CASE 1

You are the consultant on call for the weekend and arrive for your ward round at 8.30 in the morning. The labour ward coordinator stops you in the corridor and says there has been some difficulty between the 2 registrars on call overnight which has been observed by both the midwives and during a delivery in front of a patient. She is not clear what the problem is between them other than they clearly don't like each other and there have been "words spoken"

You walk into the office and the junior registrar (ST4) asks to speak to you in private.
When you move to a private room she tells you that she has been undermined by the senior registrar (ST6) overnight and that she is not coming to work tonight as she is not prepared to work with the senior registrar. When questioned she tell you that he countermanded one of her plans of care for a patient and then came in and took over a delivery from her in another room.
You are aware that this trainee has twice previously made allegations of undermining in the two previous units she has worked. The first unit the college tutor had been involved in resolving the issues and the second the complaint was not taken any further.

You have never had any issues with the senior registrar previously but know that the individual can be somewhat high handed at times. If the trainee refuses to work you will be forced to cover the 2 nights yourself as there is a crisis of registrar cover due to gaps in the rota and short term sick leave.

This would mean covering 48 hours including 2 might's on call.

What do you do?

CASE 2

You are the College tutor at St Cuthbert's NHS Foundation Trust. You need to speak to Mrs Beanie who you know is on the labour ward this morning. You go down as you know will catch her after handover, which is at 0830. As you arrive on the labour ward you can hear raised voices....again.

Mrs Beanie is frequently complaining at Consultant meetings that trainees don't know what they're doing these days. She is working on a difficult project with the local commissioner which is not going very well. The meetings are scheduled for the afternoon after her labour ward cover session in the mornings.

This morning you can hear that she is upset with the ST4 registrar who was on nights who at the time of the handover had come out of the room where she had done an instrumental delivery at 0730 to say that despite initial management of a post-partum haemorrhage of 1400mls the patient has continued to trickle and she thinks the patient needs to go to theatre for an EUA. She is not sure whether the placenta was complete. Mrs Beanie is furious that the registrar didn't call the on call Consultant at 0815. Now she has been left to "clear up this mess." You know the registrar has recently had a miscarriage from your work in the EPAU. She walks past you in tears.

CASE 3

You are the College tutor at the Jeffcoate Memorial Hospital. The hospital is a national referral centre for endometriosis and prides itself on never opening an abdomen unless it absolutely has to. You are the lead for Colposcopy and still take on suitable open gynaecological cancer cases. You have a nationally appointed trainee in laparoscopy.

The registrars are keen to get laparoscopic experience at the trust, but have said that they struggle to do so as the cases are often so complex and are attended by two consultants that they end up doing "the bottom end" all the time. You have 2 ST5 registrars, neither of whom had the appropriate laparoscopic competencies at their last review meeting and it is now April with ARCPs fast approaching.

You also have a resident on call Consultant overnight on a Wednesday. One of the registrars has asked for the resident on call Consultant to call them at any time of the night if a case goes to theatre that she could do e.g. an ectopic. Fortunately, this has happened a couple of times now and that registrar is going to get signed off. The trainee has now twice attended at 2am and worked until 4:30am, coming to work again at 0830.

The other ST5 registrar comes to see you and explains that the resident on call consultant has suggested that he does the same. The Consultant says that the other registrar is "obviously more committed." This is not something that the second registrar can do as he looks after his children overnight as his partner works away during the week.

The second registrar thinks that this is undermining his further work in theatre as he was recently asked to do the bottom end whilst the other registrar worked on a large laparoscopic case "as she is more experienced than you."

CASE 4

A trainee arrives from another Deanery in his last year of training. His eportfolio is immaculate with very few competencies remaining. He is an assured individual. However, his supposed clinical skills and decision making does not seem to match up with the competencies that have been signed off.

You have decided to put him on supervised practice. He performs well on this, but you have concerns that his decisions are different when he is left unsupervised. You decide to place him on supervised practice again, but the trainee goes to the Head of School and says that you are undermining him. It is now 3 months from his CCT date and he has made it clear that he has complied with all that was asked of him, has all the relevant paperwork signed off and if things are delayed without good reason intends to take legal action as he has arranged a job in the Caribbean already.

CASE 5

You have recently taken over from Mr Bungle, who was College tutor at The Lord Bramble Hospital. The Lord Bramble Hospital has recently merged with your unit as the number of deliveries was declining. The Bramble hospital's labour ward is now a stand alone midwifery led unit, and the site is used for day case gynaecology. All the Bramble Consultants have joined the team at your trust including Mr Bungle.

You have heard mutterings and off the cuff comments over the last few months from the trainees about how there's no chance of any women delivering normally when Mr Bungle is on call. In fact, you were recently called in to assist with a Caesarean hysterectomy with Mr Bungle. You are still a little perturbed about the indications for CS in that case but you know that the case is slowly making its way through the Trust's extended risk management process and therefore feel that it is going through the proper channels.

A trainee, who is undertaking the ATSM in labour ward management, whom you know from your own work with her, is generally a safe pair of hands on the labour ward, comes to see you. She has just finished doing a weekend of day shifts with Mr Bungle. She complains to you that she would make decisions about patients on sytnocinon only to find them being wheeled down the corridor by the midwife 20 minutes later for a Caesarean section. Mr Bungle would then perform the CS with the ST1 doctor and when asked to discuss the case by the registrar would refuse to do so. This happened twice during the weekend and the Registrar could see no obvious indication for the CS. The second time it happened the registrar was told by Mr Bungle that he didn't have to justify his actions, that he was the Consultant and he made the decisions and that he didn't have to answer to some "jumped up female junior"