Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	27th February 2020	**Level(s)**	FY/GP/ST1-8
Type of visit	Enhanced Monitoring Revisit	**Hospital**	Princess Royal Maternity Hospital/Glasgow Royal Infirmary
Specialty(s)	Obstetrics & Gynaecology	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Prof. Alastair McLellan	Visit Chair - Postgraduate Dean
Robin Benstead	GMC Visits & Monitoring Manager
Kate Bowden	GMC Visits & Monitoring Manager
Mr Craig Steele	GMC Associate
Ms Padma Munjuluri	College Representative
Dr Simon Austin	Foundation Programme Director
Dr John Nicol	Assistant GP Director
Dr Alan MacKenzie	Trainee Associate
Archie Glen	Lay Representative
Fiona Conville	Quality Improvement Manager
In attendance	
Patriche McGuire	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology and Paediatrics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Peter MacDonald & Dr Alastair Campbell
Quality Improvement Manager(s)	Ms Fiona Conville

Unit/Site Information										
Non-medical staff in attendance	6									
Trainers in attendance	5									
Trainees in attendance	5 x FY2,11 x ST1-7									
Feedback session: Managers in attendance	Chief Executive		DME	x	ADME	x	Medical Director		Other	x

Date report approved by Lead Visitor	19 March 2020

1. Principal issues arising from pre-visit review:

The Princess Royal Maternity Hospital has been under the GMC's Enhanced Monitoring process since May 2018. The requirements from the visits of 5th February 2018 (prior to Enhanced Monitoring) and 24th January 2019 (on Enhanced Monitoring) are listed below. At the 2019 visit, the panel found trainees experience of training had improved.

Requirements from visit on 5th February 2018:

- All clinics must be supervised by a Consultant.
- There must be protected bleep free local teaching for Foundation and General Practice doctors supported by the Consultant team
- A unit induction must be available to all trainees including those who start their post on nightshift.
- There must be provision on the rota to ensure GPSTs can attend clinics relevant to their training needs.
- The department must ensure that there are clear systems in place to provide supervision, support and feedback to trainees working in clinics.
- Foundation and General Practice trainees must be included in Clinical Risk Meetings to have access to learning from clinical adverse events
- The department must work with the Board in implementing changes to improve the educational environment for all grades of doctors in training.
- All references to "SHO's" and "SHO Rotas" must cease. The "Say No to SHO" programme must be adopted, with all staff involved.
- GPSTs must have the opportunity to have assessments completed by another team member of appropriate grade to do this.

Requirements from visit on 24th January 2019:

- Educational and clinical supervisors must understand curriculum and portfolio requirements for the cohorts of trainees training in the unit.
- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for GP and Foundation doctors must be reduced.

- The department must develop and sustain a local teaching programme relevant to curriculum requirements of the ST3+ trainees including a system for protecting time for attendance.
- Trainees must be given protected study leave to attend mandatory regional teaching.
- Doctors in training must have access to appropriate resources to support their training - office space for doctors in training is an issue.
- Assignment of STs undertaking ATSMs must be within the unit's capacity to provide training.
- The department must support ST3+ trainee attendance at regional teaching days.

The site provided an update against the previous visit requirements in December 2019, which suggested there had been progress against and/or resolution of the previous requirements.

The visit commenced with a session with training leads from within the department, the NHS GG&C Director of Medical Education and the CD for maternity services that included a presentation highlighting the main challenges within the department since the last visit:

- Maternity Immediate Discharge Letters: plans in place to train midwifery staff to complete.
- Lack of consistent acute Gynaecology consultant cover for doctors in training: – there is a proposal to reconfigure consultants' job plans from May 2020 to ensure consultant cover Mon-Fri 09:00-17:00 on the gynaecology ward.
- 'Gynaecology blood round': an ongoing issue. An 06:30 blood round must be completed to allow patients to be discharged at 12:00, no phlebotomy service is available at this time.
- Gynaecology boarders: service pressures have increased the specialty spread (now 6 different specialties) of boarded patients. Junior doctors received no medical handover for patients however were expected to complete medical tasks. This led to some confrontation within the team which has now been resolved.
- Overall numbers of doctors in training: several issues were noted - the late awareness that a reduced number of GP trainees were coming in February, the number of LTFT trainees, the high number of trainees seeking similar ATSM training opportunities.

A number of successes were reported: the ability to provide access to ATSM opportunities (albeit the number seeking this was high) including in Gynaecological cancer, provision of administration session for trainees, provision of learning sessions, provision of days-off before & after nights, use of rota-management software over the last 2yr, appointment of clinical fellows to support the rota, provision of consultant-led gynaecology clinics, availability of experienced locums.

Several challenges were also noted: the reduction in WTE staffing by doctors in training, the absence of academic trainees, the training needs of some ATSMs meant they were not be on the oncall rota, sickness absence among doctors in training,

The panel were unable to meet with any GP trainees at the visit.

2.1 Induction (R1.13):

Trainers: Trainers felt the induction provided was effective for preparing trainees to work in the department. Induction was a full day session which included departmental presentations and an orientation tour. Rotas and timetables were distributed in advance although, trainers noted the timeframe to be variable. Trainees who are out of sync or can't attend the main induction are provided with a mini one-to-one session.

FY2: Not all trainees interviewed received a hospital induction. All trainees received a departmental induction and felt this adequately prepared them for their roles. Trainees felt that the laminated prescribing cards they were issued with were very useful and helped to minimise prescribing errors. They suggested providing a speculum examination tutorial, would further improve the induction.

ST: The majority, of trainees received departmental induction. Inductions were provided to obstetrics and to gynaecology; trainees felt the obstetrics induction was well delivered but highlighted inadequacy of the gynaecology induction. due to the consultant delivering not being a gynaecologist and unable to answer related queries. Trainees did not receive a rota until a few weeks into the role. Trainees commented on the new O&G app that has been created but highlighted this is in its infancy, but noted valuable content.

Nursing and Non-Medical Staff: Staff felt induction was effective in preparing trainees to work both during the day and out of hours, nursing staff participate in induction.

2.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: The panel were advised there are postgraduate teaching sessions which were delivered on Friday afternoons, 1 to 3 times per month. Trainers highlighted challenges in ensuring trainees attend sessions due to the nature of the rota and clashes with the deanery teaching sessions. Trainers

reported that there is weekly cardiotocography (CTG) teaching sessions and highlighted various other educational opportunities available to trainees, these include:

- 1st on call tutorials
- Obstetrics risk management meetings and,
- Gynaecology risk management meetings.

Trainers felt that clinical commitments were given priority over training needs.
Trainers flagged concerns about the organisation of regional teaching and the late sharing of the dates of these sessions.

FY2: Trainees reported that there is scheduled teaching on Thursdays but noted these sessions are frequently cancelled at short notice. Trainees noted service pressure and rota allocation are also a barrier to attending. Some trainees discussed concerns with not achieving the required teaching sessions for their curriculum with Dr Banks. The majority, of trainees were able to attend regional teaching with no barriers: there is one full day F2 scheduled regional teaching day per block.

ST: Departmental teaching is meant to be delivered on Friday afternoons although the frequency is variable and it is poorly attended. Trainees reported being able to attend only 3 sessions in 6 months. Their average weekly attendance at local teaching sessions was zero hours. Teaching time is not protected and trainees noted acute service pressure as the main reason they are unable to attend. Trainees were able to attend the CTG teaching on Monday afternoons however, since November these sessions had not been run. Trainees confirmed the Thursday 1st on-call teaching sessions covered basics and are well run and well organised. CTG teaching was held on Monday afternoons but stopped around November or December.

Trainees detailed multiple locations that regional teaching is delivered. They highlighted challenges in attending sessions due to the majority, of the cohort of trainees being of the same seniority. Trainees also noted that they did not receive regional teaching dates in advance and that training is frequently cancelled but, when able to attend the sessions are useful and targeted.

Nursing and Non-Medical Staff: Staff acknowledged the ongoing challenges faced by trainees in attending teaching sessions. Senior nursing staff are engaged with clinical directors to help identify and resolve issues.

2.3 Study Leave (R3.12)

Trainers: Trainers did not feel there were any challenges in supporting study leave for trainees.

FY2: Trainees reported that due to current gaps on the rota, obtaining study leave has become more challenging than at the start of their post. Trainees must take study leave for mandatory FY training and noted that generally there is no issues around this.

ST: Trainees not asked.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: Trainers confirmed that not all have allocated time in their job plans for supervising trainees. Local training sessions are delivered 4-6 times per year, supervisors would be expected to attend a proportion to ensure knowledge is kept current.

All trainees: Trainees present had all been allocated Educational Supervisors, had met them at the beginning of their current block and had learning plans in place. Some trainees experienced good engagement with their supervisor but, others felt this was variable, and were concerned their needs were not being met.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainers reported that they can differentiate between the different cohorts of trainees. Within the gynaecology department, there is always a consultant on call, however, 2days per week they may not be based at the site. Due to the pressures on the consultant body, clinical duties are not cancelled when on-call. The panel were advised of a proposal to alter consultant job plans to provide ‘hot week cover’ which would ensure consultant cover Mon-Fri,09:00-17:00. Trainers reported they were not aware of any instances where a trainee had been left to cope with a situation beyond their competence. If a trainee reported concerns, they would provide appropriate support.

FY2: Trainees reported that they feel well supervised clinically and always know who to contact for support both in and out of hours. Some trainees felt pressured to complete speculum examinations in

the maternity assessment unit without senior support. Trainees felt that their senior colleagues are very approachable and accessible whenever they ask for support.

ST: Trainees were aware who provides clinical supervision within the obstetrics department and this is done well. However, they reported that in the gynaecology department they are not always appropriately supervised. Emergency day time gynaecology consultant cover posed significant concern to the trainees. The consultant on call may be at clinic, theatre, or some days of the week off-site. leaving the registrar without accessible on-site senior support. Trainees noted this would happen 2-3 days per week. Trainees are concerned that the delay in contacting the consultant and lack of immediate support available on site has resulted in compromise to patient care. Trainees informed the panel of 2 events when they perceived patient care was compromised due lack of on-site consultant. Trainees were unaware of plans to introduce the consultant 'hot week' to ensure on-site consultant cover during the day.

Nursing and Non-Medical Staff: Staff felt that they learnt each level of trainees competency through discussions with the trainees.

2.6 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: Trainers confirmed that some supervisors maintained responsibility for the same cohorts of trainees and this provided them with familiarity of specific curricula. Some trainers reported they rely on trainees to inform them of the requirements of their curricula to allow them to tailor training to their needs. Trainers felt the department capable of delivering all curricular needs for specialty trainees but noted difficulties in ensuring trainees are able, to access the experience and opportunities they need. Trainees spend a lot of their on-call shifts at night, limiting their availability during the day. Trainers also advised the rota coordinator aims to schedule 2 ATSM sessions per week for specialty trainees but that trainees must be proactive and organised to access the sessions required. Sub-specialty trainees meet weekly with their supervisors and plan out their needs that feed into their weekly rota.

FY2: Trainees felt the loss of 'green days', which allowed them access to learning in clinics, has compromised their learning opportunities. They reported they thought they would achieve the required learning outcomes, but the majority of FYs felt that their workload was dominated by routine

tasks of little to no benefit to training. Their gynaecology ‘blood rounds’ typically comprise taking 20-25 blood samples.

ST: Obstetrics opportunities were generally satisfactory although some trainees reported that the rota had resulted in some accessing relatively few labour ward sessions in favour of substantially greater numbers of gynaecology sessions. Access to core curriculum theatre opportunities was limited both in range and in number of sessions. Outpatient learning opportunities were also limited, made more so by loss of ‘green days’ but also varied depending on how the clinics were run. All trainees reported they were struggling to meet curriculum goals; this included all of the trainees undertaking ATSMs. Service provision was the key barrier to accessing learning opportunities, but lack of continuity of ward base and lack of on the job feedback contributed.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: Trainers reported that due to the new portfolio and curriculum for O&G trainees there has been some challenges. Trainers indicated that they had received training in completing workplace-based assessments but had not had the opportunity to benchmark their assessments with each other.

All trainees: All trainees noted significant issues in obtaining of workplace-based assessments from senior staff, with trainees having to send several invitations and multiple reminders in the hope that they will receive the required responses. Specialty trainees highlighted that their educational supervisors were unable to access the portfolio for months due to unfamiliarity with the new eportfolio system.

Nursing and Non-Medical Staff: Staff advised they complete multi-source feedback assessments for the trainees.

2.8 Adequate Experience (multi-professional learning) (R1.17)

Trainers: Trainers described a variety of multi-professional learning opportunities available to the trainees, including:

- Practical obstetric multi-professional training (PROMPT)
- Simulation in emergency gynaecology (SinErGy)

- Various risk management meetings

FY2: Trainees had the opportunity to attend a multidisciplinary training day at the start of their post but were unaware of any other sessions available to them.

ST: ST1 trainees appreciated the willingness to train from the midwifery staff on the labour ward. Sub-specialty trainees have multiple opportunities to work and learn alongside multi-professional staff.

Nursing and Non-Medical Staff: Staff reported there are a variety of risk management meetings that trainees can attend.

2.9 Adequate Experience (quality improvement) (R1.22)

Trainers: Trainers reported there is a QI team based at the Queen Elizabeth University Hospital and trainees who wished to undertake a project would receive suitable support.

FY2: Trainees reported that they have the opportunity, to undertake quality improvement projects during their post.

ST: Trainees not asked.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that feedback is provided to trainees in real time face to face discussions. Significant event cases would be discussed at risk management meetings and feedback would be provided directly to the trainee or via there supervisor. The labour ward utilises a Greatix system which allows staff to record when something has gone well. Once reviewed, the form acknowledging this is delivered to the recipient.

FY2: The trainees felt they generally do not receive day to day feedback. Quiet nights can provide learning opportunities with feedback from the registrars. When it happens, the feedback is useful.

ST: Trainees do not routinely receive feedback. Some trainees noted they will seek consultant advice after creating a patient care plans and noted the feedback can be variable. All trainees highlighted their lack of continuity in ward working affected their learning and acquisition of technical skills due to trainers not allowing them to complete specific skills that they themselves had not witnessed them previously perform.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers receive feedback via informal and formal discussions with the trainees. There is a FY/GPST trainee forum which is led by Dr Banks and the department have a chief resident who attends, where possible, the senior staff meetings.

FY2: FY trainees confirmed they had attended meetings with Dr Banks to provide feedback on their training experience. These were informal sessions which were incorporated into their teaching time. Trainees reported they are aware of who the chief resident is and that they had informal feedback discussions.

ST: Trainees advised there is no routine trainee forum however, they can feedback on the quality of training by completing the GMC and other surveys. The chief resident is able, to feed into the management structure although is not always updated on the outcome.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised there is a bullying and undermining champion and any concerns could be raised this way or through the chief resident. Trainers were aware of instances where trainees may have received less than supportive comments, these were addressed and, the trainees were supported throughout.

FY2: Overall the trainees interviewed felt they worked in a very supportive environment. Trainees felt there were issues within the gynaecology department with tendency to blame and to respond to questioning about why things were being asked to be done with escalation on the basis of refusal to do things. This was raised through the chief resident and the trainees hoped this would be adequately resolved.

ST: Trainers felt they worked in a very supportive environment and the clinical team are always approachable. Trainees had witnessed junior doctors being subjected to undermining behaviours whilst in the gynaecology ward that they understood have been escalated.

Nursing and Non-Medical Staff: Staff reported they have a good team working culture with the departments and noted they would be promoting the positive culture campaign that had been implemented at the Queen Elizabeth University Hospital. Staff were aware of instances of undermining that had been raised and dealt with.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported gaps on the junior rota which had resulted in each trainee losing approximately 10 ‘green days’ from their rota. It is a busy department and the workload is high. Trainers acknowledged that since August, sick leave and conditions requiring people not to work nights had dramatically affected the rota. Trainers flagged their concerns about the late awareness (3weeks before changeover) of 3 gaps among 6 GP trainees. Trainers felt more registrars and consultants on the rota would improve the training environment. Trainees can raise concerns about their rota through the chief resident.

FY2: There is currently 3 gaps on the rota which has resulted in the loss of the ‘green training days’. Trainees felt the department were trying to manage the gaps but, had been unsuccessful. All trainees were concerned the high volume of workload was affecting their wellbeing. Trainees felt pressured to cover shifts on their non-working days.

ST: Trainees confirmed there has been gaps on the junior rota since August which had dramatically affected training opportunities. The loss of ‘green days’ had meant ATSM sessions had been pulled from the rota. There is a high volume of less than full time trainees on the rota which had not been accounted for. Trainees felt overburdened to cover shifts.

Nursing and Non-Medical Staff: Staff reported that they were not aware of any rota concerns that could impact on training or a trainee’s wellbeing.

2.14 Handover (R1.14)

Trainers: Trainers advised the obstetric handover has been changed to create a more robust system ensuring all at risk patients including post-natal patients are discussed. The gynaecology handover takes places at 08:30 and is multidisciplinary; all patients are discussed.

FY2: Both the obstetrics and gynaecology handovers take place at 08:30 and 20:30 on the wards. Gynaecology have a shared access handover file which details patient information and can be updated throughout the day/night. Trainees reported handover was not used as a learning opportunity.

ST: Trainees not asked.

Nursing and Non-Medical Staff: Handover is good in all wards/units within the department. Each ward/unit had their own handover process and there was non-medical input to these.

2.15 Educational Resources (R1.19)

Trainers: Trainers described a variety of resources available to trainees to support their learning, including:

- Library
- Computer access
- O&G guideline app

Trainees also have the opportunity, to attend PROMPT and SinErGy simulation courses to further enhance their learning.

FY2: There is a Doctors' Room in the Gynaecology unit but this is a very small room with only 2 computers for all trainees. Trainees found it challenging to access computers in the obstetrics department.

ST: Trainees not asked

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: Concerns regarding a struggling trainee would be raised through the trainees' educational supervisors and escalated to TPD if required. Doctors in difficulty would be further supported by the consultant group and appropriate guidance provided. Trainees returning from maternity leave are given extra support and protected from intense on call shifts until they feel competent.

FY2: Trainees felt confident that support would be provided to them if they were struggling. 1 trainee had childcare issues and felt the department adaptable. The additional training needs of academic trainees are accommodated.

ST: Trainees not asked.

Nursing and Non-Medical Staff: Staff would discuss any concerns with a trainee individually or through their supervisor.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

FY2: Some trainees were aware who the Director or Associate Director of Medical Education is but were unclear as to their role within managing the quality of education and training they receive. Trainees are aware of who the chief resident is but were unaware of any trainee forums.

All trainees:
The feedback from trainees suggests that many of the issues raised at the last QM visit have not been addressed (see section 3), and there is limited understanding among them of progress to address a number of these concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainees: Trainers reported that they encourage trainees to submit a datix report if they have a patient safety concern but would also encourage trainees to first raise any concerns with a consultant. Concerns can also be discussed at the obstetric and at the gynaecology risk management meetings.

All trainees: Trainees reported that they would raise patient safety concerns to a senior trainee or consultant. They would use the datix system to report a clinical incident and provided an example of an issue raised and feedback given.

Nursing and Non-Medical Staff: Staff reported there is a clear escalation policy. All incidents are recorded through the datix system and reviewed at monthly governance meetings.

2.19 Patient safety (R1.2

Trainers: Trainers felt the department provided an extremely safe environment for patients and trainees. Patient safety is prioritised, sacrificing trainee education. Consultants have regularly given up admin time to ensure the rota is adequately staffed.

Concerns were noted with medically unwell patients being boarded into the gynaecology unit and the increased workload this created for the junior tier. This issue has been discussed at a hospital-wide consultant meeting and going forward boarding policy criteria should be followed.

FY2: Trainees shared their concern around patient care due to inadequate medical staffing levels. There was also felt to be a lack of consultant continuity in the gynaecology department which trainees felt could lead to things being missed. Despite trainees reporting concerns, issues remain ongoing.

Patients are boarded into the gynaecology ward, these patients can come from a mix of specialties and on occasions are not suitable boarders. Trainees noted concern around the responsiveness when escalating concerns to the appropriate department. Trainees described occasions when boarded patient care was delayed by up to 48hrs but, highlighted that this had no adverse outcome for the patients.

The lack of consistent access to consultant input to support trainees managing gynaecology emergencies left trainees feeling under pressure and was perceived to compromise the safety of patient care.

ST: Trainees expressed similar concerns to those of their FY2 colleagues in regard to lack of consistent access to on-site consultant support for the management of emergency gynaecology cases.

Although trainees feel comfortable raising concerns, they feel issues are not addressed, this has resulted in low morale amongst the group.

Nursing and Non-Medical Staff: Staff felt the environment was as safe as it can be for patients. Staff discussed concerns raised by the junior doctors around the completion of discharge letters for boarders but felt that this issue had been resolved.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: Trainers reported that adverse incidents are recorded through the datix system. If a trainee has been involved in an adverse incident, feedback and reflection about the incident are provide directly to the trainee. Obstetric and Gynaecology risk management meetings provide the opportunity for shared learning from adverse events. There are also perinatal mortality meetings.

Trainees: All trainees reported that adverse incidents are recorded through the datix system. Those that had submitted a datix had received feedback. Trainees were aware of departmental obstetric and gynaecology risk management meetings and reported that summaries of the learning gained from the reviews of cases are distributed via email.

Some trainees had received greatix letters and all trainees were aware of the system.

2.21 Other

Trainees were asked to rate their overall satisfaction experience of working within the department from a range of 0 (very poor) to 10 (excellent). The scores are listed below:

- Foundation – Range: 4 – 6, Average 5.2 out of 10
- ST - Range: 4 – 8, Average: 5.5 out of 10

3.Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

The visit panel found an approachable and supportive group of trainers who were focused on the care and safety of their patients whilst aiming to improve the training experience for trainees. Despite their efforts, significant educational challenges remain. Due to the remaining and ongoing concerns around the delivery of postgraduate medical training not meeting the GMC's standards despite enhanced monitoring, there will be a discussion with the GMC following finalisation of the report as to whether they might wish to consider imposing conditions upon the ongoing enhanced monitoring. A revisit will be required within 12 months' time.

Positive aspects of the visit

- The effective governance structure around risk management within both obstetrics & gynaecology including feedback and sharing of learning.
- The awareness and appreciation of the 'greatix' system
- Generally, very supportive and approachable consultants both in and out of hours
- Multi-disciplinary simulation training for both obstetrics and gynaecology
- The introduction of the O&G mobile app
- The concept of 'green days' is commendable however, these have been sacrificed due to rota gaps and service delivery

Less positive aspects of the visit

- Lack of consistent on-site Gynaecology Consultant on call cover Mon-Fri; this is a 'known, known' and we heard that this would be addressed through the next round of Consultant job planning that is imminent. However, the current escalation plan appears vague and we heard that current arrangements resulted in delays in patients getting to theatre
- Lack of access to a formal local teaching programme with protected time
- Responsiveness to education and training concerns with a number of last year's visit requirements unaddressed. Doctors in training have little awareness of the plans to address and resolve issues they have raised.
- All trainees highlighted difficulty in achieving workplace-based assessments

- Access to learning opportunities for all level of trainees including those on ATSMs are compromised by service delivery. There is universal concern that trainees will struggle to achieve the required competencies by end of post
- Discontinuity of ward base for trainees which is a barrier to developing supervisory and feedback relationships and to accessing learning opportunities
- There continues to be a burden of non-educational tasks impacting on the junior trainees' experience.
- We heard of some instances of allegations of undermining but we understand these have been escalated and are being addressed
- Morale of all the doctors in training is low

Progress against previous requirements: recorded as 'addressed', 'significant', 'some progress', 'little or no progress'

Ref	Item	Progress
7.1	Educational and clinical supervisors must understand curriculum and portfolio requirements for the cohorts of trainees training in the unit.	Some progress. See new requirement 6.4
7.2	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for GP and Foundation doctors must be reduced.	Little or no progress. See new requirement 6.7
7.3	The department must develop and sustain a local teaching programme relevant to curriculum requirements of the ST3+ trainees including a system for protecting time for attendance.	Little or no progress See new requirement 6.2
7.4	Trainees must be given protected study leave to attend mandatory regional teaching.	Some progress
7.5	Doctors in training must have access to appropriate resources to support their training - office space for doctors in training is an issue.	Little or no progress

7.6	Assignment of STs undertaking ATSMs must be within the unit's capacity to provide training. ***This is a deanery requirement for the training programme director****	Little or no progress See new requirement 6.5
7.7	The department must support ST3+ trainee attendance at regional teaching days.	Little or no progress
7.8	Foundation and General Practice trainees must be assigned to a ward/unit for a minimum of a 4-week continuous period.	little or no progress see new requirement 6.8

4. Areas of Good Practice

Ref	Item	Action
4.1	The introduction of the GGC wide O&G guideline app	
4.2	Laminated prescribing cards for common prescriptions. This was highly thought of by FY2 and GP trainees as it supported patient safety and reduced the risk of prescribing errors.	

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1		Efforts should be made to support and value trainees to improve their morale

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Clinical supervision must be available at all times to support trainees working in acute gynaecology.	27th December 2020	ST
6.2	There must be a protected formal teaching programme for doctors in training.	27th December 2020	FY, ST
6.3	The department must respond to concerns about education and training and provide feedback on this.	27th December 2020	FY, ST
6.4	Educators must be supported to deliver the assessments required of trainees' curricula.	27th December 2020	FY, ST
6.5	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	27th December 2020	FY, ST incl ATSM
6.6	Staffing levels in wards must be reviewed to ensure that workload is appropriate and does not prevent access to learning opportunities including outpatient clinics.	27th December 2020	FY, ST
6.7	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors must be reduced.	27th December 2020	FY, ST
6.8	The discontinuity of ward placements must be addressed as a matter of urgency as it is compromising quality of training, feedback,	27th December 2020	FY, ST

	workload and the safety of the care that doctors in training can provide.		
6.9	The department must have a zero-tolerance policy towards undermining behaviour.	27th December 2020	FY, ST