Early pregnancy clinic (EPPC)	25	0	0	25	50
Obstetric ward rounds	50	50	0	0	0
Gynae ward rounds	50	50	0	0	0

*"EPPC – didn't get to attend at any stage."*

**ST1-2 trainees** in BHSCT report that clinical activities are meeting their training needs in all areas with the exception of EPPC and labour ward in which, 100% and 50% respectively, report that there are not enough opportunities to meet their training needs.

The quality of training was reported as good or excellent by all trainees on obstetric and gynae ward rounds and by the majority in ANCs and gynae theatre. In EPPC however trainees report that training doesn't occur or training opportunities are regularly missed (75%).

Overall survey feedback indicates that training in EPPC is the key area where training opportunities are being missed for ST1-2 (O&G) trainees.

### ST3-7: (BHSCT)

Q/ Please indicate if the clinical activities listed are meeting your training needs?	BHSCT ST3-7 2020 Re-survey (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	0	63	37
Gynae clinic	29	71	0
Gynae theatre	71	29	0
Labour ward	0	88	12
Early pregnancy clinic (EPPC)	63	37	0
Obstetric ward rounds	0	100	0
Gynae ward rounds	14	86	0
ATSM Sessions	0	100	0

*“Too many clinical fellows in gynae theatre”*

Q/ Please rate the quality of training received through this activity?	BHSCT ST3-7 2020 Re-survey (%)				
	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	13	50	25	0	12
Gynae clinic	14	57	14	0	14
Gynae theatre	14	14	29	29	14
Labour ward	25	38	25	12	0
Early pregnancy clinic (EPPC)	14	29	14	0	43
Obstetric ward rounds	13	38	25	12	12
Gynae ward rounds	14	29	26	14	14
ATSM Sessions	50	0	50	0	0

**ST3-7 trainees** report that clinical activities in most areas are meeting their training needs. Not enough opportunities for attendance at EPPC (63%) and gynae theatre (71%) are reported, with too many attendances at antenatal clinics (37%) also being highlighted. Feedback is that training is rare or doesn't usually occur in EPPC and gynae theatre (43%). This represents a decline since the BHSCT 2018 PQI Survey in which EPPC training was felt to be good with only some missed opportunities and the quality of training in gynae theatre was reported as excellent /good by all ST3-7 trainees.

Overall survey feedback indicates that access to Gynae theatre and EPPC sessions is an issue and training in EPPC and Gynae theatre, are the key areas where training opportunities are being missed for ST3-7 trainees.

## Ultrasound Training

In the BHSCT 43% of O&G trainees report that they are getting adequate exposure to good quality ultrasound training, less than the NI Regional figure of 69%. One trainee commented that in RJMS they 'don't do booking scans and are not allowed to scan for EPPC out-of-hours.'

For ST1-2 (O&G) trainees in the BHSCT, **25%** report good access to ultrasound training. This is significantly below the Regional Average, where 65% of ST1-2 trainees report receiving adequate ultrasound training.

### GPST1-2: (BHSCT)

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

*"We did not attend antenatal clinics. I had to actively ask for gynae clinics as I was mostly placement on the gynae ward. I have not attended an early pregnancy clinic. Theatre was not particularly relevant for me so I tried to get to more clinics instead."*

*"Attitude towards GP trainees at some gynae clinics was awful – felt more of a hindrance than it being educational and supportive at some clinics."*

*"Only scheduled for antenatal clinics because I raised concerns – then only sat in on two."*

*"Limited experience on labour ward due to service provision in other areas. No EPPC attendance."*

*"Whilst I enjoyed the jobs at BHSCT there was a distinct service provision focus and not an educational experience."*

Q/ Please rate the quality of training received through this activity?	BHSCT GPST 2020 Re-survey (%)				
	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	0	50	50
Gynae clinic	0	33	0	67	0
Gynae theatre	0	33	0	0	67
Labour ward	33	0	0	33	33
Early pregnancy clinic (EPPC)	0	50	0	0	50
Obstetric ward rounds	33	0	0	67	0
Gynae ward rounds	0	33	33	33	0

GP ST1/2 trainees report that they are not attending enough clinical sessions in antenatal clinics, gynae clinics and EPPC sessions to meet their training needs; with more gynae theatre attendances than required (50%) also being highlighted. It is noted that clinic attendance appears to be a regional issue, with 33% of all GP trainees in NI reporting that they are not able to attend enough clinics to meet their training requirements.

GP ST1/2 trainees report that training opportunities don't occur or are regularly missed in antenatal and gynae clinics, gynae theatre, labour ward, EPPC and obstetric ward rounds. This is reflected in the trainee free text comments above and the survey results suggest that training for GP ST1/2 trainees in O&G posts is an area that requires further development in the BHSCT.

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

**Recommendation (ANCs): NOT MET in BSHCT (GPST)**

**Recommendation (ANCs): Some improvement in BHSCT (ST 1-7)**

**Recommendation (EPPC): NOT MET in BHSCT (ST1-7; GP ST1/2)**

**Recommendation (Ward rounds): MET in BHSCT (ST1-7)**

**Recommendation (Ward rounds): Some improvement in BHSCT (GPST 1/2)**

## 6. Overall opinion

Q/ Please provide a global score for this placement as a training opportunity?	NI Regional Average 2020 Re-survey	BHSCT 2020 Re-survey	BHSCT 2018 Survey	BHSCT (BCH) 2020 Re-survey	BHSCT (RJMS) 2020 Survey
Excellent	33	14	0	18	0
Good	47	57	70	55	67
Acceptable	15	21	20	18	33
Less than satisfactory	5	7	10	9	0
Poor	0	0	0	0	0
BHSCT Regional ranking based upon this question (8 training units in total)		4/8 ↑	6/8		

Positive comments from trainees included:

- Plenty of training opportunities
- O&G trainees' needs are prioritised for rota placement within the hospital.
- Obs excellent, gynae good
- Very good and supportive staff, consultants and regs very approachable

Negative comments from trainees included:

- Really needs to be regular departmental teaching
- Used more as a 'rota filler' rather than to help me become a better GP
- Admissions/DOU unit triages are mainly done by reg level trainees – missed training opportunities for SHO level trainees and less time on labour ward for regs
- Missed local deanery teaching due to rota commitments
- Overemphasis on IR1s

Suggestions to improve training in BHSCT included:

- More departmental teaching
- More consultant involvement in teaching
- More departmental teaching with occasional topics relevant to GP
- Improvement in training during clinic sessions
- Change in attitudes at clinics – while there to help, also there to learn.
- More clinics for GPs
- Change in attitude and recognition of different training needs of GP trainees – many, many opportunities missed
- More early pregnancy scanning opportunities
- More senior trainees to help with the workload
- Have F2 doctors around to help with ward cover
- Gynae theatre experience
- ST1-2 as extra SHO on labour ward to allow for opportunities in managing patients./hands on clinical skill learning
- Dedicated 1-2PA sessions/month for audit/administration
- More time for trainees on ELC/S lists

## Section 2: Practice Improvements and Development Needs

### BHSCT:

Practice Improvements	Development Needs
<p><b>Placement preferences:</b></p> <p>Significant improvement in the number of O&amp;G trainees reporting that they had sufficient information about placement options prior to making placement preferences (33% →80%).</p> <p>90% of NI trainees new to O&amp;G stated they had used or would have used the 'Train in O&amp;G in NI' leaflet.</p> <p>75% of NI trainees stated they had used or would have used the O&amp;G Training Unit Prospectus.</p>	<p><b>OOH rota allocation by BHSCT:</b></p> <p>Decline in the number of trainees receiving rota allocations &gt;6 weeks prior to commencing their post. (42% →29%).</p> <p>Not yet achieving the target of 6 weeks with 24% reporting &lt;4 weeks' notice.</p>
<p><b>Post notification by NIMDTA:</b></p> <p>All NI trainees received at least 4 weeks' notice of their posting, the majority (87%) of who feel this is adequate time.</p>	<p><b>Rota:</b></p> <p>92% of trainees report that a trainee co-ordinated the weekly rota</p> <p>Currently no allocated specialty is co-ordinating the rota; a recommendation from the 2018 O&amp;G PQ review.</p>
<p><b>Unit Induction:</b></p> <p>Improvement noted in the quality of unit induction with 81% of trainees reporting that their unit induction was appropriate, giving them clear understanding of their roles and responsibilities. This remains below the regional figure of 90%.</p>	<p><b>Local Departmental Teaching:</b></p> <p>Provision of protected teaching remains a significant issue for the BHSCT.</p> <p>The number of trainees reporting no protected teaching or &lt;1 hour/week has doubled since the BHSCT 2018 Survey (25%→53%) with just 7% achieving the target of 3 hours/week ( NI 2020 Regional Average 25%).</p> <p>All GPST Trainees feel local teaching <b>does not</b> meet their training needs (NI regional figure 40%).</p>
<p><b>Rota:</b></p> <p>88% of trainees reported that vacant rota slots had not had a significant impact on their training.</p>	<p>In the BHSCT only 27% of trainees report that teaching is interesting, relevant and weekly, compared to the NI regional figure of 63%.</p>
<p><b>Local Departmental Teaching:</b></p> <p>In BHSCT (BCH) there has been an increase in the number of trainees receiving at least 1-2 hours/week of protected teaching (0%→50%). This however remains below the regional figure of 67%.</p> <p>There has been significant improvement in consultant attendance at departmental teaching on the BHSCT site with 73% of trainees reporting consultant attendance as 'always' or 'usually' present, up from the 2018 figure of 18%.</p>	<p><b>CME attendance:</b></p> <p>55% of trainees report that they were unable to attend CME due non-emergency clinical commitments in the BHSCT. (NI regional figure 31%).</p>
	<p><b>Ultrasound training:</b></p> <p>Overall 43% of O&amp;G ST trainees report that they are getting adequate exposure to good quality US training, less than the NI Regional figure of 69%.</p> <p>Only 25% of ST1-2 (O&amp;G) trainees report good access to US training, (NI the regional figure of 65%).</p>

<p><b>Clinical Workload:</b></p> <p><b>ST1-7 (O&amp;G) trainees:</b> A good balance of workload has been maintained during the day for O&amp;G trainees on the RJMS site, with 75% of ST1-2 and 80% of ST3-7 trainees reporting workload intensity as just right.</p> <p><b>GPST trainees</b> report workload as just right in BCH during the day, at night and at weekends.</p>	<p><b>Clinical Workload:</b></p> <p><b>ST1-2 trainees (RJMS)</b> report workload as very intense/excessive at night (50%) and at weekends (100%), no improvement from the 2018 BHSCCT survey (60% at night and at weekends) and well below the NI 2020 figures (11% and 33% at night and at weekends respectively).</p> <p><b>All ST3-7 trainees (BHSCCT)</b> report workload as very intense/excessive at night (63%) and at weekends (50%), higher than the NI 2020 Regional Average (43% at night, 30% at weekends).</p> <p><b>ST3-7 trainees (BCH)</b> report workload as very intense/excessive during the day (67%), three times the NI regional figure (22%).</p> <p><b>All GPST trainees</b> report workload as very intense/excessive at weekends on the RJMS site sites, more than double the re-survey average (33%).</p> <p>73% of all O&amp;G trainees report that there is no additional cover in emergency clinical areas when work intensity is excessive.</p>
<p><b>Senior Support:</b></p> <p><b>All</b> ST1-2 trainees and 88% of ST3-7s report being well supported by seniors during times of excessive work intensity.</p>	
<p><b>Elective caesarean section (EL-c/s) list:</b></p> <p>There continues to be an EL-c/s list in BHSCCT. Regionally, 92% of trainees who have an EL-c/s list in their unit felt that it improved their training.</p> <p>RECOMMENDATION: MET</p>	
<p><b>Educational and Clinical Supervision:</b></p> <p><b>All</b> trainees rate their <b>Education Supervision</b> as acceptable, with 73% reporting this as excellent /above average. This is in line with the NI 2020 regional figures and a significant improvement on the BHSCCT 2018 survey results (42%).</p> <p>58% of trainees however report that their ES does not have an appropriate level of knowledge of the new <u>e-portfolio</u> (NI regional figure 39%).</p> <p>A high standard of <b>Clinical Supervision</b> is being maintained in the BHSCCT with figures similar to the NI Regional 2020 Re-survey Average.</p> <p>Improvement is noted on the <b>BCH</b> site with all trainees now reporting the quality of clinical supervision as good or excellent, both during normal working hours and out of hours.</p>	<p><b>Training opportunities:</b></p> <p><b>ST1-2s:</b> 100% report not enough EPPC and 50% too few labour ward attendances to meet their training needs. Training opportunities regularly missed or don't occur in EPPC and often missed in labour ward.</p> <p><b>ST3-7s:</b> Too few training opportunities reported in Gynae theatre (71%) and EPPC (63%) to meet training needs and more attendances at antenatal clinic than required (37%) highlighted. Training in these areas is reported as rare or doesn't occur (43%).</p> <p><b>GPSTs:</b> Not attending enough ANC, gynae clinics or EPPCs to meet training needs. Training opportunities regularly missed or training doesn't occur in ANC, gynae clinic, gynae theatre, EPPC, labour ward and obstetric ward rounds.</p>
<p><b>Training opportunities:</b></p> <p><b>ST1-2s:</b> <b>All</b> report that clinical activities in the majority of areas are meeting their clinical needs.</p> <p>The quality of training is reported as excellent/good on obstetric and gynae ward rounds.</p> <p><b>ST3-7s</b> report that clinical activities in the majority of areas are meeting their clinical needs.</p>	
<p><b>Overall comments:</b></p> <p>Plenty of training opportunities</p>	<p><b>Overall comments:</b></p> <p>Needs to be regular departmental teaching Missed local deanery teaching due to rota commitments. More used as a 'rota filler'</p>



## 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.nimdtg.gov.uk/download/general\\_practice/gp-trainees/curriculum\\_mapping\\_og\\_2012.pdf](http://www.nimdtg.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

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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

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## Appendix 1 Free text comments – BHSCT Re-survey 2020

### **Notice re: Post location**

“The posting was issued last minute which caused a great difficulty for me in moving from Dubai to NI.”

### **Notice re: Rota allocation**

“>6/52 is essential.”

“Difficult re swaps for childcare”

“Had to chase medical HR to determine OOH commitments.”

### **Unit induction**

“Info was 80% helpful, no ward tour, missed information.”

“First job in UK and induction didn’t help at all, had to learn it all the hard way.”

### **Work intensity**

“Weekend work can vary – little or no downtime to eat or be manageable”

“Depends on the seniors on with you.” [Senior support during excessive work intensity]

“Can be intensive but support there when needed.” [Work intensity at night ST3-7]

“Only some senior colleagues are supportive.” [Senior support during excessive work intensity]

“Not always, certain seniors that clearly avoided work and made the on call team’s job very difficult.”

[Senior support during excessive work intensity]

### **Clinical Workload**

“A single SHO covering RMH is ridiculous and extremely stressful. An 8-12/9-1 SHO covering discharges is appropriate as can be excessive number along with ward reviews, ward jobs, admission and possible LW duties.”

“The weekend cover needs to be looked at, particularly in Obstetrics – 1 SHO is expected to cover LW, 4wards and busy admissions unit.”

“Reg/tutors are helpful, some are better than others, always available to answer queries.”

### **Educational Supervision**

“Seemed disengaged form the process.”

“Easily approachable, good ideas for development.”

“Very accessible”

“Very flexible with timing to adjust for work commitment”

“Very proactive in organising meetings and taking in interest in portfolio and practical experience.”

“Regularly comments on my portfolio learning logs with feedback.”

### **ES Knowledge of new portfolio**

“Often seemed confused as to what needs to be done, for when, at what level and how to do certain things. Goes for old portfolio as well as new one.”

### **Clinical Supervision**

“Fantastic”

“I had no clinical contact with my supervisor as he is mainly based in RFC where juniors don't work. Was pleasant and would have helped if I would have any issues but had to ask other staff.”

“There when needed but didn't hover.”

### **Teaching**

“<1hr/week”

“In gynae no rostered teaching, in Obs there is CTG teaching for 30 mins before work starts on a Wednesday.”

“Only teaching was CTG for half an hour a week on Wed morning”

“M&M meetings happen once/month”

“No dept. teaching in RJMS or BCH, there is a focus on O&G trainees, not on GP/F2 in my view unacceptable.” “Teaching is very sparse in RJMS.”

“Always put on the rota for some job I can't get out of and it makes it difficult to attend CME.” (ST1/2).

“Could have more GP focused teaching as this was focused on CTG.”

“No regular teaching other than for CTG interpretation which was not relevant for me.” (GP ST1/2)

### **Ultrasound training**

“Don't do booking scans so don't get to do this and not allowed to scan for EPPC OOH.”

“Not expected to scan as a GP trainee which I think is appropriate.”

### **Clinical Duties**

“Too many clinical fellows in gynae theatre.” [Clinical activates meeting training needs]

“We did not attend antenatal clinics. I had to actively ask for gynae clinics as I was mostly placed on the gynae war. I have not attended and early pregnancy clinic. Theatre was not particularly relevant for me so I tried to get more clinics instead (GPST1/2)

“ Attitude towards GP trainees at some gynae clinics was awful – felt more of a hindrance that it being educational and supportive at some clinics; only scheduled for antenatal clinics because I raised concerns – then only sat in on two; limited experience on labour ward due to service provision in other areas; no EPPC attendance.” (GPST1/2)

“EPPC – didn't get to attend at any stage.” (ST 1-2)

“While I enjoyed the jobs at BHSC and RJMS there was a distinct service provision focus and not an educational experience.” (GP ST1/2)

“Good for learning procedure, gain experience with consultant supervising.”

“Good development for junior trainees.”

“Try to rotate regs to trainee elective CS list, as feel they miss out.”

“Good to help in a few of elective CS lists but not as relevant for my training.”

“Best area for GP training – admission unit and gynae clinics.”

### **Rostered CPD time**

“None”

“Other than locality days there was very, very little.”

**Overall opinion**

“Plenty of training opportunities and O&G trainees’ needs prioritised for rota placement within the hospital.”

“Obs excellent, gynae good”

“GP – I have enjoyed obstetrics a lot more than gynae, I feel that in this job I have been used more as a rota filler rather than to help me become better GP. There really needs to be regular departmental teaching.”

## Appendix 2 Trainee suggestions for improvement – BHSCT Re-survey 2020

### **Suggestions for improvement:**

- “ More early pregnancy scanning opportunities”
- “Some of the more senior trainees to help with the workload”
- “Improvement in training during clinic sessions”
- “Need for gynaecology theatre attendance”
- “More consultant involved in teaching”
- “More gynae theatre experience”
- “More clinics and less theatre for GP trainees if possible.”
- “More laparoscopies”
- “Time on training in gynae OPC”
- “More gynae clinics rather than ward cover. Perhaps this could be helped by having F2 doctors around to help with ward cover.”
- “Regular organised teaching.”
- “Please place O&G trainee doctors in theatres and delivery suites rather than wards.”
- “More departmental teaching”
- “More EPPC exposure and EPPC US training; More exposure to hands on US scan.”
- “Need dedicated 1-2PA sessions/month for audit/administration.”
- “Less emphasis on IR1s”
- “Admissions/DOU unit triages heavily to reg level, SHOs lose training opportunities and means regs have less time on labour ward.”
- “Scheduled for antenatal clinics occasionally and early pregnancy”
- “More gynae onc procedure training.”
- “More time for trainees on ELC/S lists.”
- “Regular departmental teaching”
- “Change in attitude and recognition of different training needs of GP trainees – many, many opportunities missed.”
- “ST1/2 as extra SHO on labour ward to allow for opportunities in managing patients/hands on clinical skill learning”

“Need to allocate time on a weekly basis for trainee teaching sessions.”

“More labour ward involvement so as to start learning at an early stage”

Missed local deanery teaching due to rota commitments”

“More departmental teaching, with occasional topics relevant to GP”

“More regular teaching”

“Change attitudes at clinics, while there to help also there to learn!!!”

**Points that made this post a good post:**

“Really love working at the Royal and feel supported by my seniors”

“Broad spectrum of areas to gain experience in”

“Very good and supportive staff, consultants and regs very approachable”

“All staff were very helpful and nice to work with but overall I am not sure that this job has been the best for training purposes”

“Good US training experience”