



## **The impact of the redeployment of maternity staff during COVID-19**

### **A Royal College of Obstetricians and Gynaecologists (RCOG) report of a follow up survey to Clinical Directors and UK RCOG trainees, associates, members and fellows on working patterns and staff changes during the pandemic**

#### **Foreword**

In June 2020 the RCOG published a workforce report on a survey undertaken in May in response to concerns raised by Fellows, Members and via RCOG Council representatives that in some units/hospitals staff were being redeployed away from maternity services to support other areas of the hospital as a result of the COVID-19 pandemic. This had knock-on effects for remaining staff working to maintain their usual standards of patient care.

A key recommendation of this workforce report was for the College to escalate these findings to the Medical Director of NHS England and Chief Executive Officers of Trusts and Boards, asking them to reconsider the redeployment of staff away from essential maternity services. This was completed in June 2020.

In order to assess whether the service responded to these concerns, the College undertook a follow-up survey through October and November, asking units about the support available for staff during the pandemic. The survey also looked at the issue of elective gynaecology provision which was severely affected in the first wave, as well as the ability for O&G trainees to undertake crucial gynaecological training.

While there are some encouraging findings regarding staff returning to maternity care, and some examples of good practice in terms of staff support, it is vital that we continue to raise the ongoing concerns articulated by our members about the impact of the pandemic on service provision and training opportunities.

We would once again like to thank those of you who responded so promptly to this request during this pressured time dealing with the second wave. This information will enable the College to continue to support you to make sure your organisations respond in the best way possible for you and your colleagues, and for women and their babies, in the future.

**Dr Eddie Morris - President, RCOG**

**Dr Jo Mountfield - Vice President Workforce and Professionalism, RCOG**



## Introduction

This report summarises feedback from a follow up workforce survey completed at the start of the second wave of the Covid pandemic in October and November 2020

The first survey during wave one had raised a number of concerns, notably the high proportion of junior grade staff working in maternity and smaller numbers of more senior staff who had been redeployed. The full report is available here:

<https://www.rcog.org.uk/globalassets/documents/careers-and-training/workplace-and-workforce-issues/202006/2020-06-the-impact-of-the-redeployment-of-maternity-staff-during-covid-19.pdf>

Following this survey, the President and Vice President for Workforce wrote to all Chief Executives enclosing the report and asking them to consider reducing the redeployment of staff in any second wave.

The primary aim of the survey was to elicit data about the return of staff to maternity services but also to enquire about the implications of the pandemic on gynaecological elective services and gynaecological training, especially as concerns had been raised by the RCOG Trainees Committee, Fellows and Members.

Wellbeing support for O&G professionals was also included in our enquiry as a key area of concern for our colleagues.

## Methodology

An online questionnaire was created using the Dotmailer platform. An email with a link to the survey was shared with UK Clinical Directors, RCOG Trainees Committee representatives and the RCOG SAS and locally employed doctors' task group. These groups were encouraged to cascade the survey to colleagues in their units and trusts.

The survey was live for 1 month and closed on the 11<sup>th</sup> November 2020. The following main questions were proposed and feedback was provided through multiple choice and free type options throughout.

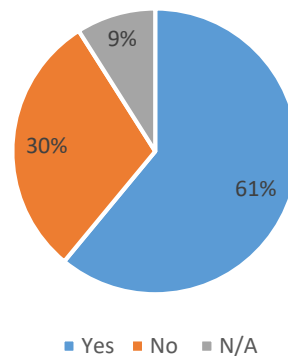
1. Number of births per year (drop down)
2. Were medical staff redeployed out of maternity services during the pandemic?
3. Have all medical staff now been returned?
4. Which staff groups remain redeployed?
5. Please indicate why these staff have not been returned to your service
6. Please indicate when all of your staff were repatriated
7. Have you and your staff been offered wellbeing support from your organisation?
8. Do you feel this has been satisfactory?
9. Please comment on any positive initiatives or where you feel support could be improved
10. Do you have medical staff unable to undertake patient facing activity?
11. Please give the number and the total number of medical staff in your service
12. Has your elective gynaecology activity been restored to pre-Covid levels?
13. Please estimate the current level of your elective gynaecology activity compared with pre-Covid
14. Aside from elective gynaecology training, have other training opportunities for staff been restored to pre-Covid levels?
15. What are the current constraints in capacity?
16. Has training in gynaecology resumed to pre Covid levels
17. What are the constraints?

## Response rate

The response rate to the survey was mixed with a total of 48 complete responses and an additional 90 partial responses. The findings have been collated with both partial and complete responses where relevant.

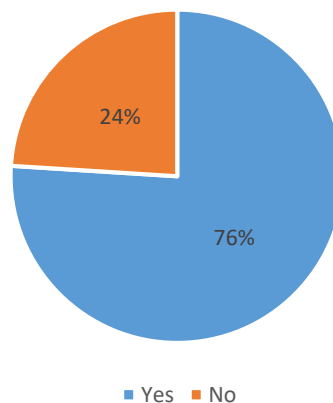
## Main survey findings

Were medical staff redeployed out of maternity services during the pandemic?



61% of all survey respondents answered that medical staff were redeployed out of maternity services during the pandemic. Of this group only 67% answered that all medical staff had been returned, 26% were unsure and 7% stated that staff had not been returned yet. The majority of medical staff were repatriated between April to September of this year.

Have you and your staff been offered wellbeing support from your organisation?



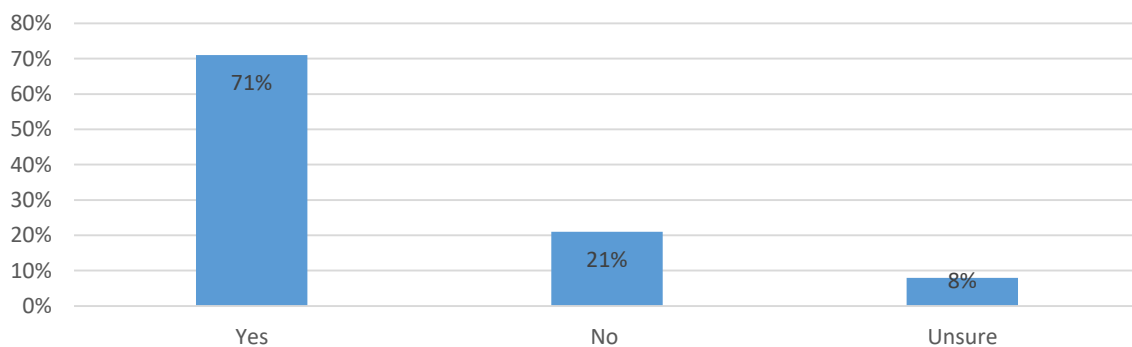
The vast majority (76%) of survey respondents reported that they have been offered wellbeing support by their employing organisation during the pandemic. A much smaller proportion of 24% worryingly confirmed that they did not receive this type of support. Over half of all respondents felt this support to be adequate and satisfactory. One quarter felt that it wasn't and 27% of respondents were unsure if this support was satisfactory.

Survey respondents highlighted a number of positive initiatives such as:

- A workforce specific wellbeing hub – space for medical staff to check in, peer to peer support and senior staff available to offer advise
- Having space for time out - psychology de-briefing
- More specific training and preparation to obstetrics emergency situations with Covid patients - an algorithm like the one for resuscitation
- Providing laptops and VPN access to some key staff in order for them to continue to work from home (I finished my whole gynae OPD follow-up waiting list).

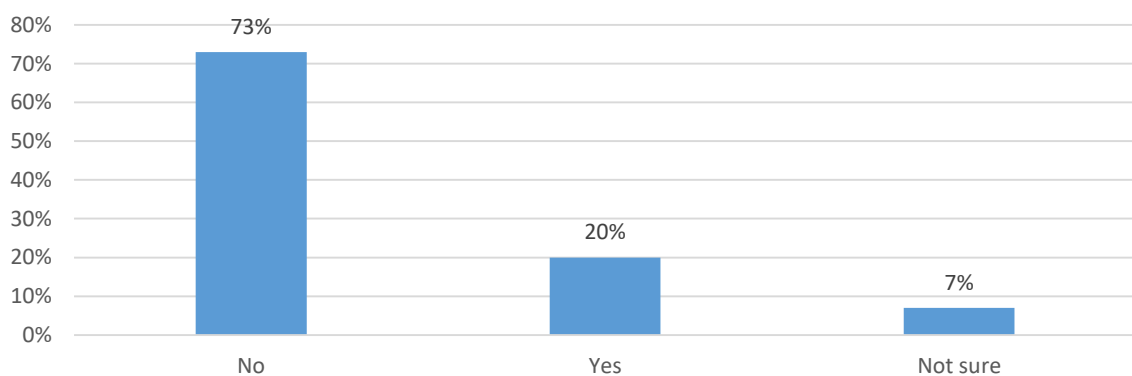
In terms of which staff groups were redeployed all survey respondents confirmed that junior grade trainees and locally employed doctors were the group affected by the staff changes.

Do you have medical staff or colleagues unable to undertake patient facing activity because they have medical restrictions related to Covid-19?

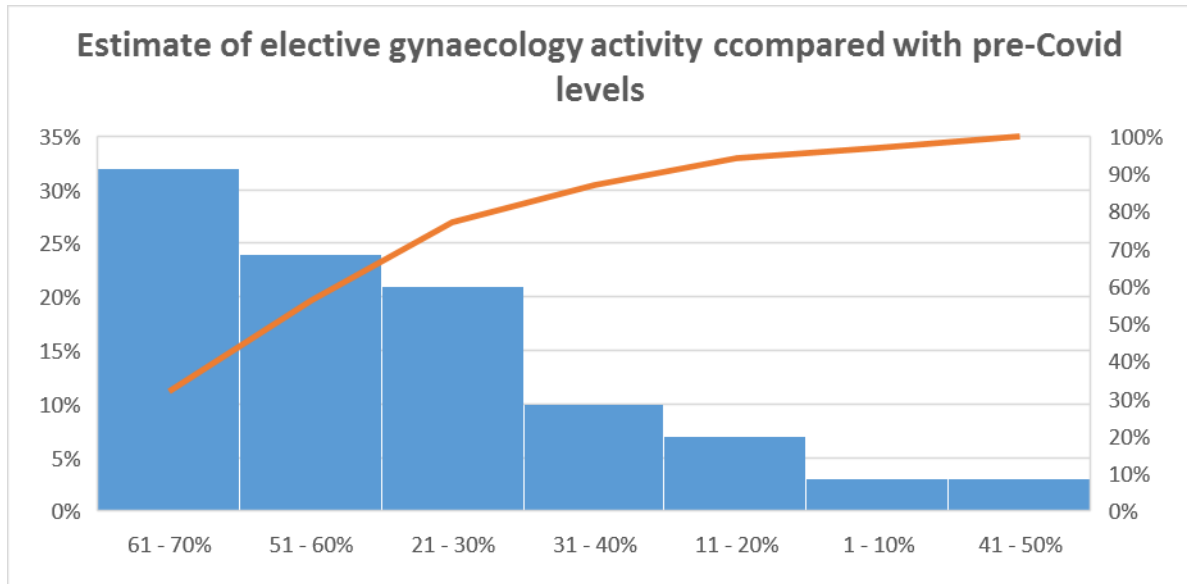


71% of survey respondents confirmed that they colleagues who are currently unable to undertake patient facing activity because they have medical restrictions related to Covid-19.

Has your units elective gynae activity been restored to pre-Covid levels?

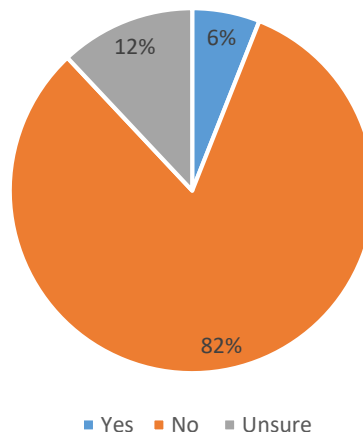


73% of units reported that elective gynaecology activity has not been restored to pre-Covid levels yet, with only 20% of respondents able to confidently confirmed that pre-Covid levels of elective gynaecology activities in their units being restored. Furthermore, survey respondents went on to offer estimates of the current level of elective gynaecology activity compared with pre-Covid levels. Almost half of all survey respondents felt that gynaecology activity levels were up to 50% of what they were before the pandemic.



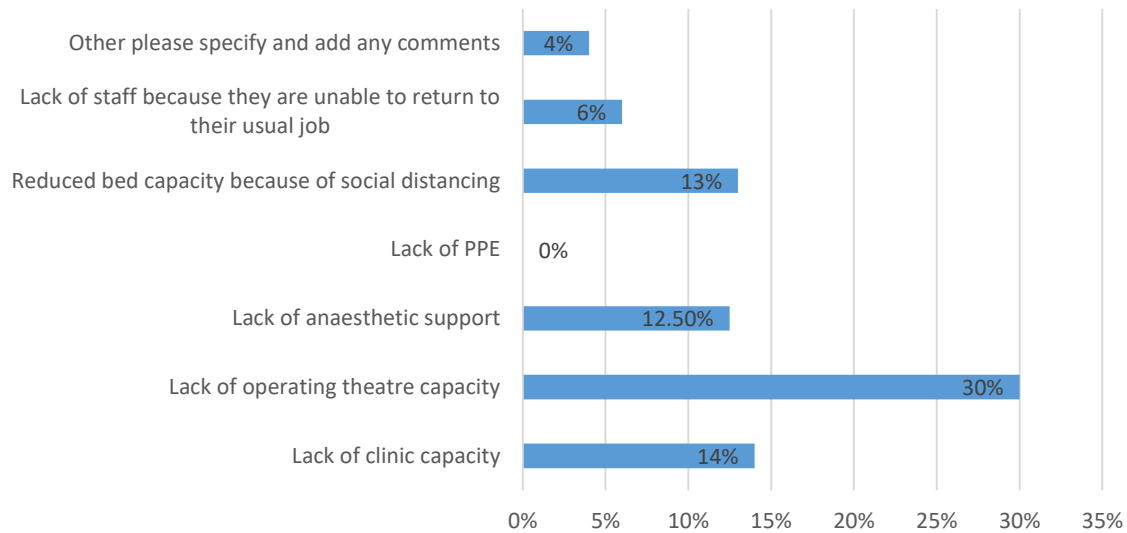
Similarly, 82% of survey respondents remarked that training in gynaecology has not returned to pre Covid levels. Almost one third feel that the lack of operating theatre capacity is a considerable constraint to capacity and 13% feel that reduced bed capacity because of social distancing is also having an impact. 12.5% remarked that the reduction in anaesthetic support is also a contributing factor in the current capacity constraints. 17% also feel the lack of clinical capacity is having a considerable impact on training provision.

### Has training in gynaecology resumed to pre Covid levels?

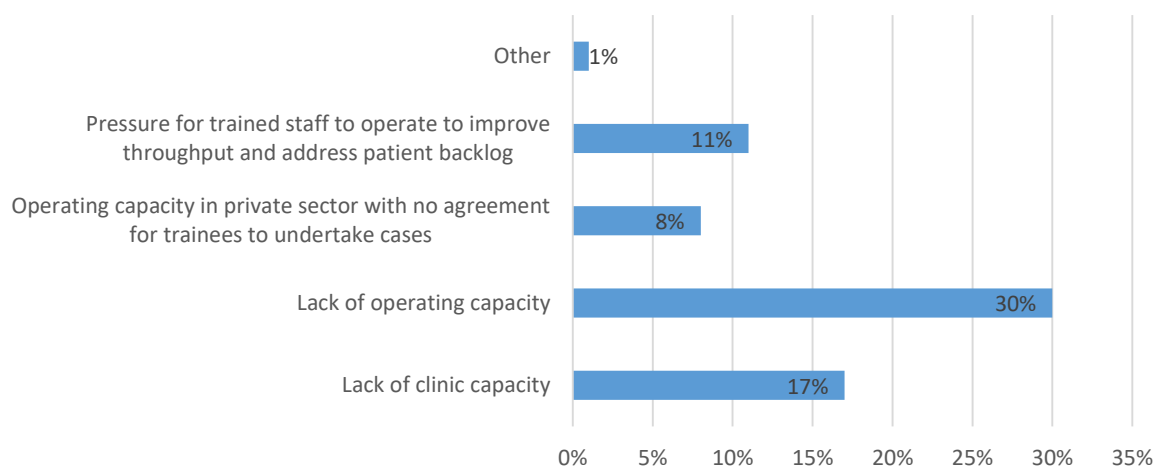




### Current capacity constraints

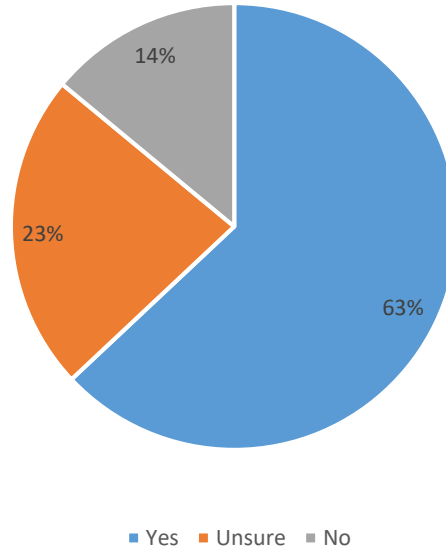


### What are the constraints to gynaecology training that apply?



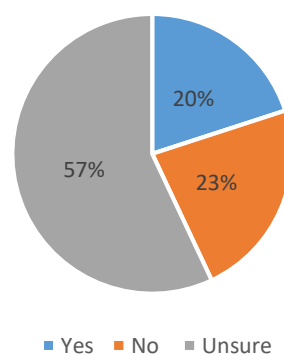
Aside from elective gynaecology training, 40% of respondents fed back that training opportunities for staff been restored to pre-Covid levels. A further 39% stated that it hadn't and 21% were unsure. The following areas were identified where training is lacking: ultrasound scanning, ATSM's, simulation training, gynaecology theatre experience, PROMPT training and postgraduate training.

Are you aware of planning for a wave 2 in your organisation?



In stark contrast to our Covid survey back in May, almost two thirds of all respondents were aware of planning for a second wave at their organisation. Despite this awareness of planning for a second wave, for the most part respondents (57%) were unaware if their organisations were committed to avoiding redeploying maternity staff during a second way.

Is your organisation committed to avoid the redeployment of maternity staff?



Only 20% of respondents were confident that their organisations were committed to avoiding redeployment of maternity staff and a further 23% felt that their organisations were not committed to avoiding maternity staff redeployment in a second wave situation. 40% of respondents felt these reasons were communicated effectively to staff.



## Conclusions

Whilst a number of positive initiatives were developed to support medical staff throughout the pandemic, a small number of reported that they were not offered wellbeing support by their organisations during this period. For those that did receive offers of wellbeing support, almost half felt it was satisfactory. Given that all have been working intensively during this period, there is perhaps a need for universal wellbeing support for medical staff during this time.

Gynaecological activities, gynaecology training and general training opportunities for medical staff have not been restored to the levels they were before March 2020. This lack of gynaecology training in particular is a considerable cause for concern.

## Recommendations

- 1.** Recognise the positive news regarding repatriation of staff to maternity services, whilst promoting the stance that the RCOG remains staunchly in favour of retaining all medical staff within those services to provide safe care to women and their families throughout wave 2. Communication to Chief Executives, Maternity transformation safety champions in Trusts and Fellows, Members and trainees will follow.
- 2.** Raise concern nationally (via the maternity transformation programme and NHS England, Wales, Scotland and NI) and via the communication outlined above that not all services are offering wellbeing support in their organisation. Of the remainder who were offered support only 50% were satisfied. We will also consider signposting colleagues via the RCOG website to NHS and college resources.
- 3.** Escalate concerns regarding elective gynaecology provision to NHS services and leadership.
- 4.** Work with Heads of schools and deaneries in the 4 nations to support progression of trainees, recognising the significant impact that the pandemic has played on gynaecological training opportunities.

**11 December 2020**