

2018 Training Data Analysis

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Subspecialty Training

Conclusions

Increase in TEF completion from 52 to 76% was noted on last year. Some subspecialty trainees are post CCT and therefore do not complete the TEF, however non-completion may be indicative of underlying problems. Subspecialty trainees may be concerned about anonymisation of their feedback due to small numbers of SST's per subspecialty/LETB.

Overall high levels of satisfaction were reported with training and clinical supervision; most responders would recommend their unit to other potential subspecialty trainees. Certain units were identified as having specific issues, however in the interests of trainee confidentiality and to enable a generalised rather than a snapshot judgement of the training provided within individual centres more longitudinal data is required. This is only the 2nd year Subspecialty data has been available.

30% of responders felt their OOH commitments had a negative impact on their training. 34% reported losing 2 or more subspecialty session per week due to OOH commitments.

Following analysis of last year's training data additional questions were added to the TEF. These reported that 17% of subspecialty trainees were losing 5 or more sessions per month on non-subspecialty activity, with urogynaecology trainees being overrepresented. 7 trainees reported their training had been extended due to their OOH commitment, with urogynaecology trainees being overrepresented.

The reported rates of undermining were comparable with all other trainees (4.8% vs. 4.6% overall), with problems identified in reproductive medicine (n=2) and urogynaecology (n=1).

Recommendations

1. To request centre specific data for units identified as having specific concerns
2. To record these concerns in the Action Log of Subspecialty Training centres
3. RCOG Subspecialty Committee to consider updating criteria for reaccreditation to include:
 - a. Satisfactory trainee feedback
 - b. Maximum number of sessions that can be spent on non subspecialty activity
4. RCOG Subspecialty Committee to longitudinally track programmes identified by subspecialty trainees as having specific problems, and to challenge repeated problems.

5. Subspecialty training assessment panels to remind SST's that if there is no evidence of completing a TEF in the previous 12 months within the ePortfolio this may impact on their ARCP outcome.

Educational Supervision

Summary

Overall, similar to 2017 the trainee perception of educational supervision and support is very positive.

10 deaneries have improved their TEF score, 5 have worsened and 1 has remained unchanged.

Overall, variation across the country and across grades are minimal.

A total of 9 individual units scored <70 in either the TEF or GMC survey. No deanery scored <70 on average.

At individual unit level, the lowest scoring units had scored well in 2017. The Mersey deanery scored the lowest on the educational supervision theme in 2017 and unfortunately has not improved in the 2018 analysis.

High scores for educational supervision seem to be correlated with a positive working environment and overall recommendation, although it is not possible to suggest a causative link it should be considered when attempting to improve the trainee experience.

Educational supervision is likely to be even more important with the implementation of the new core curriculum and support for supervisors will be developed by the Educational Supervision task and finish group.

Although this is a theme that has consistently scored highly amongst trainees, it is important that ways to improve continue to be considered, especially in deaneries where little change has been seen between the 2017 and 2018 analysis.

Last year the Training Evaluation Committee (TEC) wrote to the most highly performing units to ascertain ways in which they had scored so well to try and create guidance for other units to improve performance, it would be helpful to repeat this process, particularly for the units where they have significantly improved their scores from previous years.

Recommendation

1. Focused review in deaneries with lower scores and little change has been observed between 2017-18.

Gynaecology Training

Conclusions

Only half of all ST3-5 and just over half of ST6-7 trainees perceived they had adequate opportunity to fulfil their training requirements in gynaecology for the year.

Trainee opportunity for performance of gynaecological procedures increased with level of seniority, apart from opportunities for office-based procedures, which were low across the board. The perception of sufficient opportunity in gynaecology procedures was lowest across all levels of training for majors operating.

Clinical supervision for gynaecological procedures, emergency admissions and gynaecology outpatients largely appears adequate.

Opportunity to attend gynaecology outpatients appears adequate.

Completion of work based assessments in gynaecology by supervisors and constructive feedback was consistently high.

There is poor access to box trainers or virtual reality simulators in the majority of deaneries across all levels of training. Provision of formal simulation training in gynaecology skills is very low throughout the regions apart from the East Midlands who score highly.

Recommendations

1. All deaneries consider investing in laparoscopic trainer boxes and or VR simulators for use by trainees to supplement clinical training opportunities or identify areas where these can be accessed to inform trainees. Regular training days can be facilitated by deaneries at sites where VR training is available.
2. Encourage deaneries to support structured simulation training programmes. These will allow trainees to develop practical skills in gynaecology from an early stage, meaning clinical opportunities are fully utilised as both trainees and supervisors have confidence in levels of competence and safety.
3. BSGE have created a handbook to assist in implementing a basic laparoscopic training programme at Trust level. This has proven to be a valuable resource and should be explored.
4. Explore the simulation programme provided by East Midlands Deanery to learn if and how this has improved training in gynaecology skills.
5. Explore gynaecology training in Northern Ireland as they consistently score well.

6. Encourage more trainee involvement in office procedures as excellent training opportunities especially as the trend is for ambulatory gynaecology.

Regional Teaching

Conclusions

Overall the level of satisfaction with Regional Teaching has remained stable since the 2017 TEF; which feels disappointing given the recommendations made. One third of the Deaneries were RAG rated as green, and the remaining 2 thirds and orange; positively, none were RAG rated as red. There does not appear to be any relationship between the number of reported rota gaps and overall satisfaction in regional teaching.

Recommendations from the 2017 report included reviewing the appropriateness of the content of regional teaching for ST6 and ST7 grade trainees and this in turn lead to a recommendation that regional teaching be designed predominantly for a pre-MRCOG audience with more senior grade trainees only attending the relevant sessions to their chosen areas of interest, and being involved in the organisation and provision of the teaching instead. Based on this we had hoped that satisfaction levels in the ST6 and ST7 grades would improve, but in fact the opposite appears to have happened. This suggests that there have been no modifications made, especially given that the 2018 TEF has likely captured more of the ST6 and ST7 data than the 2017 as fewer senior trainees elected to not answer the questions relating to regional teaching.

Overall the conflict between attending regional teaching and service provision appears to be fairly stable and equally distributed between all grades of trainees. However there has been a move towards offering regional teaching less frequently than in the 2017 academic year, and that the frequency of attendance has also declined. Of the ST1-5 grades 39.1% report attending 100% of the regional teaching offered to them, and 58.8% report attending more than 50% of regional teaching offered to them. Troublingly 36.4% report attending less than 8% of the regional teaching that is available

There appears to be no direct correlation between a trainees overall satisfaction in training and their satisfaction in Regional Teaching, indicating that trainees consider other things more important in their training.

Recommendations

1. Further study into the Deaneries that have had proportionally larger improvements in overall satisfaction score for Regional Teaching (Northern, Yorkshire and the Humber, Scotland and East of England) could help to

identify some beneficial strategies that other Deaneries could adopt to improve the Regional Teaching that they are offering.

2. In deaneries where a greater proportion of senior trainees are satisfied with regional teaching (Scotland and West Midlands) further research may identify what it is that they are doing differently, so that this can be used to improve standards nationally.
3. Identifying the barriers to Senior trainees attending teaching might be helpful so that we can further understand the reasons – it might be that they chose not to because they attend other teaching that they feel is more useful at their stage of training?

Working Patterns and Impact of the New Junior Doctors' Contract

Conclusions

Maintaining the current O&G workforce by nurturing and developing trainees is a key priority for the RCOG. There remain considerable inconsistencies in training opportunities with O&G between differing deaneries across the UK and identifying ways of sharing good practice is important. Improving opportunities for trainees to develop their gynaecological skills may also improve trainee satisfaction. Exception reporting, introduced with the new junior doctor's contract has been implemented in most deaneries, although lack of support within deaneries/trusts may be a hindrance to exception report. The process of exception reporting needs improvement especially as many trainees do not currently see the impact on their training/development or patient safety.

Progress of last year's (2017) recommendations:

1. Disseminate recommendations of the working party on rota gaps- *This has been completed.*
2. Consider how to improve sharing of good practice between schools- *Good practice was publicised on the RCOG website and a TOG article is in progress.*
3. Heads of school to consider inter-deanery variations and escalate to SEAC- *This has been completed, but there has been limited time for discussion in 2017.*
4. Encourage use of TEF training data on quality visits to Trusts/Departments- *No progress on this as yet.*

Recommendations from this year's (2018) TEF:

1. Use of TEF training data to highlight 'role model' deaneries and trusts to celebrate achievements and promote excellence.
2. Heads of school to consider inter-deanery variations and share good practice from deaneries with the most encouraging data from trainees.
3. Explore barriers to exception reporting and promote exception reporting, with a particular aim to improve training and patient safety and care within trusts.
4. To focus on deaneries that have performed less well to explore views of trainees within these trusts in more detail in the form of interviews/focus groups with the aim of identifying strategies for improvement.
5. To ensure that concerns regarding patient safety are escalated to the clinical quality board at the RCOG.

6. Further statistical analysis of the data taking into account rota gaps and frequency of on calls will help us to understand the significance and associations of what has been presented in this report.

Access to Specialist Clinics

Conclusions

Overall, the Training Evaluation Form (TEF) data shows that access to specialist clinics is provided to the bulk of trainees.

There has been little change in the access to specialist clinics nationwide since 2016. There is a requirement to still improve access to specialist clinics in certain Deaneries in the UK.

More trainees seem to be able to access specialist antenatal clinics in comparison to specialist gynaecology clinics. This data are similar to what was found in 2017. This may well reflect the nature of service provision, with antenatal clinics (whether they be specialist or not) requiring adequate service coverage for them to function. In contrast, specialist infertility, gynae-oncology clinics and urogynaecology clinics are being better accessed and covered by advanced trainees undertaking ATSMs or subspeciality training.

Importantly, access to specialist gynaecology and antenatal clinics may be limited by the presence of rota gaps and higher frequency on call frequency. Working pattern does not seem to influence access to specialist clinics.

Recommendations

1. Access to specialist clinics is an important indicator for each Trust and region. Importantly, performing well in providing specialist clinics is likely to improve the overall morale and experience of trainees, who will feel empowered to develop their own careers and to complete their RCOG Training Matrix Discussion amongst Heads of School and College Tutors in each deanery will encourage improvement.
2. RCOG could inform the poorer performing deaneries highlighted in this report to try and increase their access to specialist clinics to their trainees. Lessons could be learnt from the high performing deaneries.

Workplace Behaviour

Conclusions

1) What are the rates of undermining/bullying?

- 7.4% of trainees had either been subjected to or witnessed bullying and undermining behaviours, an increase compared to 6.9% in 2017
- The overall rate of trainees personally being *subjected to* bullying and undermining behaviours across the UK was steady at 4.6% of trainees, compared to 4.5% in 2017.
- The overall rate of trainees *witnessing* other trainees being subjected to bullying and undermining behaviours across the UK has slightly increased at 5.9% of trainees, compared to 4.6% in 2017.

2) 'Who' is most affected by undermining/bullying-demographic trends?

- Higher rates noted in those who consider themselves to have a disability (15.4%), Subspecialty trainees (7.4%) and Asian/British Asian trainees (5.8%).
- LTFT had lower rates of undermining/bullying (2.9%)

3) What types of negative behaviours are reported?

- The top two unprofessional behaviours reported in 2018 remain 'Persistent attempts to belittle and undermine your work' (17.3%) and 'Persistent unjustified criticism and monitoring of your work' (15.5%).

4) Who is subjecting trainees to these unprofessional behaviours?

- Consultants (40.5%), followed by senior nursing or midwifery staff (20.9%), remain the largest groups of staff implicated in the undermining and bullying of trainees.
- However, the proportion attributable to consultants has roughly halved compared to 2017.

5) Is undermining and bullying being reported?

- The rate of reporting by trainees who were *subjected to* undermining/bullying was 55.6%.
- The top two reasons for non-reporting in this group were concerns about the impact on their career and concerns that reporting would make the situation worse.
- The rate of reporting by trainees who *witnessed* undermining/bullying was lower at 20.4%.
- The top reasons for non-reporting in this group was that the issue was already reported by another person which accounted for 34.1% of answers.
- Less behaviours were addressed and resolved compared to 2017, 22.7% (15/66) vs 35.6%.
- More behaviours persisted after reporting, 56.1% (37/66) vs 46.2%.

6) What is the current role of Workplace Behaviour Champions?

- Fewer trainees knew who their WPB champion was 34.1% (45/132) vs 49.5% in 2017.
- 34/45 trainees (75.6%) who knew their local WPB Champion felt they were approachable.
- Most trainees found their WPB champion useful when contacted (8/11)

7) Are their regional variations in workplace behaviour?

- Indicator Scores for 'Behaviour Experienced' ranged from 87.3 to 74.4
- 5 trusts scored 100.

8) Are there wider trends relating to workplace behaviour?

- Positive correlations were seen between indicator scores for Workplace Behaviour and Working Environment, Clinical Governance, Overall recommendation, General Obstetrics and Gynae training provision scores and also favourable ARCP outcomes.

9) Action on last year's recommendations

- Work to increase awareness of WPB champions still needed
- TEF questions not adjusted

Recommendations

1. Raise awareness of workplace behaviour champions and their role
 - a. This will be discussed at the next workplace behaviour network meeting and measures to raise awareness will be discussed.
 - b. Develop an online network for workplace behaviour champions to ensure improved contact and support for the champions and sharing innovative ways of raising awareness.
2. Action to reduce the undermining behaviours- All trainers should be trained in how to give constructive feedback as part of training to be a educational/ clinical supervisor. This should be discussed at the SEAC and the College tutors meeting.
3. It is important to get engagement from college tutors as they can encourage and signpost the trainee experiencing undermining towards their Workplace Behaviour Champion.
4. To work with the RCOG trainees committee to identify barriers to reporting undermining behaviour and develop a culture of psychological safety to encourage reporting.
5. Work with the RCM to jointly address undermining.
6. Change the TEF questions to regional workplace behaviour champions.

Ultrasound Training

Conclusions

Overall, TEF 2018 reports low levels of satisfaction in basic ultrasound training and maintenance of skills. Although analysis of ePortfolio supervisors' report suggests acceptable levels of attainment of basic ultrasound modules. Maintenance of skills has marginally improved from 38% (2017) to 41% this year.

This is the first report analysing uptake and completion of intermediate modules and it is encouraging to note some regions successfully facilitate training in intermediate ultrasound skills. Amongst the three intermediate modules, there is wide regional variation in uptake and completion, however benign gynaecology module seems to have a higher uptake and completion rate.

Recommendations

1. Trainers and trainees from regions demonstrating outstanding performance and improvement can share their experience and practice (see appendix). Each region highlighted in the report as performing well can be asked to complete a brief survey on their ultrasound training structure and delivery. This could be shared in 'Training News' and disseminated in the ultrasound network meeting.
2. Factors that limit maintenance of basic ultrasound skills can be ascertained with additional questions in the TEF and address with a specific action plan in order to improve trainee satisfaction.

Less Than Full-Time Training

Conclusions

2018 Indicators:

Overall, all non-ultrasound related indicators had no statistical difference between FT and LTFT trainees which is very reassuring.

Ultrasound (USS) training both in Obstetrics and Gynaecology had low scores in general, but LTFT trainees responded in a more positive way, scoring significantly higher than FT trainees. This was in all areas (ultrasound training, assessment opportunities and maintaining skills). This could possibly be related to using their “off” days to attend the EPU or fetal medicine Unit to develop their Ultrasound skills.

2018 Individual questions:

When questions were analysed individually (excluding USS training), eight questions demonstrated a significant difference in scores:

LTFT trainees reported less satisfaction in:

- Opportunities in major gynaecological procedures (hysterectomy, complicated adnexal procedures)
- Opportunities to fulfil training requirements for the year in Gynaecology
- Local teaching appropriate for level of training and learning needs
- Rota allowing team working and continuity of care

FT trainees reported less satisfaction in:

- Opportunities to perform operative vaginal delivery appropriate to level of training
- Opportunities to participate in local professional meetings (e.g. present cases, projects or journal reviews)
- Suitable area for resting whilst on duty
- Work intensity (too high for learning needs)

Gynaecological training:

LTFT trainees reported they have fewer opportunities to develop skills for **major gynaecological procedures** such as hysterectomy and complicated adnexal procedures. With increase of work percentage, the difference became smaller. This was reaffirmed by a similar result in the question related to **fulfilling gynaecology training requirements** where LTFT trainees were less satisfied. In both, the more senior the trainee, the more difference was evident. Minor, intermediate, emergency and office procedures showed no difference when compared to FT trainees.

Obstetric training:

In Obstetric training on the other hand, there was not much difference, but LTFT junior trainees (ST1-ST2) did report fewer opportunities **to perform operative vaginal delivery**.

Education:

Although education indicators demonstrated no difference, LTFT trainees felt that **local teaching** was not appropriate for their level of training and learning needs. It was unclear if this was because they could not attend (which can happen with fixed days off) or because they felt it was not of the standard they expected. It is reassuring to see that when asked about regional teaching, local professional meetings and clinical review sessions (CTG and perinatal meetings) there was no difference between FT and LTFT trainees. Of note, ST1-ST2 trainees scored better in these questions in comparison to ST3s and above.

On the other hand, FT trainees did report fewer opportunities to **participate in local professional meetings**, evident in all levels of training.

Rota:

70-90% was the percentage that reported worst satisfaction on the question of **rota allowing team working and continuity of care**. At ST3-ST5 level, full time trainees had the lowest scores.

FT trainees agreed more with the statement that work intensity is high for their training needs than LTFT trainees.

Working environment:

In regard to working environment and resources, there was no difference in computer access or office facilities (to complete administrative and management duties), but when it came to **resting whilst on duty** and on call accommodation, FT trainees scored lower.

Behaviours Experienced:

Once again this year for the questions in relation to "Behaviours Experienced" (behaviours by others eroding professional confidence or self-esteem) LTFT trainees felt just as valued as FT.

- Regional differences:

There were significant regional differences. Northern Ireland had the highest satisfaction scores. LTFT trainees in Northern regions (Scotland, Northern Ireland, Northern Deanery), Peninsula, East Midlands and Oxford had higher scores than FT trainees. The contrary happened in the Wales, Kent Surrey and Sussex, East of England, Severn, Wessex, North Western, Mersey, West Midlands, Yorkshire & the Humber and London, where FT trainees scored higher than LTFT trainees.

Comparison with 2017:

In general, when comparing 2018 with 2017, scores for LTFT trainees have improved in many indicators (increase of more than 1 point). This includes gynaecological training (procedures), USS training, support and supervision, regional training, professional development and working environment. Sadly, FT trainees have scored worse (with more than 1 point difference) in Gynaecological training (procedures), Obstetric USS, local training and working environment.

When looking at RAG ratings, the results are similar to last year and only 2 indicators have changes in RAG rating – Basic Gynaecological USS and Professional Development. LTFT improved in both but FT satisfaction regarding Basic Gynaecological USS changed to red (from amber).

Recommendations

1. The number of doctors training LTFT is increasing rapidly and all surveys (including workforce and GMC survey) should distinguish these two entities, with training % and male to female split.
2. LTFT trainees score significantly higher in ultrasound training, possibly because they use their “off” days” to attend training sessions. It may be useful to include e-learning with case studies, as part of the module. StratOG has some modules but these are related to ATSM or spread into different topics.
3. Trainees tend to work LTFT in their intermediate and advanced training. This should be taken into account to make sure that trainees get sufficient training for major gynaecology procedures. Using simulation (i.e. the Gynaecological Endoscopic Surgical Education and Assessment (GESEA) program) or working together with the Registrars from Gynaecological Surgery (RIGS) group (from the BSGE) would increase confidence and bypass the early learning process to fulfil training needs.
4. ST1-ST2 trainees find they struggle with opportunities to perform instrumental deliveries. This is an important skill when progressing to ST3 and causes enormous anxiety. An interim review should highlight this issue early on and ST2s should possibly increase their daytime hours in labour ward to make sure this is achieved.
5. Trainees should recognise other informal opportunities for learning such as specialist clinics, bedside teaching and case discussions (clinic/DAU).
6. LTFT trainees should have an alternative method of learning (discussed with supervisor and college tutor) if local teaching falls on an “off” day. This should be documented in their appraisal.
7. Doctors who work 100% have reported issues with opportunities to participate in professional meetings and this should be recognised. In the same way as ATSM sessions are recommended (once a week), there could be a recommendation to include a session (once a month) to allow professional development.
8. LTFT trainees should tailor their rota to their clinical supervisor’s activities if possible, to allow continuity of care. When starting in a new unit, allocations should be done with sufficient time in advance so that LTFT trainees can organise childcare around this.

9. There was a significant difference between FT and LTFT satisfaction in different LETB/deaneries. This should be analysed separately and results should be fed back to each region. Those who perform well (such as Northern Ireland) should be asked what they do and this should be fed back to all. In the same way, LETBs that perform worst should formulate a plan to improve satisfaction rates in their region.
10. Resting areas whilst on duty are a very important issue to tackle as it will affect performance. A survey should be carried out to review what resting areas are available. This would highlight to each unit the need for such areas.
11. Scores for FT trainees worsened this year compared to 2017. If this becomes a trend, it may be beneficial to eliminate eligibility criteria to apply for LTFT training (at least for 80% and above) to increase satisfaction and possibly reduce our attrition rate. HEE is already considering this and this is being piloted in the East of England.

ATSM/APM Training

Conclusions

The advanced labour ward ATSM remains the most popular ATSM with a large number of trainees undertaking this. We asked the question last year if this should remain a standalone ATSM or be incorporated into the core curriculum. Changes to the obstetric ATSMs were introduced in April 2018 to reduce duplication of competencies between core curriculum and labour ward ATSM. These will not be reflected in this analysis and we anticipate that the TEF for 2019 will reflect how trainees feel about the new curriculum.

From the survey it appears that Induction meetings with assessment of competences and training needs are taking place appropriately. For the majority of the ATSMs, trainees find it difficult to have 2 protected sessions a week. The most commonly reported reason is staff shortages due to existing rota gaps. This is more notable this year than last and Winter pressures across the NHS with subsequent cancellation of elective operating lists could have also negatively impacted on the provision of ATSM training particularly in those modules that include gynaecological surgery. This may also be accounting for trainees not achieving the required level 3 competencies.

According to the TEF responses, there were 121 trusts where trainees had registered for ATSM. In 29 of these trusts (24%) there were no rota gaps. In 50% of these 29 trusts, trainees recorded no concerns with getting ATSM sessions and would recommend the unit that they are in. Even when rota gaps are filled, trainees report having difficulties with gaining time for ATSMs as a result of having to cover other essential services or that their rota pattern means they miss out on sessions. We attempted to look at the frequency of on-call pattern and whether it might impact on provision of ATSM training. However, it was difficult to make a meaningful interpretation as within the same trusts, trainees were reporting different frequency of on-call pattern.

The TEF specifically asked about access to 2 protected sessions for an ATSM and yet College guidance suggests that ATSM competences should be obtained within the normal working week. With these increasing pressures it is even more important that trainees and their Educational Supervisors meet regularly to ensure that the weekly timetable meets the trainee's needs and that competences are gained. This is particularly the case with the ATSM for advanced laparoscopic surgery which does require protected operating and clinic time. Trainees should meet with their educational supervisor at the beginning of each rotation to determine how their timetable might be best arranged.

It is reassuring to see that sexual health module which was receiving poor feedback from trainees in the last TEF has now improved with most trainees being positive about their experience. There are still very small numbers of trainees undertaking ATSMs in colposcopy, vulval disease, menopause, paediatric and adolescent

gynaecology. No trainees registered for the forensic gynaecology module. Perhaps these ATSMs are less popular because they are rarely required for consultant posts. Such modules may fit together to form an “office gynaecology” module although the colposcopy numbers are likely to be low due to the coexistence of BSCCP accreditation which more trainees undertake.

Recommendations

1. It remains contentious if advanced labour ward should be a standalone ATSM or incorporated into the core curriculum. Next year’s TEF Survey may give a clearer idea of trainees’ views regarding this.
2. There is a need to review middle grade rota gaps across the UK as it appears to be impacting on trainees receiving their training sessions. However, it remains the trainee’s responsibility to have an agreed and achievable training plan with their educational supervisor at the beginning of their rotation. This should be reviewed at regular intervals to ensure that competencies are achieved at a required rate. It should be agreed at their induction meeting the reasonable number of sessions that a trainee can expect to achieve over a stated period of time.

Report	Recommendations	Action
Subspecialty Training	<ol style="list-style-type: none"> 1. To request centre specific data for units identified as having specific concerns 2. To record these concerns in the Action Log of Subspecialty Training centres 3. RCOG Subspecialty Committee to consider updating criteria for reaccreditation to include: <ol style="list-style-type: none"> a. Satisfactory trainee feedback b. Maximum number of sessions that can be spent on non subspecialty activity 4. RCOG Subspecialty Committee to longitudinally track programmes identified by subspecialty trainees as having specific problems, and to challenge repeated problems. 5. Subspecialty training assessment panels to remind SST's that if there is no evidence of completing a TEF in the previous 12 months within the ePortfolio this may impact on their ARCP outcome. 	<p>Subspecialty committee</p> <p>Subspecialty committee</p> <p>Subspecialty committee</p> <p>Subspecialty committee</p> <p>Subspecialty training panels</p>
Educational Supervision	N/A	
Gynaecology Training	<ol style="list-style-type: none"> 1. All deaneries consider investing in laparoscopic trainer boxes and or VR simulators for use by trainees to supplement clinical training opportunities or identify areas where these can be accessed to inform trainees. Regular training days can be facilitated by deaneries at sites where VR training is available. 2. Encourage deaneries to support structured simulation training programmes. These will allow trainees to develop practical skills in gynaecology from an early stage, meaning clinical opportunities are fully 	<p>Heads of school</p> <p>Heads of school</p>

	<p>utilised as both trainees and supervisors have confidence in levels of competence and safety.</p> <ol style="list-style-type: none"> 3. BSGE have created a handbook to assist in implementing a basic laparoscopic training programme at Trust level. This has proven to be a valuable resource and should be explored. 4. Explore the simulation programme provided by East Midlands Deanery to learn if and how this has improved training in gynaecology skills. 5. Explore gynaecology training in Northern Ireland as they consistently score well. 6. Encourage more trainee involvement in office procedures as excellent training opportunities especially as the trend is for ambulatory gynaecology. 	<p>College tutors</p> <p>Head of school to share good practice</p> <p>Head of school to share good practice</p> <p>All O&G trainers</p>
<p>Regional Teaching</p>	<ol style="list-style-type: none"> 1. Further study into the Deaneries that have had proportionally larger improvements in overall satisfaction score for Regional Teaching (Northern, Yorkshire and the Humber, Scotland and East of England) could help to identify some beneficial strategies that other Deaneries could adopt to improve the Regional Teaching that they are offering. 2. In deaneries where a greater proportion of senior trainees are satisfied with regional teaching (Scotland and West Midlands) further research may identify what it is that they are doing differently, so that this can be used to improve standards nationally. 	<p>Heads of school to share good practice</p> <p>Heads of school to share good practice</p>

	<p>3. Identifying the barriers to Senior trainees attending teaching might be helpful so that we can further understand the reasons – it might be that they chose not to because they attend other teaching that they feel is more useful at their stage of training?</p>	<p>Heads of school</p>
<p>Working Patterns and Impact of the New Junior Doctors' Contract</p>	<ol style="list-style-type: none"> 1. Use of TEF training data to highlight 'role model' deaneries and trusts to celebrate achievements and promote excellence. 2. Heads of school to consider inter-deanery variations and share good practice from deaneries with the most encouraging data from trainees. 3. Explore barriers to exception reporting and promote exception reporting, with a particular aim to improve training and patient safety and care within trusts. 4. To focus on deaneries that have performed less well to explore views of trainees within these trusts in more detail in the form of interviews/focus groups with the aim of identifying strategies for improvement. 5. To ensure that concerns regarding patient safety are escalated to the clinical quality board at the RCOG. 	<p>Discussed SEAC</p> <p>Discussed SEAC Heads of school to share good practice</p> <p>RCOG guidance produced and promoted Action via college tutors</p> <p>Heads of school</p> <p>TEC committee</p>
<p>Access to Specialist Clinics</p>	<ol style="list-style-type: none"> 1. Access to specialist clinics is an important indicator for each Trust and region. Importantly, performing well in providing specialist clinics is likely to improve the overall morale and experience of trainees, who will feel empowered to develop 	<p>Discussed SEAC</p>

	<p>their own careers and to complete their RCOG Training Matrix modules. Discussion amongst Heads of School and College Tutors in each deanery will encourage improvement.</p> <p>2. RCOG could inform the poorer performing deaneries highlighted in this report to try and increase their access to specialist clinics to their trainees. Lessons could be learnt from the high performing deaneries.</p>	Discussed SEAC
Educational supervision	1. Focused review in deaneries with lower scores and little change has been observed between 2017-18	Heads of school
Workplace Behaviour	<p>1. Raise awareness of workplace behaviour champions and their role</p> <p style="padding-left: 40px;">c. This will be discussed at the next workplace behaviour network meeting and measures to raise awareness will be discussed.</p> <p style="padding-left: 40px;">d. Develop an online network for workplace behaviour champions to ensure improved contact and support for the champions and sharing innovative ways of raising awareness.</p> <p>2. Action to reduce the undermining behaviours- All trainers should be trained in how to give constructive feedback as part of training to be a educational/ clinical supervisor. This should be discussed at the SEAC and the College tutors meeting.</p> <p>3. It is important to get engagement from college</p>	<p>Completed</p> <p>In progress</p> <p>Completed- discussed at SEAC</p>



	<p>tutors as they can encourage and signpost the trainee experiencing undermining towards their Workplace Behaviour Champion.</p> <ol style="list-style-type: none">4. To work with the RCOG trainees committee to identify barriers to reporting undermining behaviour and develop a culture of psychological safety to encourage reporting.5. Work with the RCM to jointly address undermining.6. Change the TEF questions to regional workplace behaviour champions.	<p>Heads of school</p> <p>RCOG workplace behaviour advisor</p> <p>Completed</p>
Ultrasound Training	<ol style="list-style-type: none">1. Trainers and trainees from regions demonstrating outstanding performance and improvement can share their experience and practice (see appendix). Each region highlighted in the report as performing well can be asked to complete a brief survey on their ultrasound training structure and delivery. This could be shared in 'Training News' and disseminated in the ultrasound network meeting.2. Factors that limit maintenance of basic ultrasound skills can be ascertained with additional questions in the TEF and address with a specific action plan in order to improve trainee satisfaction.	<p>Heads of school /Deanery ultrasound coordinators</p> <p>Completed</p>
Less Than Full-Time Training	<ol style="list-style-type: none">1. The number of doctors training LTFT is increasing rapidly and all surveys (including workforce and GMC survey) should distinguish these two entities, with training % and male to female split.2. LTFT trainees score significantly higher in ultrasound training,	<p>Completed for TEF</p> <p>College tutors</p>

	<p>possibly because they use their “off” days” to attend training sessions. It may be useful to include e-learning with case studies, as part of the module. StratOG has some modules but these are related to ATSM or spread into different topics.</p> <p>3. Trainees tend to work LTFT in their intermediate and advanced training. This should be taken into account to make sure that trainees get sufficient training for major gynaecology procedures. Using simulation (i.e. the Gynaecological Endoscopic Surgical Education and Assessment (GESEA) program) or working together with the Registrars from Gynaecological Surgery (RIGS) group (from the BSGE) would increase confidence and bypass the early learning process to fulfil training needs.</p> <p>4. ST1-ST2 trainees find they struggle with opportunities to perform instrumental deliveries. This is an important skill when progressing to ST3 and causes enormous anxiety. An interim review should highlight this issue early on and ST2s should possibly increase their daytime hours in labour ward to make sure this is achieved.</p> <p>5. Trainees should recognise other informal opportunities for learning such as specialist clinics, bedside teaching and case discussions (clinic/DAU).</p> <p>6. LTFT trainees should have an alternative method of learning (discussed with supervisor and college tutor) if local teaching falls on an “off” day. This</p>	<p>Educational supervisors</p> <p>LTFT trainees</p> <p>College tutors</p> <p>College tutors</p> <p>Colletutors</p>
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	<p>should be documented in their appraisal.</p> <p>7. Doctors who work 100% have reported issues with opportunities to participate in professional meetings and this should be recognised. In the same way as ATSM sessions are recommended (once a week), there could be a recommendation to include a session (once a month) to allow professional development.</p> <p>8. LTFT trainees should tailor their rota to their clinical supervisor's activities if possible, to allow continuity of care. When starting in a new unit, allocations should be done with sufficient time in advance so that LTFT trainees can organise childcare around this.</p> <p>9. There was a significant difference between FT and LTFT satisfaction in different LETB/deaneries. This should be analysed separately and results should be fed back to each region. Those who perform well (such as Northern Ireland) should be asked what they do and this should be fed back to all. In the same way, LETBs that perform worst should formulate a plan to improve satisfaction rates in their region.</p> <p>10. Resting areas whilst on duty are a very important issue to tackle as it will affect performance. A survey should be carried out to review what resting areas are available. This would highlight to each unit the need for such areas.</p> <p>11. Scores for FT trainees</p>	<p>Educational supervisors/LTFT trainees</p> <p>Heads of school</p> <p>Heads of school</p>
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	<p>worsened this year compared to 2017. If this becomes a trend, it may be beneficial to eliminate eligibility criteria to apply for LTFT training (at least for 80% and above) to increase satisfaction and possibly reduce our attrition rate. HEE is already considering this and this is being piloted in the East of England.</p>	<p>HEE/deaneries /PG Deans</p>
<p>ATSM/APM Training</p>	<p>1. There is a need to review middle grade rota gaps across the UK as it appears to be impacting on trainees receiving their training sessions. However, it remains the trainee's responsibility to have an agreed and achievable training plan with their educational supervisor at the beginning of their rotation. This should be reviewed at regular intervals to ensure that competencies are achieved at a required rate. It should be agreed at their induction meeting the reasonable number of sessions that a trainee can expect to achieve over a stated period of time.</p>	<p>Educational supervisors</p>