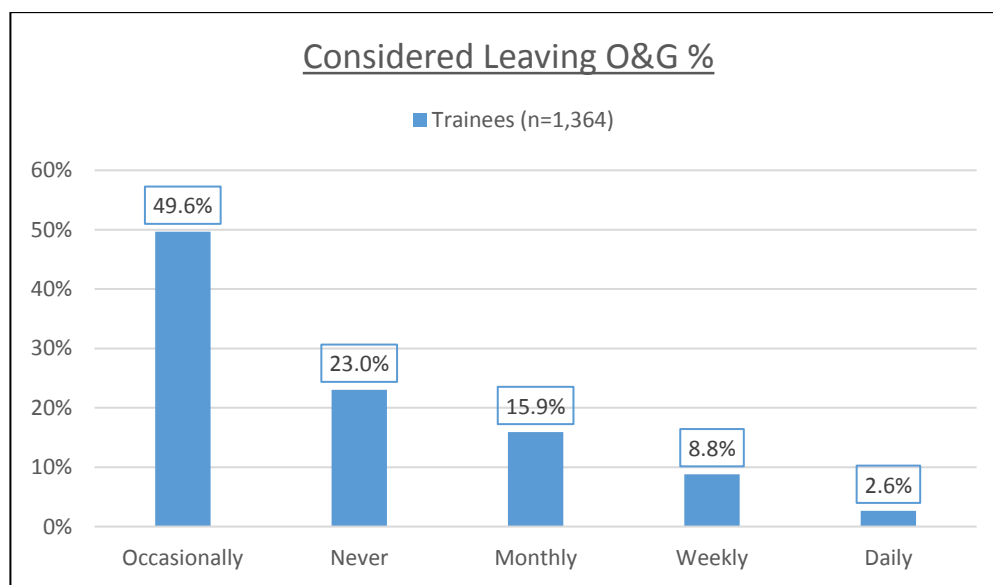


2018 Training Data Analysis

Topic: Working Patterns and Impact of the New Junior Doctors' Contract for 2018

Background

The Royal College of Obstetricians and Gynaecologists (RCOG) in 2015 established a 'Safer Women's Health Care' working party to consider different workforce models to deliver safe care in Obstetrics and Gynaecology (O&G) (1). There is however an ongoing concern regarding the satisfaction of our O&G trainees (which comprises 31% of our entire NHS O&G Workforce) and this is reflected by high attrition rates; the typical attrition rate for O&G is 30% (and can be as high as 37% in some locations) (2). The workforce survey in 2017 has also shown that around 11% of O&G trainees consider leaving the specialty either on a daily or weekly basis.



Percentage of trainees who considered leaving O&G- taken from the workforce survey 2017-2018.

The difficulty in identifying solutions to address gaps in the rota, and the perceived constraints and limitations of the new junior doctors' contract may be key factors impacting education, and training opportunities for trainees. Huge variability in trainee experiences around the country has also been identified by the 2017 training data reports, which may reflect differing staffing levels, workload complexity, and demographics and expectations of women in differing geographical locations.

The National Maternity and Perinatal audit published in 2017 reported that 88% of Obstetric units with middle grade rotas had reported problems in filling middle grade rota gaps in the previous 3 months. 83% reported using locums to fill these gaps, no doubt a significant proportion of whom would be trainees providing internal cover on top of their designated duties (3). The following table taken from the report details the middle grade rota gaps in the O&G workforce (3).

Table 9: Obstetric middle grade rota gaps

Proportion of the middle grade rota in the last 3 months which was entirely unfilled, filled by a locum or filled by a consultant	Number of units in each response category (excluding units which responded a proportion was unknown)		
	Entirely unfilled	Filled by a locum	Filled by a consultant
0%	93 (57%)	28 (17%)	95 (58%)
1 to 5%	25 (15%)	27 (16%)	44 (27%)
6 to 10%	24 (15%)	38 (23%)	10 (6%)
11 to 25%	12 (7%)	54 (33%)	12 (7%)
26 to 50%	5 (3%)	17 (10%)	1 (1%)
More than 50%	4 (2%)	2 (1%)	2 (1%)
Total (excluding unknown)	163 (100%)	166 (100%)	164 (100%)
Overall proportion entirely unfilled, filled by a locum or filled by a consultant (excluding unknown)	70 (43%)	138 (83%)	69 (42%)
Unknown	22	19	21

The Obstetrics and Gynaecology Workforce Report produced by the ROCG in 2017 emphasised the importance of not only attracting doctors to the workforce but also retaining and nurturing them within our profession and discusses key initiatives implemented to address workforce challenges (2). The pressures on the service (which have an equal impact on gynaecology as maternity) means that there is increasing concern regarding the working patterns of junior doctors, the ability to prioritise their education and training and retain our trainee workforce.

Through focused analysis of the 2018 training evaluation survey and the GMC survey, we examine in more detail the impact of current working patterns on our O&G trainee workforce in differing geographical locations.

Training Issues/ Questions

Trainees' views of the following statements from the Training evaluation form (TEF) data and the GMC survey were analysed to inform this report. In addition, we make comparisons between trainees' responses before and after introduction of the 2016 junior doctor's contract by analyzing TEF data from trainees under the old contract in 2017 ('pre-contract') and TEF data from trainees under the new contract in 2018 ('post-contract').

1. Fulfilling personal development and training requirements
 - a. I have had appropriate opportunity to fulfill my training requirements for the year in Obstetrics (TEF data) and I have sufficient opportunities to develop my general obstetric skills to the level required by the RCOG training matrix for my ST year (GMC survey)
 - b. I have had the opportunity to fulfill my training requirements for the year in gynaecology (TEF data) and I have sufficient opportunities to develop my general gynaecology skills to the level required by the RCOG training matrix for my ST year (GMC survey)
 - c. There is little conflict between attending regional teaching and service provision
 - d. I was allowed study leave for appropriate courses (i.e. not regional teaching)
 - e. This placement enabled me to make appropriate progress with my long term development needs
 - f. The rota allowed me to attend professional meetings
2. Patient safety
 - a. The medical staffing of my work area was adequate for patient safety during routine working hours
 - b. The rota allowed for team work and continuity of care
3. Work intensity and hours
 - a. I was often obliged to work beyond my contracted hours
 - b. The work intensity is too high for my learning needs
 - c. The work intensity is too low for my learning needs
4. Exception reporting
 - a. I feel supported to submit exception reports when appropriate
 - b. Exception reports are used by my trust to improve training
 - c. Exception reports are used by my trust to improve the delivery of safe patient care

Analysis

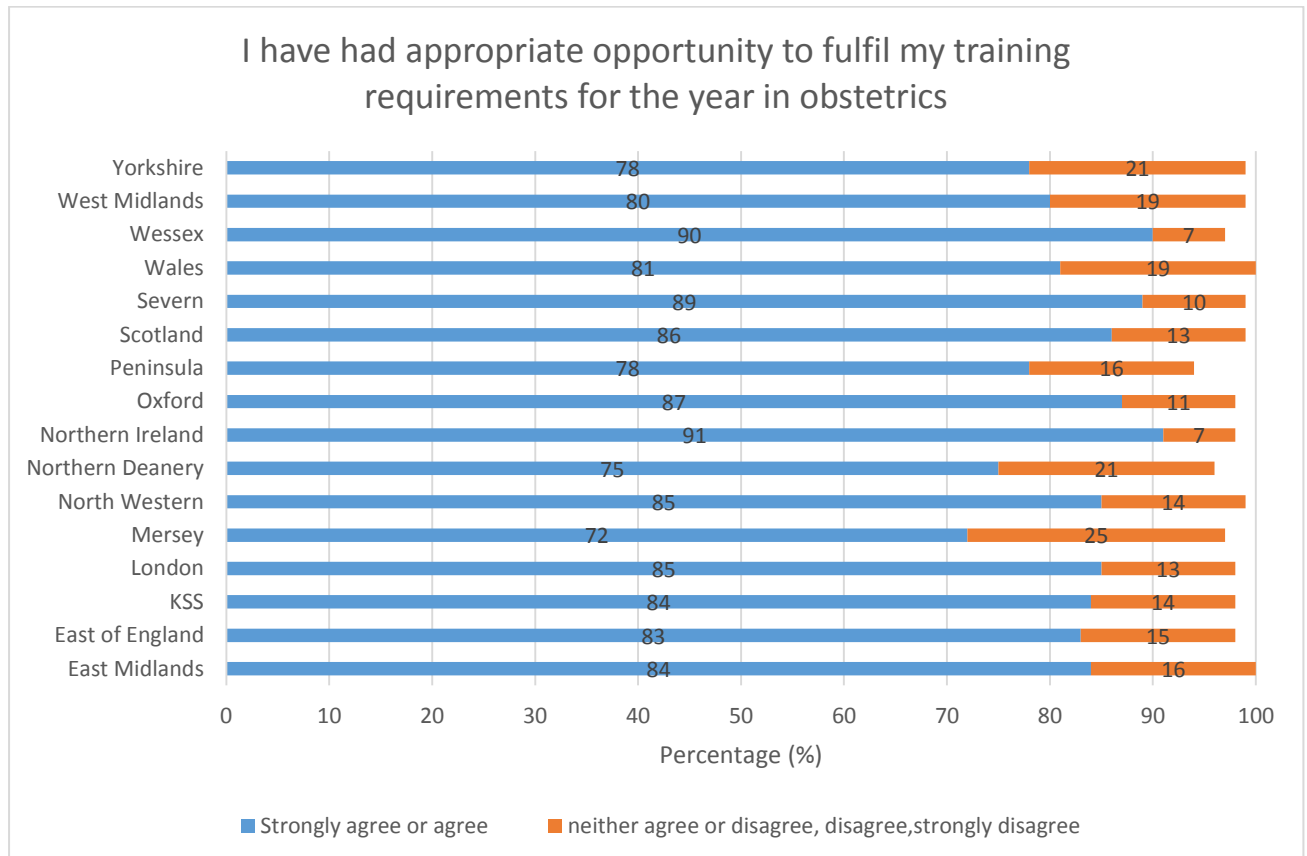
Summary of current workforce and rota patterns from TEF data:

- **Trainee Level:** there were 1754 trainees, of which 31% were ST1-2, 40% were ST3-5 and 23% were ST6-7 level.
- **Gender:** around 80% are females and 20% are males.
- **Ethnicity:** majority of trainees were White (63%), 20% Asian/Asian British, 4% mixed, 3% Black/Black British, and 2% African.
- **Position:** 92% were specialty trainees, 4% were in subspecialty training, 1% were Academic Clinical Fellows and 1% were Academic Clinical Lecturers.
- **On call frequency:** Majority of trainees reported working in a '1 in 3' rota to a '1 in 9' rota. 11% '1 in 3', 20% '1 in 4', 6% '1 in 5', 6% '1 in 6', 12% '1 in 7', 25% '1 in 8' and 8% '1 in 9'.
- **Rota at full capacity:** 45% of trainees felt that their rota was at full capacity and 55% of trainees felt that their rota was not filled at full capacity.
- **Type of middle grade on call cover during the day:**
 - 28% Single middle grade oncall rota with ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)
 - 2% Single middle grade oncall rota without ST1-2 level cover
 - 9% Two middle grades oncall working at the same level with ST1-2 level cover
 - 1% Two middle grades oncall working at the same level without ST1-2 level cover
 - 20% Two tier middle grade rota with one senior and one junior middle grade with ST1-2 level cover
 - 9% Two middle grades oncall working at the same level with ST1-2 level cover
 - 2% Two tier middle grade rota with one senior and one junior middle grade without ST1-2 level cover
 - 39% Blank/other
- **Type of middle grade on call rota during the night:**

- 26% Single middle grade oncall rota with ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)
 - 4% Single middle grade oncall rota without ST1-2 level cover
 - 3% Two middle grades oncall working at the same level with ST1-2 level cover
 - 1% Two middle grades oncall working at the same level without ST1-2 level cover
 - 23% Two tier middle grade rota with one senior and one junior middle grade with ST1-2 level cover
 - 3% Two tier middle grade rota with one senior and one junior middle grade without ST1-2 level cover
 - 40% Blank/other
- **Consultant resident on call (CROC):** 61% of trainees reported having no CROC cover, 4% CROC cover 1 day a week, 6% 2 days a week, 8% 3 days a week, 7% 4 days a week, 1% 5 days a week, 1% 6 days a week and 9% 7 days a week

1. Fulfilling personal development and training requirements

- a. I have had appropriate opportunity to fulfill my training requirements for the year in Obstetrics (TEF data) and I have sufficient opportunities to develop my general obstetric skills to the level required by the RCOG training matrix for my ST year (GMC survey)

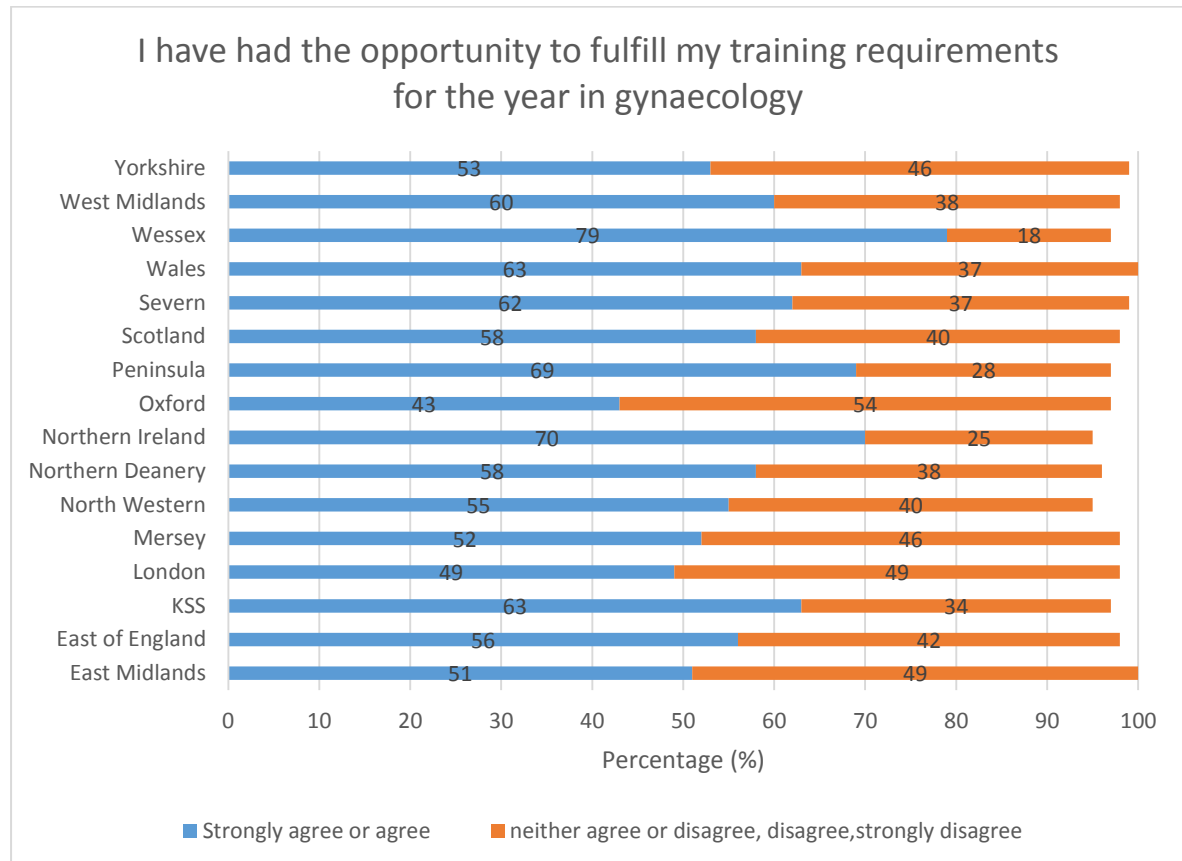


83% of trainees either agreed or strongly that they had appropriate opportunities to fulfill training requirements in Obstetrics (in 2017, 86% of trainees felt that they had appropriate training opportunities in Obstetrics). In Northern Ireland (NI), 91% of trainees agreed and in Wessex 90% of trainees agreed compared to Mersey, where 72% of trainees agreed. Of note, Mersey performed well in 2017, with 88% of trainees having appropriate training opportunities but it is the deanery performing least well this year (72% agreed). In Northern Deanery, training opportunities in obstetrics have also fallen; 84% agreed in 2017 and 75% agreed in 2018. London (81% agreed in 2017, 85% agreed in 2018), KSS (79% agreed in 2017 and 84% agreed in 2018) and NI (86% agreed in 2017 and 91% agreed in 2018) have all seen improvements in obstetric training. Trainee's views on training opportunities has not been affected by the new junior doctor's contract; 84% agreed pre-contract and 83% post-contract.

From the GMC survey data, 83% of trainees either agreed or strongly agreed that they had sufficient opportunities to develop their obstetric skills to the level required by

the RCOG matrix to their ST year. In Severn 93% of trainees agreed and in Wessex 90% of trainees agreed, compared to Northern Deanery where 72% of trainees agreed.

- b. I have had the opportunity to fulfill my training requirements for the year in gynaecology (TEF data) and I have sufficient opportunities to develop my general gynaecology skills to the level required by the RCOG training matrix for my ST year (GMC survey)

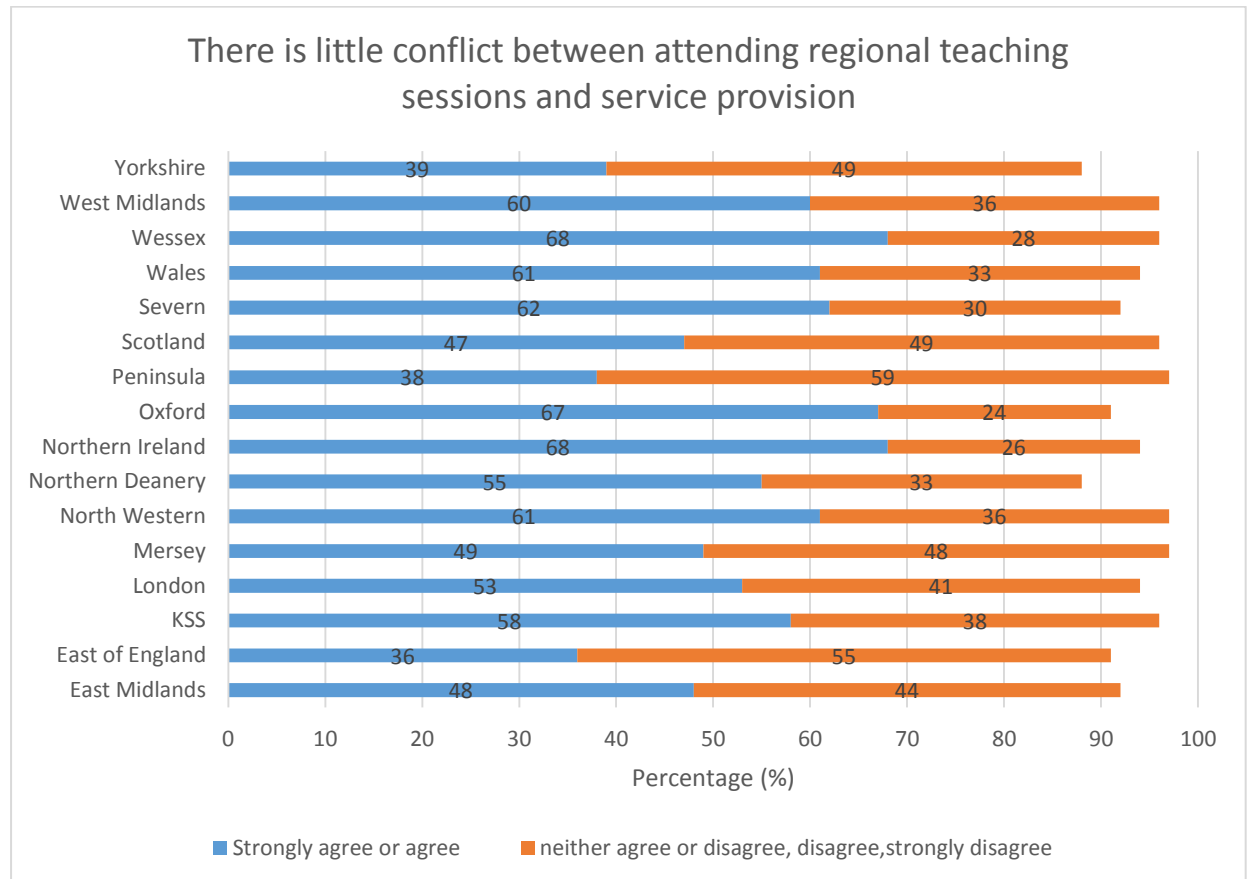


56% of trainees either agreed or strongly agreed that they had the opportunity to fulfill their training requirements for their year in gynaecology (in 2017, 59% of trainees felt that they had appropriate training opportunities within gynaecology). There was considerable variation between deaneries. In Wessex 79% of trainees agreed, and in NI 70% of trainees agreed, compared to Oxford where only 43% of trainees agreed and in London where 49% of trainees agreed. In Mersey, training opportunities in gynaecology have fallen; 65% agreed in 2017 and only 52% agreed in 2018. In Oxford, 61% agreed in 2017 and only 43% agreed in 2018, making it the deanery performing least well in gynaecology training this year. In Wessex, there has been a considerable improvement, 69% agreed in 2017 and 79% agreed in 2018, making it the best performing deanery in gynaecology training this year.

The new contract has not changed the trainee's views on getting the opportunities to fulfill their training requirements for gynaecology; 59% agreed pre-contract and 57% agreed post-contract.

From the GMC survey data, 59% of trainees either agreed or strongly agreed that they had sufficient opportunities to develop their gynaecology skills to the level required by the RCOG matrix to their ST year. In Wessex 75% of trainees agreed and in KSS 70% of trainees agreed, compared to East Midlands where 45% of trainees agreed.

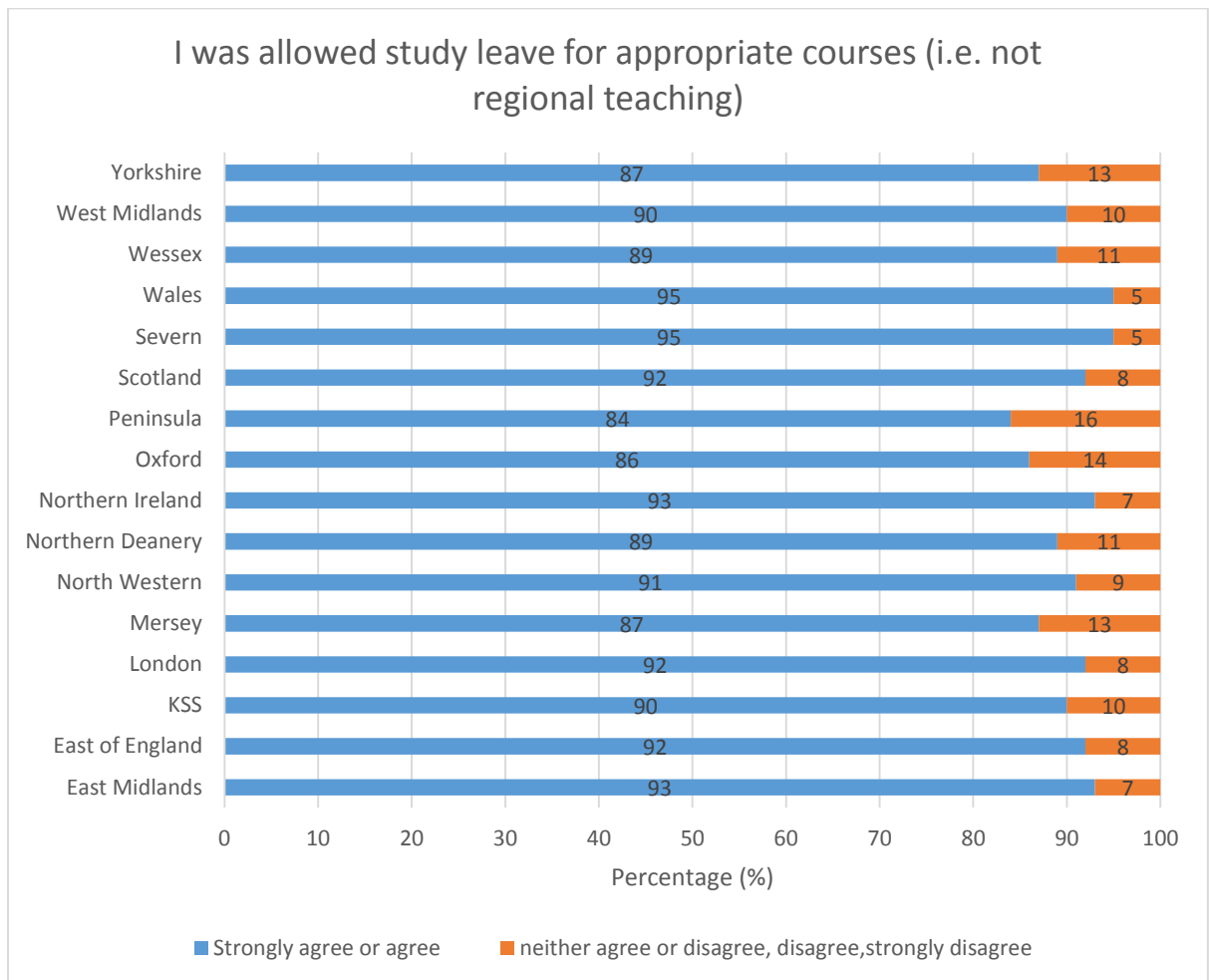
- c. There is little conflict between attending regional teaching and service provision



59% of trainees either agreed or strongly agreed that there was little conflict between regional teaching attendance and service provision, which is similar to 2017 data (58%). In Wessex and NI deaneries, 68% of trainees agreed, compared to the East of England where only 36% of trainees agreed. A significant improvement in resolving conflict between regional teaching and service provision is evident in Wessex deanery; 55% agreed in 2017 and 68% agreed in 2018, making it one of the best performing deaneries this year. In addition, there has been improvement in Severn; 39% agreed in 2017 and 62% agreed in 2018. However, Peninsula (58% agreed in 2017 and 38% agreed in 2018) and North Western (78% agreed in 2017 and 61% agreed in 2018) have performed less well this year.

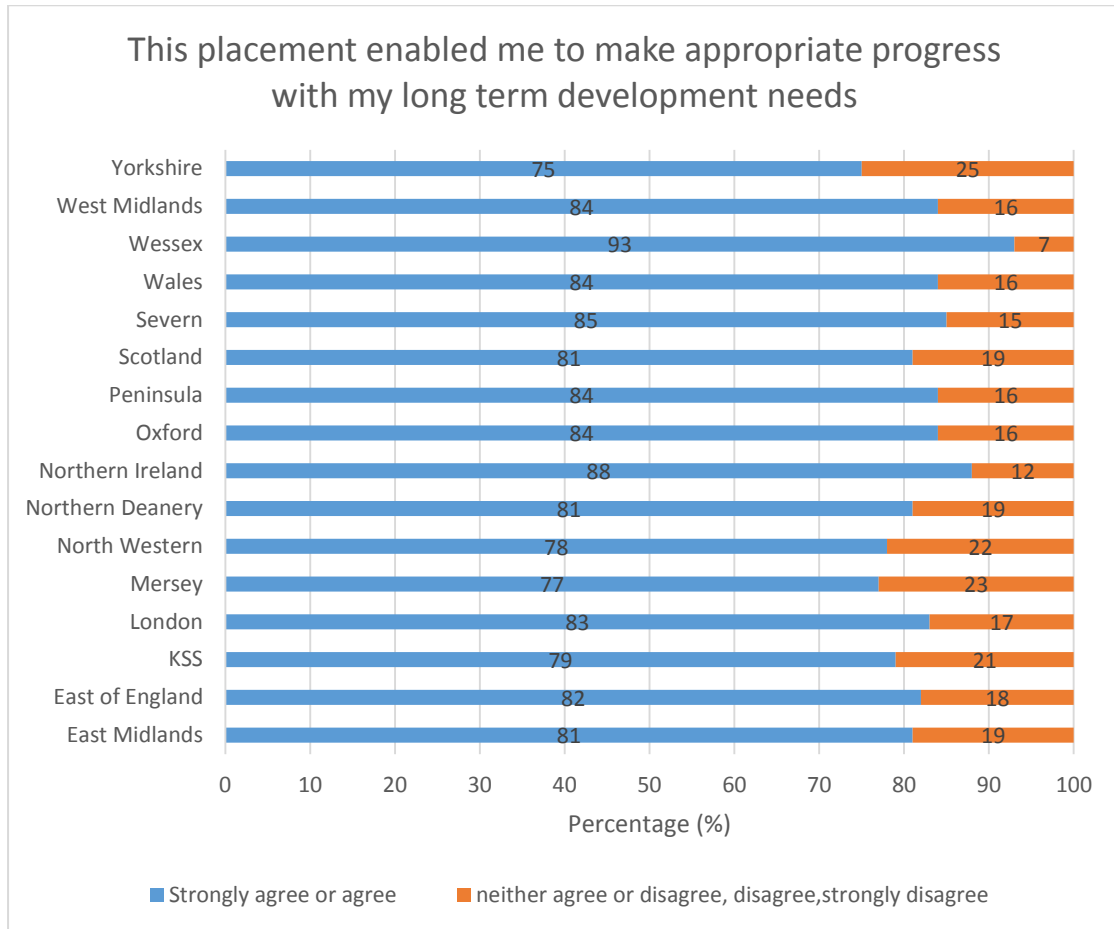
The introduction of the new junior doctor's contract does not seem to have impacted on trainee's views between attendance at regional teaching and service provision; 55% agreed pre-contract and 54% post-contract.

d. I was allowed study leave for appropriate courses (i.e. not regional teaching)



91% of trainees either agreed or strongly agreed that they were allowed study leave for appropriate courses. In Severn and Wales 95% of trainees agreed, compared to Peninsula where 84% of trainees agreed. The new contract has not had an impact on the ability of trainees to obtain study leave for appropriate courses; 91% agreed pre-contract and 90% agreed post-contract.

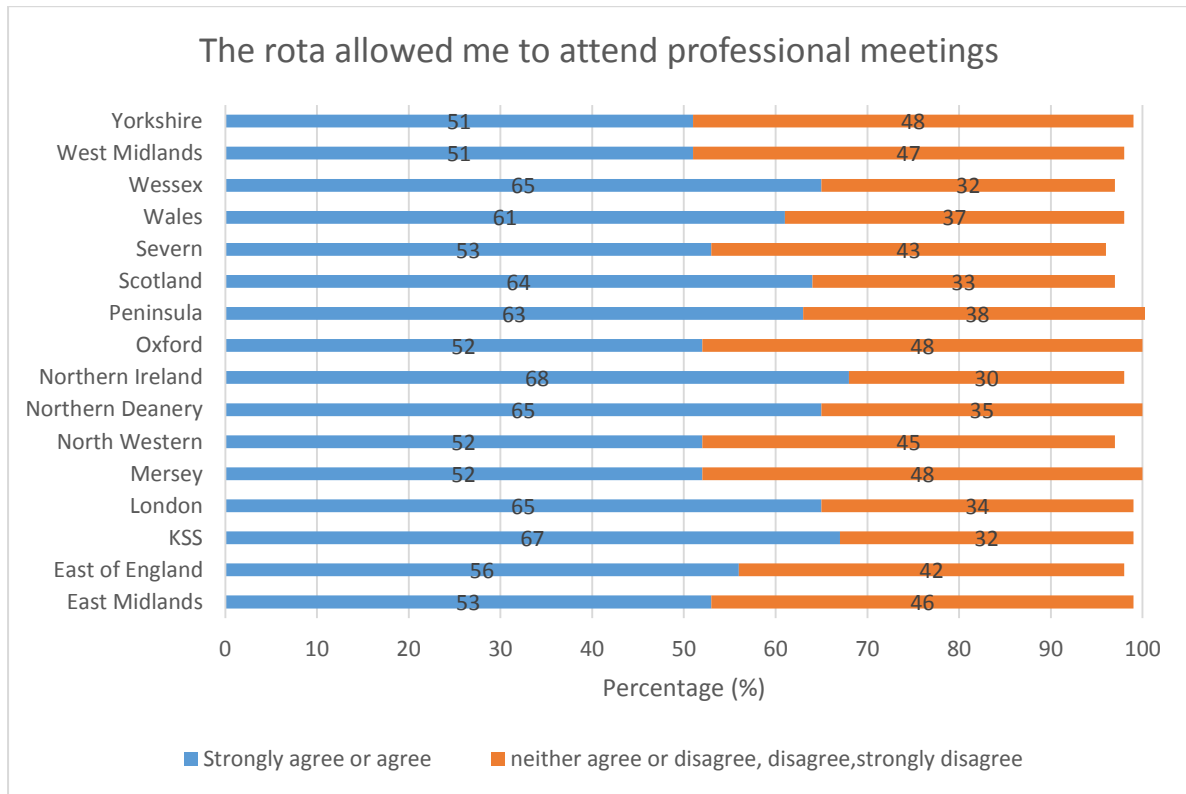
- e. This placement enabled me to make appropriate progress with my long term development needs



82% of trainees agreed or strongly agreed that their placement enabled them to make appropriate progress with their long term development needs, which is similar to 2017 data (84%). In Wessex 93% of trainees agreed and in NI 88% of trainees agreed compared to Yorkshire where 75% of trainees agreed. Comparing to last year's data, there has been considerable improvement in trainees achieving their long-term development goals in Wessex; 87% agreed in 2017 and 93% agreed in 2018, making it the best performing deanery this year. Improvements are also evident in Wales (76% agreed in 2017 and 84% agreed in 2018). However, Mersey (94% agreed in 2017 and 77% agreed in 2018) and Oxford (94% agreed in 2017 and 84% agreed in 2018) have performed less well compared to last year.

The introduction of the new junior doctor's contract made no difference to the trainees' views on achieving long term development goals; 84% of trainees agreed pre-contract and 82% agreed post-contract.

f. The rota allowed me to attend professional meetings

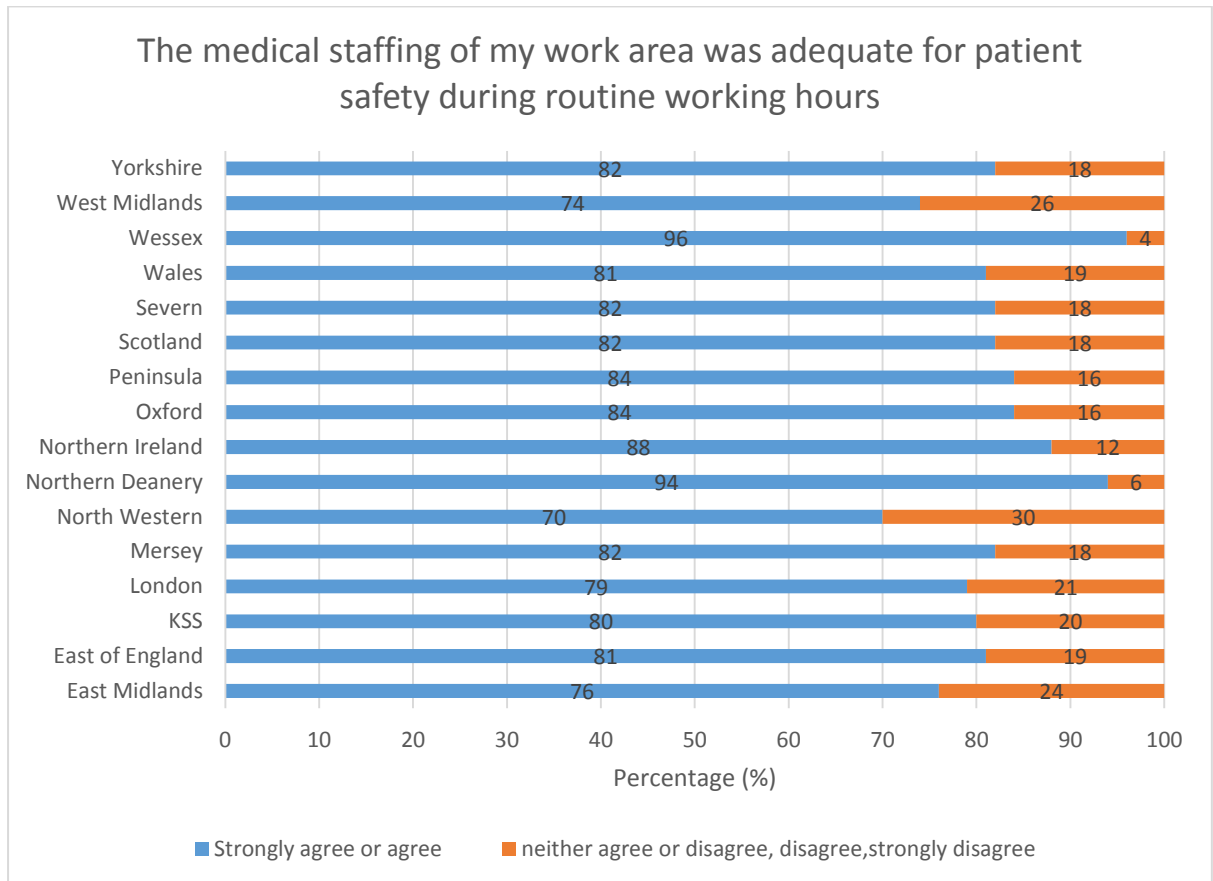


59% of trainees either agreed or strongly agreed that the rota allowed them to attend professional meetings, which is similar to 2017 TEF data (61%). In NI 68% of trainees agreed and in KSS 67% of trainees agreed, compared to West Midlands and Yorkshire where 51% of their trainees agreed. There have been considerable improvements from last year's data in Wessex (54% agreed in 2017 and 65% agreed in 2018) and Northern deanery (45% agreed in 2017 and 65% agreed in 2018). Severn (68% agreed in 2017 53% agreed in 2018) and East of England (71% agreed in 2017 and 56% agreed in 2018) have performed less well this year.

Overall, fewer trainees felt that the rota allowed them the opportunity to attend professional meetings after the introduction of the new junior doctor's contract; 60% of trainees agreed pre-contract and 54% of trainees agreed post-contract.

2. Patient safety

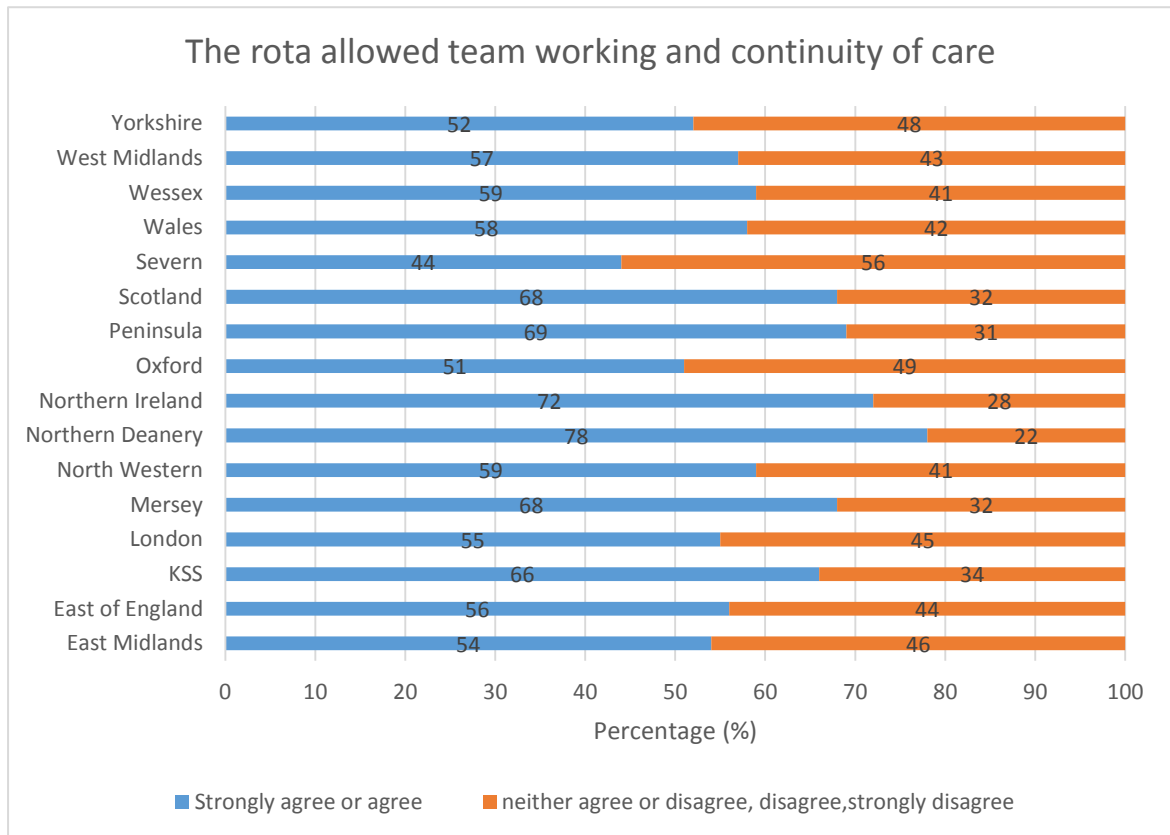
- a. The medical staffing of my work area was adequate for patient safety during routine working hours



81% of trainees agreed or strongly agreed that the medical staffing in their work area was adequate for patient safety during routine working hours, which is slightly lower than 2017 TEF data (84%). In Wessex, 96% of trainees agreed and in Northern deanery 94% of trainees agreed compared to North Western where 70% of trainees agreed (slight improvement from 2017 where 67% of trainees agreed). Compared to last year's data, there has been considerable improvement in the Northern Deanery; 86% agreed in 2017 and 94% agreed in 2018. East of England has performed less well this year; 90% agreed in 2017 and 81% agreed in 2018.

The new junior doctors' contract may have impaired trainees' views on the availability of medical staffing; 85% of trainees agreed pre-contract and 81% of trainees agreed post-contract.

b. The rota allowed for team work and continuity of care

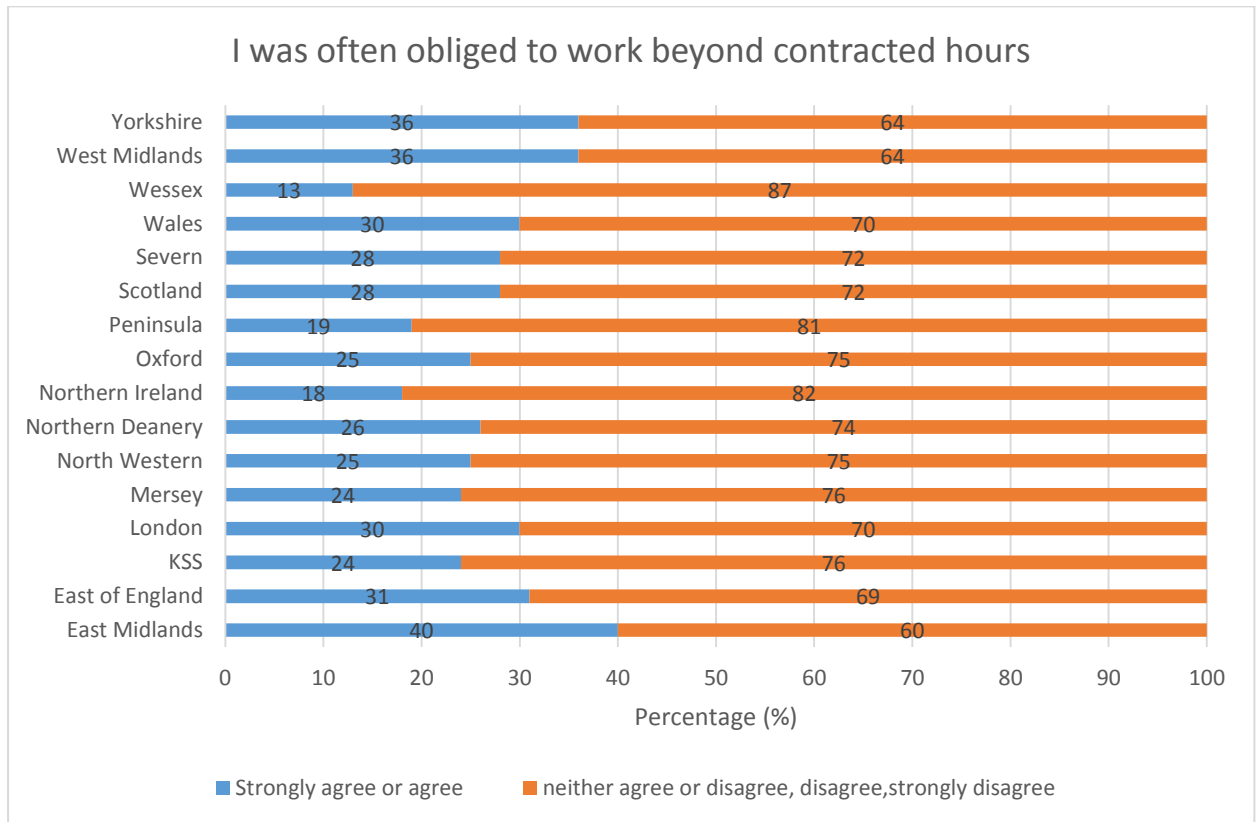


59% of trainees agreed or strongly agreed that their rota allowed for team working and continuity of care, which is slightly higher than 2017 TEF data (56%). In Northern Deanery 78% of trainees agreed and in NI 72% of trainees agreed compared to Oxford where 51% of trainees agreed (slight improvement from 2017 where 47% trainees agreed). Northern Deanery has shown significant improvements in providing continuity of care; 57% agreed in 2017 and 78% agreed in 2018, making it the best performing deanery this year. Peninsula has also seen improvements; 48% agreed in 2017 and 69% agreed in 2018. West midlands has performed less well this year; 64% agreed in 2017 and 57% agreed in 2018.

The introduction of the new junior doctors contract has not impacted on trainee's views of team work and continuity of care; 56% agreed pre-contract and post-contract.

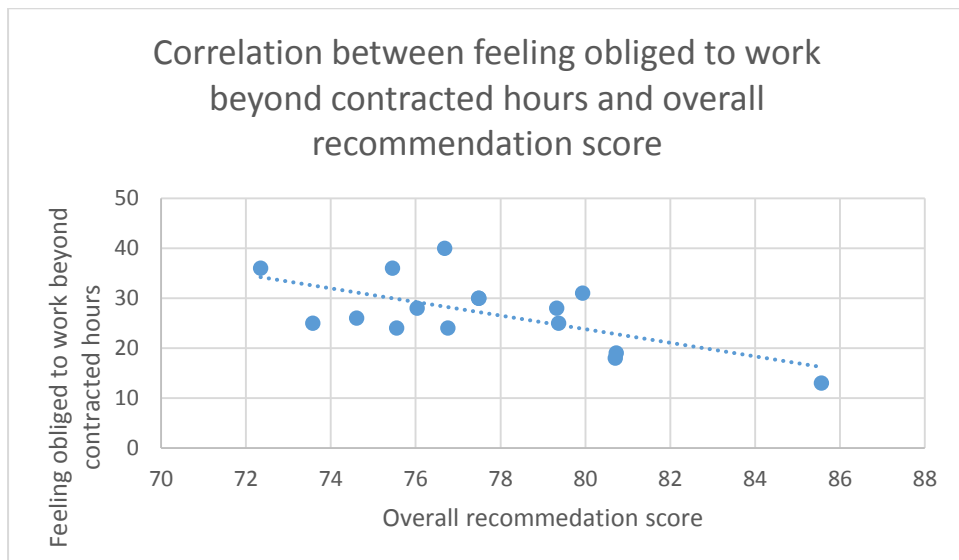
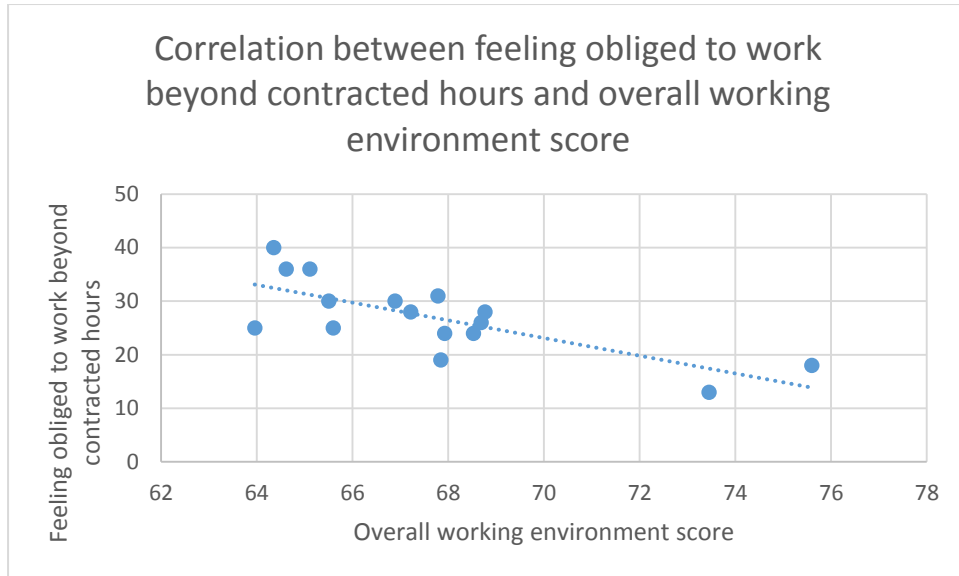
3. Work intensity and hours

a. I was often obliged to work beyond my contracted hours

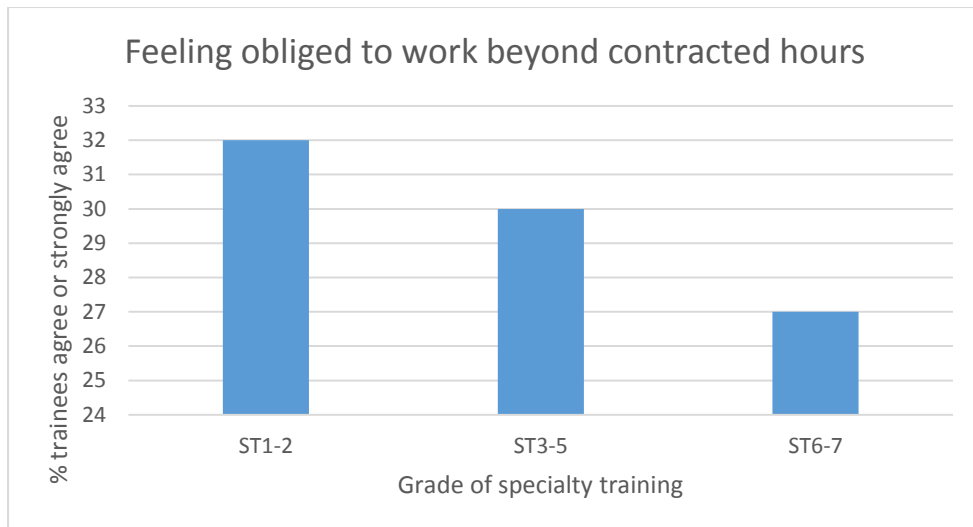


29% of trainees either agreed or strongly agreed that they were often obliged to work beyond their contracted hours, which is similar to 2017 TEF data (28%). In Wessex 13% of trainees agreed, in NI 18% of trainees agreed, compared to East Midlands where 40% of trainees agreed. There have been improvements with less proportion of trainees feeling obliged to work beyond contracted hours in North Western (36% agreed in 2017 and 25% agreed in 2018) and Severn (51% agreed in 2017 and 28% agreed in 2018). Scotland has performed less well this year; 16% agreed in 2017 and 28% agreed in 2018.

Feeling obliged to work beyond contracted hours was closely linked to overall working environment and overall recommendation score. The more trainees feel obliged to work beyond contracted hours, the lower the overall working environment score and overall recommendation score.

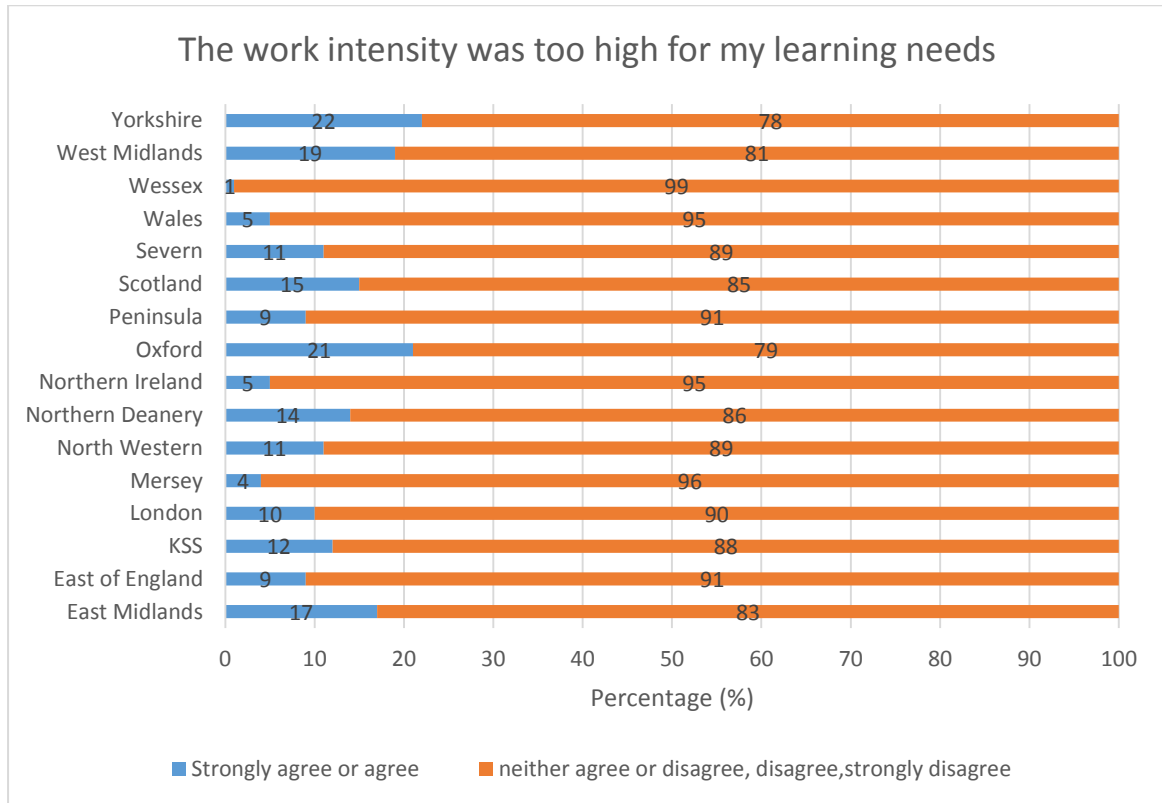


Trainee's views on working beyond hours is associated with their grade, with junior more junior trainees feeling obliged to work beyond contracted hours.



After the introduction of the new junior doctor's contract, trainees views on feeling obliged to work beyond contracted hours has not changed; 29% agreed pre-contract and 30% agreed post-contract.

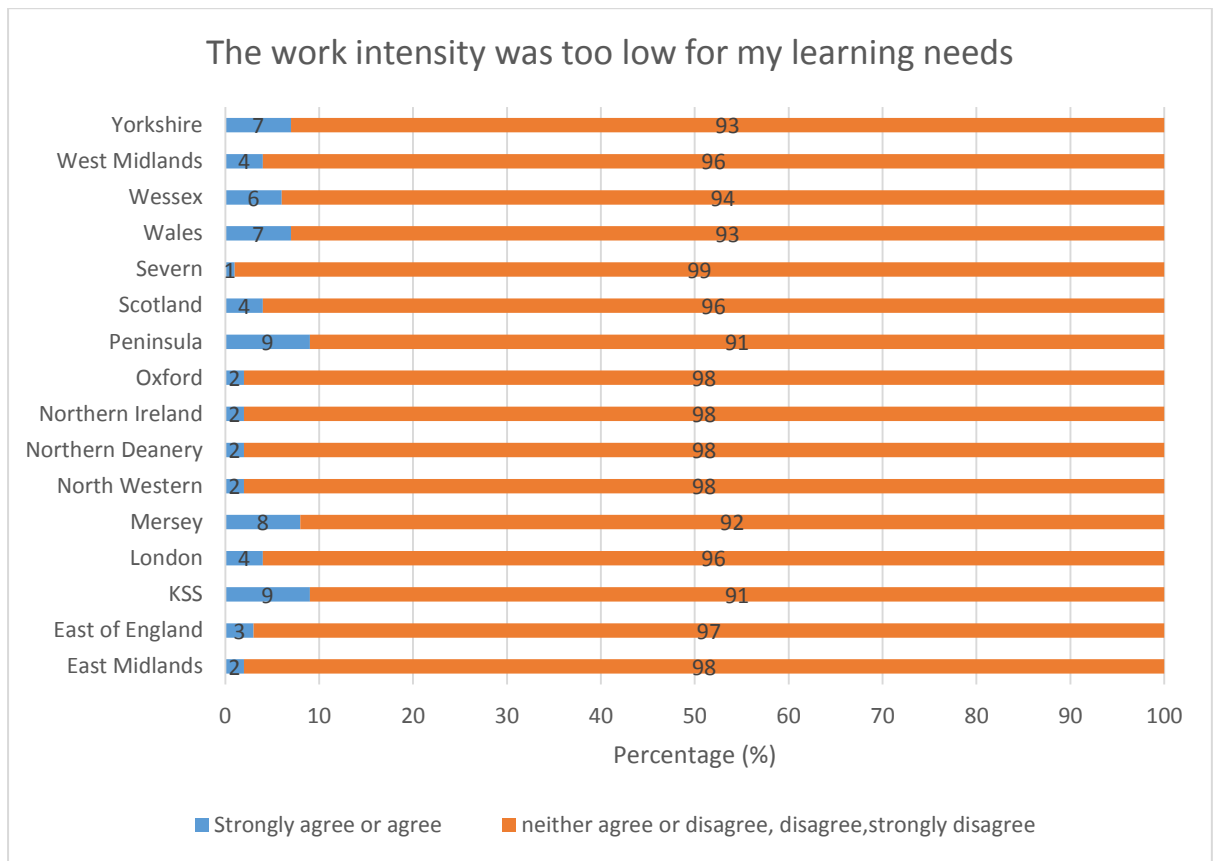
b. The work intensity is too high for my learning needs



12% of trainees either agreed or strongly agreed that the work intensity was too high for their training needs, which is similar to 2017 TEF data (11%). In Wessex 1% of trainees agreed and in Mersey 4% agreed, compared to Yorkshire where 22% of trainees agreed. Both Oxford (14% agreed in 2017 and 21% agreed in 2018) and Yorkshire (11% agreed in 2017 and 22% agreed in 2018) have seen higher proportion of trainees reporting work intensities that are too high for their learning needs.

After the introduction of the new junior doctor's contract the work intensity may have increased; 12% agreed pre-contract and 15% agreed post-contract.

c. The work intensity is too low for my learning needs



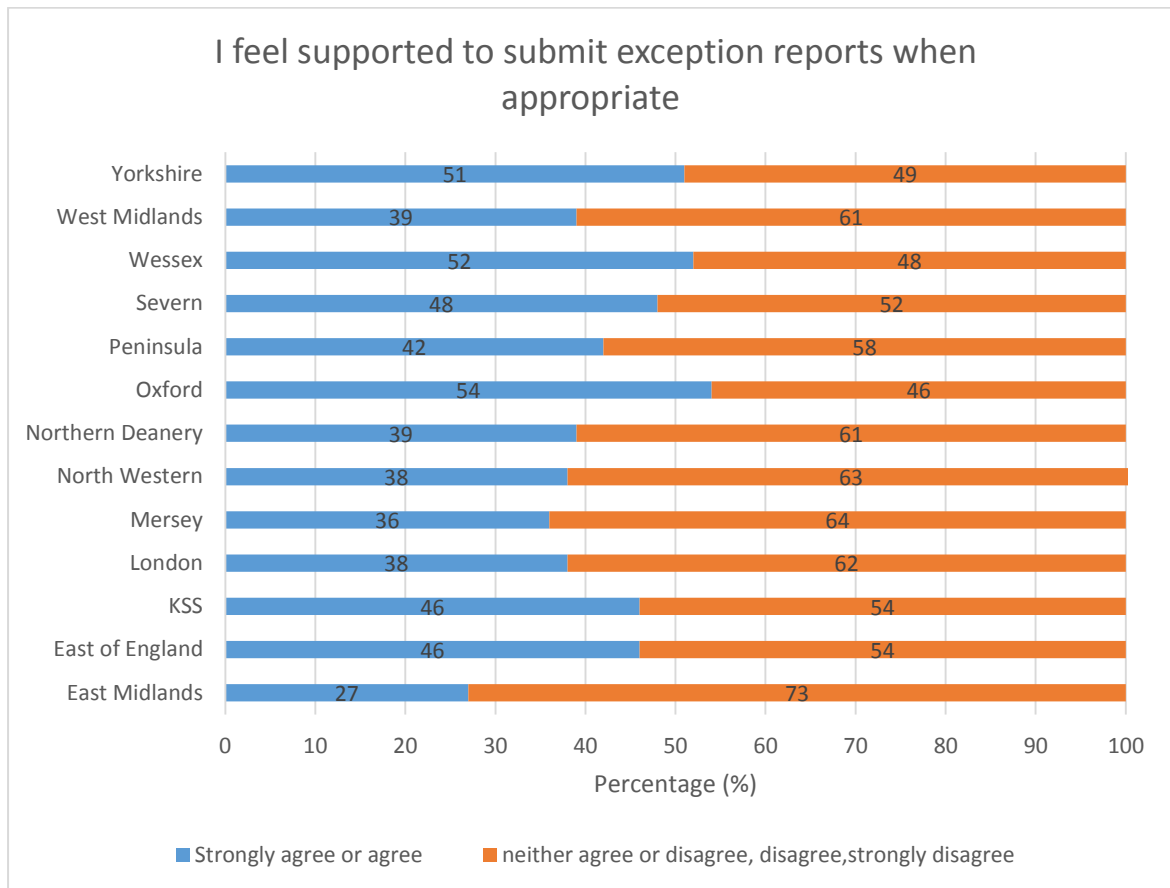
4% of trainees either agreed or strongly agreed that the work intensity was too low for their learning needs, which is similar to 2017 TEF data (4%). In Severn 1% of the trainees agreed compared to KSS and Peninsula where 9% of trainees agreed. Compared to last year, a higher proportion of trainees in Mersey are reporting work intensities that are too low for their training needs (2% agreed in 2017 and 8% agreed in 2018). North Western deanery has shown improvement since last year; 15% agreed in 2017 and 2% agreed in 2018.

After the introduction of the new junior doctor's contract, the trainees' views of work intensity being too low remained similar; 4% agreed pre-contract and 5% agreed post-contract.

4. Exception reporting

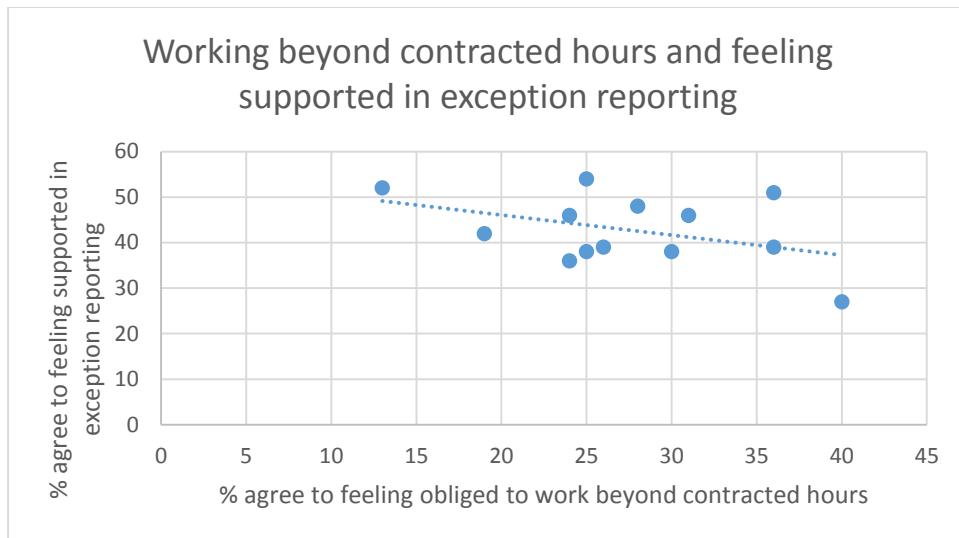
'Exception reporting' data is only available post introduction of the new junior doctors' contract and therefore no comparisons have been made pre- and post-introduction of the contract.

a. I feel supported to submit exception reports when appropriate

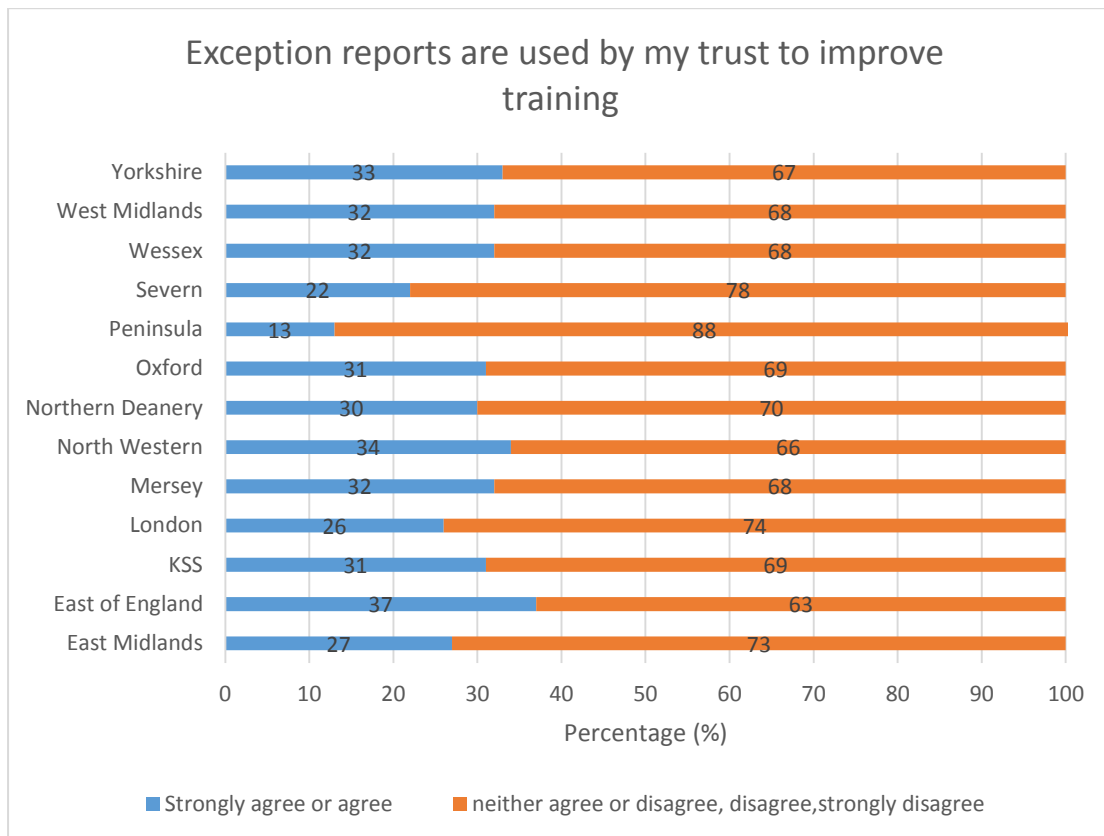


43% of trainees agreed or strongly agreed that they felt supported to submit exception reports when appropriate, which is slightly higher than in 2017 TEF data (40%). In Oxford 54% of trainees agreed and in Wessex 52% agreed, compared to East Midlands where 27% of trainees agreed.

As can be seen in the scatter plot, within deaneries where trainees felt more obliged to work beyond contracted hours, trainees also in general felt less supported to exception report.

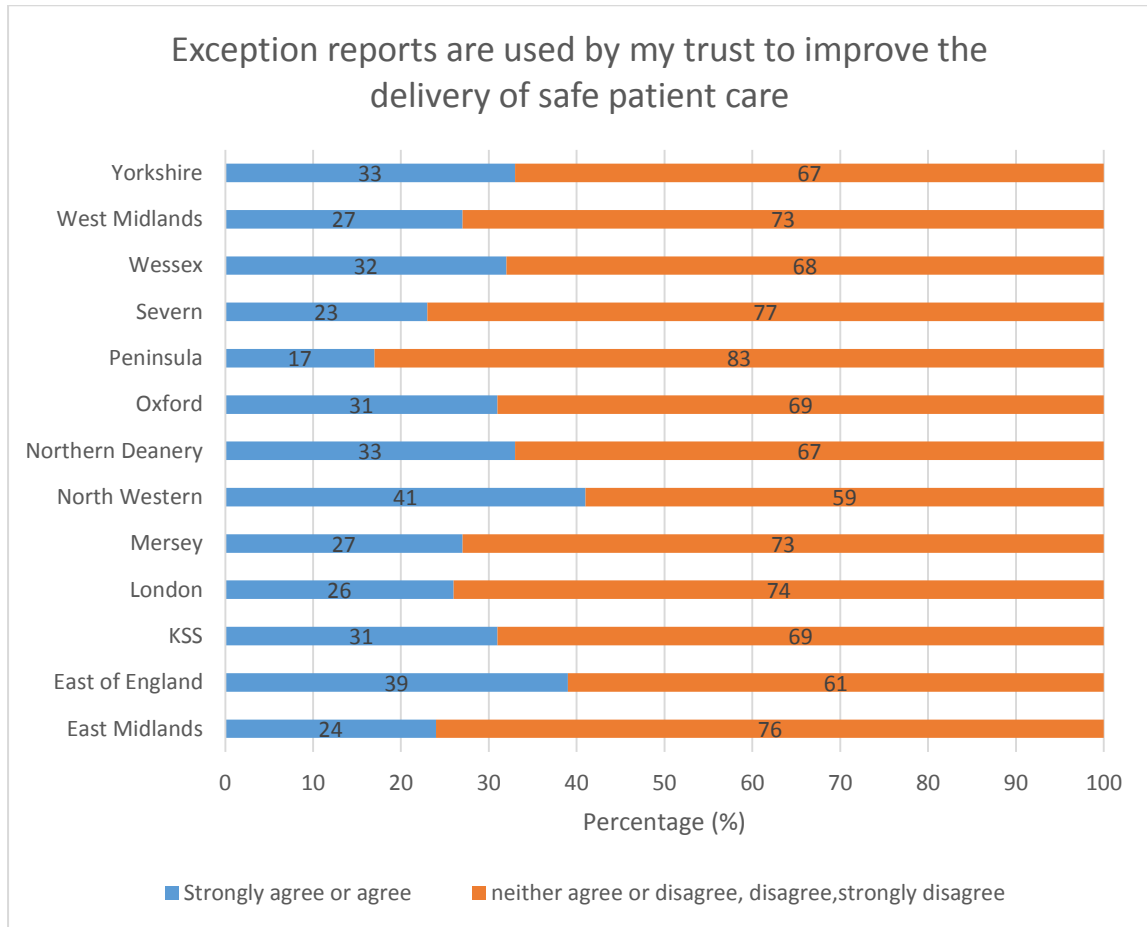


b. Exception reports are used by my trust to improve training



29% of trainees agreed or strongly agreed that exception reports were used in their trust to improve training. In East of England 37% of trainees agreed and in North Western 34% of trainees agreed compared to Peninsula where only 13% of trainees agreed. Interestingly, in Oxford, even though 54% of trainees felt supported to exception report, only 31% of trainees thought that the exception reports were used in their trust to improve training. Similarly, in Wessex, even though over 50% of trainees felt supported to exception report, only 32% felt that the exception reports were used to improve training.

c. Exception reports are used by my trust to improve the delivery of safe patient care



29% of trainees agreed or strongly agreed that exception reports were used in their trust to improve the delivery of safe patient care. In North Western 41% of trainees agreed compared to Peninsula where only 17% of trainees agreed. Interestingly, in Oxford and Wessex, even though over 50% of trainees felt supported to exception report, only around 30% felt that the exception reports were used to improve the delivery of safe patient care.

5. Free text comments from trainees

Most liked by trainees in their unit

“Lots of hands on obstetric teaching, approachable senior staff who are very keen to teach, very well supported”

“An excellent cohesive, inclusive clinical team from juniors up to Consultants.”

“Approachability and training from obstetricians, approachability of rota master who genuinely tries so hard to ensure adequate training. TPD is excellent and so supportive and approachable - a credit to the dept”

“It offers accredited training in the field of my specialty I have special interest in and wishes to sub specialise.”

“Supportive teams. Tertiary centre with exposure to complex cases in obstetrics and gynaecology which would not experience in other units.”

“Culture of continuing professional development, research, training, supportive consultants”

Least liked by trainees in their unit

“Poor balance between service provision and training. Senior trainees being let out from service provision commitments to go to training sessions while junior trainees provide the extra service provision”

“Least hands on opportunities in gynae theatre due to inappropriate rota and over crowded theatre sessions. Many trainees are put at the same time in the same theatre”

“Lack of access to office space and computers for doctors to complete administrative and management duties”

“The big rota gaps on junior and senior levels that affected our opportunities to be supervised or perform so many procedures especially on Labour ward.”

“Difficulty accessing and practising obstetric ultrasound.”

“A lot of service provision- not much time for any specialist learning.”

Discussion

Our analysis of the training evaluation data has shown that there are considerable variations in trainee's views across different deaneries. These inter-deanery differences are worthy of further investigation. The sharing of good practice, to drive improvement across the UK and achieve consistency for O&G training in the UK is important.

From the TEF data and the national GMC survey, it is clear that there are far more opportunities for obstetrics training than for gynaecology training; majority (83%) of trainees felt that they had appropriate training opportunities in obstetrics but only 56-59% of trainees felt that they had appropriate training opportunities in gynaecology. Qualitative data from trainees have shown that gynaecology theatre sessions can be overcrowded, restricting the opportunities to advance in gynaecological operating, and the opportunities to attend specialist gynaecology clinics can sometimes be lacking. Trainees generally feel well supported on their labour ward sessions and there is an expectation of more independent practice when compared to Gynaecology, which remains a more consultant led subspecialty.

There remains a considerable conflict between service provision and training in O&G as a speciality. In addition, feeling obliged to work beyond contracted hours unsurprisingly has a negative effect on trainee's views of the working environment and they were less likely to recommend their unit. O&G is often considered a specialty with high workload, which may relate to an increasing complex patient population, rota gaps and less availability of O&G staff, closing of maternity units across the UK and higher expectations of the population of women we look after. Despite this, over 90% of trainees within deaneries are still able to take study leave for appropriate courses, and 82% of trainees felt that they were able to make appropriate progress for their development needs whilst they were on placement.

Although over 80% of our trainees felt that there was adequate staffing for safe patient care, there is still considerable capacity to improve our rota to allow for better teamwork and continuity of care within the O&G speciality. Nearly 30% of trainees felt obliged to work beyond their contracted hours and this is unsurprising as O&G is considered a high intensity specialty. It is however, reassuring that over 80% of our trainees felt that the workload was appropriate for their learning needs.

Exception reports are an introduction into the new 2016 junior doctor's contract in England. Their aim is to address non-concordance with work schedules and address problems with the rota to protect trainees and patients under their care. Within O&G, less than half of trainees felt supported to submit an exception report when appropriate and even fewer trainees felt that it was used to benefit their training or patient safety. This highlights the need to identify barriers to exception reporting and the need to explore how they are dealt with in each unit.

There are some limitations of this report. Firstly, the data has been analysed without the use of statistical tests, so we are unable to comment on the statistical

significance of the findings from the TEF data. Secondly, there are some units which have very few number of trainees, so we should be aware of possible biases from this.

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.

Authors

Dr Ka Ying Bonnie Ng

ST3 in Obstetrics and Gynaecology

NIHR Academic Clinical Fellow

University Hospital Southampton NHS Foundation Trust

Dr Abdelmageed Abdelrahman

ST7 in Obstetrics and Gynaecology

University Hospital Southampton NHS Foundation Trust

Dr Jo Mountfield

Chair of SEAC

Director of education

Honorary senior clinical lecturer

Consultant Obstetrician

University Hospital Southampton NHS Foundation Trust

References

1. RCOG. Proving quality care for women. Obstetrics and Gynaecology Workforce 2016 [Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/ogworkforce.pdf>].
2. RCOG. Obstetrics and Gynaecology Workforce Report 2017 2017 [Available from: <https://www.rcog.org.uk/globalassets/documents/careers-and-training/workplace-and-workforce-issues/rcog-og-workforce-report-2017.pdf>].
3. National Maternity and Perinatal Audit. Organisational Report 2017 2017 [Available from: <http://www.maternityaudit.org.uk/downloads/NMPA%20organisational%20report%202017.pdf>].

Appendix 1- breakdown of TEF data per deanery:

1. Fulfilling personal development and training requirements
 - a. I have had appropriate opportunity to fulfill my training requirements for the year in Obstetrics

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	75 (84%)	14 (16%)
East of England	90 (83%)	16 (15%)
KSS	76 (84%)	13 (14%)
London	321 (85%)	49 (13%)
Mersey	51 (72%)	18 (25%)
North Western	105 (85%)	17 (14%)
Northern Deanery	64 (75%)	18 (21%)
Northern Ireland	52 (91%)	4 (7%)
Oxford	55 (87%)	7 (11%)
Peninsula	25 (78%)	5 (16%)
Scotland	138 (86%)	21 (13%)
Severn	70 (89%)	8 (10%)
Wales	46 (81%)	11 (19%)
Wessex	64 (90%)	5 (7%)
West Midlands	103 (80%)	24 (19%)
Yorkshire	125 (78%)	33 (21%)

I have sufficient opportunities to develop my general obstetric skills to the level required by the RCOG training matrix for my ST year (GMC survey)

Deanery	Strongly agree or agree
East Midlands	80%
East of England	84%
KSS	80%
London	85%
Mersey	85%
North Western	82%
Northern Deanery	72%
Northern Ireland	85%
Oxford	83%
Peninsula	89%
Scotland	86%
Severn	93%
Wales	79%
Wessex	90%
West Midlands	79%
Yorkshire	77%

b) I have had the opportunity to fulfill my training requirements for the year in gynaecology

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	45 (51%)	44 (49%)
East of England	60 (56%)	45 (42%)
KSS	57 (63%)	31 (34%)
London	184 (49%)	184 (49%)
Mersey	37 (52%)	33 (46%)
North Western	68 (55%)	49 (40%)
Northern Deanery	49 (58%)	32 (38%)
Northern Ireland	40 (70%)	14 (25%)
Oxford	27 (43%)	34 (54%)
Peninsula	22 (69%)	9 (28%)
Scotland	94 (58%)	65 (40%)
Severn	49 (62%)	29 (37%)
Wales	36 (63%)	21 (37%)

Wessex	56 (79%)	13 (18%)
West Midlands	78 (60%)	49 (38%)
Yorkshire	85 (53%)	73 (46%)

I have sufficient opportunities to develop my general gynaecology skills to the level required by the RCOG training matrix for my ST year (GMC survey)

Deanery	Strongly agree or agree
East Midlands	45%
East of England	65%
KSS	70%
London	54%
Mersey	68%
North Western	55%
Northern Deanery	66%
Northern Ireland	68%
Oxford	51%
Peninsula	55%
Scotland	61%
Severn	61%
Wales	64%
Wessex	75%
West Midlands	57%
Yorkshire	58%

c) There is little conflict between attending regional teaching and service provision

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	43 (48%)	39 (44%)
East of England	39 (36%)	59 (55%)
KSS	53 (58%)	35 (38%)
London	199 (53%)	156 (41%)
Mersey	35 (49%)	34 (48%)
North Western	75 (61%)	44 (36%)
Northern Deanery	47 (55%)	28 (33%)
Northern Ireland	39 (68%)	15 (26%)
Oxford	42 (67%)	15 (24%)



Peninsula	12 (38%)	19 (59%)
Scotland	75 (47%)	79 (49%)
Severn	49 (62%)	24 (30%)
Wales	35 (61%)	19 (33%)
Wessex	48 (68%)	20 (28%)
West Midlands	78 (60%)	46 (36%)
Yorkshire	63 (39%)	78 (49%)

d) I was allowed study leave for appropriate courses (i.e. not regional teaching)

Deanery	Strongly agree or agree	neither agree or disa-gree, disagree, strongly disagree
East Midlands	83 (93%)	6 (7%)
East of England	99 (92%)	9 (8%)
KSS	82 (90%)	9 (10%)
London	349 (92%)	29 (8%)
Mersey	62 (87%)	9 (13%)
North Western	112 (91%)	11 (9%)
Northern Deanery	76 (89%)	9 (11%)
Northern Ireland	53 (93%)	4 (7%)
Oxford	54 (86%)	9 (14%)
Peninsula	27 (84%)	5 (16%)
Scotland	148 (92%)	13 (8%)
Severn	75 (95%)	4 (5%)
Wales	54 (95%)	3 (5%)
Wessex	63 (89%)	8 (11%)
West Midlands	116 (90%)	13 (10%)
Yorkshire	140 (87%)	20 (13%)

e) This placement enabled me to make appropriate progress with my long term development needs

Deanery	Strongly agree or agree	neither agree or disa-gree, disagree, strongly disagree
East Midlands	72 (81%)	17 (19%)
East of England	89 (82%)	19 (18%)
KSS	72 (79%)	19 (21%)
London	313 (83%)	65 (17%)
Mersey	55 (77%)	16 (23%)
North Western	96 (78%)	27 (22%)

Northern Deanery	69 (81%)	16 (19%)
Northern Ireland	50 (88%)	7 (12%)
Oxford	53 (84%)	10 (16%)
Peninsula	27 (84%)	5 (16%)
Scotland	131 (81%)	30 (19%)
Severn	67 (85%)	12 (15%)
Wales	48 (84%)	9 (16%)
Wessex	66 (93%)	5 (7%)
West Midlands	108 (84%)	21 (16%)
Yorkshire	120 (75%)	40 (25%)

f) The rota allowed me to attend professional meetings

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	47 (53%)	41 (46%)
East of England	60 (56%)	45 (42%)
KSS	61 (67%)	29 (32%)
London	247 (65%)	127 (34%)
Mersey	37 (52%)	34 (48%)
North Western	64 (52%)	55 (45%)
Northern Deanery	55 (65%)	30 (35%)
Northern Ireland	39 (68%)	17 (30%)
Oxford	33 (52%)	30 (48%)
Peninsula	20 (63%)	12 (38%)
Scotland	103 (64%)	53 (33%)
Severn	42 (53%)	34 (43%)
Wales	35 (61%)	21 (37%)
Wessex	46 (65%)	23 (32%)
West Midlands	66 (51%)	60 (47%)
Yorkshire	81 (51%)	76 (48%)

2. Patient safety

- a. The medical staffing of my work area was adequate for patient safety during routine working hours

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	68 (76%)	21 (24%)
East of England	88 (81%)	20 (19%)

KSS	73 (80%)	17 (20%)
London	297 (79%)	80 (21%)
Mersey	58 (82%)	12 (18%)
North Western	86 (70%)	37 (30%)
Northern Deanery	80 (94%)	5 (6%)
Northern Ireland	50 (88%)	7 (12%)
Oxford	53 (84%)	10 (16%)
Peninsula	27 (84%)	5 (16%)
Scotland	132 (82%)	29 (18%)
Severn	65 (82%)	14 (18%)
Wales	46 (81%)	11 (19%)
Wessex	68 (96%)	2 (4%)
West Midlands	96 (74%)	33 (26%)
Yorkshire	131 (82%)	29 (18%)

b. The rota allowed for team work and continuity of care

Deanery	Strongly agree or agree	neither agree or disa-gree, disagree, strongly disagree
East Midlands	48 (54%)	41 (46%)
East of England	60 (56%)	48 (44%)
KSS	60 (66%)	31 (34%)
London	208 (55%)	170 (45%)
Mersey	48 (68%)	23 (32%)
North Western	73 (59%)	50 (41%)
Northern Deanery	66 (78%)	19 (22%)
Northern Ireland	41 (72%)	16 (28%)
Oxford	32 (51%)	31 (49%)
Peninsula	22 (69%)	10 (31%)
Scotland	109 (68%)	52 (32%)
Severn	35 (44%)	44 (56%)
Wales	33 (58%)	24 (42%)
Wessex	42 (59%)	29 (41%)
West Midlands	74 (57%)	55 (43%)
Yorkshire	83 (52%)	77 (48%)

3. Work intensity and hours

a. I was often obliged to work beyond my contracted hours

Deanery	Strongly agree or agree	neither agree or disa-gree, disagree, strongly disagree

East Midlands	36 (40%)	53 (60%)
East of England	33 (31%)	75 (69%)
KSS	22 (24%)	69 (76%)
London	112 (30%)	266 (70%)
Mersey	17 (24%)	54 (76%)
North Western	31 (25%)	92 (75%)
Northern Deanery	22 (26%)	63 (74%)
Northern Ireland	10 (18%)	47 (82%)
Oxford	16 (25%)	47 (75%)
Peninsula	6 (19%)	26 (81%)
Scotland	45 (28%)	116 (72%)
Severn	22 (28%)	57 (72%)
Wales	17 (30%)	40 (70%)
Wessex	9 (13%)	62 (87%)
West Midlands	47 (36%)	82 (64%)
Yorkshire	58 (36%)	102 (64%)

b. The work intensity is too high for my learning needs

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	15(17%)	74(83%)
East of England	10(9%)	98(91%)
KSS	11(12%)	80(88%)
London	38(10%)	340(90%)
Mersey	3(4%)	68(96%)
North Western	14(11%)	109(89%)
Northern Deanery	12(14%)	73(86%)
Northern Ireland	3(5%)	54(95%)
Oxford	13(21%)	50(79%)
Peninsula	3(9%)	29(91%)
Scotland	24(15%)	137(85%)
Severn	9(11%)	70(89%)
Wales	3(5%)	54(95%)
Wessex	1(1%)	70(99%)
West Midlands	24(19%)	105(81%)
Yorkshire	35(22%)	125(78%)

c. The work intensity is too low for my learning needs

Deanery	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree

East Midlands	2 (2%)	87 (98%)
East of England	3 (3%)	105 (97%)
KSS	8 (9%)	83 (91%)
London	17 (4%)	361 (96%)
Mersey	6 (8%)	65 (92%)
North Western	3 (2%)	120 (98%)
Northern Deanery	2 (2%)	83 (98%)
Northern Ireland	1 (2%)	56 (98%)
Oxford	1 (2%)	62 (98%)
Peninsula	3 (9%)	29 (91%)
Scotland	7 (4%)	154 (96%)
Severn	1 (1%)	78 (99%)
Wales	4 (7%)	53 (93%)
Wessex	4 (6%)	67 (94%)
West Midlands	5 (4%)	124 (96%)
Yorkshire	11 (7%)	149 (93%)

4. Exception reporting

a. I feel supported to submit exception reports when appropriate

Deanery data	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	16 (27%)	43 (73%)
East of England	33 (46%)	38 (54%)
KSS	31 (46%)	37 (54%)
London	97 (38%)	160 (62%)
Mersey	8 (36%)	14 (64%)
North Western	12 (38%)	20 (63%)
Northern Deanery	13 (39%)	20 (61%)
Northern Ireland	3 (75%)	1 (25%)
Oxford	28 (54%)	24 (46%)
Peninsula	10 (42%)	14 (58%)
Scotland	10 (40%)	15 (60%)
Severn	29 (48%)	31 (52%)
Wales	4 (50%)	4 (50%)
Wessex	29 (52%)	27 (48%)
West Midlands	34 (39%)	54 (61%)
Yorkshire	54 (51%)	52 (49%)

b. Exception reports are used by my trust to improve training

Deanery data	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree

East Midlands	16 (27%)	43 (73%)
East of England	26 (37%)	45 (63%)
KSS	21 (31%)	47 (69%)
London	67 (26%)	190 (74%)
Mersey	7 (32%)	15 (68%)
North Western	11 (34%)	21 (66%)
Northern Deanery	10 (30%)	23 (70%)
Northern Ireland	1 (25%)	3 (75%)
Oxford	16 (31%)	36 (69%)
Peninsula	3 (13%)	21 (88%)
Scotland	8 (32%)	17 (68%)
Severn	13 (22%)	47 (78%)
Wales	4 (50%)	4 (50%)
Wessex	18 (32%)	38 (68%)
West Midlands	28 (32%)	60 (68%)
Yorkshire	35 (33%)	71 (67%)

- c. Exception reports are used by my trust to improve the delivery of safe patient care

Deanery data	Strongly agree or agree	neither agree or disagree, disagree, strongly disagree
East Midlands	14 (24%)	45 (76%)
East of England	28 (39%)	43 (61%)
KSS	21 (31%)	47 (69%)
London	66 (26%)	191 (74%)
Mersey	6 (27%)	16 (73%)
North Western	13 (41%)	19 (59%)
Northern Deanery	11 (33%)	22 (67%)
Northern Ireland	1 (25%)	3 (75%)
Oxford	16 (31%)	36 (69%)
Peninsula	4 (17%)	20 (83%)
Scotland	9 (36%)	16 (64%)
Severn	14 (23%)	46 (77%)
Wales	4 (50%)	4 (50%)
Wessex	18 (32%)	38 (68%)
West Midlands	24 (27%)	64 (73%)
Yorkshire	35 (33%)	71 (67%)