Attrition: Solutions

FOCUS GROUP REPORT
Demographics

Focus groups were held in the following Health Education Authorities.

- North, East and Central Thames
- West Midlands
- South West
- Thames Valley
- North East
- East Midlands

109 trainees were involved in the focus groups.

Their training grades were divided as follows:

<table>
<thead>
<tr>
<th>Training Grade</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST1</td>
<td>11</td>
</tr>
<tr>
<td>ST2</td>
<td>20</td>
</tr>
<tr>
<td>ST3</td>
<td>26</td>
</tr>
<tr>
<td>ST4</td>
<td>19</td>
</tr>
<tr>
<td>ST5</td>
<td>20</td>
</tr>
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<td>ST6</td>
<td>7</td>
</tr>
<tr>
<td>ST7</td>
<td>5</td>
</tr>
<tr>
<td>Other: Trust Grade</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>109</strong></td>
</tr>
</tbody>
</table>
Division of Daytime Activities

Data compiled from across the country.

Comments:

This was an agreed consensus in each focus group but it was noted that where different training grades were involved in the same session the focus was different.

ST1-2’s were more focused on daytime service provision time to gain more labour ward and antenatal management experience prior to progressing to registrar level. The desire for service provision decreased as training grade increased.
Division of daytime activities: comparison of current vs ideal

- Specialist Gynae
- Clinical Governance/Admin/Teaching
- Service Provision
- Office Gynae
- Scanning
- ANC
- Gynae OP
- Theatre

Ideal % vs Current %
Trainees recommendations for potential solutions to reduce attrition

The recommendations below have been compiled from trainees across the country.

Areas where there is conflicting opinion amongst trainees have been highlighted.

**Overarching Themes**
- Being valued as an individual
- Flexibility and Predictability
- Standardisation and transparency in processes to promote fairness
- Access to quality support
- Learning focussed training

Analysis of the focus group data suggested improvement could be made in the following eleven areas. Each area was proportionally important to trainees, so although some domains could have been included under the umbrella of another (as one example Less Than Full Time (LTFT) training included as part of Training Programme Organisation) they attracted enough discussion time to stand in their own right.

Each area will be addressed in turn and followed by a summary of current activity and recommendations from a local and national perspective in response to trainees’ suggestions. To improve orientation a summary overview of recommendations is presented in the next page.

1. Rota
2. Educational Supervisors
3. Exams
4. Placement Organisation
5. e-Portfolio
6. Support
7. Serious Untoward Incident (SUI)
8. Out of Programme (OOP)
9. Less than Full Time Training (LTFT)
10. Training Programme Organisation
11. Annual Review of Competence Progression (ARCP)
Summary Overview: Recommendations

Overarching Themes
- Being valued as an individual
- Flexibility and Predictability
- Standardisation and transparency in processes to promote fairness
- Access to quality support
- Learning focussed training
1. Rota

Organisation
Rotas should be compliant with a 1 in 8 model with exception reporting encouraged. This will reduce the frequency of anti-social hours worked. Whole off-days rather than half-days will reduce commuting time. Rotas should facilitate adequate breaks between sessions. The rota can be managed by a trainee but should be overseen by a Consultant (college tutor or rota lead). Administrative and pastoral support should be easily accessible for trainee rota co-ordinators. Improvements should be made to rotas for resident consultant contracts so they are more than a senior registrar.

Availability
Out of hours rotas should be available prior to commencing a rotation and they should be easily accessible. Weekly duty rota should be received with at least six-weeks’ notice. An increase in availability of rota will foster the sense that out of work commitments including family are important and reduce stress in life planning. Fixed deadline for provision of rotas should be agreed locally and every hospital should adhere as prescribed. The rota co-ordinators details should be provided with the rota to allow advanced booking of leave and discussion of training requirements ahead of time.

Annual Leave
Trainees should be able to book leave prior to commencement of a rotation. The timeframe for this should be fixed to promote fairness. Some trainees suggested that hospital should opt out of the constriction of the new contract and re-instate fixed leave to ensure everyone gets annual leave entitlement; this was not a view shared by the majority.

Individualised
The rota coordinator should be informed of individual trainee learning requirements. The rota should be targeted to the curriculum and training needs. A dedicated week of scanning should be ensured for each trainee on a rotational system. O&G trainees at SHO level should proportionally cover more labour ward daytime sessions and GP Trainee more Gynae sessions to ensure experience proportional to training needs. More ‘admin’ time should be facilitated to promote self-direction and time to pursue special interests. The rota should be retrospectively reviewed by the rota co-ordinator every 3-months to ensure fair allocation of training opportunities and plans made to readdress any imbalance over the next 3-months.

Training Focused
Rotas should aim to protected ATSM and special interest sessions. Rotas should be designed to mirror to curriculum; blocks of training dedicated to specific modules or subspecialties. This system would also lend itself to the re-instatement of the firm structure aid engagement with e-portfolio. Trainees should get an allocated amount of special interest sessions to use in a supernumerary capacity at their discretion. The number of these sessions would increase with training grade, basic
trainees getting 1, intermediate 2 and advanced 3 in each rota cycle, for example. Rotas should include specific teaching clinic and theatre lists with longer appointment times and small case-loads respectively to promote training. The expectation for trainees to attend on zero-hour days or annual leave days for work-based assessments or specific experience should stop. The implementation of the new contract is acknowledged as being a further constraint on training opportunities and there is concern amongst trainees that this is leading to more pressure to attend on zero-hour days. The firm structure, training theatres and clinics are discussed further in the ‘Section 4: Placement Organisation – Placement Structure’ section of this document.

Rota Gaps
More doctors are required to fill rota gaps but trainees suggested that they should not be training grades as this would detrimentally impact upon the available training opportunities. LAT, MTI and Trust Grade doctors as well as extra roles such as Physicians Associates would be a good solution to ease the burden of service provision and permit more training time. Trainees do acknowledge the difficulties of recruiting into these roles. Additionally, allowing entry at ST3 level and redesigning the consultant role to include out of hours commitments should ease the burden of rota gaps.

Flexibility
There should be more flexibility within rotas for special interest days and ‘admin’ time for self-directed learning. Some trusts have achieved this by adding SPA time into contracts for junior doctors. The rota should be flexible for those sitting exams including attendance at less demanding sessions to permit stricter adherence to working hours. An increase in the flexibility of working hours would be beneficial especially for those with caring responsibilities.
Summary of Key Recommendations: Rota

Current National Activity

• The RCOG has clear guidance for Deaneries regarding appropriate allocation of ATSM’s including suitable training centres, approved teaching methods and procedures to match trainees to ATSM’s in appropriate training centres

• Rota gaps and workforce planning are being addressed at college level.
  o Entry at ST3 level will be possible from 2018
  o The new Junior Doctors contract has instigated a 1 in 8 rota, with adequate breaks and deadlines governing when the rota should be received
  o New and innovative ways to fill rota-gaps and protect training are being discussed

Current Local Activity

• Wessex: have added Supporting Professional Activities (SPA) time into contracts for junior doctors to permit more flexibility and allow more time for self-directed learning

Suggestions for Actions Nationally

• The Advanced Training Committee should review the ATSM guidance

• Produce national policy to recommend;
  o Measures are introduced to re-address the balance of training to service provision
  o Trainees are allocated Supporting Professional Activities (SPA) time to use in a supernumerary capacity at their discretion.
    - The number of these sessions would increase with training grade, basic trainees getting 1, intermediate 2 and advanced 3 in each rota cycle, for example.

Suggestions for Actions Locally

  Organisation

• A named, dedicated rota co-ordinator should be appointed.
  o This can be a trainee but they should be overseen by a Consultant
  o Administrative and pastoral support should be easily accessible for trainee rota co-ordinators

• Technology should be embraced to generate rotas. For example, systems such as ‘Allocate’ allow;
  o Rotas to be sensed checked with educational requirements
  o Data to be input via an ‘App’ to promote time efficiency
  o Trainees to see potential shift swaps to permit annual leave requests
  o The rota to be automatically updated
  o Links with on-line calendars such as Google.

• Improvements should be made so resident consultants are more than senior registrars
• The rota and Consultants should facilitate adequate breaks between clinic session, taking into account possible committing time
• Whole days off rather than half days will reduce commuting time
Availability

- In accordance with the new Junior Doctors contract rotas should be easily accessible and available six weeks in advance.
  - The Deanery should ensure all hospital adhere to these conditions to promote fairness
- The rota co-ordinators details should be provided with the rota to allow advanced booking of leave and discussion of training requirements ahead of time
  - Fixed guidance for booking of leave, especially prior to commencement of rotation, should be developed and adhered to

Individualised

- The rota should be designed with individual training needs in mind and targeted towards the expectations of the curriculum
- The dedicated rota co-ordinator should be made aware of each trainee’s needs.
- A week of scanning should be allocated to each trainee on a rotational system.
- ST1/2 O&G trainees more labour ward daytime sessions and GP Trainees more Gynae sessions to ensure experience proportional to training needs.
- More SPA time to promote self-directed learning and time to pursue special interests.
- The rota should be retrospectively reviewed every 3-months to ensure fair allocation of training and plans made to readdress any imbalance over the next 3-months

Training Focused

- Rotas should aim to protected ATSM and special interest sessions; potentially by adopting strategy outlined in national recommendations
- Make national ATSM guidance local – ATSM directors along with HOS should review current ATSM allocations to ensure they are adherent to national guidelines
- Training should be promoted in all sessions
  - E-portfolio training should be mandatory for all consultants to improve attainment and usefulness of WBA
- The individual Deaneries need to support their local units to work within the constraints of the current Junior Doctors’ contract and devise a rota which facilitates adequate training time
  - Exception reporting should be encouraged for trainees’ attending on zero-hour days or annual leave to obtain experience or WBA’s
  - Units with high numbers of exception reports should be penalised
  - Until this is established those trainees whom are able are likely to continue to attend for training in non-working days which develops and expectation for this in trainees
- Rotas should be designed to mirror the curriculum; blocks of training dedicated to specific modules or subspecialties,
- Specific teaching clinic and theatre lists with longer appointment times and small case-loads respectively would promote training (see Section 4: Placement Organisation for further information)

Flexibility

- The rota should be more flexible in general but particularly accounting for trainees sitting exams or with caring responsibilities.
  - If necessary trainees could apply to attend clinics an hour later and stay an hour later to relieve their colleagues
  - It is appreciated that this system would not be appropriate for other clinical activities
2. Educational Supervisors

Redefining the Role
A more longitudinal approach to Educational Supervision should be developed. Trainees proposed that the Supervisor and Trainee could stay together over several years and develop a relationship. During this time, when they are working in the same unit, time should be dedicated to spend together clinically. A Personal Development Plan (PDP) should be established and learning objectives should be linked to training opportunities. More time should be dedicated to the role; three meetings per year is inadequate contact.

Trainees are conflicted with regards the role of an Educational Supervisor and as a mentor. All agree that provision of pastoral support needs improving and most feel that this should be provided by the Educational Supervisor but an alternative approach would be an independent mentor scheme which is further discussed in the ‘Support’ section of this document.

Approach
Educational Supervisors should provide individualised supervision by embracing difference in the career aspiration and training requirements of the individual trainee. There should be more focus on building a competitive CV including advice on careers, course and conferences beyond the restraints of e-Portfolio. Meetings with the Educational Supervisor should be increased at the transition to registrar between ST2 and 3. Supervisors should take advantage of ad-hoc teaching opportunities to complete work-based assessments in a contemporaneous fashion.

Allocation
Educational Supervisor should be selected based on job description and there should be an appreciation that not every consultant is appropriate. Trainees should be able to select their own Educational Supervisor. Finances and time should be adequately provided to consultant to undertake this key role in training.

Standardisation
There should be standard rule about who should complete which work-based assessments and ‘ticketed’ competences, this should reduce reluctance in deeming trainees competent.

Training
Regular training (at least every three years) for every Educational Supervisor should be compulsory. This training would improve knowledge, awareness and familiarity with e-portfolio and the ARCP process. The RCOG should provide updates to any change in process or regulation directly to registered Educational Supervisors. Formal training of Educational Supervisors in Medical Education would be beneficial. A ‘Training Champion’ in each unit dedicated to staff and trainee educate should be appointed – this is discussed further in the ‘Support’ section of this document.
Summary of Key Recommendations: Educational Supervisors

Current National Activity
- The issue of competence will be dealt with by the RCOG curriculum review (see Section 5: e-portfolio for further information)
- The GMC requires Deaneries to keep a database of Educational Supervisors mandatory training
- National, and regional, guidance is available on what constitutes adequate time for Educational Supervision
- Funding for Educational Supervision is included in the National Tariff and allocated to trusts
- The RCOG has established a task group to investigate Education Supervision. This group will output national guidance in line with the recommendations below

Suggestions for Actions Nationally
- Produce national policy to recommend;
  Redefining the Role
  - The conflict in trainee between seeing the Educational Supervisor as both an assessor and mentor should be explored and alternative approaches considered
  - A more longitudinal approach to Educational Supervision should be considered
    - It is hoped this may help develop a rapport and improve engagement with the Educational Supervisor as a source of support
  Approach
  - Formal guidance with regards frequency and content of meeting should be re-visited and increase at times of difficulty including transition between ST2 and ST3
  - Supervisors should take advantage of ad-hoc teaching opportunities to complete work-based assessments in a contemporaneous fashion
  - Informal meetings can be equally important
  - Educational Supervision meetings should go beyond e-portfolio
  - Educational Supervision should be individualised to the trainee, embracing difference in their career aspiration and training requirements

Allocation
- This was an area of conflicted opinion and should be investigate to determine the best approach.
  - Some felt matching supervisor and training would promote effectiveness
  - Some felt only consultant with an interest in education should be appointed but others feared this would create an unmanageable workload, lead to burn-out and conversely decrease effectiveness
  - Some felt trainee should be allowed to select their own or swap Educational Supervisor but this may lead to an unfair advantage to trainees familiar with the trainers

Standardisation
- Promote fairness in completion of WBA and ‘ticketed’ competencies
- Produce clear national standardised rules about who should complete aspects of e-portfolio accessible to both trainee and supervisor
- Incorporate this advice into Educational Supervisor training programmes
**Training**
- Produce a national training programme for Educational Supervisors for delivery locally
- Create a mailing list of Educational Supervisors and update them directly about any changes in process or regulation
- Develop a ‘Training Champion’ role, responsible for trainee education and development (see Section 6: Support for further information)
- Provide funding for formal training in Medical Education for the ‘Training Champions’

**Suggestions for Actions Locally**
- Implement national policy locally, taking care to;
  **Redefining the role**
  - Local trusts should audit their adherence to regional guidance with regards the allocation of time to Educational Supervision in practise
  - The utilisation of national funding assigned to Educational Supervision should be reviewed
  - Produce local induction packages which explain the role of the Educational Supervisor in Speciality Training as well as other available sources of support (see Section 6: Support for further information)

**Approach**
- Specific time should be dedicated for trainees to work clinically with their Educational Supervisor
- Consultants job plan should allow more time to be dedicated to this important role

**Standardisation**
- Produce local escalation policies if trainees or other supervisors feel the national standardised rules are not being adhered to

**Training**
- Audit local databases to ensure records of Educational Supervisors training are up to date
- Implement national training programme locally and ensure compulsory attendance at least 3-yearly
- Nominate a ‘Training Champion’ in each unit and amend job plans to incorporate time for this role (see Section 6: Support for further information)
3. Exams

The first attempt at MRCOG Part 1, 2 and 3 should be paid for in full or part by the Deanery or the trainee should have the choice of using their study budget towards payment. There should be additional pastoral and practical support for trainees undertaking examinations. Practical support could be provided in the form of Deanery based and hospital specific preparation. Units with trainees experiencing repeated exam failure should have increased accountability where this is attributed to lack of support. Trainees felt there should be an extension to current limits for trainees still struggling to obtain MRCOG Part2/3 at ST5. The RCOG exam booking system should be audited and the complaints regarding this system escalated.
Summary of Key Recommendations: Exams

Current National Activity

- The RCOG have investigated and resolved the issues with the exam booking system and apologise for any inconvenience caused

- The RCOG supports the new HEE study leave policy [1] with regards removals of the annual restriction on study budget but regrettably neither the RCOG nor HEE can pay for examinations

- The RCOG is limited by the Gold Guide [2] ‘Section4: Progressing as a Speciality Trainee’, with regards maximum extension to training time which can be approved in any situation including extensions required purely on the basis of repeated examination failure

Suggestions for Actions Locally

- Measure should be put in place locally to improve support for trainees undergoing examination, these should include:
  - Additional pastoral support
  - Deanery based and hospital specific preparation and revision sessions
  - More flexibility in the rota, for trainees sitting exams, including attendance at less demanding sessions to permit stricter adherence to working hours
  - Increased accountability for units with trainees experiencing repeated exam failure if this is attributable to lack of support
4. Placement Organisation

**Allocation**
There should be more transparency in the placement allocation process with a standardised application and appeals process. Placements should be 'mapped' to training needs taking into account strengths of the hospital and trainee preference. Longer placements in each hospital would allow trainees time to settle in, develop interests and promote learning through increased familiarity and improved working relationships with colleagues.

**Location**
Placements should be 'hub' based throughout training to limit geographical variation and reduce commuting distances.

**Forward Planning**
Trainee should be aware of placements earlier in the year; at least 3 months pre-change over. Ideally trainees should have a plan of placements for the first 3-5 years of training. Trainees should be able to swap placements maintaining flexibility within the predictability of the plan.

**Placement Structure**
The programme should be restructured to readdress the balance between training and service provision. Theatre lists with decreased case-loads and a dedicated trainer should be implemented. Teaching clinics with extended time allocation designed for observational practise and completion of work-based assessment. Trainee have suggested that training should revert back to a 'Firm' approach especially for theatre training. Although they acknowledge the impact the new contract may have on the feasibility of this approach the firm structure would promote continuity in training and ease e-portfolio completion. Rotational placements could be arranged within subspecialty to facilitate working within a ‘Firm’. Some elements of training could be taken out for medical hands – sonographers or midwife sonographers could take sole responsibility for scan training, for example. Where feasible, trainee ‘in hours’ sickness or rota gaps should be fill by consultant or a grade other than trainee to permit attendance at training sessions.

**Facilities**
Parking permits should ideally be generic and retained by the department to be passed on to incoming trainee at rotation. It is accepted, however, that given the cost involved and the need to individualise the permit this approach may not be feasible. Hospitals should have adequate facilities to buy food within departments Out of Hours. Trainees should be provided with their own locker. Adequate 'mess' facilities should be provided as well as shower and changing facilities. Some trainees suggested that medical student access to 'mess' facilities should be limited to maintain the 'sanctuary' for trainees but this was not a widely held view.
Summary of Key Recommendations: Placement Organisation

Current National Activity
- The RCOG’s Speciality Educational Advisory Committee (SEAC) are considering recommendations regarding:
  - ‘Hub’ based placements
  - Longer placements in each unit
  - Swapping allocated units between trainees

Suggestions for Actions Nationally
- Produce national policy to recommend:
  - **Allocation**
    - ‘Hub’ based placement between ST1-5 to limited geographical variation and reduced commuting
    - Placements are ranked by trainees for each training year between ST1-5 and allocated in a standardised, fair and transparent process with provision made for appeal if necessary
    - Placements are known for ST1-5, 3-months prior to commencing ST1
    - Trainees should be able to apply to the Head of School to swap placements maintaining flexibility within the predictability of the original training plan
    - The Deanery reserves the right to change placements but trainees are made aware of any change at least 3 months prior to commencement
    - The flexibility to have longer placements in each unit if required
  - **Structure**
    - Implementing training theatres and clinics
    - Reconsidering the ‘Firm’ structure especially for theatre training
    - Suitable non-medical personnel take responsibility for certain aspects of training (e.g. sonographers or midwife sonographers for scanning) with a dedicated Consultant
    - Training is protected during ‘in-hour’ sickness or rota gaps with cover provided by non-training grade or consultant wherever feasible

Suggestions for Actions Locally
- Implement national policy locally, taking care to:
  - **Allocation**
    - Determine the most appropriate ‘Hubs’ based on geography and ability to provide training to fulfil the core logbook competencies
    - Produce accessible summaries of each unit including their training strengths so trainees are able to ‘map’ placements to their own training needs
  - **Structure**
    - Identify suitable training theatre sessions and clinics to create training environment by reducing the case-load and providing a dedicated trainer
    - Work closely with the rota co-ordinator to implement a ‘Firm’ like approach to gynaecology theatre training. This would:
- Improve learning by promoting continuity in training
- Ease e-portfolio completion
- Allow rotational placements within subspecialty for additional experience
  o Identify suitable non-medical personnel to which to delegate certain aspects of training as well as a Consultant responsible for assessment and e-portfolio related paperwork
  o Develop strategies for ‘in-hour’ cover which protects trainees ability to attend training sessions

• The Deanery should ensure units accepting trainees should;
  o have adequate facilities to buy food within departments Out of Hours
  o provided trainees with access to locker facilities
  o have a ’mess’ or Doctor’s Office
  o have access to shower and changing facilities
  o the process for obtaining a parking permit should be streamlined for incoming trainees
5. e-Portfolio

Completion
Time should be allowed in working hours to complete e-portfolio. Supervisors should be encouraged to undertake paperwork at the time of assessment to reduce the further demand on trainee time of making a further appointment. There should be consequence for Consultant who do not engage with e-portfolio or do not complete tickets in a timely manner. E-portfolio should be adapted to the trainee as an individual and embrace difference in training especially with regards timing of competencies.

Access
Access to e-portfolio should be free or heavily subsidised. A reinstatement of paper logbook would ease the attainment of immediate signatures at the time of the procedure. Alternatively, an ‘App’ based signature model could be introduced which would maintain the immediate effect. E-portfolio should be more user-friendly on mobile devices to permit more opportunities to complete paperwork and assessment in work-hours. The ‘app’ based model and increased training of educational supervisors would encourage the contemporaneous use of work-based assessments.

Standardisation
There should be set rules about who can complete which areas of the e-portfolio; there is too much variation in what Educational Supervisors are prepared to sign or what they deem competent. This issue could be addressed with improved training for Educational Supervisors. Improved knowledge and awareness of the use of e-portfolio should increase confidence and engagement with the system and reduce the ‘fear’ of calling a trainee competent.

This issue is also a problem with Out of Hours work; if a trainee is competent to perform a procedure but requires additional paperwork from a portfolio perspective a separate form should be completed by the senior informed of the procedure to state it was not witnessed but discussed. This could then count towards competency and different regulation could be designed to govern the use of a work-based assessment in this way. This would be particularly useful following a night shift debrief when procedures were undertaken competently without supervision. There should be standardisation of work-based assessment to limit inter-trainer variation in decisions around competence. There should be guidelines governing how to prepare for work-based assessments and a standardised approach from the assessors’ perspective.

Regulations
There should be more transparency of the use of e-Portfolio at ARCP. The curriculum should be simplified, ‘mapped’ to current pattern of working and rationalised against competencies necessary for consultancy. Competence should be re-defined and include self-assessment and reflection; three procedures should not automatically denote competence, two may be sufficient in some areas and five in others. The approach to assigning competence should be related to level of complexity in the case.
Reflection is often deemed inadequate but often too much emphasis on standard approach which is in conflict with the personal nature of reflection; this point again ties with the transparency of the ARCP process.
Summary of Key Recommendations: e-Portfolio

Current National Activity
- The RCOG have already assembled a task group to address the issues around Educational Supervision including training with regards engagement with e-portfolio and it’s use at ARCP
  - For further details please refer to ‘Section 2: Educational Supervision’ in this document
- The RCOG has completed a curriculum review which will available later in 2018.
- In response to the Dr Bawa-Garba case the RCOG has updated guidance on reflective practice [3]

Suggestions for Actions Nationally
- Produce national policy to recommend;
  - The most appropriate trainer to complete which areas of e-portfolio
  - Advise on necessary preparation for both trainee and trainer prior to completion of work-based assessments or meetings
  - Standard approach to the completion of work-based assessment including encouragement to trainees to complete work-based assessment at the time of learning event if possible
  - An investigation into Consultants who do not engage with e-portfolio or do not complete tickets in a timely manner
- Access
  - Access to e-portfolio should be free or heavily subsidised.
  - An ‘App’ based e-portfolio should be developed, this would:
    - allow contemporaneous completion of assessments
    - permit trainers to provide immediate signatures on observation or completion of tasks
    - develop e-portfolio as a learning tool
    - help individualise learning
    - allow more opportunities for engagement with e-portfolio in work-hours
- Individualisation
  - Timing of competencies should not be predetermined and should instead vary depending upon the trainees’ pattern or content of working at the time
    - It is accepted some competencies will be required prior to transition to a more senior grade e.g. registrar (ST3)
- Unwitnessed Procedures
  - Work-based assessments should allow trainees to identify procedures that were completed but not witnessed by a supervisor
    - These assessments could be used towards the primary acquisition of competency or solely to prove ongoing competency if further opportunities for witnessed procedures were not available
    - This would be beneficial for Out of Hours work when trainee previously deemed competent are working independently
    - New regulations would be needed regarding use and numbers required for ARCP
Requests for tickets would have to be made either at the time of informing a consultant about the need for a procedure or at the morning debrief at the latest.

**Transparency**
- There should be significantly more transparency about the use of e-portfolio at ARCP, this is discussed further in ‘Section 11: ARCP’

**The New Curriculum**
Trainees hope the new curriculum will;
- be simplified, rationalised and in keeping with current patterns of working
- ensuring trainees have the skills necessary for consultancy
- embracing difference and diversity in learning
- promote individualised reflection;
  - replace standardised reflection documentation with those that seek to explore about learning and development at a personal level
- define competence;
  - It should be an individual and dynamic process
  - It should not be automatically attributed to three procedures
  - It should include self-assessment and reflection
  - Each procedure should have a matrix for use by the trainee and supervisor together to determine current level of competence
  - The trainer should feel adequately trained and confident in assigning competence

**Suggestions for Actions Locally**
- Implement national policy locally, taking care to;
  - Ensure training of all Educational Supervisors
  - Promptly, investigate consultant who repeatedly do not engage with e-portfolio or do not complete tickets in a timely manner
  - Promote transparency during the ARCP process
6. Support

Support for exams, rota co-ordinator, SUI, LTFT trainees and ARCP are covered separately in the relevant sections of this document.

Review Roles
Development of the following roles should be considered:

1. **Trainee Guardian** – a consultant assigned to be an advocate for trainee rights, this would be an extension of the existing Workplace Behaviour Champion role.
2. **Equality Trainee Representative** – increased awareness and engagement with this trainee role is required in the trainee body
3. **Training Champion** – a consultant in each unit place to educate staff and trainees about training requirements. It is hoped this role would ensure consistent, quality and reliable advice about Deanery rules and regulations. This could be an extension of the College Tutor’s role.

Approach
A change in attitude is required; ‘calling for help’ should be viewed as seizing opportunities to learn not admitting incompetence. Lack of resilience needs to stop being used as justification for lack of support. The ‘man-up’ attitude is archaic and should be replaced with good quality and readily available support. Colleagues of all grades, including consultants, should be seen to support each other. Where trainee pairings are required allocation of equal number of junior and senior trainee to each unit should be ensured, as far as possible, to permit balanced pairing. It was noted that staff grades and locum’s can often be less supportive and have less knowledge of training requirements so can be unsuitable pairings for junior trainees. Triage of referrals should be improved to ensure trainee are not seeing patient outside there competence especially where a senior second opinion has been sought and adequate support is not available.

Transition to ST3
There should be more focussed support at the transition between ST2 and 3. This should be formally provided through Educational Supervisor but also the whole clinical team should appreciate the difficulties associated with this transition and provide support accordingly. Trainees acknowledge that formal courses have been recommended nationally and have been utilised to ease this transition in some regions but awareness of this resource and implementation is required more widely.

Resources
A regularly updated information sheet outlining exactly what source of support are available should be produced. This package should contain relevant and current names and contact details of source of support. It should be locally developed from a national template and be readily accessible. In order to improve knowledge amongst trainees about the source of support available locally there
should be more online resources. National as well as local websites require dramatic improvement to be more user-friendly and permit easier access to resources.

**Mentorship**
A mentor scheme should be developed out with the Educational Supervision system and not related to trainee assessment. This could be in the form of a consultant colleague or a trainee led ‘buddy’ system. This should be an opt out system and span all training grades. The mentor would provide practical and pastoral support but also signpost to alternative source of support, as required.

**Risk Management**
There should be a positive attitude to risk management which promotes a no blame working culture. Alternative approaches to discussing litigation should be adopted to reduce fear especially amongst junior trainees.

**Return to Work**
Practical and pastoral support for those returning to work after a prolonged period of absence including time out for sickness, OOP and maternity leave. This should follow a standard approach but be individualised to the trainees needs.

**Bullying and Undermining**
Trainees should be encouraged to engage with the local Workplace Behaviour Champion and be supported in reporting and standing up to cases of bullying and undermining behaviour. There should be greater transparency when dealing with cases of bullying and undermining following report and reassurance to trainee that issues are being addressed and will be rectified.
Summary of Key Recommendations: Support

Current National Activity

- The RCOG is producing quality criteria for training units to be implemented alongside the new core curriculum
  - A TOG article is in progress which will include a ‘checklist for a great training unit’ signposting to units that are working well as identified by the TEF

- The RCOG are developing a ‘Return to Work’ scheme for trainees who have been out of training for a prolonged period of time. This will be available nationally in the future.

Current local activity

- **Multiple regions:** formal ‘Step-Up’ courses for ST2’s during the transition to registrar

- **North East:** an opt out trainee-led buddy scheme will be implemented across all grades from August 2018.

- **North East:** one trust has offered litigation training led by a local law firm. A dynamic session where previous court cases were acted out with actual (anonymised) testimony as well as an analysis of doctors’ documentation as evidence. This is a most engaging multi-professional session.

Suggestions for Actions Nationally

- Health Education England’s website requires improvement to permit ease of use and accessibility of information

- Support systems should be redefined and guidance produced to govern the training and time requirements of each role. The following roles have been suggested but alternatives should be explored.
  - **Trainee Guardian** – a consultant assigned to be an advocate for trainee rights, this would be an extension of the existing Workplace Behaviour Champion role.
  - **Equality Trainee Representative** – increased awareness and engagement with this trainee role is required in the trainee body
  - **Training Champion** – a consultant in each unit place to educate staff and trainees about training requirements. It is hoped this role would ensure consistent, quality and reliable advice about Deanery rules and regulations. This could be an extension of the College Tutor role.
  - **Mentor** – a Consultant separate from the named Educational Supervisor with no responsibility for assessment or a trainee led ‘buddy’ system to provide practical and pastoral support and signpost to alternative or more formal avenues of support, as required.

- Produce national policy to recommend;
  - Support should be of good quality and readily available
  - Trainees calling for help should be seen as them seizing opportunities to learn not admitted incompetence
  - Advice, support and greater transparency when dealing with cases of bullying and undermining including liaison with the Workplace Behaviour Champion
- Reporting trainees should be reassured and informed about the outcome of any investigation

Suggestions for Actions Locally

• Local websites require dramatic improved and should include up to date information as well as learning resources networking and career opportunities

• Mandatory training should include;
  o Compulsory resilience training
  o Management of complaints and litigation, this could be offered in conjunction with trust solicitors or local law firms as outlined in current local practise above

• A package outlining local sources of support should be produced. This should;
  o Include up to date names and contact details for each role
  o Have a definition of the role or support available including examples of specific problems and the best primary source of contact
  o Be easy to locate, accessible information ideally available online
  o Be regularly updated

• Risk management should be a learning opportunity and be conducted with a positive attitude
  o Opportunities should be available to get feedback on cases as well as WBA’s
  o A no blame culture should be promoted

• Implement national policy locally, taking care to;
  o Recruit, train and support suitable people into the roles defined above, providing adequate time, resources to do a good job
  o Encouraging to whole clinical time to increase support at times of difficult including transition to ST3
  o Promote a culture of support throughout the clinical team
    - Consultant should be seen to should each other
    - Ensure equal numbers of junior and senior trainees at a unit to permit balanced supportive pairings when working on-call
    - Induction arrangements for locums and staff grades should include an overview of training requirements and competency level expected of junior staff to tailor the support they offer
    - Consultants should triage referrals to their clinic to ensure trainees are seeing patients suited to their competencies with adequate support available
7. Serious Untoward Incident (SUI)

There needs to be a dramatic increase in support for trainees following SUI, critical incidence or any event a trainee expresses finding stressful or traumatic. There should be recognition of the impact of traumatic events on the trainee as a person and reasonable adjustment to support them in the workplace subsequently. A consideration of phased return with additional pastoral support as required after an event would be one example.

Debriefing should be mandatory element after any traumatic or stressful event and conducted by a Consultant trained in conducting debriefing sessions. Debriefing should promote a no blame working culture.

There should be more education for trainee and awareness of complaints management and litigation. Pastoral support should be readily available for trainees who are subject to complaints and litigation.
Summary of Key Recommendations: SUI

Current National Activity

- The RCOG recently undertook a survey to explore this key area the results of which will be published shortly.

- The RCOG has established a working group has been established to help understand the impact of SUI’s and learn how to better support trainees.

- The INDIGO study also aims to look at workplace trauma and will publish its results soon.

Suggestions for Actions Nationally

- Produce national policy to recommend;
  
  **Support**
  
  - Increase in practical and pastoral support available to trainees following SUI, critical incident or stressful or traumatic event. This should include;
    
    - Debriefing with a trained Consultant with a ‘no-blame’ approach focused on learning from the event
    
    - Counselling services offered, if required
    
    - Reasonable adjustments should be made to the workplace to promote the wellbeing of the trainees both physically and mentally
    
    - Opportunities for supported phased return to the workplace
    
    - Assistance with complaints and litigation handling

Suggestions for Actions Locally

- Local training should be offered to all trainees on complaints and litigation management

- Implement national policy locally, taking care to;
  
  - Appoint a suitable, dedicated named consultant in each unit responsible for trainee debriefing and support following a traumatic event
    
    - This could be amalgamated into the College Tutor’s role with additional training
  
  - Induction should include specific sources of support, (see ‘Section 6: Support’ for further information)
8. Out of Programme (OOP)

OOP-Experience (OOP-E) should be integrated into the training programme to promote diversity. If this is not possible availability of OOP should be increased with a standardised and more transparent approach to application. Trainees should have access to knowledgeable supervisors to discuss option for time Out of Programme.
Summary of Key Recommendations: OOP

Current National Activity
- The RCOG supports the use of Gold Guide [2] with regards OOP applications
- SEAC and the RCOG encourage transparency at a local level with the regards the OOP application process

Suggestions for Actions Nationally
- The RCOG should consider incorporating an optional period of OOP experience into the training programme

Suggestions for Actions Locally
- Local policies for application of OOP experience should be reviewed with particular attention to;
  - Increasing the availability of OOP opportunities
  - Standardisation of the application process
  - Transparency in the process around application, refusal and appeal of OOP opportunities
  - Access to knowledgeable supervisor to provide accurate, consistent advice and discuss available options
  - Include a return to work programme
9. Less than Full Time (LTFT) Training

LTFT training should be available to all trainees without a reason and should be easier to arrange.

Trainee acknowledge that short term LTFT working, as an approach to managing burn-out, is available via occupational health with deanery support but this option is underutilised. Awareness and availability of this and alternative options to manage burn-out should be improved.

ARCP requirements should be amended for trainees working LTFT. There should be decreased membership costs for LTFT trainees. More flexibility should exist in the LTFT options including provision for those choosing to work 50%, 60% and 80% of full time commitments. There should be a dedicated Human Resources representative able to give quality advice on compliance of rotas, pay and tax issues related to working LTFT.
Summary of Key Recommendations: LTFT Training

Current National Activity
• The RCOG fully supports the Gold Guide [2] which has released a 7th edition in January 2018 supporting the application of any trainee who is unable to or does not wish to work full time.
• The RCOG is working separately to provide guidance to trainees suffering from ‘burn-out’ which will include acute solutions and support.
  o As per the Gold Guide, applications for LTFT can be made on the ground of ill-health or health concerns which could include feeling of ‘burn-out’ but the application process can take up to 3 months and placement is not always possible immediately so this is not a viable option if immediate reduction in working hours is necessary
  o The RCOG are investigating the issue of burn-out and looking at more viable short-term solutions as well as increased support

Current Local Activity
• **North East:** LTFT handbook written by trainees for trainees, supported by a dedicated Consultant. It will provide accurate and consistent advice to those working LTFT regarding:
  o Rota compliance
  o Annual leave
  o Pay and tax
  o Seizing training opportunities
  o Preparing for ARCP
• **East of England:** a pilot of making LTFT training available to all trainee has been successful and Health Education England are considering national implementation

Suggestions for Actions Nationally
• Produce national policy to recommend;
  o Increased availability of LTFT training with targets for percentage of applications approved
  o Improved flexibility, including options for those choosing to work 50%, 60% or 80% of full time commitments
  o Pro-rota amendments to reduced;
    - Membership costs
    - ARCP requirements

Suggestions for Actions Locally
• Appoint a dedicated Human Resources representative (see ‘Section 10. Training Programme Organisation’ for further information)
• Implement national policy locally, taking care to;
  o Meet national targets for the percentage of applications approved
10. Training Programme Organisation

Induction
There should be a clear explanation of the training structure as well as the requirement at each stage of training as well as an individualised plan for achievement.

Training
Consideration should be given to separating the training programme into Obstetrics or Gynaecology with the option for ‘Dual Accreditation’. Additional consideration should be given to uncoupling the programme at ST3 level although it is worth noting that this was not a view shared by all trainees. Opportunities should be available to promote movement outside the Deanery for training so strengths can be shared nationally. The number of senior trainees doing ATSMs in each trust should be limited to promote fair allocation of training opportunities. Trainees should have exposure to a teaching hospital within the first three years to explore research opportunities and enable them to pursue this career path in later training. Stepping up opportunities should be available for all ST7’s in the last 6-months of training.

Study Leave
There should be more accessible information with regards to study leave entitlement and budget. This information should also be available online and be standardised across the Deanery. There should be more transparency in study leave approval and appeals process. There needs to be more consistency in study leave policy especially with regards private study leave prior to exams. The study budget should be increased at least on par with mandatory courses and should be transferable between training years if not spent.

Funding
Compulsory elements of training including ATSM’s, e-Portfolio and Mandatory Training should be free or heavily subsidised. More money should be allocated to Educational Supervision including training for Supervisors. Payment or time in lieu should be provided for all hours works including staying late, attendance at clinical governance sessions and teaching sessions. There should be regional pay weighting.

Response to Feedback
There should be more transparency at school level with regards feedback on units from trainees. Trainees should receive feedback on their comments and see a response to them. There should be sanctions for units with consistently poor feedback.
**Human Resources (HR)**

Trainees should have access to dedicated, full-time HR support with knowledge about pay, maternity leave, tax and leave. HR need to be more efficient and provide a dedicated named contact for advice and support.

A transferable electronic personal record containing all personal information, pay-scales, occupations health results and mandatory training should be created to reduce the demand on Human Resources at change over. The electronic personal record could hold documents securely but could also link to e-portfolio providing more accurate information about training grade and any time out of programme.

**Local Teaching**

Resilience training should be compulsory.

Regional teaching should map to the national curriculum with dedicated session to sign off ‘OM objectives’. Technology should be embraced to promote access to training days including teleconferencing and recorded session available via a secure serve. Wherever possible staff grades or locums should cover daytime service to enable trainees to attend training days. There should be a renewed emphasis on the competencies required for ST3-5 beyond the exam.

Mandatory training should occur more frequently. It should incorporate practical sessions with the opportunities to receive constructive feedback from a trainer and possible contemporaneously completed work-based assessments. Mandatory training should convert to a ‘conference like model’ with experts in the field being invited to speak and funding being supplemented externally from companies, relevant to the speciality, being able to advertise their products or services. The improved funding would enhance the educational content of mandatory training but the funding companies would have no influence on the taught material.

**Leadership**

There should be transparency and honesty in the leadership at a managerial level. Strong female role models are beneficial for trainees and there should be improved equality at a senior level.
Summary of Key Recommendations: Training Programme

Organisation

Current National Activity

- The RCOG supports Health Education England’s new study leave policy [1] which governs the number of days leave permits but abolishes the fixed annual budget, providing the leave is deemed educationally relevant

- The RCOG supports the new Junior doctors working contract [4] which encourages exception reporting for all hours worked beyond contractual obligations and has circulated new guidance

- SEAC are looking into processes which would make action on feedback from trainees more transparent

Suggestions for Actions Nationally

- A transferable electronic personal record linking with or included within e-portfolio should be created. This would:
  - Contain the trainees’ personal information, occupational health results and mandatory training as well as individualised information on pay-scales and leave entitlements
  - Hold documents securely
  - Provide more accurate information about training grade and time out of programme
  - Reduce the demand on Human Resources at rotation time

- Compulsory elements of training including ATSM’s, e-Portfolio and Mandatory Training should be free or heavily subsidised

- Some trainee suggested the training programme be separate into Obstetrics or Gynaecology with the option for ‘Dual Accreditation’

- Produce national policy to recommend;
  - Limits for the number of senior trainees doing ATSM’s in each trust to allow fair and adequate training opportunities
  - Trainees should have exposure to a teaching hospital in first three year
  - Stepping up opportunities should be available for all ST7’s in the last 6-months of training
  - Training opportunities are promoted nationally

Suggestions for Actions Locally

- Improved induction at ST1 is essential to;
  - Explain the training structure
  - Make trainee aware of the requirements of training include the role of the Educational Supervision
  - Improve knowledge of the management and leadership structure within the Speciality
  - Highlight sources of support
• A dedicated Human Resources Officer for trainees should be appointed. They would:
  o Be a full time (or equivalent) dedicated individual(s)
  o Accessible and quick to respond to queries
  o Provide accurate and consistent information with regards approved working patterns, pay, tax and leave requests including maternity leave, LTFT training and Out of Programme secondment
  o Be aware of the implications of less than full time working on the issues raised above
  o Have an awareness of support available locally and signpost accordingly

• Mandatory training should occur more frequently and include:
  o An improved educational programme, ‘mapped’ to the curriculum
  o Dedicated session to sign-off ‘other methodology’ competencies which are rare in practice
  o Compulsory resilience training
  o Practical sessions incorporating simulation and opportunities for constructive feedback
  o Lectures from people who are experts in their fields
  o A conference model, engaging companies with an interest in the field to subsidise teaching days in exchange for stall promoting their products without any input into the taught programme
  o Facilities for all trainees, specifically those who are unable to attend, to live-stream or recap recorded lecture content at their convenience
  o Service covered by non-training grades where possible
  o A focus on requirements for ST3-5 beyond obtaining MRCOG Part2/3

• Regional pay weighting is beyond the scope of the RCOG.
  o Local discussion of this contractual issue within deaneries is recommend.

Response to Feedback
• More transparency with regards trainee feedback on units and visible attempts to investigate concerns and make improvements in response
• Sanctions should be implemented for units with consistently poor feedback

Leadership
• There should be transparency and honesty in the leadership at a managerial level.
• Strong female role models are beneficial for trainees and there should be improved equality at a senior level

• Implement existing national policy locally, taking care to;
  Study Leave
  o Ensure all units commit to one consistent approach in line with the new HEE policy
  o Access to time to prepare for and take examinations should be agreed and consistent across the deanery
  o Processes for application and appeal should be consistent and transparent
  o Information regarding study leave entitlement and application should be available on-line and easily accessible
11. Annual Review of Competence Progression (ARCP)

Process
ARCP should be a useful and constructive process designed to empower trainees. It should be an opportunity to present the trainee’s portfolio and discuss career aspirations and planning. It should also be an opportunity to discuss training needs and consequently location of next placement.

More time should be allocated for the panel to properly assess the trainee’s portfolio. However, it is felt that if this process were a collective collaboration between trainee and panel the time required to assess the portfolio would be reduced and it there would be less risk of the panelling missing key information.

ARCP requirements should be amended for trainees working LTFT as well as for those working less than a full year due to maternity or sick leave. There needs to be an improvement in the quality and quantity of communication between Human Resources in the Deanery and the ARCP panel who are frequently misinformed regarding grade and time out of training.

The ARCP process should be more transparent and follow a standardised approach with an explanation of final outcome provided to trainees. Ideally ARCP would be an independent process conducted by a team with no future impact on the trainees’ career but trainees acknowledge the lay member of the ARCP panel it an attempt to promote fairness. Trainees find it difficult to challenge ARCP outcome without fear of repercussions in the current system.

Support
It should be appreciated that some trainee’s find ARCP extremely stressful and specific support to accommodate this should be provided. This should include, but is not limited to, bringing an advocate to the panel and additional Educational Supervision whilst preparing. There should be support for trainee wishing to appeal against the ARCP outcome or process.
Summary of Key Recommendations: ARCP

Current National Activity

- Health Education England has produced a document recommending changes to the ARCP process which will be considered by SEAC.

Suggestions for Actions Nationally

- Produce national policy to recommend that ARCP should be re-designed to be:
  - a useful and constructive process designed to empower trainees
  - an opportunity for the trainee to present their portfolio and discuss career aspirations and planning
  - an opportunity to discuss training needs and consequently location of next placement
  - a collaborative exploration of the training portfolio between the trainee and panel
  - an accurate assessment of work undertaken on a pro-rota basis taking into account LTFT training and prolonged periods of leave
  - a more transparent and standardised process with an explanation of the final outcome open to opportunities for appeal without fear of repercussion
  - a supported learning process with adequate time with a dedicated Educational Supervisor to adequately prepare
  - encouraging of any trainee who feel an advocate would be a support to them at the panel meeting

Suggestions for Actions Locally

- Implement national policy locally, taking care to:
  - Provide contact details of appropriate sources of advice and support, independent to the Speciality
    - this should include names of suitable advocates and their role within the panel meeting
  - Improved communication between Human Resources in the Deanery and the ARCP panel (see section 10: Training Programme Organisation for further information).
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Abbreviations

RCOG: Royal College of Obstetricians and Gynaecologists
LTFT: Less than Full Time
OOP: Out of Programme
SEAC: Special Educational Advisory Committee
HEE: Health Education England
SUI: Serious Untoward Incident
ATSM: Advanced Skills Training Module
HOS: Head of School
ARCP: Annual Review of Competence Progression
SPA: Supporting Professional Activities
References


