

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



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Northern Ireland Medical and Dental Training Agency

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

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Executive Summary

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

Key recommendations included:

1. Production of a Unit Prospectus for O&G Training in N.I
2. Development of a regional O&G Training Leaflet to improve the information available for trainees in making career and placement choices
3. Provision of unit rota allocations at least 6 weeks prior to post commencement
4. All trainees should receive an appropriate induction to the unit as highlighted by GMCs Promoting 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 Northern Health and Social Care Trust (NHSCT). 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 NHSCT. The NHSCT 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 NHSCT 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 NHSCT, all trainees (both O&G and GPST) were asked about training in O&G between 07/08/19 and 01/01/20.

In the 2020 O&G PQ re-survey the response rate for the NHSCT (AAH) was 50% (43% response O&G trainees; 66% response GPST) and for the NHSCT (CAU) the response rate was 50% (33% response O&G trainees; 100% response GPST). In both AAH and CAU 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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
> 6 weeks before	31	20↑	10	0	0
4-6 weeks before	40	40↑	20	100↑	0
< 4 weeks before	25	40	30	0	33
< 2 weeks before	4	0	40	0	66

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

Yes - 83% (NHSCT)
No - 17% (NHSCT)

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 NHSCT on both the AAH and CAU sites. In AAH 60% and in CAU 100% of trainees reported receiving their OOH rota allocation > 4 weeks prior to commencing their post, compared to 30% and 0% respectively in the 2018 Survey. This is in line with or above the regional average and the majority of trainees (83%) feel that this is adequate notice.

Recommendation: Placement Preferences

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

Recommendation MET

Recommendation: Timely Post Allocations by NIMDTA

All trainees emailed postings >8 weeks prior to post commencement

Recommendation MET

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

Improvements noted in the NHSCT

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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
Yes, appropriate with clear understanding of roles and responsibilities	90	100	80	50	67
No, induction wasn't appropriate and I was not completely clear of my roles and responsibilities	8	0	20	50	33
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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
A trainee	53	100	80	0	0
An allocated specialty doctor	45	0	20	100	100
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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (CAU) 2020 Re-survey (%)
Yes, there were rota vacancies	51	50	100
Filled by external locum/agency long-term staff	76	100	100
Filled by external locum/agency on a daily/shift-by-shift basis	10	0	0
Trainees already on the rota	10	0	0
Left unfilled	3	0	0

"One rota gap - filled within a few weeks" CAU

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

Positive (e.g. less competition): **33%** vs 13%

Negative (e.g. missed opportunities) **67%** vs 19%

No impact: **0%** vs 68%

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

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

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

No impact: 100% vs 68%

A high standard of unit induction continues to be delivered in the AAH site with ALL trainees reporting that their induction to their placement was appropriate, providing them with a clear understanding of their roles and responsibilities. In CAU there were only 2 trainee responses limiting interpretation of the results.

In the NHSCT the CAU site 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.”*

On both the AAH and CAU sites trainees have not had to cover rota gaps, which have instead been filled by external locum/agency staff; however 67% of respondents in AAH, compared with the NI regional figure of 19%, report that vacant rota slots have had a negative impact on their training.

Recommendation: Induction

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

Unit Induction NHSCT (AAH) - 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 NHSCT (CAU)

Recommendation: NOT MET in NHSCT (AAH)

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			NHSCT (AAH) 2020 Re-survey			NHSCT (AAH) 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	100	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			NHSCT (CAU) 2020 Re-survey			NHSCT (CAU) 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	100	0	50	50	0
Just right intensity	83	72	61	100↑	0	100↑	0	0	50
Very intense/excessive	11	11	33	0	0	0	50	50	50

ST3-7

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			NHSCT (AAH) 2020 Re-survey			NHSCT (AAH) 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	20	50	25
Just right intensity	78	57	70	100↑	100↑	100↑	75	50	75
Very intense/excessive	22	43	30	0	0	0	0	0	0

*No ST3-7 trainees posted in CAU

GP-ST1-2

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			NHSCT (AAH) 2020 Re-survey			NHSCT (AAH) 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	0	100	100	75
Very intense/excessive	0	14	33	0	0	100↑	0	0	25

Q/ please rate the work intensity over the following time periods?	NI Regional Average 2020 Re-survey			NHSCT (CAU) 2020 Re-survey			*NI Regional Average 2018 Survey		
	Daytime	At night	At weekends	Daytime	At night	At weekends	Daytime	At night	At weekends
Too light	0	0	0	0	0	0	0	0	0
Low intensity	0	0	0	0	0	0	0	0	0
Just right intensity	100	86	57	100	100	100	100	100	75
Very intense/excessive	0	14	33	0	0		0	0	25

*NI Regional Average 2018 PQ Survey figures used for comparison as no GPST respondents in Causeway in 2018 survey

A good balance of workload intensity has been maintained on the **AAH** site with **all** ST1-2 and ST3-7 trainees reporting that workload intensity during the day, at night and at weekends is just right. 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 ST3-7 at night.

On the **CAU** site there has also been improvement in workload intensity, with **all** ST1-2 trainees reporting workload intensity as just right during the day and at weekends and low intensity at night, in comparison to the 2018 survey when 50% of trainees indicated that workload was very intense.

All GP-ST trainees in **CAU** reported workload intensity during the day, at night and at weekends as just right. In **AAH** however, although GP-ST trainees report workload during the day and at night as just right, **all** report that workload intensity at weekends is very intense, a significant increase from the 2018 survey when 75% of GP-STs reported that the workload at weekends was just right.

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

“(Workload) was variable depending on any given weekend and number of emergencies and patients admitted.” GP-ST

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

100% ST1-2/LAT (AAH & CAU)

100% ST3-7 (AAH)

100% GP-STs (AAH & CAU)

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

50% = 'Yes' (AAH & CAU)

50% = 'No' (AAH & CAU)

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

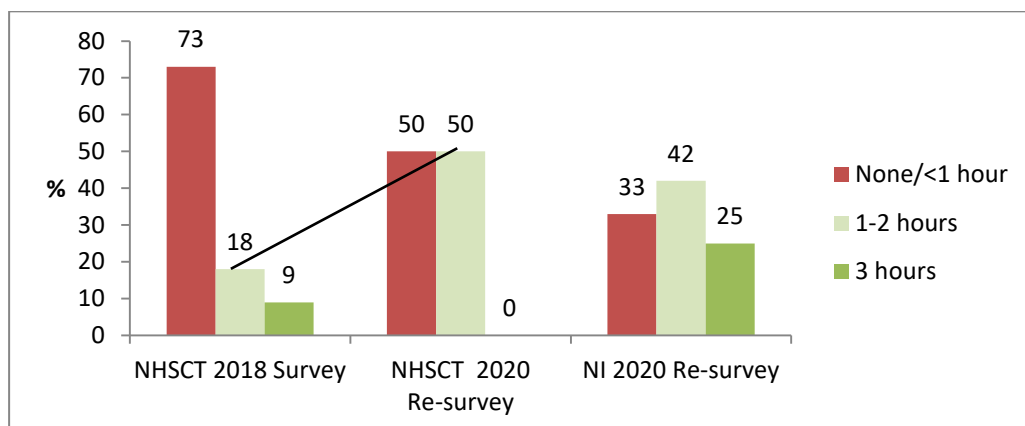
Recommendation: NOT MET in NHST, although all trainees well supported

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

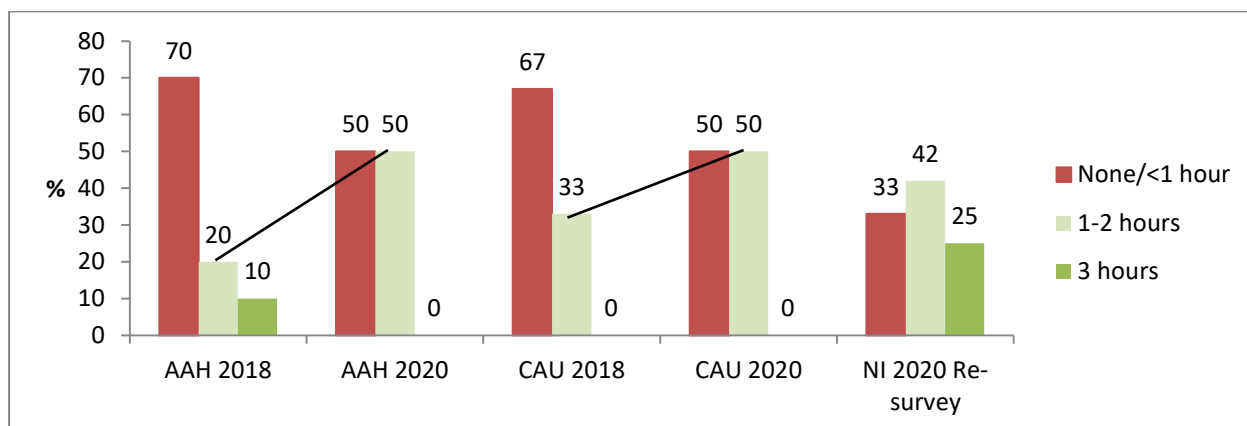
Recommendation NOT MET in NHST

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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
Interesting, relevant, weekly	63	75↑	29	50	50
Interesting and relevant but not regular	23	25	71	50	50
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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
Always/usually	73	50↓	86	100	100
Sometimes	15	0	14	0	0
Rarely	6	25	0	0	0
Never	6	25	0	0	0

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

In the NHSCT there has been a significant improvement on both the **AAH** and **CAU** sites in the frequency of protected (bleep-free) teaching with 50% of trainees now reporting at least 1-2 hours/ week of protected teaching time, an increase from 30% (AAH) and 33% (CAU) in the 2018 PQ Survey, although still below the NI 2020 regional average (67%). No trainees however are achieving the target of 3 hours/week of protected (bleep-free) teaching and on both sites 50% of trainees are still reporting receiving none or less than 1 hour /week of protected teaching.

There has been a significant increase in the number of trainees on the **AAH** site reporting that teaching is interesting, relevant and occurring weekly (29% → 75%), and this is now above the NI regional average (63%). On the **AAH** site a fall in consultant attendance at local teaching is reported with only 50% of trainees stating that teaching always or usually has a consultant present, in comparison to the 2018 figure of 86%. The number of trainees reporting that consultants are rarely or never present at local teaching has risen accordingly (0→50%), above the regional figure of 12%. On the **CAU** site a high consultant attendance at local teaching has been maintained, with all trainees stating that teaching always or usually has a consultant present, in comparison to the regional figure of 73%.

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

An active unit culture of research, presentations and posters was reported by a third of trainees in the NHSCT (AAH 25%; CAU 50%), with two thirds stating that there was no specific encouragement to undertake such activities (AAH 75%; CAU 50%). This is below the NI Regional 2020 averages of 47% and 34% respectively.

CPD

All trainees in AHH and 50% in CAU reported that they get less than 1 hour/week of rostered CPD time (e.g. e-portfolio, teaching preparation, CPD). In CAU, 50% of trainees state that they get 1 hour/week.

CME

CME attendance	NI Regional Average 2020 Re-survey (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
Clinical commitments (not on-call) or morning activities running late preventing CME attendance	31	25	17	0↓	50

In **CAU** a reduction in the number of trainees reporting that they were unable to attend CME due to non-emergency clinical commitments is noted (50% →0%). In **AAH** only 1 in 4 trainees report 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: NOT MET in NHSCT but significant improvement noted on both the AAH and CAU sites

Recommendation: Local Teaching tailored for GP trainees

Recommendation: MET in NHSCT (AAH)*

*No GP data available from CAU site.

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 NHSCT (CAU)

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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (AAH) 2018 Survey (%)	NHSCT (CAU) 2020 Re-survey (%)	NHSCT (CAU) 2018 Survey (%)
Excellent	48	50	60	50↑	33
Above average	31	50↑	20	50↑	33
Satisfactory	21	0	10	0	33
Poor/Very poor	0	0	10	0	0

A high standard of Educational Supervision has been maintained and further improved in the NHSCT, with ALL trainees on both the AAH and CAU sites reporting supervision by their ES as excellent or above average; above the NI 2020 figure of 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 (%)	NHSCT (AAH) 2020 Re-survey (%)	NHSCT (CAU) 2020 Re-survey (%)
Yes	61	100	100
No	39	0	0

ALL trainees in the NHSCT reported that their ES had an appropriate knowledge of the new RCOG e-portfolio system and trainee requirements. This is well above the regional figure of 61%.

Clinical Supervision

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		NHSCT (AAH) 2020 Re-survey (%)		NHSCT (AAH) 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	10	0
Good	48	48	50↓	50↓	80	90
Acceptable	25	35	50	50	10	10
Less than satisfactory	4	2	0	0	0	0
Unsatisfactory	0	0	0	0	0	0

Q/ Please provide a global score of senior Clinical Supervision?	NI Regional Average 2020 Re-survey (%)		NHSCT (CAU) 2020 Re-survey (%)		NHSCT (CAU) 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	33	33
Good	48	48	50	100↑	67	33
Acceptable	25	35	0	0	0	33
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 NHSCT. All trainees report the quality of clinical supervision as acceptable, both during normal working hours and out of hours.

In **AAH** however the number of trainees reporting clinical supervision as excellent/good during normal working hours (50%) and out of hours (50%) has fallen from the 2018 figures of 80% and 90% respectively.

In **CAU** all trainees report clinical supervision as excellent/good both during normal working hours and out of hours, above the regional figures of 71% and 63% respectively.

5. Training Opportunities

Key recommendations:

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

ST1/2: (AAH)

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

AAH: All ST1-2 (O&G) trainees report that clinical activities in all areas, with the exception of EPPC, are meeting their training needs and that the quality of training is excellent/good at every attendance. Trainee feedback however indicates that there are not enough opportunities for attendance at EPPC to meet training needs and that training opportunities often missed.

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

ST1/2: (CAU)

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

"We don't have trainees attending EPPC"

CAU: All ST1-2 trainees report that clinical activities in all areas, with the exception of EPPC, are meeting their training needs and that the quality of training is excellent at every attendance. Trainee feedback however indicates that there are not enough opportunities for attendance at EPPC to meet training needs, with all trainees reporting that training opportunities usually didn't occur.

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

ST3-7: (AAH)

Q/ Please indicate if the clinical activities listed are meeting your training needs?	NHSCT ST3-7 (AAH) 2020 Re-survey (%)		
	Too few	Just the right amount	Too many
Antenatal clinic	0	50	50
Gynae clinic	0	50	50
Gynae theatre	100	0	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
ATSM sessions	0	0	0

“Too many clinical fellows in gynae theatre”

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

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

All ST3-7 trainees however report that there are not enough opportunities for attendance at EPPC and gynae theatre. Feedback is that training is rare or doesn't usually occur in these areas and that that training opportunities are regularly missed.

In antenatal and gynae clinics and on obstetric ward rounds ALL trainees in the current survey report that training opportunities are often or regularly missed. This is a step down from the 2018 PQ survey, where all trainees indicated that training was excellent /good, with only a few missed training opportunities.

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

Ultrasound Training

In the NHSCT the majority of all O&G trainees (AAH 67%, CAU 100%) report that they are getting adequate exposure to good quality ultrasound training (NI regional figure 69%).

For ST1-2 (O&G) trainees in the NHSCT, **all** report good access to ultrasound training. This is better than the regional figures, where 65% of ST1-2(O&G) trainees report receiving adequate ultrasound training.

GPST1-2

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

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

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

*No data available for gynae theatre or EPPC

AAH: All GPST trainees highlighted that they are attending enough clinical sessions to meet their training needs and report training opportunities as good in most areas. Feedback however is that in antenatal clinics training is rare and opportunities are regularly missed

CAU: All GPST trainees report that they are not attending enough gynae clinics, gynae theatre and EPPC sessions to meet their training needs and are attending too many sessions in labour ward, gynae and obstetric ward rounds. GPST trainees report training opportunities are regularly missed or don't usually occur in antenatal clinics and obstetric ward rounds and are often missed on labour ward and on gynae ward rounds.

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

Recommendation (ANCs): NOT MET in AAH (ST3-7 and GPST)

(ANCs): NOT MET in CAU (GPST)

Recommendation (ANCs): MET in AAH (ST1-2)

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

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

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

Recommendation (EPPC): MET in AAH (GPST)

Recommendation (Ward rounds): NOT MET in AAH (ST3-7)

(Ward rounds): NOT MET in CAU (GPST)

Recommendation (Ward rounds): MET in AAH (ST1-2 and GPST)

(Ward rounds): MET in CAU (ST1-2)

6. Overall opinion

Q/ Please provide a global score for this placement as a training opportunity?	NI Regional Average 2020 Re-survey	NHSCT (AAH) 2020 Re-survey	NHSCT (AAH) 2018 Survey	NHSCT (CAU) 2020 Re-survey	NHSCT (CAU) 2018 Survey
Excellent	33	25	50	0	33
Good	47	25	50	50	33
Acceptable	15	50	0	50	0
Less than satisfactory	5	0	0	0	33
Poor	0	0	0	0	0
NHSCT regional ranking based upon this question (8 training units in total)		5/8	2/8	6/8	7/8

Positive comments from trainees included:

- ES always available for support and advice. Good guidance given on how to achieve outcomes (AAH)
- ES enthusiastic and interested in helping trainees meet their goals (CAU)
- Good team spirit. Consultants are very keen to teach and lend a hand (CAU)

Negative comments from trainees included:

- Very little gynae theatre exposure (AAH)
- Trainees don't attend EPPC (CAU)

Suggestions to improve training in NHSCT included:

- More exposure to gynae theatre and outpatient hysteroscopy sessions (AAH)
- Early pregnancy teaching highly needed (AAH)
- More EPPC experience (CAU)
- More teaching (AAH)
- More clinic time for GP trainees (CAU)
- More direction at induction for those who have never worked in O&G about common things that will present and what is expected of us (CAU)

Section 2: Practice Improvements and Development Needs

NHSCT (Antrim 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>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 ALL trainees describing workload as very intense or excessive at weekends (25% → 100%). This is three times the Regional 2020 re-survey figure.</p> <p>50% of all O&G trainees report that there is no additional cover in emergency clinical areas when work intensity is excessive.</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:</p> <p>67% of trainees felt that vacant rota slots have negatively impacted their training, greater than the N.I regional average (19%).</p>
<p>OOH rota allocation by NHSCT:</p> <p>Improvements in NHSCT (AAH) trainees receiving rota allocations >4 weeks prior to commencing their post. (30% →60%).</p> <p>Not yet achieving the target of 6 weeks.</p>	<p>Elective caesarean section (EL-c/s) list:</p> <p>There continues to be no EL-c/s list in NHSCT. Regionally, 92% of trainees who have an EL-c/s list in their unit felt that it improved their training</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>Although the number of trainees receiving at least 1-2 hours/week of protected teaching has increased (30%→50%). This remains below the regional figure of 67%.</p> <p>Consultant attendance remains below the regional average (50% vs.73% always/usually present).</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>CME attendance:</p> <p>Increase in the number of trainees reporting that they were unable to attend CME due non-emergency clinical commitments in the NHSCT (17% →25%).</p>
<p>Teaching:</p> <p>The quality of local teaching has improved significantly with 75% of trainees now stating that teaching is interesting, relevant and weekly. This is an improvement on the 2018 figure of 29% and above the regional figure of 63%.</p> <p><u>All</u> GPST trainees report that local teaching has met their training needs.</p>	<p>Training opportunities:</p> <p>ST1-2s: Not enough EPPC attendances to meet training needs and training opportunities often missed.</p> <p>ST3-7s: Not enough EPPC and gynae theatre sessions to adequately meet their training needs. Training opportunities often or regularly missed in ANC, gynae clinic and theatre, ward rounds and EPPC.</p> <p>GPSTs: Training opportunities regularly missed in ANC.</p>

<p>Education and Clinical Supervision:</p> <p><u>All</u> trainees rate their Educational Supervision as excellent/above average.</p> <p><u>All</u> trainees rate their Clinical Supervision as acceptable, both during normal working hours and out of hours.</p> <p>It is noted however that the number of trainees reporting clinical supervision as excellent/good during normal working hours (50%) and out of hours (50%) has fallen from the 2018 figures of 80% and 90% respectively.</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/good.</p> <p>GPSTs: <u>ALL</u> report just the right amount of clinical activities to meet their training needs and state that the quality of training is good in the majority of clinical areas.</p>	
<p>Ultrasound training:</p> <p>Overall 67% of O&G ST trainees report that they are getting adequate exposure to good quality US training.</p> <p>100% of ST1-2 O&G trainees report good access to ultrasound training, <u>better</u> than the regional figure for ST1-2s (65%).</p>	
<p>Overall comments:</p> <p>Supervisors supportive.</p>	<p>Overall comments:</p> <p>Poor gynae theatre experience. Limited theatre time. EPPC teaching needed</p>

NHSCT (Causeway 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 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>Induction:</p> <p>50% of trainees reported that induction was not appropriate with a lack of clarity about roles and responsibilities (regional figure 8%).</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>Local departmental teaching:</p> <p>Although the number of trainees receiving at least 1-2 hours/week of protected teaching has increased (33%→50%). This remains below the regional figure of 67%.</p>
<p>OOH rota allocation by NHSCT:</p> <p>Significant improvement in number of NHSCT (CAU) trainees receiving their rota allocations >4 weeks prior to commencing their post. (0% →100%).</p> <p>Not yet achieving the target of 6 weeks.</p>	<p>Elective caesarean section (EL- c/s) list:</p> <p>There continues to be no EL-c/s list in NHSCT. Regionally, 92% of trainees who have an EL-c/s list in their unit felt that it improved their training.</p>
<p>Rota:</p> <p>NHSCT (CAU) 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>Training Opportunities:</p> <p>ST1-2s: Not enough EPPC attendances to meet training needs and all report that training doesn't usually occur. Comment that trainees don't attend EPPC.</p> <p>GPSTs: Not enough gynae clinics, gynae theatre and EPPC to meet training needs. Too many ward rounds and labour ward sessions reported. Training opportunities often or regularly missed on ward rounds and on labour ward and didn't occur in ANC.</p>
<p>Rota:</p> <p>Rota gaps have been filled by external locum/agency staff instead of trainees.</p> <p><u>All</u> trainees reported that vacant rota slots have no impact on their training (N.I regional average 68%).</p>	
<p>Clinical Workload:</p> <p>There has been an improvement in workload intensity for ST1-2 trainees, with <u>ALL</u> reporting workload as just right during the day and at weekends and low intensity at night.</p> <p>A good balance of workload intensity has been maintained for GP ST trainees.</p> <p><u>ALL</u> ST1-2 and GPST trainees feel well supported by seniors when work intensity is excessive.</p>	

<p>Teaching:</p> <p>A high level of consultant attendance at local departmental teaching has been maintained, with <u>all</u> trainees stating that a consultant is always or usually present. This is higher than the regional figure of 73%.</p>	
<p>CME attendance:</p> <p>Significant reduction in the number of trainees reporting that they were unable to attend CME due non-emergency clinical commitments in the NHSCCT (50% →0%). This better than the reported NI regional figure (31%).</p>	
<p>Educational and Clinical Supervision:</p> <p><u>All</u> trainees rate their Educational Supervision as excellent/above average.</p> <p><u>All</u> trainees rate their Clinical Supervision as Excellent/good both during normal working hours and out of hours, above the regional figures of 71% and 63% respectively.</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 ST1-2 figure of 65%.</p>	
<p>Overall comments:</p> <p>Good team spirit. Consultants very keen to teach and lend a hand Good teaching and training relevant to GP practice in gynae clinic and DPU</p>	<p>Overall comments:</p> <p>Very little gynae theatre exposure Trainees don't attend EPPC</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 – NHSCT Re-survey 2020

Rota gaps

“(Rota gaps) meant had to cover peripheral clinics rather than other necessary sessions” (AAH)

Educational Supervision

“Always available for support and advice, given great guidance on how to achieve outcomes expected for my level.” (AAH)

“Supportive during difficult time. Filled out assessments promptly.” (AAH)

“She is very enthusiastic and interested in helping me to meet my goals. She is always quick to suggest alternatives to problems” (CAU)

Knowledge of new portfolio

(ES appropriate knowledge of new portfolio) “Within reason given change in curriculum.” (AAH)

Clinical Duties

“Very little gynae theatre exposure. When did get to theatre was usually day case with minor procedures. On occasions did get a majors list but would often be another reg present at the same list, or not given chance to do majors due to pushed for time.” (AAH)

“More exposure to Gynae theatre and outpatient Hysteroscopy sessions and early pregnancy teaching highly needed.” (AAH)

Rostered CPD time

“Should have more time during placement for CBD/e portfolio.” (AAH)

“Very little admin time given in hours, all done on own time.” (AAH)

Overall opinion

“There's good team spirit. And the consultants are very keen to teach and lend a hand.” (CAU)

“Very little gynae theatre exposure.” (AAH)

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

Suggestions for improvement:

“More exposure to gynae theatre and outpatient hysteroscopy sessions” (AAH)

“Early pregnancy teaching highly needed.” (AAH)

“More EPPC experience” (CAU)

“More teaching” (AAH)

“More clinic time for GP trainees” (CAU)

“More direction at induction for those who have never worked in O&G about common things that will present and what is expected of us” (CAU)

Points that made this post a good post:

“I really enjoyed AAH and felt very welcomed and supported. I feel I gained lots of training and teaching in theatre, labour ward and clinics.” (AAH)

“Most of Consultants are supportive. Very few are not. Needs engaging in doing WBAs” (AAH)

“Welcoming team. Good teaching and training from consultants in gynae clinic and DPU relevant to General Practice. Willing to engage with RCGP eportfolio. Well supported. Regular teaching.” (CAU)