

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



December 2020

Northern Ireland Medical and Dental Training Agency

REPORT COMPILED BY DR G.V. BLAYNEY & DR S.A. PHILLIPS | 2020

Review Members

- Dr Sally Anne Phillips (Associate Dean for Placement Quality, NIMDTA)
- Dr Gillian Blayney (ST6 O&G, ADEPT Clinical Leadership Fellow Placement Quality 2018/20, NIMDTA)
- Mrs Gillian Carlisle (Quality & Revalidation Manager, NIMDTA)
- Dr Ian Steele (Interim Postgraduate Dean / Associate Dean for Specialty Training and Quality Management, NIMDTA)
- Dr Mary Murnaghan (Head of School, O&G, NIMDTA)
- Dr Sandra McNeill (Deputy Head of School (DHoS), O&G, NIMDTA)

Contents

Executive Summary 2

Section 1: Key Recommendations – Progress Update

Placement preferences and Allocations 4

Induction and Rotas 7

Clinical Workload and Teaching 9

Educational and Clinical Supervision 15

Training Opportunities 17

Overall Opinion 21

Section 2: Practice Improvements and Development Needs 22

Section 3: Update on Regional Recommendations 27

References..... 29

Appendices

Appendix1: Trainee free text comments – Re-survey 2020..... 30

Appendix 2: Trainee suggestions for improvement – Re-survey 2020..... 32

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 Excellence¹
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 Southern Health and Social Care Trust (SHSCT). 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 SHSCT. The SHSCT 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 SHSCT 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 SHSCT, all trainees (both O&G trainees and General Practice Specialty Trainees - 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 SHSCT (CAH) was 57% (66% response O&G trainees; 40% response GPST) and for the SHSCT (DHH) the response rate was 66% (66% response O&G trainees; no GPSTs in post). In CAH the response rate this was below the regional response rate of 66% but an improvement on the 2018 PQ (SHSCT) survey (50% response, 83% O&G trainees; 20% GPST).

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%

“Inadequate time to organise accommodation/family etc.”

“Always difficult to organise family circumstances with training – but just part of training though.”

Notice of out-of-hours rota allocation by Trust	NI Regional Average 2020 Re-survey (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)	SHSCT (DHH) 2018 Survey (%)
> 6 weeks before	31	83 ↑↑	17	0	40
4-6 weeks before	40	17	0	0	20
< 4 weeks before	25	0	0	50 ↑↑	0
< 2 weeks before	4	0 ↓↓	83	50 ↑	40

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

Yes – 100% (SHSCT - CAH)

No – 0% (SHSCT - CAH)

Yes – 50% (SHSCT - DHH)

No – 50% (SHSCT - DHH)

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.

Significant improvements are noted in the SHSCT (CAH) in rota notification, with 83% of trainees now reporting that they received their rota allocation >6 weeks before commencing post, more than double the regional average (31%) and a significant increase from the 2018 survey figure of 17%. Additionally no trainees reported receiving their rota allocation <4 weeks before starting their post, again a significant improvement from the 2018 figure (80% <2 weeks' notice).

In SHSCT (DHH) however, rota notification has become an issue, with **all** respondents reporting that they had received their rota allocation <4 weeks before commencing post and half of these <2 weeks before. This is significantly below the regional 2020 average where only 29% of trainees reported having < 4 weeks' notice of their OOH rota and is a marked decline from the DHH 2018 figures where only 40% reported < 4 weeks' 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

Recommendation: Significant improvement in SHSCT (CAH)

Recommendation: NOT MET in SHSCT (DHH)

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 (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)	SHSCT (DHH) 2018 Survey (%)
Yes, appropriate with clear understanding of roles and responsibilities	90	100	100	100	80
No, induction wasn't appropriate and I was not completely clear of my roles and responsibilities	8	0	0	0	20
No, there was no induction and I didn't understand my roles and responsibilities	2	0	0	0	0

Q/ Who co-ordinated the weekly rota in your unit?	NI Regional Average 2020 Re-survey (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)	SHSCT (DHH) 2018 Survey (%)
A trainee	53	100	100	0	100
An allocated specialty doctor	45	0	0	100	0
A named consultant	2	0	0	0	0
A member of administrative staff	0	0	0	0	0

Q/Rota vacancies?	NI Regional Average 2020 Re-survey (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (DHH) 2020 Re-survey (%)
Yes, there were rota vacancies	51	83	0
Filled by external locum/agency long-term staff	76	60	n/a
Filled by external locum/agency on a daily/shift-by-shift basis	10	0	n/a
Trainees already on the rota	10	40	n/a
Left unfilled	3	0	n/a

"In this working year we are currently 4 registrars short which is having a huge impact on us personally and with regards to training."

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

Positive (e.g. less competition): **17%** vs 13%

Negative (e.g. missed opportunities) **33%** vs 19%

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

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

Not applicable as no vacant rota slots.

A high standard of unit induction continues to be delivered throughout the SHSCT with **all** trainees in **both** units reporting that induction is appropriate with clear understanding of roles and responsibilities. This is higher than the 2020 regional average (90%).

In the SHSCT DHH is currently one of only four units in N.I with 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.”*

The recommendation, that an allocated specialty doctor or designated consultant should co-ordinate the rota, has not yet been achieved in CAH.

In CAH 83% of trainees reported that there were rota vacancies, significantly higher than the 2020 regional figure (51%), with additional free text comments suggesting that the unit was 4 registrars short at the time of the 2020 re-survey. The survey indicated that only 60% of these rota vacancies were filled by long term locums, with 40% of the rota gaps being covered by trainees already on the rota (regional figure 10%); a third of CAH trainees reported that this had a negative impact on their training, higher than the 2020 regional figure (19%). In DHH no rota gaps were reported.

Recommendation: Induction

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

Unit Induction: Recommendation MET in SHSCT

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 SHSCT (DHH)

Recommendation: NOT MET in SHSCT (CAH)

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 (%)			SHSCT (CAH) 2020 Re-survey (%)			SHSCT (CAH) 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	50 ↓	100	50 ↑	100	100	0
Very intense/excessive	11	11	33	50 ↑	0	50 ↓	0	0	100

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey (%)			SHSCT (DHH) 2020 Re-survey (%)			SHSCT (DHH) 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	100	100	50 ↓	100	100	67
Very intense/excessive	11	11	33	0	0	50	0	0	33

ST3-7

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			SHSCT (CAH) 2020 Re-survey			SHSCT (CAH) 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	100 ↑	67 ↔	100 ↑	33	67	67
Very intense/excessive	22	43	30	0 ↓	33	0 ↓	66	33	33

* No ST3-7 trainees posted in DHH

GP-ST

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			SHSCT (CAH) 2020 Re-survey			SHSCT (CAH) 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 ↔	100	100	100
Very intense/excessive	0	14	33	0	0	0	0	0	0

* No GPST trainees posted in DHH

GPST1/2: A good balance of workload intensity has been maintained on the **CAH** site with **all** GPSTs reporting that workload intensity during the day, at night and at weekends is just right. All GPSTs in CAH report being well supported by seniors during times of excessive work intensity.

ST1-2 (CAH): trainees report workload as very intense during the day and at the weekend (50%), above the NI regional figures of 11% and 33% respectively. Weekend workload has however improved-since the 2018 survey when all ST1-2 trainees in CAH reported weekend workload as very intense.

ST 3-7 (CAH): All ST3-7s report workload intensity during the day and at weekends as just right, a significant improvement from the 2018 CAH survey when work intensity was reported as very intense or excessive during the day and at weekends by 66% and 33% of trainees respectively. A third of ST3-7s report workload intensity as very intense at night, unchanged from the 2018 survey, but below the NI regional figure of 43%.

In **DHH** all ST1-2 trainees report workload as just right during the day and at night, unchanged since the 2018 survey. There has however been an increase in the number of trainees reporting weekend workload as very intense (33% → 50%), higher than the 2020 regional average (33%).

All O&G STs in CAH report feeling supported by seniors during times of excessive work intensity. In DHH 50% of trainees reported that during times of excessive work intensity they **do not** feel well supported by seniors. In CAH and DHH 83% and 100% respectively indicated that there is no additional cover in emergency clinical areas when work intensity is excessive

In CAH 50% of trainees responded to say there was an elective caesarean section list. Regionally, 92% of trainees who had an elective c/s list reported that they felt that it improved their training. All trainees in DHH responded to say that there is no separate elective caesarean section list on this site, however there are no concerns in regard to daytime workload in DHH, so this may be appropriate.

"I suppose as a senior trainee the intensity is much more manageable."
[Separate Elective caesarean section list] "Yes it does improve the quality of training in the unit."

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

100% ST1-2 (CAH) 100 % ST3-7 (CAH)

50% ST1-2 (DHH)

100% GP-STs (CAH)

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

CAH: 17% = 'Yes' **83% = 'No'**

DHH: 0% = 'Yes' **100% = 'No'**

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

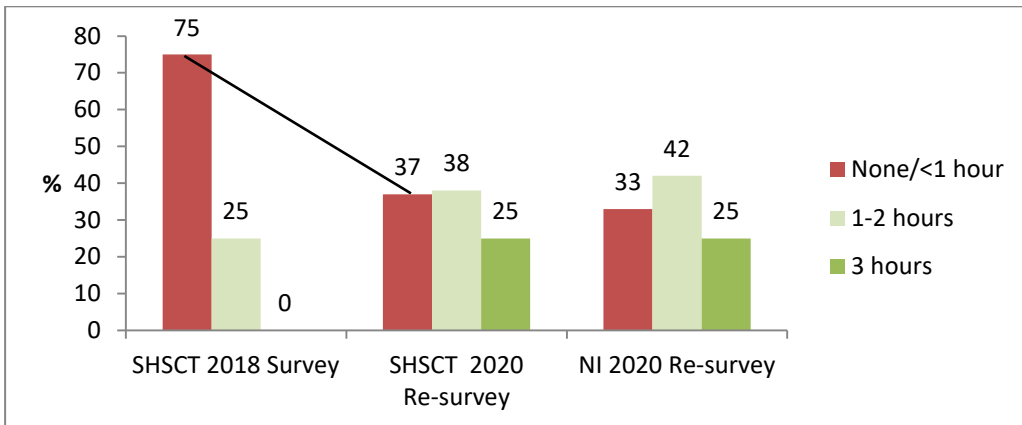
Recommendation: NOT MET in SHSCT

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

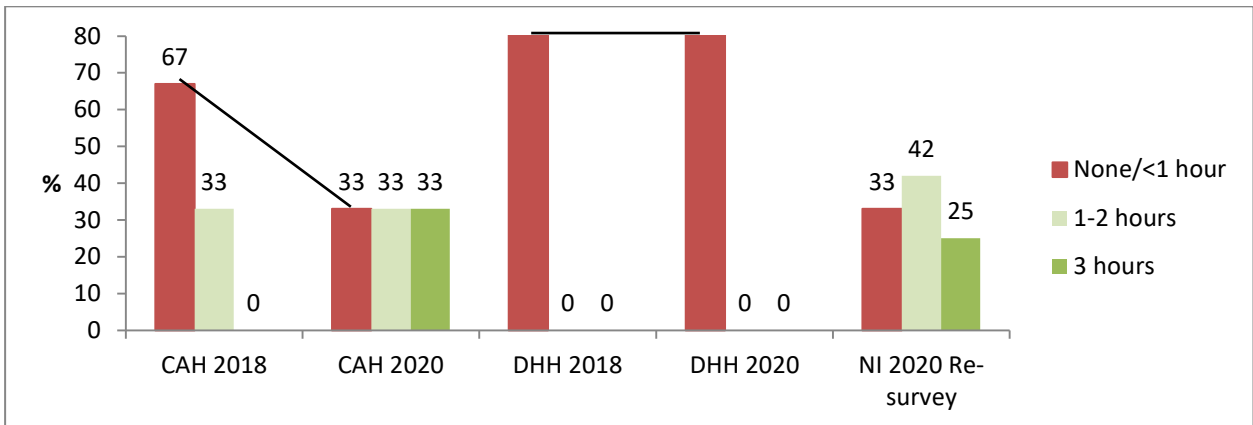
Recommendation: NOT MET in SHSCT

Teaching

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



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



“Protected teaching time would allow to attend the session without interruption and allow to engage more.” - CAH

“No bleep free time, still get bleeps during teaching.” - DHH

“Still get bleeps and have to attend.” - DHH

“Really good” - CAH

“Could be a lot more.” - CAH

Q/ How would you rate the quality of local departmental teaching during your post?	NI Regional Average 2020 Re-survey (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)	SHSCT (DHH) 2018 Survey (%)
Interesting, relevant, weekly	63	100	100	100	100
Interesting and relevant but not regular	23	0	0	0	0
Not interesting or relevant but was weekly	8	0	0	0	0
Not interesting, or relevant or weekly	6	0	0	0	0

Q/ How often was there consultant attendance at local departmental teaching?	NI Regional Average 2020 Re-survey (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)	SHSCT (DHH) 2018 Survey (%)
Always/usually	73	100	100	50↓	100
Sometimes	15	0	0	0	0
Rarely	6	0	0	50↑	0
Never	6	0	0	0	0

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

“To a certain degree. Too much time on wards. Not enough time in clinic.” GP ST1/2

In the SHSCT access to regular protected (bleep free) teaching remains an issue, with neither unit achieving the recommended 3 hours/week of protected (bleep-free) in-unit teaching for all trainees.

In **CAH** the number of trainees reporting no teaching or less than one hour/week has fallen (67% → 33%) with an increase in the number of trainees receiving at least 1-2 hours/ week of protected teaching time (33%→66%); and half of these (33%) now report achieving the target of 3 hours/week (NI regional average 25%).

In **DHH** however, protected teaching remains a significant issue with 100% of trainees continuing to report none or <1hour protected teaching time/week, significantly below the NI 2020 Regional Average (33%) and the lowest reported incidence in NI. It is noted however, from free text comments that non-protected teaching, does appear to occur regularly.

In the SHSCT a high standard continues to be maintained in the quality of local departmental teaching with all trainees reporting teaching as interesting, relevant and occurring weekly, significantly higher than the NI 2020 Regional Average (63%). There is good consultant attendance at local teaching with 88% of trainees in the SHSCT reporting that consultants are always/usually present, above the regional figure of 73%. It is noted that in CAH good consultant attendance at local teaching has been maintained with all trainees reporting that consultants are always/usually present. In DHH there has been a fall in the number of trainees reporting good consultant attendance (100%→50%).

All GP-ST trainees in SHSCT reported that local teaching was meeting their training needs, a figure significantly above the NI 2020 Regional Average (60%). The results suggest that 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)' is being achieved.

An active unit culture of research, presentations and posters was reported by a 38% of trainees in the SHSCT (CAH 33%; DHH 50%). This is below the NI Regional 2020 average of 47%.

CPD

In SHSCT 75% of trainees reported that they get less than 1 hour/week of rostered CPD time (e.g. e-portfolio, teaching preparation, CPD). This is higher than the NI 2020 Regional average (51%).

CME

CME attendance	NI Regional Average 2020 Re-survey (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)	SHSCT (DHH) 2018 Survey (%)
Clinical commitments (not on-call) or morning activities running late preventing CME attendance	31	0↓	67	0↓	50

In the SHSCT no trainees report being unable 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 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 SHSCT. Some improvement in CAH.

Recommendation: Local Teaching tailored for GP trainees

Recommendation: MET in SHSCT

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: MET in SHSCT

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 (%)	SHSCT (CAH) 2020 Re-survey (%)	SHSCT (CAH) 2018 Survey (%)	SHSCT (DHH) 2020 Survey (%)	SHSCT (DHH) 2020 Re-survey (%)
Excellent	48	67 ↑	40	50	50
Above average	31	17	0	50↑	25
Satisfactory	21	17	60	0	25
Poor/Very poor	0	0	0	0	0

“Very kind, approachable and supportive.” - CAH

“Kind, caring and empathetic.” - CAH

“Very supportive.” - CAH

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 (%)	SHSCT 2020 Re-survey (%)
Yes	61	83
No	39	17

The standard of Educational Supervision has improved in **CAH** and **DHH** with 84% of trainees in CAH and 100% of trainees in DHH now rating the supervision by their named ES as excellent or above average. In CAH 67% of trainees report ES as excellent, above the regional average (48%)

In the SHSCT 83% of trainees reported that their ES's had an appropriate knowledge of the new RCOG e-portfolio system and trainee requirements, higher than the regional figure of 61%.

Clinical Supervision

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		SHSCT (CAH) 2020 Re-survey (%)		SHSCT (CAH) 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	50 ↑	0	0	0
Good	48	48	33	50 ↑	67	33
Acceptable	25	35	17	50	17	50
Less than satisfactory	4	2	0	0	17	17
Unsatisfactory	0	0	0	0	0	0

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		SHSCT (DHH) 2020 Re-survey (%)		SHSCT (DHH) 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	0	0	0	0
Good	48	48	100 ↑	50	50	50
Acceptable	25	35	0	50	50	50
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 in the SHSCT with figures similar to the NI Regional 2020 re-survey average.

In **CAH** 83% and 50% of trainees report clinical supervision as good or excellent during normal working hours and out of hours respectively. There has also been a decline in the number of trainees reporting clinical supervision as less than satisfactory (17% → 0%) both during the day and out of hours.

In **DHH** all trainees report the quality of clinical supervision as good during normal working hours and good or acceptable out of hours. This is an improvement from the 2018 survey (50%)

5. Training Opportunities

Key recommendations:

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

ST1/2: (CAH)

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

Q/ Please rate the quality of training received through this activity?	SHSCT ST1-2 (CAH) 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	100	0	0	0
Gynae clinic	0	100	0	0	0
Gynae theatre	50	50	0	0	0
Labour ward	0	100	0	0	0
Early pregnancy clinic (EPPC)	0	50	50	0	0
Obstetric ward rounds	0	50	50	0	0
Gynae ward rounds	0	50	50	0	0

ST1-2 (O&G) trainees in **CAH** report that attendance at outpatient clinics and labour ward are meeting their training needs however 50% of trainees report that there are too few EPPC, gynae theatre sessions and ward rounds to meet training needs. The quality of training is reported as good or excellent in all but EPPC and ward rounds where half of trainees report that training opportunities are often missed. These results are similar to the overall NI Regional re-survey feedback, with EPPC being a key area where training opportunities are being missed for ST1-2 (O&G) trainees.

ST1/2: (DHH)

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

Q/ Please rate the quality of training received through this activity?	SHSCT ST1-2 (DHH) 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	50	50	0
Gynae clinic	0	0	100	0	0
Gynae theatre	0	0	100	0	0
Labour ward	0	50	0	0	50
Early pregnancy clinic (EPPC)	0	50	0	50	0
Obstetric ward rounds	0	50	50	0	0
Gynae ward rounds	0	50	0	0	50

ST1-2 (O&G) trainees in **DHH** report that they are receiving just the right amount of labour ward and ward round exposure to meet their training needs and that training is usually good with just some missed opportunities. Trainees do however report that there are too few outpatient clinics, EPPC and gynae theatre to meet training needs and that at these clinical activities training opportunities are often/regularly missed or training doesn't occur. These results are generally poorer than the NI 2020 Regional Averages. (Training opportunities often or regularly missed- ANC (DHH) 100% vs Regional average 41%; GOPD (DHH) 100% vs. 33%; Gynae theatre (DHH) 100% vs. 22%).

ST3-7: (CAH) **Note – no ST3-7 trainee responses from DHH

Q/ Please indicate if the clinical activities listed are meeting your training needs?	SHSCT ST3-7 (CAH) 2020 Re-survey (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	0	100	0
Gynae clinic	0	100	0
Gynae theatre	33	67	0
Labour ward	0	100	0
Early pregnancy clinic (EPPC)	33	67	0
Obstetric ward rounds	0	100	0
Gynae ward rounds	0	100	0
ATSM Sessions	0	100	0

Q/ Please rate the quality of training received through this activity?	SHSCT ST3-7 (CAH) 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	33	33	33	0	0
Gynae clinic	0	100	0	0	0
Gynae theatre	67	33	0	0	0
Labour ward	33	67	0	0	0
Early pregnancy clinic (EPPC)	33	0	67	0	0
Obstetric ward rounds	33	67	0	0	0
Gynae ward rounds	33	67	0	0	0
ATSM Sessions	100	0	0	0	0

ST3-7 trainees working in **CAH** report that clinical activities in most areas are meeting their training needs with the exception of gynae theatre (33% reporting too few attendances) and EPPC (33% reporting too few attendances). These results are generally better than the NI regional figures. The quality of training reported by all trainees is also generally good or excellent with just some missed opportunities. Two thirds of ST3-7s however, highlight that whilst training quality is good in EPPC, training opportunities are often missed. This represents a decline since the SHSCT (CAH) 2018 PQI Survey in which 57% of trainees felt that EPPC training was good or excellent with only some missed opportunities.

Ultrasound Training

In CAH 100% of O&G trainees report that they are getting adequate exposure to good quality ultrasound training, significantly higher than the NI regional figure of 69%. In DHH, 50% of O&G trainees report adequate exposure to good quality ultrasound training.

GPST1-2:

There were no GPST responses from SHSCT (CAH or DHH) regarding clinical activities meeting training needs or regards the quality of training received through each activity.

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

Recommendation (ST1-2 /CAH): NOT MET on EPPC or ward rounds

Recommendation (ST1-2/CAH): MET in ANCs

Recommendation (ST1-2/ DHH): NOT MET on EPPC, ANC or ward rounds

Recommendation (ST3-7/CAH): NOT MET in EPPC

Recommendation (ST3-7/CAH): MET in Ward rounds and ANC

6. Overall opinion

Q/ Please provide a global score for this placement as a training opportunity?	NI Regional Average 2020 Re-survey	SHSCT (CAH) 2020 Re-survey	SHSCT (CAH) 2018 Survey	SHSCT (DHH) 2020 Re-survey	SHSCT (DHH) 2018 Survey
Excellent	33	80 ↑	25	0	0
Good	47	20	0	50 ↑	25
Acceptable	15	0 ↓	75	50	50
Less than satisfactory	5	0	0	0 ↓	25
Poor	0	0	0	0	0
SHSCT regional ranking based upon this question (8 training units in total)		2/8	4/8	6/8	8/8

Positive comments from trainees included:

- Busy unit with some complex cases and very nice support consultants. (CAH)
- Good senior support with training as well as career progression. (CAH)
- Consultant as well as senior trainees almost always help when asked for help.(CAH)
- Encouraged to take appropriate breaks.(CAH)
- Very good unit to develop intermediate obstetric and gynaecological competencies. (CAH)
- Dr McCormick was an excellent supervisor, so kind, caring and considerate. (CAH)
- Supportive consultant body with great environment for training. (CAH)
- I am happy that all the senior doctors in this unit were helpful and understanding during this placement. They were quite easy to approach and they tried to train me appropriately. (CAH)
- Very well supported training with good supervisors. (DHH)

Negative comments from trainees included:

- I would prefer more gynae theatre exposure.(CAH)
- Less theatre sessions, esp gynae. (DHH)
- No teaching on US. (DHH)
- No senior trainees to guide. Middle grade rota is staffed mainly by staff grades who don't necessarily understand training requirements. (DHH)
- Little/no access to try instrumental delivery. (DHH)
- Zero experience with DM complicating pregnancy or GDM as cases are referred to CAH. (DHH)

Suggestions to improve training in SHSCT included:

CAH:

- More theatre sessions
- More gynae theatre experience
- Less rota gaps – although many attempts by consultant body to relieve this
- Fill locum posts – granted this is difficult
- EPPC attendance
- Protected teaching time
- Train more SPR doctors
- Employ more consultants not just locum consultants
- At least one elaborate session about the new portfolio

DHH:

- Allocation of time for CPD
- More opportunities for practical skills especially instrumental deliveries, very limited exposure.

Section 2: Practice Improvements and Development Needs

SHSCT (Craigavon Area Hospital):

Practice Improvements	Development Needs
<p>Placement preferences:</p> <p>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%).</p> <p>90% of NI trainees new to O&G stated they had used or would have used the 'Train in O&G in NI' leaflet.</p> <p>75% of NI trainees stated they had used or would have used the O&G Training Unit Prospectus.</p>	<p>Clinical Workload:</p> <p>ST1-2s: 50% report a very intense workload at during the day and at weekends. This is higher than the regional re-survey figures of 11% and 33% respectively.</p> <p>83% of all respondents report that there is no additional cover in emergency clinical areas when work intensity is excessive.</p> <p>RECOMMNDATION: NOT MET</p>
<p>Post notification by NIMDTA:</p> <p><u>All</u> NI trainees received at least 4 weeks' notice of their posting, the majority (87%) of who feel this is adequate time.</p>	<p>Rota vacancies:</p> <p>83% of trainees report rota vacancies, higher than the NI regional average (51%).</p> <p>40% of trainees report having to fill rota vacancies, four times the NI regional average (10%).</p> <p>33% of trainees felt that vacant rota slots have negatively impacted their training (NI regional figure 19%).</p>
<p>OOH rota allocation by CAH (SHSCT):</p> <p>Significant improvements noted in CAH with all trainees receiving rota allocations >4 weeks prior to commencing their post. (17% →100%) and 83% achieving the target of 6 weeks - significantly higher than the regional figure of 31%</p>	<p>Rota:</p> <p>Rota coordinated by a trainee in CAH, not an allocated specialty doctor.</p> <p><u>RECOMMENDATION: NOT MET</u></p>
<p>Induction:</p> <p>A high standard is being maintained with 100% of trainees reporting that their unit induction was appropriate, giving them clear understanding of their roles and responsibilities.</p> <p>RECOMMENDATION: MET</p>	<p>Local Departmental Teaching:</p> <p>A third of trainees still report receiving none/<1 hour/week of protected teaching.</p>
<p>Clinical Workload:</p> <p>A good balance of workload intensity has been maintained for GPSTs, with ALL reporting workload as just right during the day, at night and at weekends.</p> <p>ST1-2s: A good balance of workload is being maintained at night with all ST1-2s reporting workload as just right. Trainees also report some improvement in weekend workload with the number reporting workload intensity as very intense/excessive halving (100% →50%).</p> <p>ST3-7s report workload intensity as just right during the day and at weekends, a significant improvement from 2018 and better than the regional average. A third report very intense workload at night (NI regional figure 43%).</p>	<p>Training Opportunities:</p> <p>ST1-2s: Too few EPPC attendances, gynae theatre sessions and ward rounds to meet training needs; 50% of trainees report training opportunities are often missed in these areas.</p> <p>ST3-7s: Not enough EPPC (33%) and gynae theatre sessions (33%) to adequately meet training needs. Trainees report that training opportunities often missed in ANC and EPPC.</p>

<p>Senior Support:</p> <p>ALL trainees report being well supported by seniors when work intensity is excessive.</p>	
<p>Teaching:</p> <p>There has been a significant improvement in the frequency of protected (bleep-free) local teaching; a third of trainees now reporting achieving the target of 3 hours per week.</p> <p>Overall 66% of trainees now report receiving at least 1-2 hours per week of protected teaching, up from the 2018 figure of 33% and in line with the NI 2020 regional figure of 67%.</p> <p>A high quality of teaching is being maintained with all trainees stating that teaching is interesting, relevant and weekly. Consultant attendance at local teaching remains high (100% always/usually present).</p> <p>All GPST trainees report that local teaching has met their training needs.</p>	
<p>CME attendance:</p> <p>No trainees report that they were unable to attend CME due non-emergency clinical commitments (67% →0%). This better than the reported NI regional figure (31%).</p>	
<p>Educational Supervision (ES):</p> <p>Overall 84% of trainees reported Education Supervision from their ES as excellent/above average, a significant improvement on the 2018 CAH figures (40%). The number of trainees reporting ES as excellent (67%) is also higher than the NI 2020 Regional Average (48%)</p> <p>83% of SHSCT trainees reported that their ES had an appropriate knowledge of the new e-portfolio.</p>	
<p>Clinical Supervision (CS):</p> <p>During normal working hours 83% of trainees rate CS as good/excellent, higher than the NI regional average of 71% and an improvement on the 2018 CAH survey figure of 67%. Out of hours all trainees report CS as at least acceptable, with 50% reporting it as good.</p>	
<p>Training Opportunities:</p> <p>ST1-2s: Report that outpatient clinics and labour ward are meeting their training needs with good training quality with just some missed opportunities.</p> <p>ST3-7s: Report just the right amount of clinical activities in most areas to meet their training needs; above the NI Regional Average. The quality of training is generally good with just some missed opportunities.</p>	

<p>Ultrasound training:</p> <p>All O&G ST trainees report that they are getting adequate exposure to good quality US training, <u>better</u> than the regional figure of 69%.</p>	
<p>Overall comments:</p> <p>Good senior support Good unit for development of intermediate competencies</p>	<p>Overall comments:</p> <p>Prefer more gynae theatre experience</p>

SHSCT (Daisy Hill Hospital):

Practice Improvements	Development Needs
<p>Placement preferences:</p> <p>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%).</p> <p>90% of trainees new to O&G stated they had used or would have used the 'Train in O&G in NI' leaflet.</p> <p>75% of NI trainees stated they had used or would have used the O&G Training Unit Prospectus.6</p>	<p>OOH rota allocation by DHH (SHSCT):</p> <p>No trainees receiving rota allocations >4 weeks prior to commencing their post, a significant decline from the 2018 PQ survey (60% → 0%).</p> <p>50% of trainees report receiving rota allocation with less than 2 weeks' notice and indicate that this is inadequate time for personal/professional /situational preparation.</p>
<p>Post notification by NIMDTA:</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>Clinical Workload</p> <p>There has been an increase in ST1-2s reporting weekend workload as very intense (33% → 50%).</p> <p>All respondents report that there is no additional cover in emergency clinical areas when work intensity is excessive.</p>
<p>Rota:</p> <p>SHSCT (DHH) is one of 4 units in N.I with an allocated specialty doctor co-ordinating the weekly rota.</p> <p><u>RECOMMENDATION: MET</u></p>	<p>Local departmental teaching:</p> <p>The frequency of protected (bleep-free) teaching remains an issue, with 100% of trainees continuing to report none or <1hour of protected teaching time/week. This is significantly below the NI 2020 regional average of 33% and ranks DHH 8/8 in NI for local teaching.</p> <p>RECOMMENDATION : NOT MET</p>
<p>Induction:</p> <p>A high standard is being maintained with 100% of trainees reporting that their unit induction was appropriate, giving them clear understanding of their roles and responsibilities.</p> <p><u>RECOMMENDATION: MET</u></p>	<p>Training opportunities:</p> <p>ST1-2s: Not enough EPPC attendances, gynae theatre and outpatient clinics to meet training needs and training opportunities are often or regularly missed.</p> <p>On labour ward or gynae ward rounds, 50% of trainees report that training doesn't usually occur.</p>
<p>Clinical Workload:</p> <p>ST 1-2: A good balance of workload is being maintained during the day and at night, with all reporting intensity as just right.</p>	
<p>Teaching:</p> <p>A high quality of teaching is being maintained with all trainees stating that teaching is interesting, relevant and weekly.</p>	
<p>CME attendance:</p> <p>No trainees report that they were unable to attend CME due non-emergency clinical commitments (50% →0%). This better than the reported NI regional figure (31%).</p>	

<p>Educational Supervision (ES):</p> <p>All trainees reported Education Supervision from their ES as excellent or above average. This is higher than the NI 2020 Regional Average (79%) and an improvement on the DHH 2018 figure (75%).</p>	
<p>Clinical Supervision (CS):</p> <p>All trainees rate their Clinical Supervision as good during normal working hours, an improvement on DHH 2018 figures (50%). All trainees report out of hours CS as good or acceptable, unchanged from the 2018 DHH figures.</p>	
<p>Training opportunities:</p> <p>ST1-2s: ALL report receiving just the right amount of labour ward, and ward rounds exposure to meet training needs and training quality is usually good.</p>	
<p>Ultrasound training:</p> <p>50% of ST1-2 O&G trainees report good access to ultrasound training <u>lower</u> than the regional ST1-2 figure of 65%.</p>	
<p>Overall comments:</p> <p>Well supported</p> <p>Good supervisors.</p>	<p>Overall comments:</p> <p>Little gynae theatre exposure</p> <p>No teaching on US</p> <p>Limited/no access to instrumental delivery</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

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 – SHSCT Re-survey 2020

Notice re: Post location

“Inadequate time to organise accommodation/family etc.” (CAH)

“Always difficult to organise family circumstances with training – but just part of the training though.” (CAH)

Impact on training of vacant rota slots

“In this working year we are currently 4 registrars short which is having a huge impact on us personally and with regards to training.” (CAH)

Work intensity

“I suppose as a senior trainee the intensity is much more manageable.” (CAH)

Educational Supervision

“Very kind, approachable and supportive.” (CAH)

“Kind, caring and empathetic.” (CAH)

“Very supportive” (CAH)

Teaching

“Really good” (CAH)

“Could be a lot more.” (CAH)

“Protected teaching time would allow to attend the session without interruption and allow to engage more.” (CAH)

“No bleep free time, still get bleeps during teaching.” (DHH)

“Still get bleeps and have to attend.” (DHH)

Rostered CPD time

“Never got any.” (DHH)

Overall opinion

“Busy unit with some complex cases and very nice support consultants. (CAH)

“Good senior support with training as well as career progression.” (CAH)

“Consultant as well as senior trainees almost always help when asked for help.” (CAH)

“Dr McCormick was an excellent supervisor, so kind, caring and considerate.” (CAH)

“Supportive consultant body with great environment for training.” (CAH)

“Encouraged to take appropriate breaks.” (CAH)

“Very good unit to develop intermediate obstetric and gynaecological competencies.” (CAH)

“I am happy that all the senior doctors in this unit were helpful and understanding during this placement.” (CAH)

“Consultant of the week – excellent continuity of care and safe hand overs” (CAH)

“They were quite easy to approach and they tried to train me appropriately.” (CAH)

“Very well supported training with good supervisors.” (DHH)

“I would prefer more gynae theatre exposure.” (CAH)

“Less theatre sessions, esp gynae.” (DHH)

“No teaching on US.” (DHH)

“No senior trainees to guide. Middle grade rota is staffed mainly by staff grades who don’t necessarily understand training requirements.” (DHH)

“Little/no access to try instrumental delivery.” (DHH)

“Zero experience with DM complicating pregnancy or GDM as cases are referred to CAH.” (DHH)

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

Suggestions for improvement:

CAH:

- More theatre sessions
- More gynae theatre experience
- Fill locum posts – granted this is difficult
- Less rota gaps
- EPPC attendance
- Protected teaching time
- Focus on training rather than workload on delivery suite
- Introduce an elective section list
- GP trainees at more clinics, not just ward rounds
- Greater consultant presence at ANC's
- Employ more consultants not just locum consultants
- At least one elaborate session about the new portfolio

DHH:

- Allocation of time for CPD
- More opportunities for practical skills especially instrumental deliveries, very limited exposure
- More clinics/DPU opportunities for ST1-2
- Give priority to trainees as opposed to locums/staff grades
- Consultant led committee to promote healthy professional working relationships among non-consultant medical staff