

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



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Northern Ireland Medical and Dental Training Agency

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

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Executive Summary

NIMDTA's Placement Quality (PQ) team commenced a review into the quality of Obstetrics and Gynaecology (O&G) training posts in Northern Ireland (N.I) in August 2018. Initial background research into current O&G training in N.I included the GMC National Training Survey and the RCOG Training Evaluation Form (TEF) Report. Trainee feedback was obtained through the PQ Survey of Training in O&G in August/September 2018. A PQ re-survey of small training units (SWAH, DHH, and SWAH) 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 Western Health and Social Care Trust (WHST). 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 WHST. The WHST 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 WHST 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 WHSCT, all trainees, both O&G 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 WHSCT (ALT) was 75% (82% response O&G trainees; 0% response GPST) and for the WHSCT (SWAH) the response rate was 50% (O&G trainees; no GPSTs on this site). In both ALT and SWAH this was below the regional response rate of 66%.

1. Placement Preferences and Allocations

Key recommendations:

- Production of a [Unit Prospectus for O&G Training in NI](#)
- 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%

Notice of out-of-hours rota allocation by Trust	NI Regional Average 2020 Re-survey (%)	WHST (ALT) 2020 Re-survey (%)	WHST (ALT) 2018 Survey (%)	WHST (SWAH) 2020 Re-survey (%)	WHST (SWAH) 2018 Survey (%)
> 6 weeks before	31	11↑	0	0	0
4-6 weeks before	40	56↑	38	0↓	67
< 4 weeks before	25	33	25	100↑↑	0
< 2 weeks before	4	0	37	0	33

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

WHST: Yes - 80% (WHST) (78% ALT; 100% SWAH)
No - 22% (WHST)

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

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

Improvements are noted in rota notification in the WHST on the ALT site where 67% of trainees reported receiving their OOH rota allocation > 4 weeks prior to commencing their post, compared to 38% in the 2018 survey. This is in line with the regional average and the majority of trainees (78%) felt that this was adequate notice. In SWAH no trainees reported having less than 2 weeks’ notice of their OOH rota compared with a third of trainees in the 2018 survey however no trainees were receiving more than 4

weeks' notice of their rota. All trainees in SWAH nonetheless reported that they felt they had sufficient notice.

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

Recommendation MET

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

Recommendation MET

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

Improvements noted in the WHSCT – ALT site

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 (%)	WHSC (ALT) 2020 Re-survey (%)	WHSC (ALT) 2018 Survey (%)	WHSC (SWAH) 2020 Re-survey (%)	WHSC (SWAH) 2018 Survey (%)
Yes, appropriate with clear understanding of roles and responsibilities	90	100↑	88	100	100
No, induction wasn't appropriate and I was not completely clear of my roles and responsibilities	8	0	12	0	0
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 (%)	WHSC (ALT) 2020 Re-survey (%)	WHSC (ALT) 2018 Survey (%)	WHSC (SWAH) 2020 Re-survey (%)	WHSC (SWAH) 2018 Survey (%)
A trainee	54	0	100	0	0
An allocated specialty doctor	45	100↑	0	0	33
A named consultant	2	0	0	100↑	67
A member of administrative staff	0	0	0	0	0

Q/Rota vacancies?	NI Regional Average 2020 Re-survey (%)	WHSC (ALT) 2020 Re-survey (%)	WHSC (SWAH) 2020 Re-survey (%)
Yes, there were rota vacancies	51	22	0
Filled by external locum/agency long-term staff	76	100	NA
Filled by external locum/agency on a daily/shift-by-shift basis	10	0	NA
Trainees already on the rota	0	0	NA
Left unfilled	0	0	NA

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

Positive (e.g. less competition):
0% vs 13%

Negative (e.g. missed opportunities)
0% vs 19%

No Impact: 100% vs 34%

A high standard of unit induction continues to be delivered in the WHSCT with ALL trainees in both the ALT and SWAH sites reporting that their induction to their placement was appropriate, providing them with a clear understanding of their roles and responsibilities.

ALT is currently one of only four units in N.I with an allocated specialty doctor co-ordinating the rota and the SWAH site the only unit in NI where a named consultant takes this responsibility; 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.”*

In the WHSCT, where unfilled posts were reported, trainees have not had to cover rota gaps, which have instead been filled by external locum/agency staff; ALL respondents in ALT, compared with the NI regional figure of 34%, report that vacant rota slots have had no impact on their training.

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

Recommendation MET in WHSCT: High standard being maintained

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

Recommendation: MET in WHSCT

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			WHSCT (ALT) 2020 Re-survey			WHSCT (ALT) 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	25	25	25	0	0	0
Just right intensity	83	72	61	75	75	75	100	100	100
Very intense/excessive	11	11	33	0	0	0	0	0	0

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			WHSCT (SWAH) 2020 Re-survey			WHSCT (SWAH) 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	50	0
Just right intensity	83	72	61	100	100	100	100	50	100
Very intense/excessive	11	11	33	0	0	0	0	0	0

ST3-7

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			WHSCT (ALT) 2020 Re-survey			WHSCT (ALT) 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	100	100	100	100	100
Very intense/excessive	22	43	30	0	0	0	0	0	0

*No ST3-7 trainees posted in SWAH

GP-ST*

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			Q/ please rate the work intensity over the following time periods?	NI Regional Average 2018 Re-survey		
	Daytime	At night	At weekends		Daytime	At night	At weekends
Too light	0	0	0	Too light	0	0	0
Low intensity	0	0	0	Low intensity	0	0	0
Just right intensity	100↑	86	57	Just right intensity	73	82	64
Very intense/excessive	0	14	33	Very intense/excessive	27	18	36

A good balance of workload intensity has been maintained in the WHSCT with **all** ST1-2 and ST3-7 trainees on the **ALT** site and **all** ST1-2 trainees on the **SWAH** site reporting that workload intensity during the day, at night and at weekends is just right or low intensity. These figures are significantly above the regional figures, where a third of ST trainees report workload intensity as very intense or excessive at weekends and 43% of ST3-7s report workload intensity as very intense or excessive at night.

* There were no GPST respondents in ALT or SWAH in the 2020 survey. The NI Regional averages from the 2018 PQ Survey and the 2020 Resurvey are given for overall comparison. The resurvey figures show that regionally for GPSTs a good balance of workload intensity is being maintained both during the day and at night. At weekends however, around a third of GPSTs report workload intensity as very intense or excessive, which remains unchanged from the 2018 figures.

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

(Workload) "Obviously varies from day to day but I think averages out as 'just right'" - ALT

Yes - During times of excessive work intensity I felt well supported by seniors.
 100% ST1-2/LAT (ALT & SWAH)
 100% ST3-7 (ALT)

During times when work intensity is excessive is there **additional cover in emergency clinical areas? (WHSCT)**
 'Yes'=50% (ALT 56% & SWAH 0%)
 'No'= 50% (ALT 44% & SWAH 100%)

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

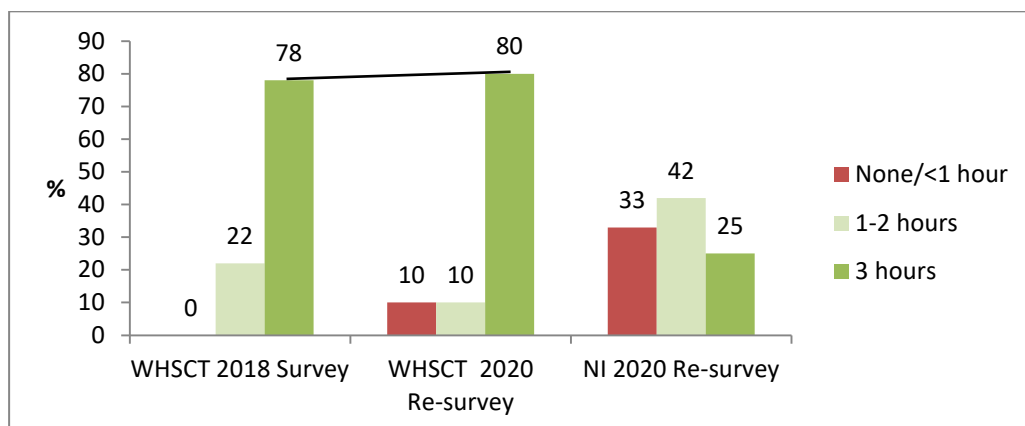
Recommendation: NOT MET in WHSCT, although all trainees well supported

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

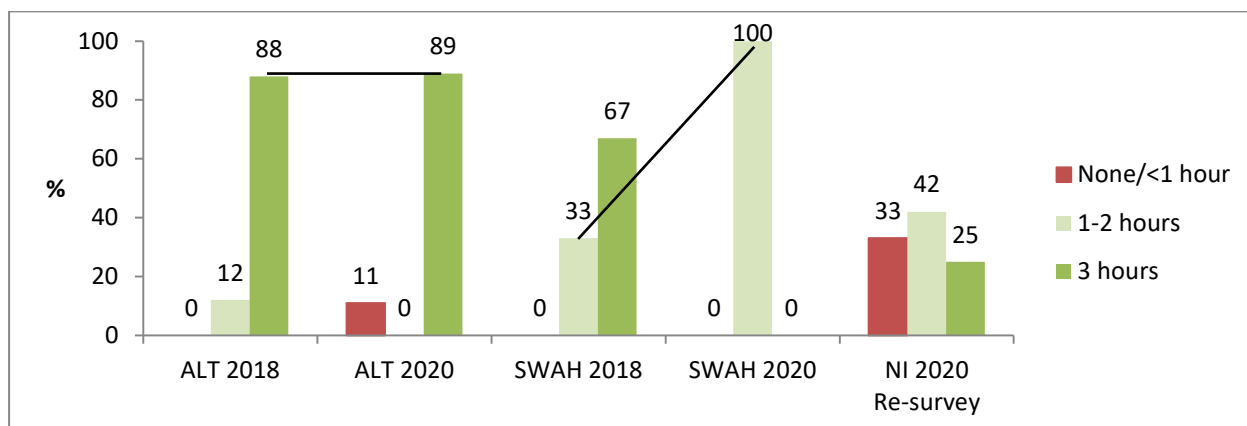
Recommendation MET in WHSCT

Teaching

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



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



Q/ How would you rate the quality of local departmental teaching during your post?	NI Regional Average 2020 Re-survey (%)	WHSCT (ALT) 2020 Re-survey (%)	WHSCT (ALT) 2018 Survey (%)	WHSCT (SWAH) 2020 Re-survey (%)	WHSCT (SWAH) 2018 Survey (%)
Interesting, relevant, weekly	63	100	100	100↑	67
Interesting and relevant but not regular	23	0	0	0	33
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 (%)	WHSCT (ALT) 2020 Re-survey (%)	WHSCT (ALT) 2018 Survey (%)	WHSCT (SWAH) 2020 Re-survey (%)	WHSCT (SWAH) 2018 Survey (%)
Always/usually	73	78↓	100	100	100
Sometimes	15	22	0	0	0
Rarely	6	0	0	0	0
Never	6	0	0	0	0

In the WHSCT a high standard is being maintained in the provision and quality of departmental teaching across both the ALT and SWAH sites. In **ALT**, 89% of trainees report achieving the target of 3 hours/week of protected (bleep-free) teaching, significantly above the regional figure of 25% and the highest in Northern Ireland. In the **SWAH** all trainees are receiving at least 1-2 hours/ week of protected teaching time, above the NI 2020 regional average (67%); however no trainees are achieving the target of 3 hours/week of protected (bleep-free) teaching compared with two thirds in the 2018 survey.

All trainees in the WHSCT report that teaching is interesting, relevant and occurring weekly, again above the NI regional average (63%). A high consultant attendance at local teaching has been maintained; with all trainees on the SWAH site and the majority in ALT (78%) stating that teaching always or usually has a consultant present, in comparison to the regional figure of 73%.

There were no GPST respondents in ALT or SWAH in the 2020 survey to give feedback on teaching.

An active unit culture of research, presentations and posters was reported by a 40% of trainees in the WHSCT (ALT 33%; SWAH 100%), with 40% stating that there was no specific encouragement to undertake such activities (ALT 44%; SWAH 0%). This is below the NI Regional 2020 averages of 47% and 34% respectively.

CPD

The majority of trainees in ALT (89%) and all trainees in the SWAH report getting at least 1 hour/week of rostered CPD time (e.g. e-portfolio, teaching preparation, CPD), above the regional figure of 49%. In ALT a third of trainees are getting 2-3 hours/week.

CME

CME attendance	NI Regional Average 2020 Re-survey (%)	WHSCT (ALT) 2020 Re-survey (%)	WHSCT (ALT) 2018 Survey (%)	WHSCT (SWAH) 2020 Re-survey (%)	WHSCT (SWAH) 2018 Survey (%)
Clinical commitments (not on-call) or morning activities running late preventing CME attendance	31	22↓	50	0↓	33

In **SWAH** has been a reduction in the number of trainees reporting that they were unable to attend CME due to non-emergency clinical commitments (33% →0%). A similar reduction is noted in **ALT** with only 1 in 5 trainees reporting not being able to attend CME due to clinical commitments other than on-call.

The results from both sites 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: MET in WHSCT (ALT)

Recommendation: NOT MET in WHSCT (SWAH) but maintaining standards above the regional average

Recommendation: Local Teaching tailored for GP trainees

*No GP data available from ALT or SWAH sites.

Recommendation: Improved access to CME

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

Recommendation: Significant improvement in WHSCT (ALT)

Recommendation: MET in WHSCT (SWAH)

4. Educational and Clinical Supervision

Educational Supervision

Q/ How would you rate the supervision by your named Educational Supervisor?	NI Regional Average 2020 Re-survey (%)	WHST (ALT) 2020 Re-survey (%)	WHST (ALT) 2018 Survey (%)	WHST (SWAH) 2020 Re-survey (%)	WHST (SWAH) 2018 Survey (%)
Excellent	48	45	50	100↑	67
Above average	31	44	50	0	33
Satisfactory	21	11	0	0	0
Poor/Very poor	0	0	0	0	0

A high standard of Educational Supervision has been maintained and further improved in the WHST, with ALL trainees on the SWAH site reporting supervision by their ES as excellent (NI figure 48%) and the majority of trainees in ALT (89%) reporting supervision by their ES as excellent or above average (NI 2020 figure 79%).

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 (%)	WHST (ALT) 2020 Re-survey (%)	WHST (SWAH) 2020 Re-survey (%)
Yes	61	67	100
No	39	33	0

ALL trainees in the SWAH and two thirds in ALT reported that their ES's had an appropriate knowledge of the new RCOG e-portfolio system and trainee requirements. This is above the regional figure of 61%.

Clinical Supervision

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		WHST (ALT) 2020 Re-survey (%)		WHST (ALT) 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	11	11	13	13
Good	48	48	67↑	33↑	37	25
Acceptable	25	35	22	56	50	62
Less than satisfactory	4	2	0	0	0	0
Unsatisfactory/serious problems	0	0	0	0	0	0

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		WHSCT (SWAH) 2020 Re-survey (%)		WHSCT (SWAH) 2018 Survey (%)	
	Normal working hours	Out of hours	Normal working hours	Out of hours	Normal working hours	Out of hours
Excellent	23	15	0	100↑	33	33
Good	48	48	0	0	33	67
Acceptable	25	35	100	0	33	0
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 WHSCT. All trainees report the quality of clinical supervision as at least acceptable, both during normal working hours and out of hours.

In **ALT** the number of trainees reporting clinical supervision as excellent/good during normal working hours has increased (50%→78%) and in the **SWAH** all trainees report clinical supervision as excellent out of hours, above the regional figure of 23% and an improvement from the 2018 survey figure of 33%.

5. Training Opportunities

Key recommendations:

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

ST1/2: (ALT)

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

ALT: With the exception of EPPC and antenatal clinics, the majority of ST1-2 (O&G) trainees report that clinical activities are meeting their training needs. The quality of training is reported as excellent/good in all but antenatal clinics and gynae ward rounds where half of trainees report that training opportunities are often missed. Of note, although 50% of ST1-2 trainees indicate that there are not enough opportunities for attendance at EPPC to meet their training needs; all report that the quality of training provided is excellent at every attendance.

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

ST1/2: (SWAH)

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

SWAH: All ST1-2 (O&G) trainees report that clinical activities are meeting their training needs in all areas, with the exception of EPPC and gynae clinic, where there are too few opportunities for attendance to meet their training requirements. Trainees however state that the quality of training in all clinical areas is excellent at every attendance.

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

ST3-7: (ALT)

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

Q/ Please rate the quality of training received through this activity?	WHSCT ST3-7 (ALT) 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	60	40	0	0
Gynae clinic	0	100	0	0	0
Gynae theatre	80	20	0	0	0
Labour ward	20	60	20	0	0
Early pregnancy clinic (EPPC)	20	0	40	0	40
Obstetric ward rounds	20	60	20	0	0
Gynae ward rounds	0	20	20	20	40
ATSM Sessions	50	50	0	0	0

"More gynae theatre time required"

ALT: ST3-7 trainees report that clinical activities in most areas are meeting their training needs.

Not enough opportunities for attendance at EPPC and gynae theatre are reported by 40% and 60% of trainees respectively and trainees indicate that in EPPC, training opportunities are often missed or do not occur (80%). In contrast, 80% of trainees indicate that when able to get to gynae theatre, that the quality of training is excellent at every attendance. Although good opportunities for attendance on gynae ward rounds are reported, feedback is that training is rare or doesn't usually occur (60%) in this area.

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

Ultrasound Training

In the WHSCT all O&G trainees (ALT 100%, SWAH 100%) report that they are getting adequate exposure to good quality ultrasound training (NI regional figure 69%).

"More gynae ultrasound training than I have ever had before" - ALT

GPST1-2

No data available for GPSTs in WHSCT.

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

Recommendation (ANCs): NOT MET in ALT (ST1-2)

(ANCs): MET in SWAH (ST1-2)

Recommendation (EPPC): NOT MET in ALT (ST1-2 and ST3-7)

(EPPC): NOT MET in SWAH (ST1-2)

Recommendation (OBS Ward rounds): MET in ALT (ST1-2 and ST3-7)

Recommendation (OBS Ward rounds): MET in SWAH (ST1-2)

Recommendation (GYNAE Ward rounds): NOT MET in ALT (ST1-2 and ST3-7)

Recommendation (GYNAE Ward rounds): MET in SWAH (ST1-2)

6. Overall opinion

Q/ Please provide a global score for this placement as a training opportunity?	NI Regional Average 2020 Re-survey	WHSCT (ALT) 2020 Re-survey	WHSCT (ALT) 2018 Survey	WHSCT (SWAH) 2020 Re-survey	WHSCT (SWAH) 2018 Survey
Excellent	33	33	75	100↑	67
Good	47	56	25	0	0
Acceptable	15	11	0	0	33
Less than satisfactory	5	0	0	0	0
Poor	0	0	0	0	0
WHSCT regional ranking based upon this question (8 training units in total)		3/8 ↓	1/8	1/8 ↑	3/8

Positive comments from trainees included:

- Very impressed with Altnagelvin teaching sessions on Wednesday morning. Also when I do get to theatre, the teaching is very good.
- Lots of training opportunities, excellent unit. Friendly, approachable, supportive staff. (ALT)
- Consultants are approachable. Seniors are willing to teach juniors. Friendly midwives and support staff who are willing to assist in patient care.(ALT)
- Knowledgeable and highly skilled consultants. Good simulation lab. (ALT)

Negative comments from trainees included:

- Limited training opportunities for ST1 trainees but excellent for ST2 and above (ALT)
- Need more opportunities for instrumental deliveries as an ST2 trainee (ALT)

Suggestions to improve training in WHSCT included:

- More gynae theatre (ALT)
- Consultant ward rounds on post-natal and gynae wards (ALT)
- More teaching in ANC when discussing management of difficult cases (ALT)
- ST1 trainees should be paired with more senior trainees like ST6/7 during shifts to avoid competition/conflicts of interest (ALT)
- Dedicated Labour ward experience with special provision for hands on training for instrumental deliveries (ALT)

Section 2: Practice Improvements and Development Needs

WHST (Altnagelvin 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: (Regional)</p> <p>Although workload during the day and at night is reported by GPST trainees as just right; GPST trainees report an increased workload at weekends, with a third of GP trainees regionally describing workload as very intense or excessive at weekends. This is unchanged from the 2018 PQ survey.</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>Clinical Workload:</p> <p>56% of all O&G trainees report that there is no additional cover in emergency clinical areas when work intensity is excessive.</p>
<p>OOH rota allocation:</p> <p>Improvements noted in the number of trainees receiving their OOH rota allocations >4 weeks prior to commencing their post. (38% →67%).</p> <p>Not yet achieving the target of 6 weeks however the majority (78%) regard this as adequate time.</p>	<p>Training Opportunities:</p> <p>ST1-2s: Not enough ANC and EPPC attendances to meet training needs. Training opportunities often missed in ANC and on gynae ward rounds.</p> <p>ST3-7s: Not enough EPPC and gynae theatre sessions to adequately meet their training needs. Training opportunities often or regularly missed in EPPC and on gynae ward rounds.</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>Rota:</p> <p>Rota gaps have been filled by external locum/agency staff instead of trainees. <u>All</u> trainees reported that vacant rota slots have no impact on their training (N.I regional average 68%).</p> <p>WHST (ALT) is one of 5 units in N.I with an allocated specialty doctor/nominated consultant co-ordinating the weekly rota.</p> <p><u>RECOMMENDATION: MET</u></p>	
<p>Local Departmental Teaching:</p> <p>The quality of local teaching remains high with <u>all</u> trainees stating that teaching is interesting, relevant and weekly (N.I regional figure 63%).</p> <p>A high level of consultant attendance at local departmental teaching has been maintained.</p>	
<p>Protected Teaching:</p> <p>89% of trainees are achieving the target of 3 hours/week of protected teaching, well above the regional figure of 25%.</p> <p><u>RECOMMENDATION: MET</u></p>	

<p>CME attendance:</p> <p>There has been a significant decrease in the number of trainees reporting that they were unable to attend CME due non-emergency clinical commitments in the WHSCT (50% →22%).</p>	
<p>Clinical Workload:</p> <p>A good balance of workload intensity has been maintained for ST1-2 and ST3-7 trainees, with ALL reporting workload as just right during the day, at night and at weekends.</p> <p>ALL trainees feel well supported by seniors when work intensity is excessive.</p>	
<p>Elective caesarean section (EL-c/s) list:</p> <p>All trainees report an EL-c/s list. 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>Clinical Supervision:</p> <p>A high standard of Clinical Supervision is being maintained. All trainees rate their Clinical Supervision as at least acceptable, both during normal working hours and out of hours.</p> <p>It is noted that the number of trainees reporting clinical supervision as excellent/good during normal working hours (78%) has increased from the 2018 figure of 50%.</p>	
<p>Education Supervision:</p> <p>All trainees rate their Educational Supervision as at least acceptable, with 89% reporting it as excellent/above average.</p> <p>Two thirds of trainees report that their ES has appropriate knowledge of the new RCOG e-portfolio system and the associated trainee requirements (NI regional figure 61%).</p>	
<p>Training Opportunities:</p> <p>ST1-2 and ST3-7s: ALL report that clinical activities in the majority of areas are meeting their clinical needs and that overall the quality of training is excellent/good.</p>	
<p>Ultrasound training:</p> <p>ALL O&G ST trainees report that they are getting adequate exposure to good quality US training, better than the regional figure of 69%.</p>	
<p>Overall comments:</p> <p>Lots of training opportunities Excellent local teaching on Wednesday mornings Consultants approachable and supportive</p>	<p>Overall comments:</p> <p>More gynae theatre exposure needed More teaching on ANCs Need more consultant ward rounds on gynae and post-natal wards</p>

WH SCT (South West Acute 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 WHSCT (SWAH):</p> <p><u>No</u> trainees are receiving their rota allocations >4 weeks prior to commencing their post.</p> <p>Not yet achieving the target of 6 weeks.</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>Protected Teaching:</p> <p>Although all trainees are receiving at least 1-2 hours/week of protected teaching (N.I regional figure 67%), no trainees are achieving the target of 3 hours/week. This is a decrease from the 2018 survey when two thirds of trainees stated they were getting 3 hours/week of protected teaching.</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>Clinical Workload: (Regional)</p> <p>Although workload during the day and at night is reported by GPST trainees as just right; GPST trainees report an increased workload at weekends, with a third of GP trainees regionally describing workload as very intense or excessive at weekends.</p>
<p>Rota:</p> <p>WHSCT (SWAH) - named consultant responsible for co-ordinating the weekly rota.</p> <p><u>RECOMMENDATION: MET</u></p>	<p>Clinical Workload:</p> <p><u>All</u> O&G trainees report that there is no additional cover in emergency clinical areas when work intensity is excessive.</p> <p><u>RECOMMENDATION:NOT MET</u></p>
<p>Local Departmental Teaching:</p> <p>The quality of local teaching has improved with <u>all</u> trainees now stating that teaching is interesting, relevant and weekly. This is an improvement on the 2018 figure of 67% and above the regional figure of 63%.</p> <p>A high level of consultant attendance has been maintained (100% always/usually present).</p>	<p>Training Opportunities:</p> <p>ST1-2s: All report not enough EPPC and gynae clinic attendances to meet training needs but state that when able to get to these sessions, training is excellent at every attendance. Comment that trainees don't attend EPPC.</p>
<p>Clinical Supervision:</p> <p>A high standard of Clinical Supervision is being maintained. <u>All</u> trainees rate their Clinical Supervision as at least acceptable, both during normal working hours and out of hours.</p> <p>It is noted that <u>all</u> trainees rate the quality of OOH clinical supervision as excellent.</p>	

<p>Education Supervision:</p> <p><u>All</u> trainees rate their Educational Supervision as excellent. All trainees report that their ES has appropriate knowledge of the new RCOG e-portfolio system and the associated trainee requirements (NI regional figure 61%).</p>	
<p>CME attendance:</p> <p><u>All</u> trainees report that they were not prevented from attending CME due non-emergency clinical commitments.</p> <p><u>RECOMMENDATION: MET</u></p>	
<p>Clinical Workload:</p> <p>A good balance of workload intensity has been maintained for ST1-2 trainees, with <u>All</u> reporting workload as just right during the day, at night and at weekends.</p> <p><u>All</u> trainees feel well supported by seniors when work intensity is excessive.</p>	
<p>Elective caesarean section (EL-c/s) list:</p> <p>All trainees report an EL-c/s list. Regionally, 92% of trainees who have an EL-c/s list in their unit felt that it improved their training.</p> <p><u>RECOMMENDATION: MET</u></p>	
<p>Training Opportunities:</p> <p>ST1-2s: <u>All</u> report that clinical activities in the majority of areas are meeting their clinical needs. All report the quality of training as excellent at every attendance.</p>	
<p>Ultrasound training:</p> <p>100% of ST1-2 O&G trainees report good access to ultrasound training, <u>better</u> than the regional figure of 65%.</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 the 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.

'It helps to phase you in and get you up to speed with changes in practice'

'Ensuring confidence for those returning to work; highlights need for refreshing skills'

'For patient safety and up to date knowledge'

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 – WHSCT (ALT) Re-survey 2020

(No comments received from SWAH trainees)

Educational Supervision

“Approachable and fair”

“Very attentive and genuinely interested in prioritising my training”

Knowledge of new portfolio

“Change in e-portfolio means we are all learning this year”

“Lack of understanding of the new e-portfolio is common”

Clinical Duties

“Limited training opportunities for ST1 trainees but excellent for ST2 and above”

Rostered CPD time

“Get a half day for ‘admin/ATSM/audit’ most weeks”

Local Departmental Teaching

“Excellent teaching sessions on Wednesday mornings”

Overall opinion

“Supportive environment, good opportunities for learning with numerous senior staff”

“Lots of training opportunities, excellent unit, friendly, approachable and supportive staff”

Appendix 2 Trainee suggestions for improvement – WHSCT (ALT) Re-survey 2020

(No comments received from SWAH trainees)

Suggestions for improvement:

“More opportunities for instrumental deliveries needed (ST2)”

“More teaching in ANC when discussing management of difficult cases”

“More clinic exposure for ST1 trainees”

“More gynae theatre”

“Consultant led ward rounds on post-natal and gynae wards”

“ST1 trainees should be paired with more senior trainees like ST6/7 during shifts to avoid competition/conflicts of interest”

“Theatre sessions for simple cases like diagnostic lap, hysteroscopy etc. should involve just Consultant and one trainee, no need for 2 trainees as these often lead to clash of interest”

Points that made this post a good post:

“Knowledgeable and highly skilled consultants. Good simulation lab”

“Consultants are approachable. Seniors are willing to teach juniors. Friendly midwives and support staff who are willing to assist in patient care”