

Obstetrics and Gynaecology Training

UPDATE TO PLACEMENT QUALITY REVIEW

NOVEMBER 2019

Trainee Feedback by Trust & Hospital Site

Review members

Dr Sally Anne Phillips (Associate Dean for Placement Quality, NIMDTA)

Dr Gillian Blayney (ST6 O&G, ADEPT Clinical Leadership Fellow Placement Quality 2018/19, NIMDTA)

Mrs Gillian Carlisle (Quality & Revalidation Manager, NIMDTA)

Dr Ian Steele (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)

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Executive Summary

This report provides a description of the quality of O&G training posts in N.I by Trust and hospital site. It is a follow up to the Interim Report published in March 2019 which detailed the review of the quality of training placements in the N.I Obstetrics and Gynaecology (O&G) Training Programme as carried out by the NIMDTA Placement Quality Improvement Work Stream which commenced in August 2018.

The background to the O&G Review, the structure of the training programme within N.I and key issues related to unfilled posts and limited ST3+ training capacity were discussed in the initial report. <http://www.nimdtg.gov.uk/quality-management/placement-quality/obstetrics-gynaecology/>

The first section provides by Trust and hospital site, the trainee feedback received from the Placement Quality Survey of Training in O&G and the associated Focus Groups (August/September 2018). To improve the confidence in the results where there are low numbers of trainees in units, a resurvey of the smaller O&G units (Causeway (CAU), Daisy Hill (DHH) and the South West Acute (SWAH) Hospitals) was conducted in January 2019 covering the period from August 2018 to January 2019. The data presented in this report for these units are the combined results from both surveys.

The results are presented under five headings.

- I. Rota Allocations and Induction
- II. Clinical Workload
- III. Formal Teaching
- IV. Educational and Clinical Supervision
- V. Training / Clinical Teaching

The second section summarises the evidence of good practice identified at Trust visits that could be easily transferred across Trust sites and highlights proposed local solutions for the implementation of the key recommendations presented in the initial report.

The Placement Quality (PQ) Team at NIMDTA will be conducting a resurvey of all O&G trainees in January 2020 to review 6 months of training placements (Aug 19 – Jan 20) and to assess the success of the measures that have been introduced to date to improve the O&G training experience.

The results of the survey will be circulated to all Medical Directors, DMEs, and College Tutors in O&G and in conjunction with the next GMC National Training Survey and future TEF Reports will help to better inform Trusts of how well they have addressed the local issues identified at the PQ Trust Reviews and to indicate areas where further improvement is required.

Section 1: Trainee Feedback by Trust and Hospital Site

1. Rota Allocations and Induction

Figure 1: NIMDTA notification of training placement by hospital site.

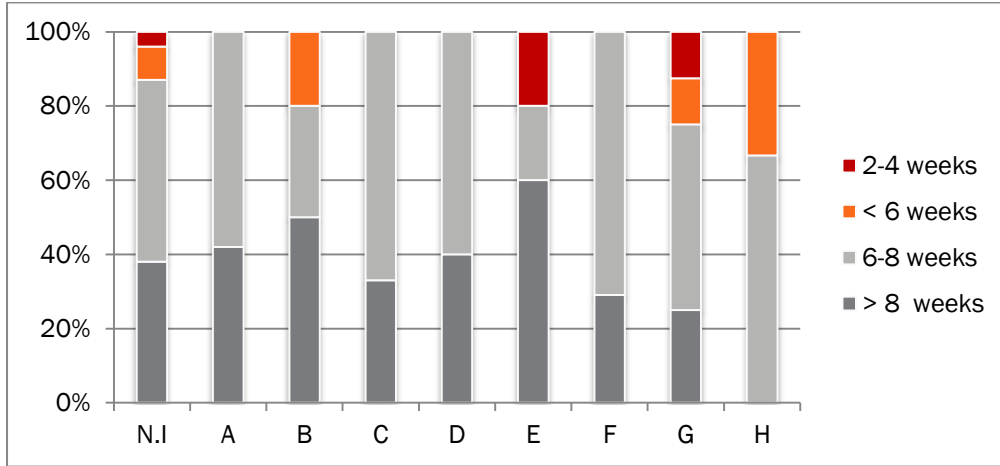


Figure 2: Trust notification of on call rotas by hospital site.

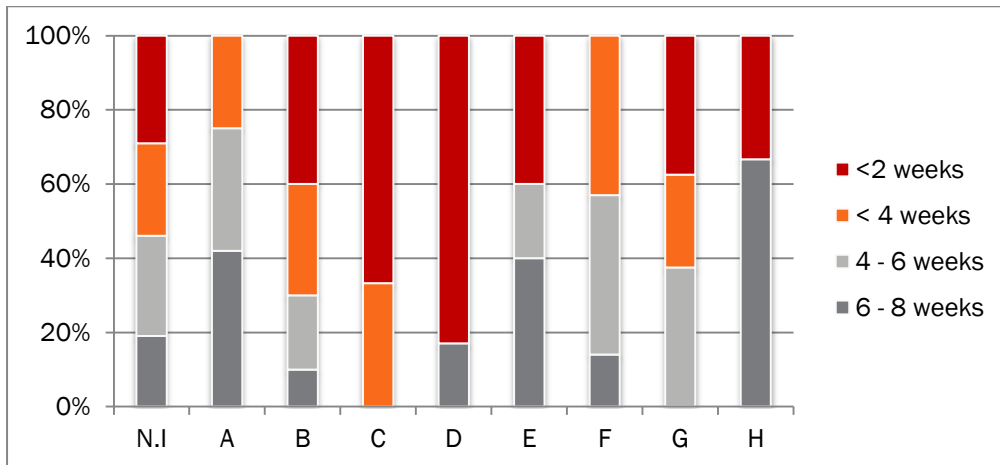
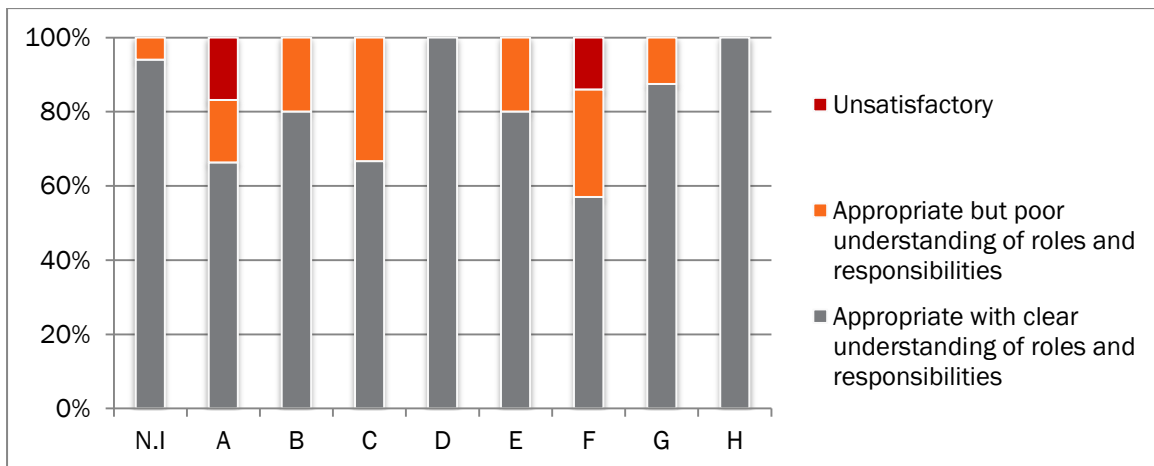


Figure 3: Departmental/Unit Induction by hospital site.



2. Clinical Workload

Figure 4: Daytime Workload by hospital site.

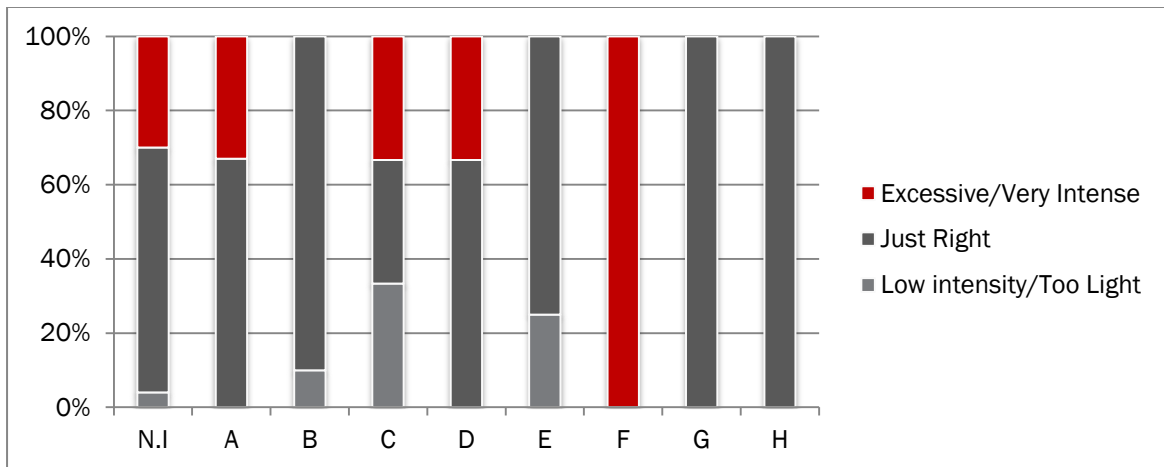


Figure 5: Workload at Night by hospital site.

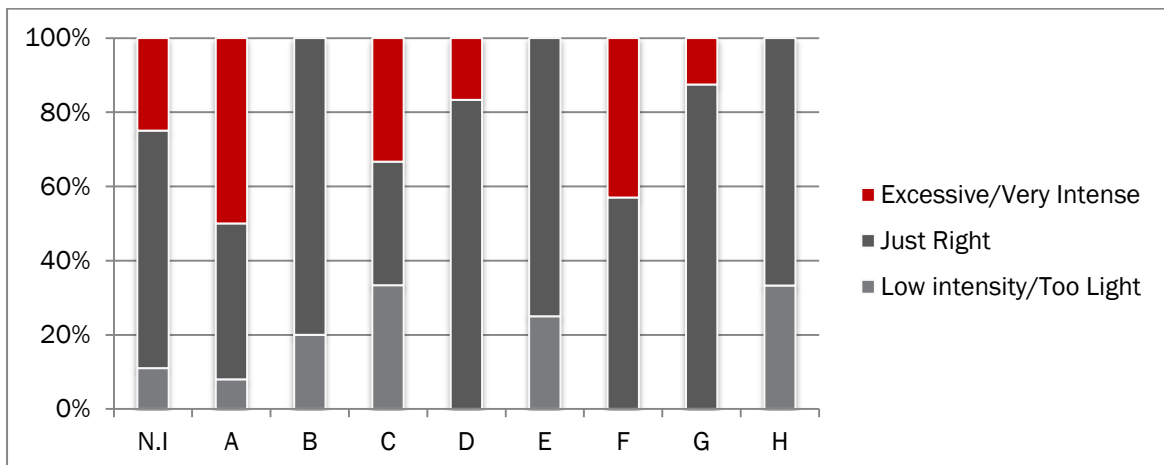
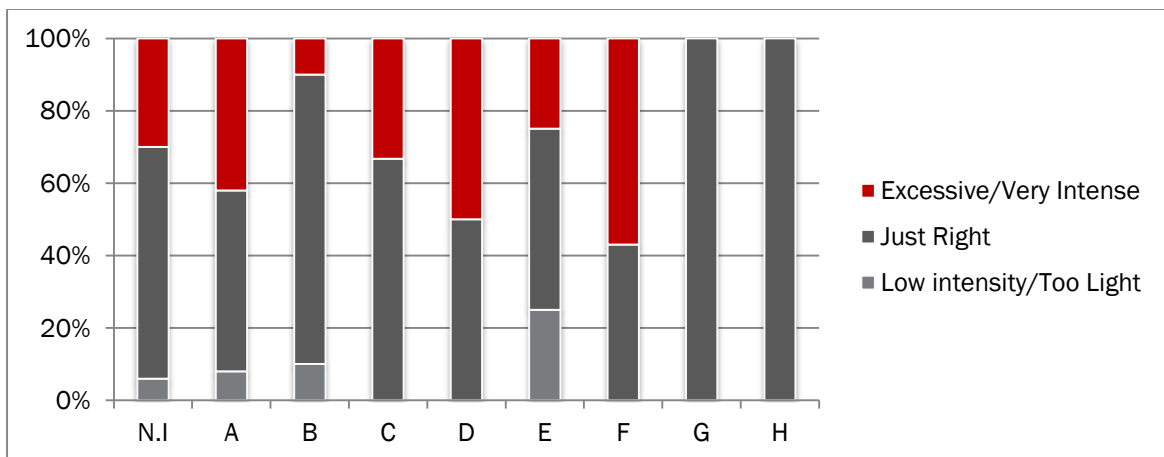


Figure 6: Workload at Weekends by hospital Site



3. Formal Teaching

Figure 7: Protected (bleep free) Teaching by hospital site

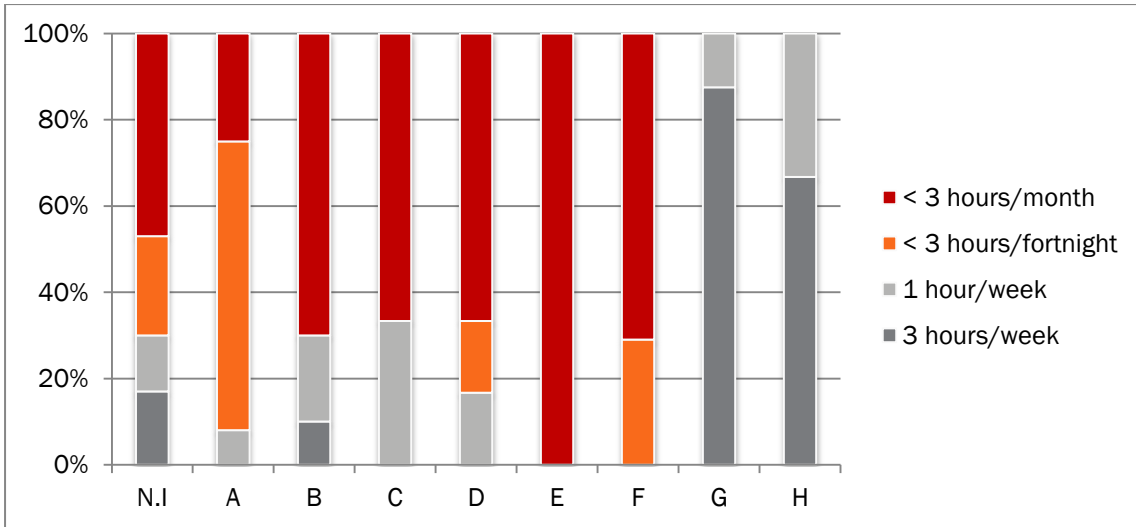
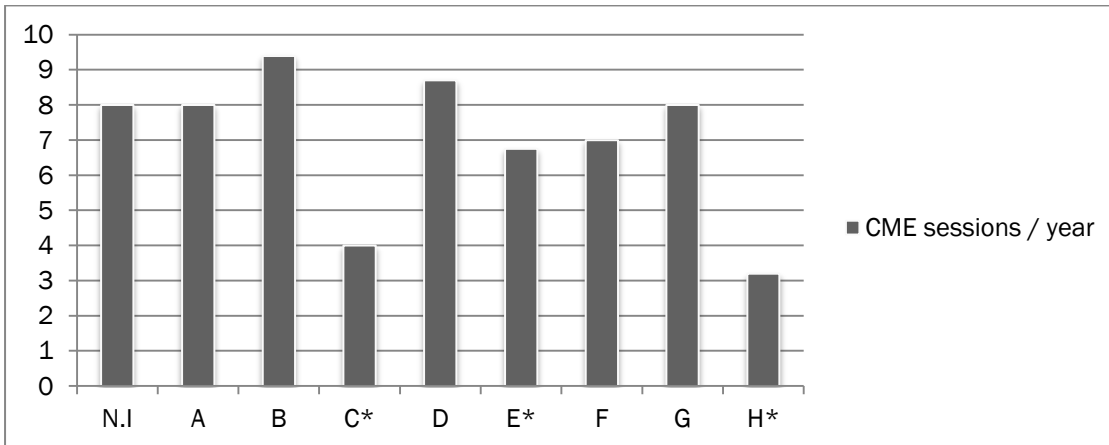


Figure 8: CME teaching sessions attended in the year by hospital site



(* Sites where figures are the average of two surveys and represent CME sessions attended over a 6 month period)

Figure 9: Barriers to CME attendance by hospital site

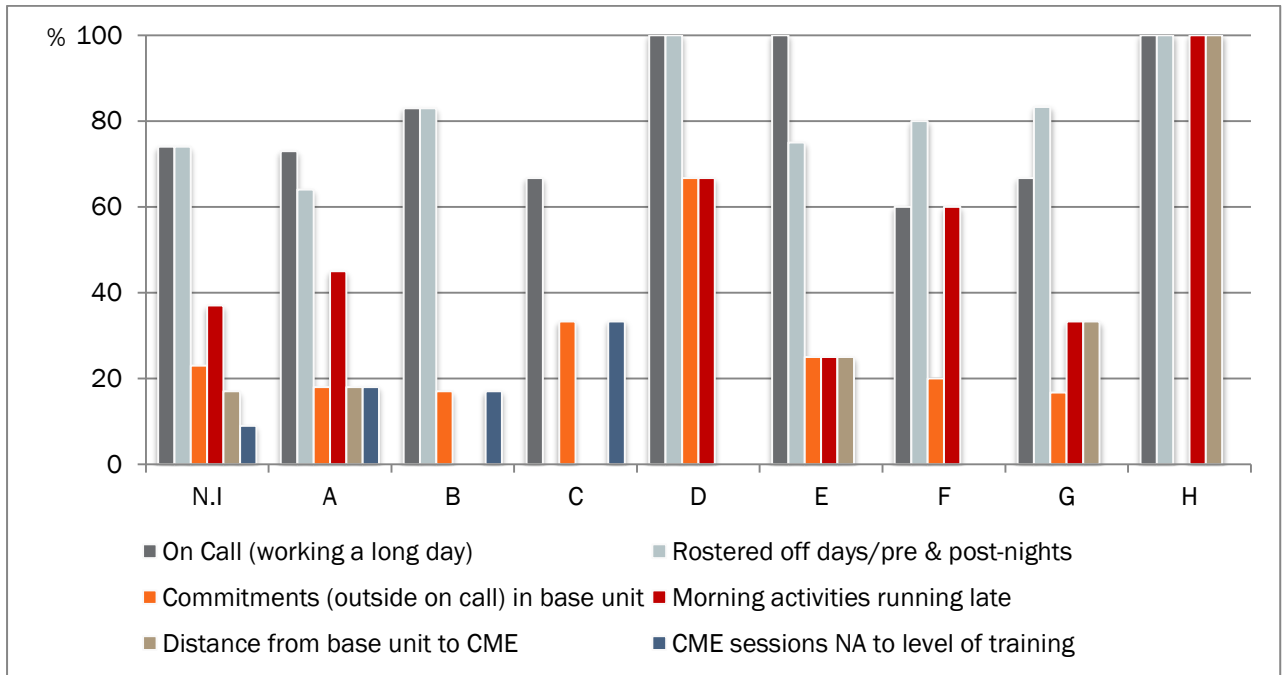


Figure 10: Quality of Local Departmental Teaching by hospital site

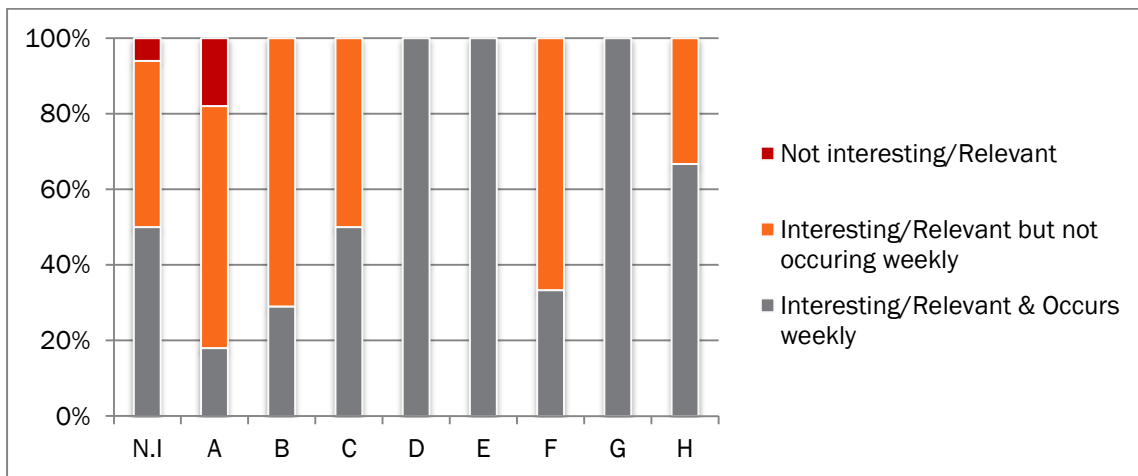
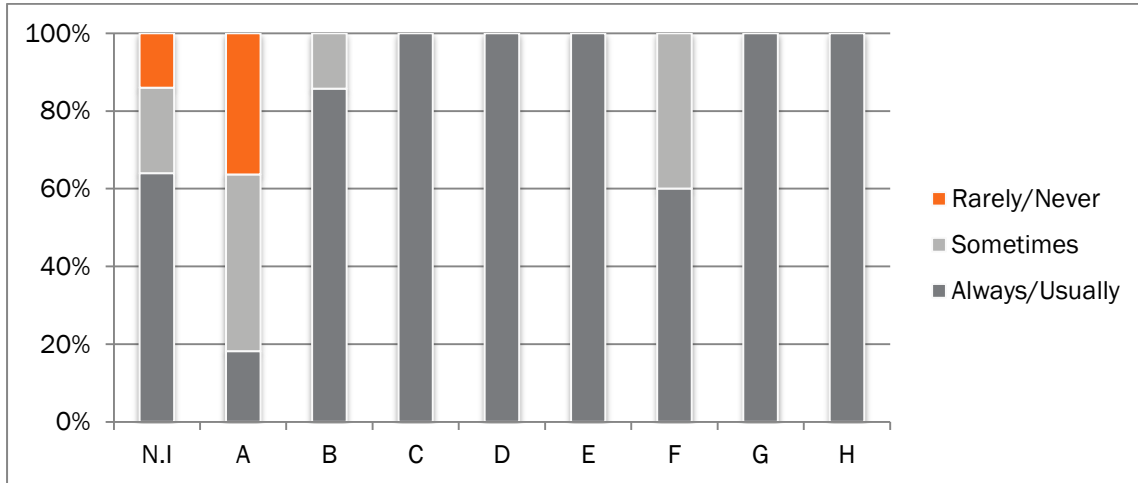


Figure 11: Consultant attendance at Local Departmental Teaching by hospital site.



4. Educational and Clinical Supervision

Figure 7: Education Supervision by hospital site

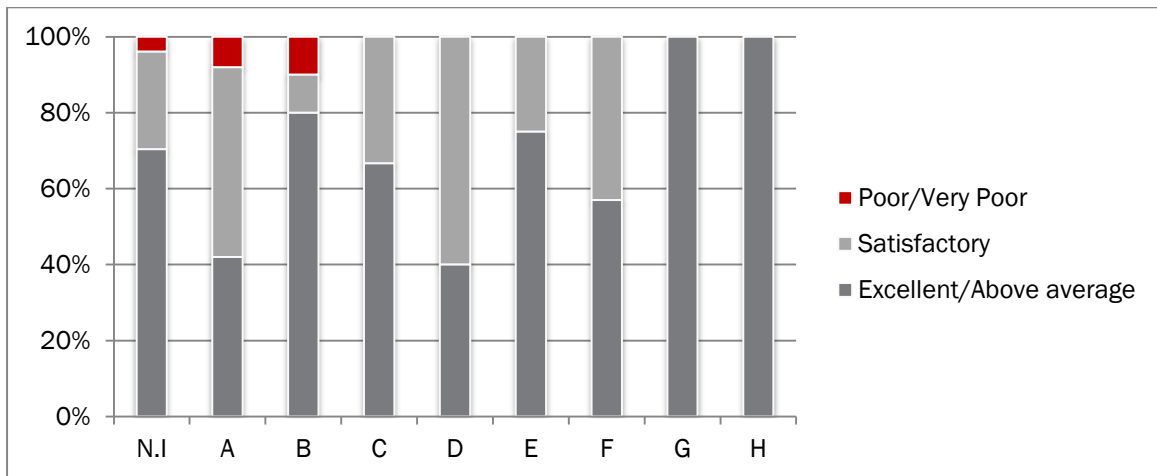


Figure 8: Clinical Supervision during normal working hours by hospital site

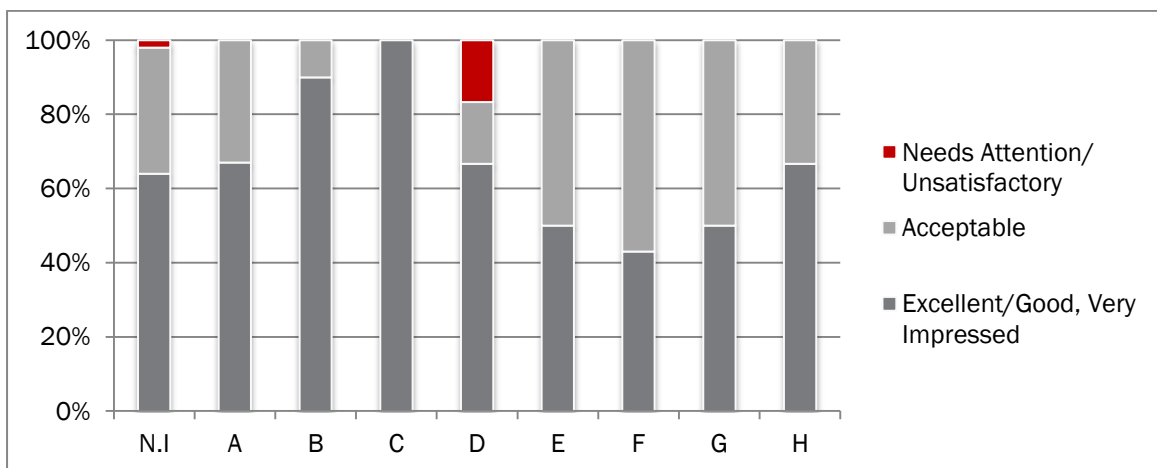
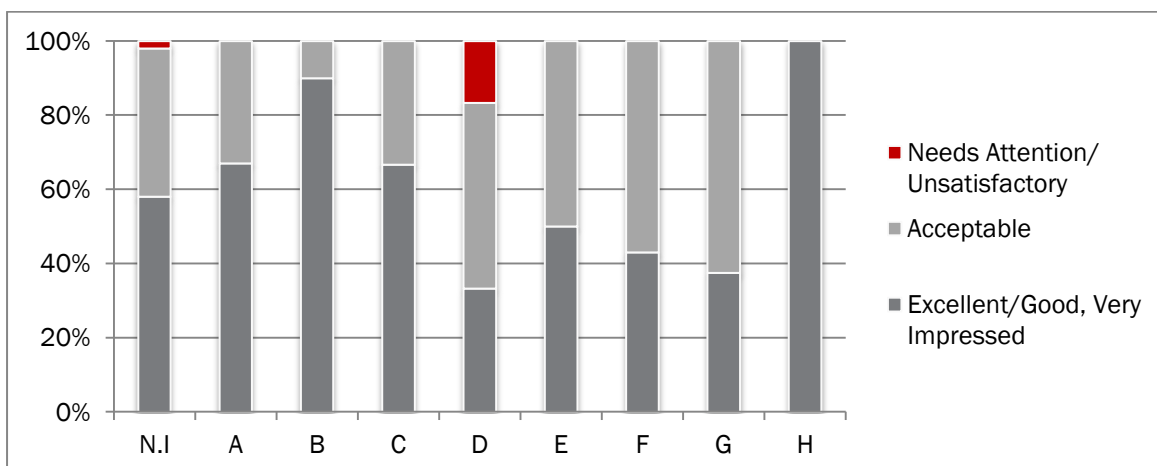


Figure 9: Clinical Supervision out of hours by hospital site



5. Training / Clinical Teaching

The following graphs indicate the quality of training reported by trainees during various clinical training opportunities (TOs).

Figure 10: Quality of Training received during Antenatal Clinics by hospital site.

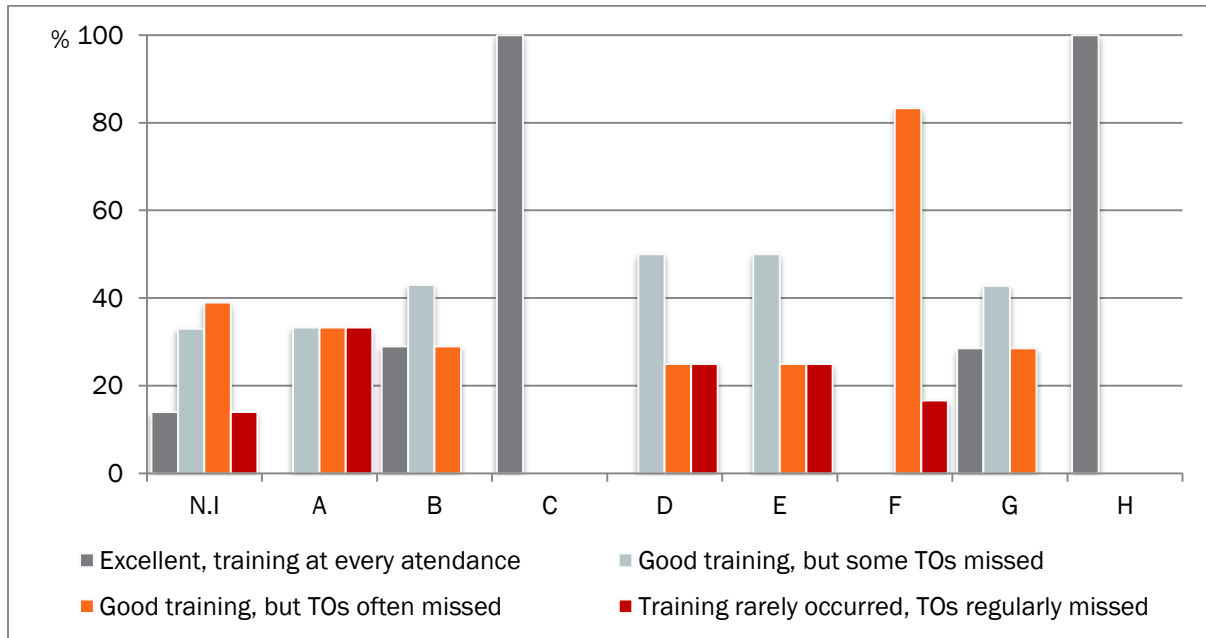


Figure 11: Quality of Training received during Gynae outpatient Clinics by hospital site.

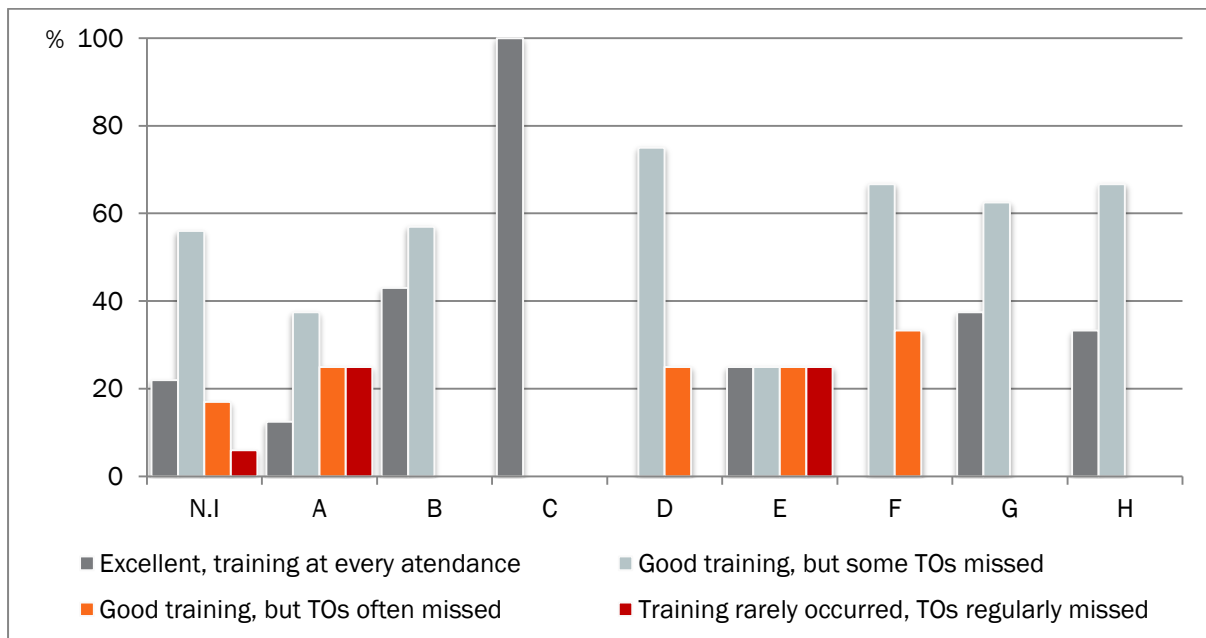


Figure 12: Quality of Training received during **Gynae Theatre** by hospital site.

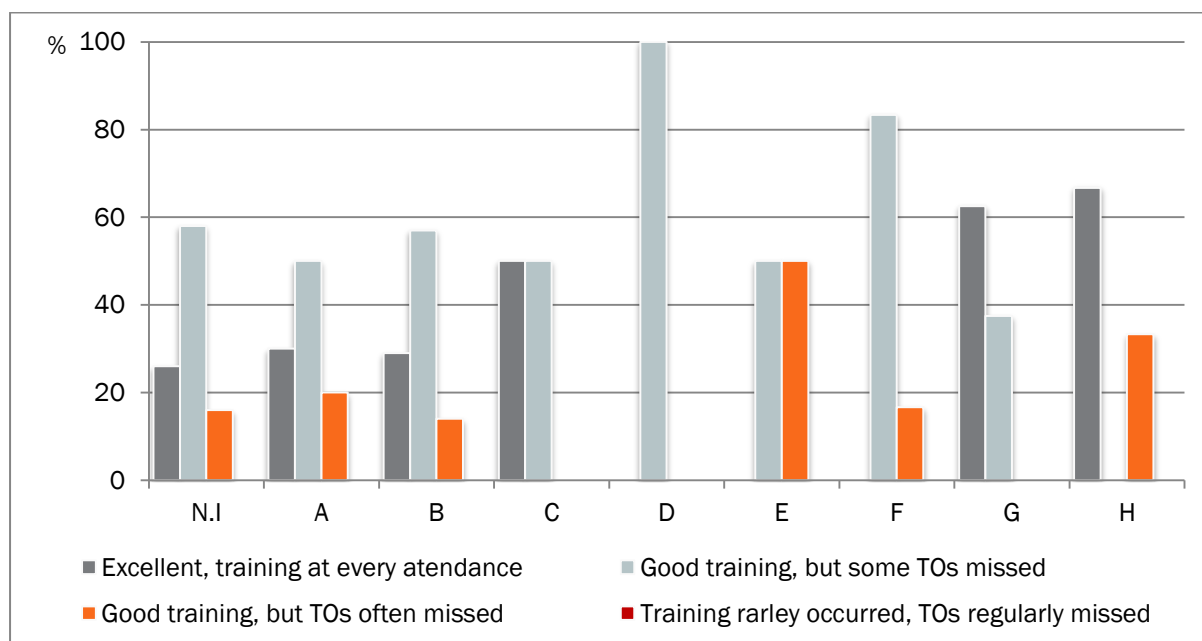


Figure 13: Quality of Training received during **Gynae Ward Rounds** by hospital site.

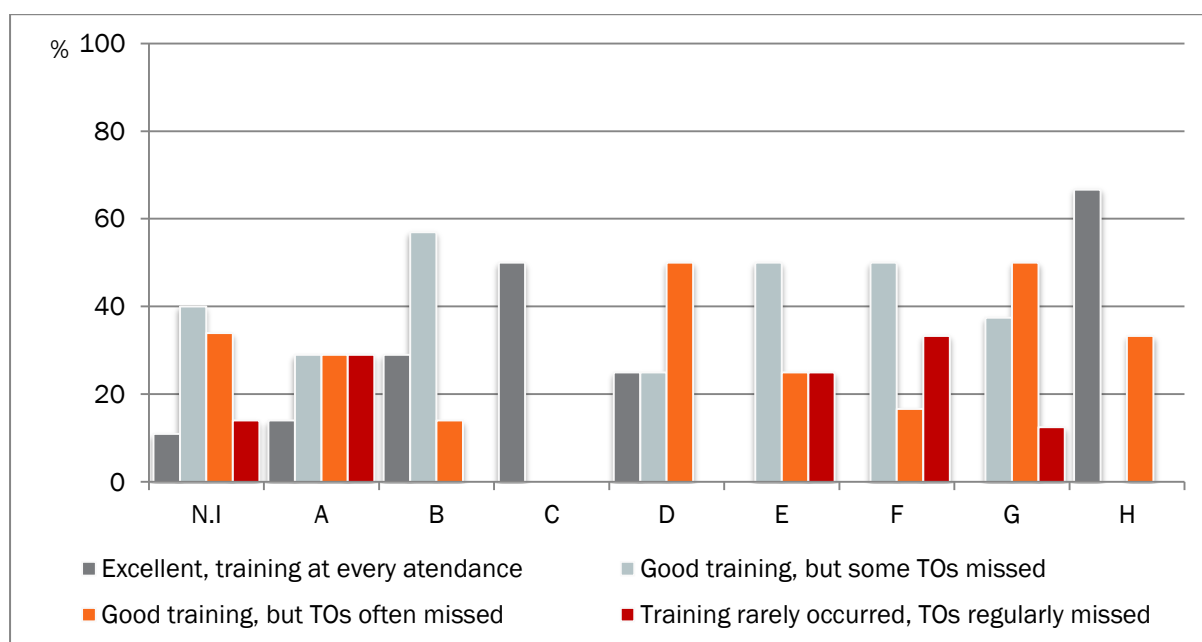


Figure 14: Quality of Training received during **Obstetrics Ward Round** by hospital site.

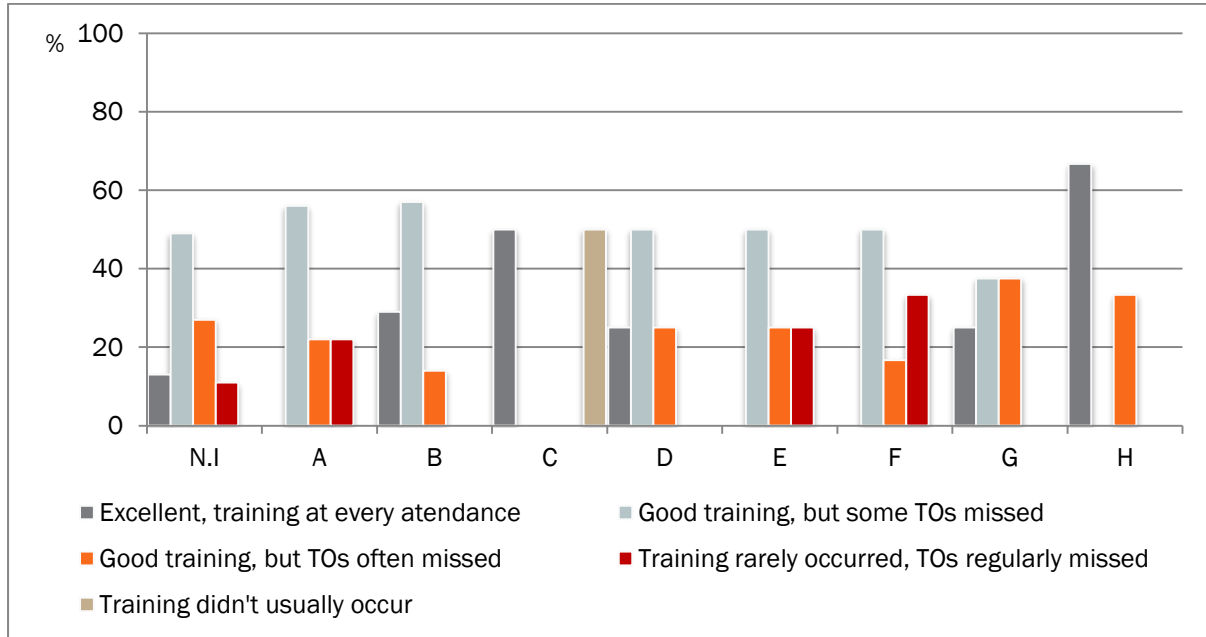


Figure 15: Quality of Training received while working in **Labour Ward** by hospital site.

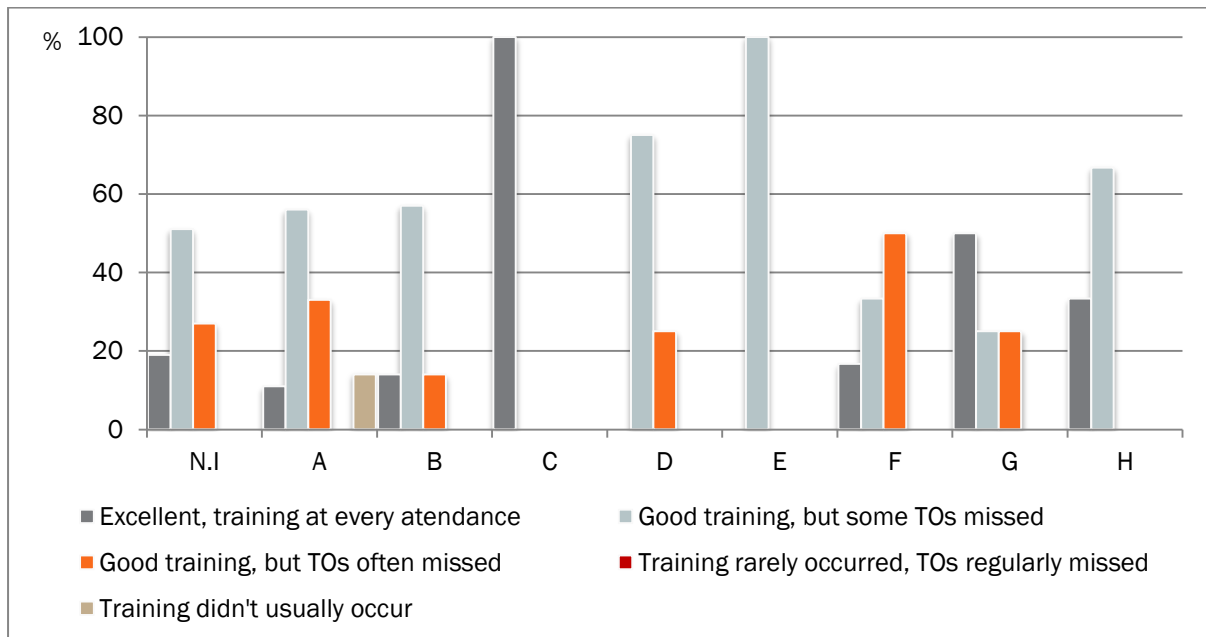
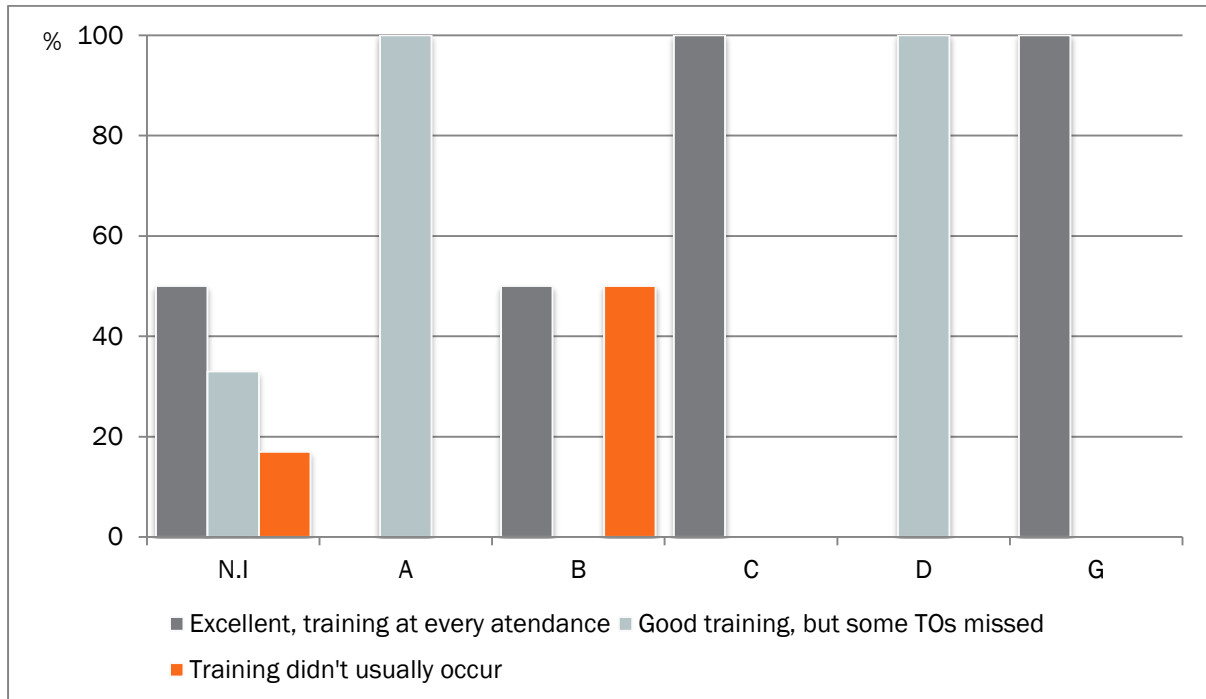


Figure 16: Quality of Training received during ATSMs by hospital site.



The following graphs indicate Consultant attendance during various clinical training opportunities as reported by trainees.

Figure 17: Consultant Attendance (%) at Antenatal Clinics by hospital site.

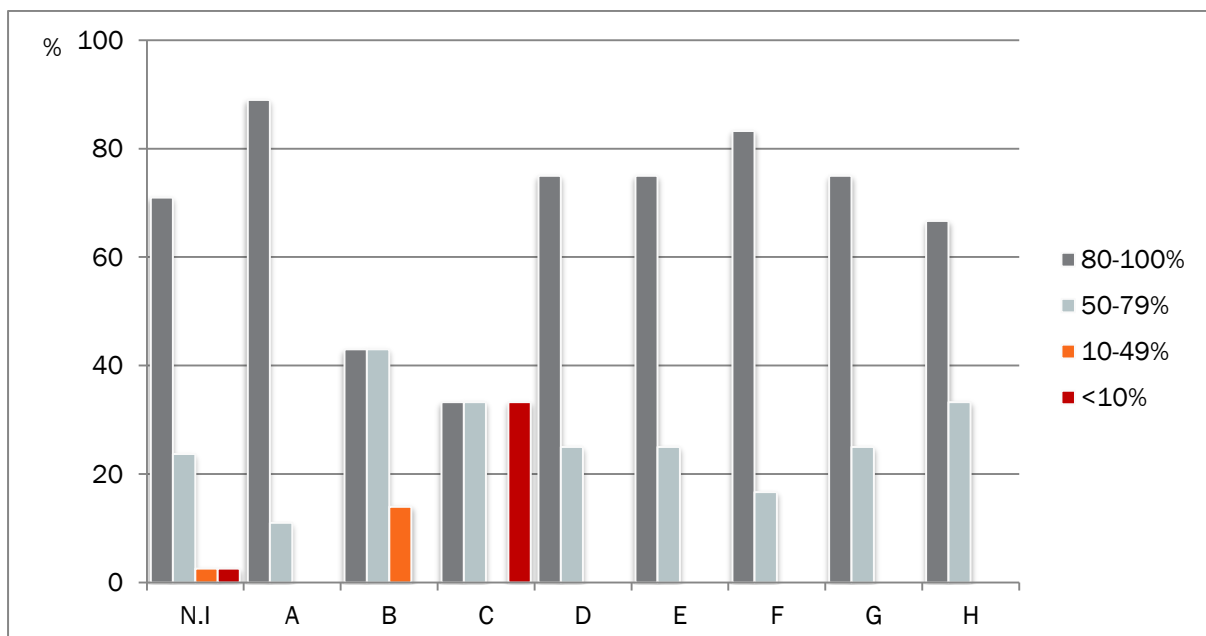


Figure 18: Consultant Attendance (%) at **Gynae Out-patient Clinics** by hospital site.

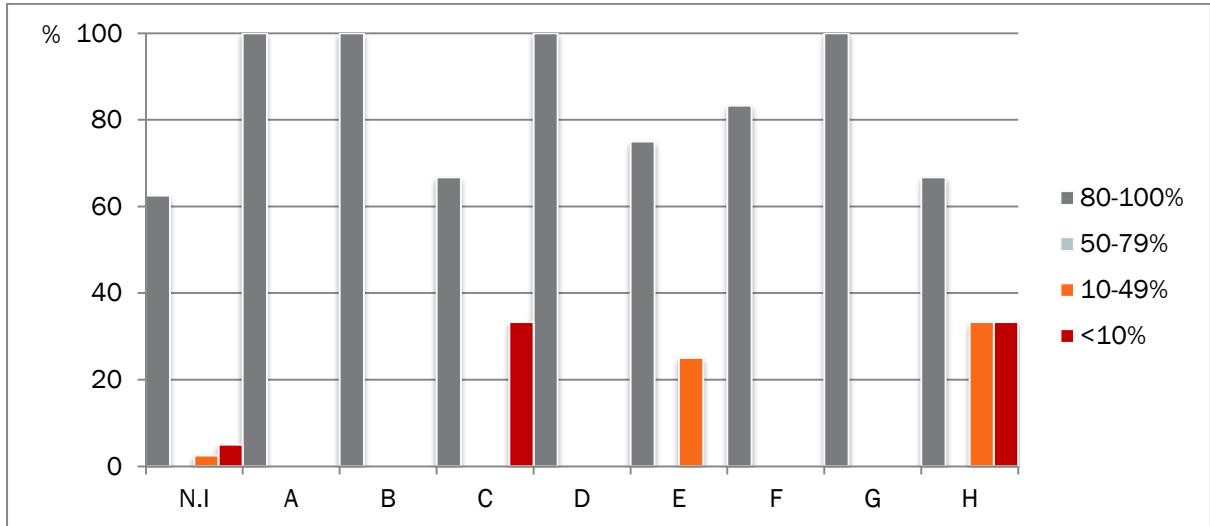


Figure 19: Consultant Attendance (%) at **Gynae Theatre** by hospital site.

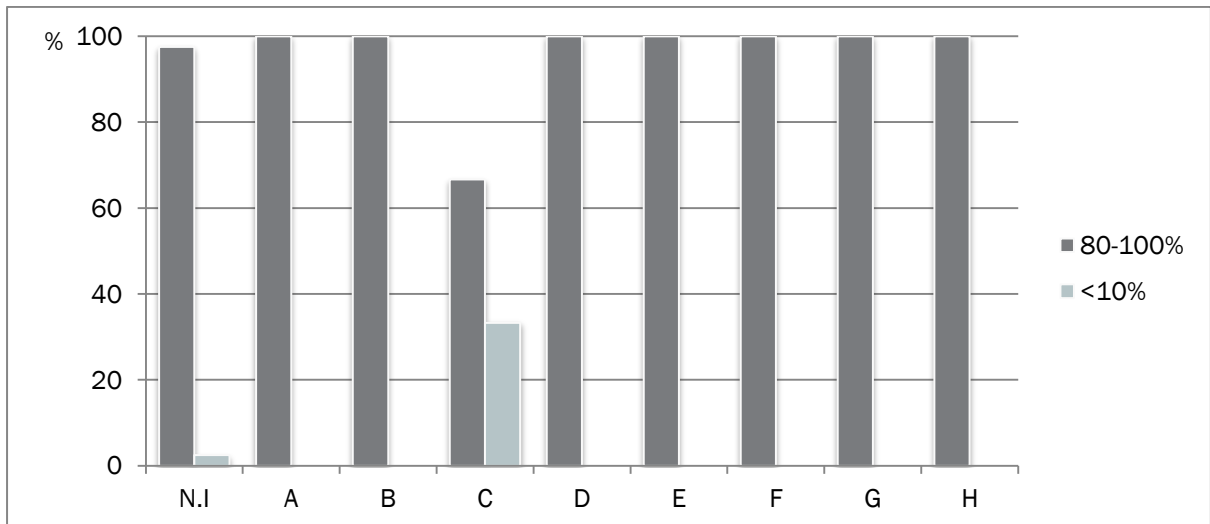


Figure 20: Consultant Attendance (%) at **Gynae Ward Rounds** by hospital site.

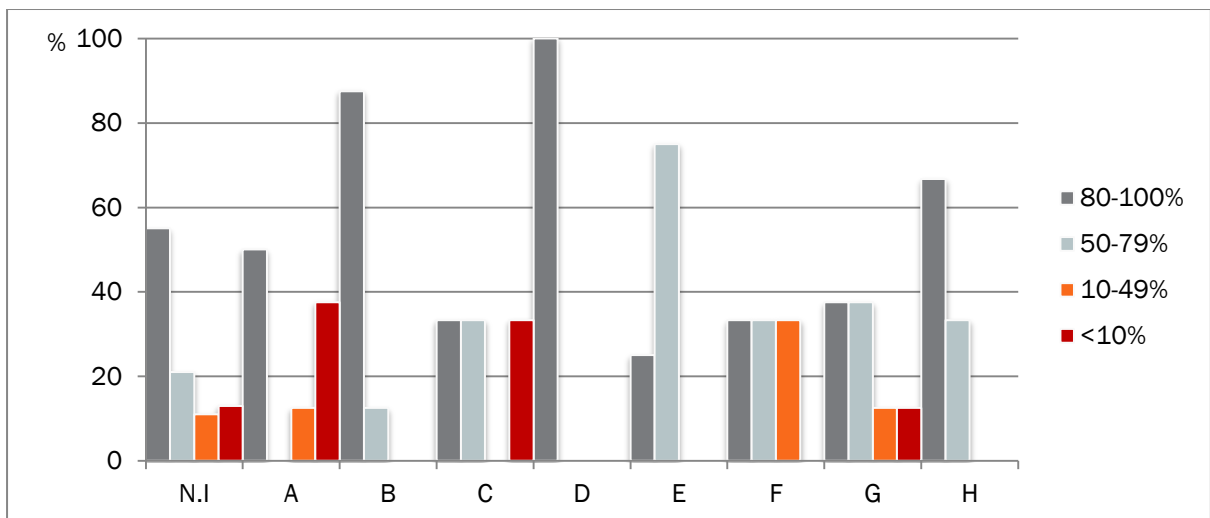


Figure 21: Consultant Attendance (%) at **Obstetric Ward rounds** by hospital site.

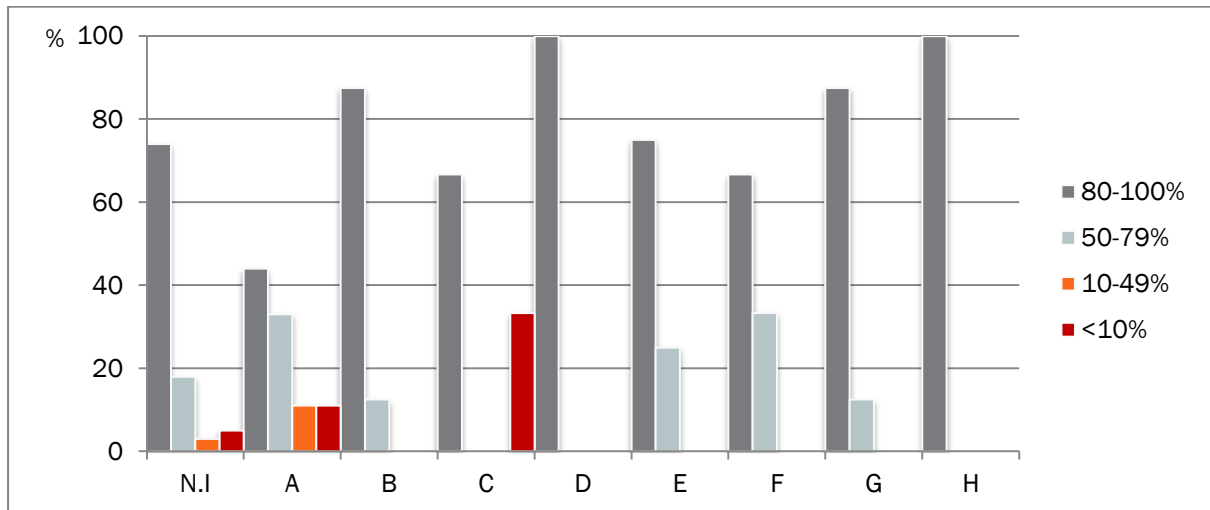


Figure 22: Consultant Attendance (%) on **Labour Ward** by hospital site.

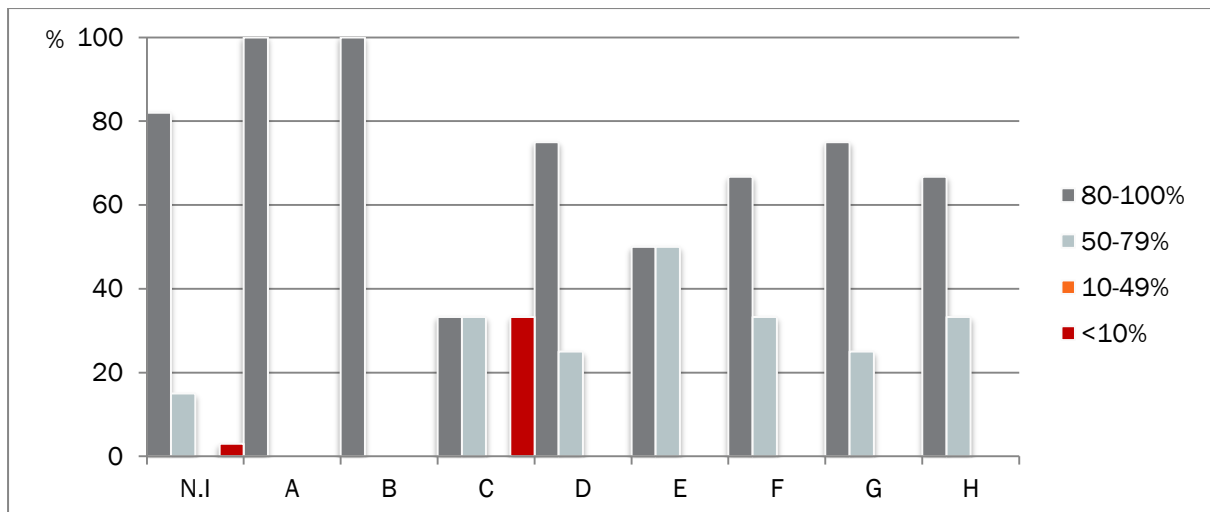


Figure 23: Consultant Attendance (%) at **Obstetric Ward rounds** by hospital site.

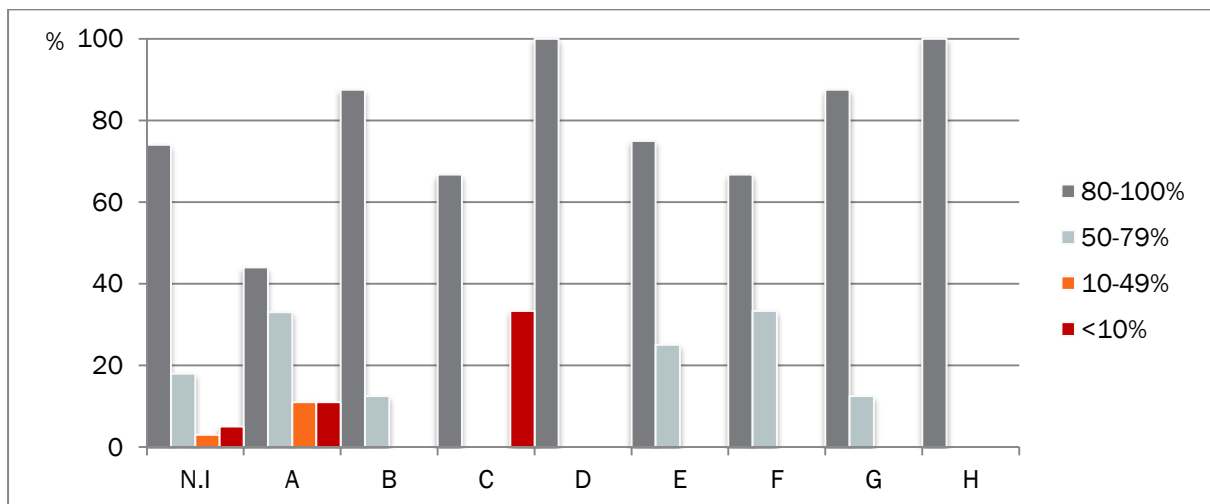
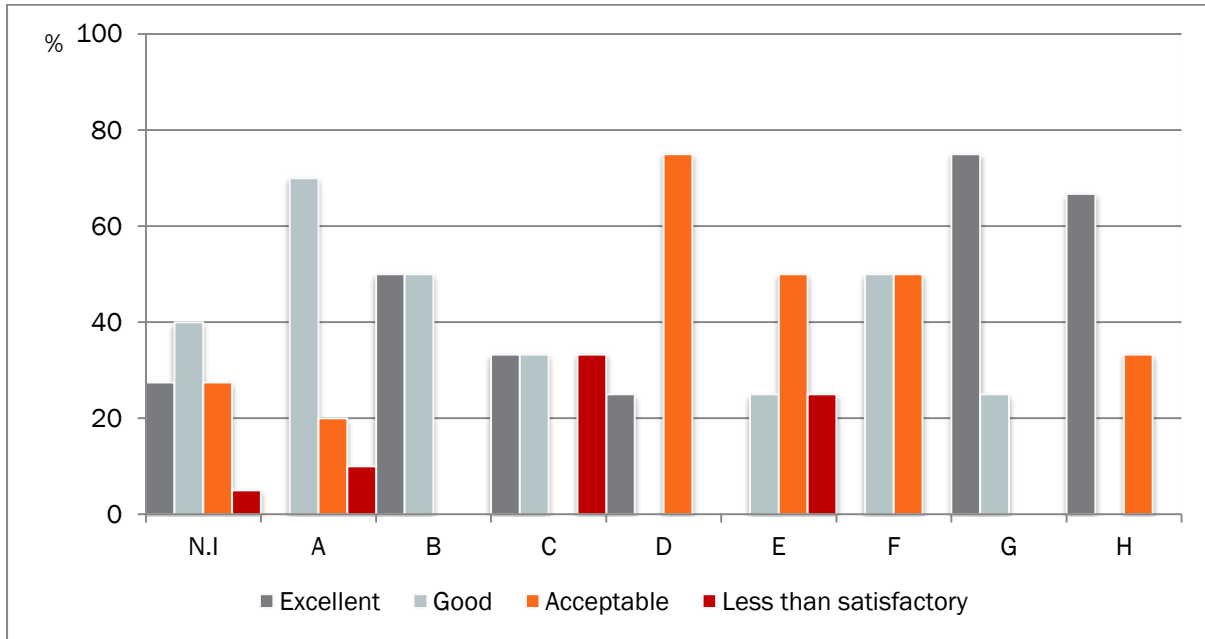


Figure 24: Overall opinion of Placement as a training opportunity, by hospital site.



Section 2:

Evidence of Good / Transferrable Practice from Trust Visits

Placement Quality (PQ) Visits to Trusts and hospital sites have demonstrated a structure of enthusiastic and engaged clinicians / educators working hard to deliver the best possible training experience for O&G trainees in the N.I training programme. The local solutions that have been adopted across sites to address the common training issues vary and evidence of good practice include:

Induction and Rotas

- 1) Development of online induction material ^(D,E) and a specialty training handbook ^(D,E)
- 2) Provision of non-trainee cover for emergency work on induction day to facilitate trainee attendance ^(G)
- 3) Establishment of a walk round for F2 trainees commencing posts in December and April, with plans to extend this to trainees that can't attend induction at changeover in August ^(D,E)
- 4) Provision of written induction material - hardcopy or email ^(B,C,F)
- 5) Weekly rota co-ordinated by a specialty doctor with appropriate job plan recognition ^(B,C,F,G)
- 6) Electronic rota availability e.g. Drop Box, SharePoint ^(G)

Initiatives

- 1) Trust directive for all trainees to receive their rota allocations at least 6 weeks before post commencement from August 2019 ^(B,C)
- 2) Notification of post allocations by NIMDTA to the School Board and College Tutors at the same time as Trust Medical HR and Trainees

Clinical Workload

- 1) Workload intensity is well balanced on most training sites ^(A,B,C,D,E,G,H)
- 2) Consultant holding the admissions bleep when only one registrar available to reduce day time workload intensity ^(G)
- 3) Elective caesarean section list, with dedicated staffing separate from the on-call team ^(A)

Initiatives

- 1) Additional specialty doctors to increase cover for antenatal clinics and the emergency/acute side of services to reduce workload intensity for trainees ^(F)

Formal Teaching

- 1) Designated/fixed half day per week for delivery of a Regional CME teaching programme; centrally co-ordinated, consultant delivered and exam focused
- 2) Protected and bleep-free departmental teaching (3 hours per week) – trust grade doctors /consultants providing cover for emergency work and antenatal clinics during teaching ^(G)
- 3) Trainee led department teaching programme – trainees devise teaching programme based on educational needs, consultant input to all sessions with an equal contribution by all consultants ^(G)
- 4) Multidisciplinary teaching programme involving input from other specialties and associated professions to provide broad-based educational opportunities alongside specialty specific teaching ^(G)
- 5) GP specific teaching delivered locally on O&G Regional teaching days – programme matched to GP specific training needs/requests^(F)

Initiatives

- 1) Trust appointment of a GP Training Site Co-ordinator to improve GP specialty training/experience ^(F)
- 2) Rota co-ordinator to clarify cover arrangements to facilitate trainee attendance at regional Teaching ^(F)

Supervision

- 1) High level of direct consultant supervision in theatre, labour ward and in out-patient clinics across all Trust sites
- 2) High level of trainee satisfaction with Education and Clinical Supervision

Initiatives

- 1) Development of a GP specialty training plan for O&G Education Supervisors to set out the training requirements/competencies to be achieved by GP trainees in O&G placements (NIMDTA/GP)

Training/Clinical Teaching

- 1) High level of direct consultant supervision in gynae theatres and out-patient clinics, reflected in the high quality of training reported in this discipline ^(B,C,D,F,G) and in the top ten ranking for Gynaecological Training in the U.K in the Royal College of Obstetrics and Gynaecology (RCOG) 2019 TEF report <https://public.tableau.com/profile/rcog.mbr#!/vizhome/shared/RPGK5T2SG>
- 2) Active involvement of consultants in labour ward with high quality training reported by trainees in the PQ review, further evidenced by the top ranking in Obstetric Training in the RCOG 2019 TEF report
- 3) High quality basic ultrasound training ranked first U.K in the RCOG 2019 TEF report

Initiatives

- 1) Development of a 'virtual' case of the week for local department teaching, to address missed training opportunities on ward rounds in gynae and obstetrics^(F)
- 2) Allocation of GP trainees to antenatal clinics in a supernumerary capacity ^(C)
- 3) Exploration of the possibility of setting up out-patient clinics in a consultant/registrars structure to allow GP and ST1/2 trainees to have a supernumerary role to promote teaching and training opportunities ^(G)

Section 3:

Progress on Key Recommendations

The initial report of the PQ review of the O&G training programme made 10 key recommendations for placement quality improvement, these were:

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. Co-ordination of rotas by a permanent staff member, with appropriate job planning and time allocation;
5. Establishment of a regional 'Return to Work Course' for trainees after a prolonged time out of programme;
6. Provision of additional day time cover in emergency clinical areas and consideration of an elective caesarean section list in units where workload intensity is reported as excessive;
7. Delivery of 3 hours/week of protected (bleep free) in-unit teaching with consultant involvement;
8. Provision of a regional e-portfolio teaching update for trainers in O&G who are Education or Clinical Supervisors;
9. Improved utilisation of training opportunities on ward rounds, EPPC and ANCs
10. Development of regional written guidance for O&G supervisors from GP Lead Educators on specific training requirements for GP specialty trainees.

Recommendations 1 and 2: Production of a Unit Prospectus for O&G training in N.I and the development of a regional O&G Training Leaflet.

These were quickly achieved with constructive input from all Trusts and college tutors (April 2019)
<http://www.nimda.gov.uk/quality-management/placement-quality/obstetrics-gynaecology/>

Recommendation 5: Establishment of a regional 'Return to Work Course' for trainees after a prolonged time out of programme.

The need for an individually tailored return to work program is recognised by the RCOG and the School has addressed this recommendation through a number of different approaches.

The RCOG 'Return to Work Toolkit' is now available online which provides detailed information for trainees on planning a return to work and on assessing readiness to practice. Details include a 'Return to Work' meeting with their Educational Supervisor to plan the trainee's return to work, Keeping in Touch (KIT) days in the weeks prior to starting work, a planned and agreed period of supervision, and targets to be met and workplace assessments to be completed before resuming unsupervised practice.

<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/return-work-toolkit/>

In addition to the 'Return to Work Toolkit', the School advises and directs trainees individually to locally delivered 'refresher' courses, relevant to their stage of training that are undertaken as part of the 'Return to Work' plan. These courses include: PROMPT (Practical Obstetric Multi Professional Training), STEP UP and ROBUST (RCOG Operative Birth Using Simulation Training). An online module and assessment is available for all trainees prior to their return to practice, providing an update on 'Physiological CTG Training' and further simulation courses, such as 'Management of Massive obstetric haemorrhage and caesarean hysterectomy' are being developed.

Recommendation 10: Development of regional written guidance for O&G supervisors from GP Lead Educators on specific training requirements for GP specialty trainees.

The GMC states that 'Clinical Supervisors for doctors in GP training in hospital posts must have appropriate training and means to be able to provide feedback on the performance of GP doctors in training'.

https://www.gmc-uk.org/-/media/documents/gp-programme-final-visit-report_pdf-72153679.pdf

Written guidance on the GP curriculum requirements for trainees in an O&G hospital specialty post 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

To provide additional information for O&G supervisors a Faculty Development Day was held in June 2019 where the TPD in General Practice provided information to trainers on what GP trainees in O&G training posts need to do in practice in order to achieve their curriculum requirements. It is planned that this training will be delivered annually. A further trainer development course, the BEST O&G (Bringing Excellence to Specialty Training in O&G) Course will be introduced in 2020 to cover the supervision of GP and Foundation trainees in O&G training posts.

Recommendations 3, 4, 6, 7, 8 and 9.

Evidence from Trust/ hospital site visits, as referenced in Section 2 above, indicates that many local solutions have been adopted across Trusts to try resolve the common training issues highlighted by the PQ review and to address the remaining key recommendations.

The success of the measures that have been introduced to improve the O&G training experience and achieve the key recommendations will be assessed following a **PQ Resurvey** of all **O&G trainees in January 2020**, when trainee evaluation of 6 months of their training placements (Aug 19-Jan 20) will be reviewed.

The results of the survey will be circulated to all Medical Directors, DMEs, and College Tutors in O&G and in conjunction with the next GMC National Training Survey and future TEF Reports will help to better inform Trusts of how well they have addressed the local issues identified at the PQ Trust Reviews and to indicate areas where further improvement is required.

APPENDIX 1

SITE IDENTIFICATION KEY AND CONTACT DETAILS

KEY	SITE	CONTACT DETAILS	
A	Belfast HSC Trust	Dr Simon Johnston, ST	simon.johnston@belfasttrust.hscni.net
	Belfast Trust	Dr Inez Cooke (CT) Dr Neil McClure (CT)	Inez.Cooke@belfasttrust.hscni.net Neil.McClure@belfasttrust.hscni.net
	Belfast City Hospital	Dr Lucia Dolan (CD) Dr Arthur McNally (CD)	Lucia.Dolan@belfasttrust.hscni.net Arthur.McNally@belfasttrust.hscni.net
	Northern HSC Trust	Dr Kate Scott, DME	kate.scott@northerntrust.hscni.net
B	Antrim Area Hospital	Dr Keith Johnston (CT) Dr Gary Dorman (CD)	keith.johnston@northerntrust.hscni.net gary.dorman@northerntrust.hscni.net
C	Causeway Hospital	Dr Lorraine Johnston (CT) Dr Lorraine Johnston (CD)	lorraine.johnston@northerntrust.hscni.net
	Southern HSC Trust	Dr Gail Browne, DME	gail.browne@southerntrust.hscni.net
D	Craigavon Area Hospital	Dr Edgar Boggs (CT) Dr Aoife Curry (CD)	Edgar.Boggs@southerntrust.hscni.net Aoife.Curry@southerntrust.hscni.net
E	Daisy Hill Hospital	Dr Karen McKinney (CT) Dr Meeta Kamath	karen.mckinney@southerntrust.hscni.net meeta.kamath@southerntrust.hscni.net
	South Eastern HSC Trust	Dr Craig Renfrew, DME	Craig.Renfrew@setrust.hscni.net
F	Ulster Hospital	Dr Caroline Bryson (CT) Dr David Glenn (CD)	Caroline.Bryson@setrust.hscni.net David.Glenn@setrust.hscni.net
	Western HSC Trust	Dr Neil Corrigan, DME	Neil.Corrigan@westerntrust.hscni.net
G	Altnagelvin Hospital	Dr Iris Menninger (CT) Dr Jim Moohan (CD)	Iris.Menninger@westerntrust.hscni.net Jim.Moohan@westerntrust.hscni.net
H	South West Acute Hospital	Dr Aisling Thompson (CT) Dr Patrick Macllwaine (CD)	Aisling.Thompson@westerntrust.hscni.net Patrick.Macllwaine@westerntrust.hscni.net

College Tutor (CT)

Clinical Director O&G (CD)

Director of Medical Education (DME)

Specialty Tutor (ST)