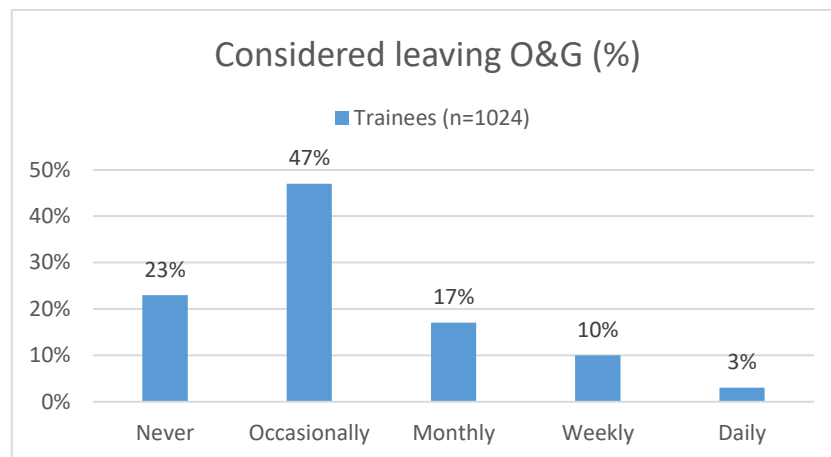


## 2019 Training Data Analysis

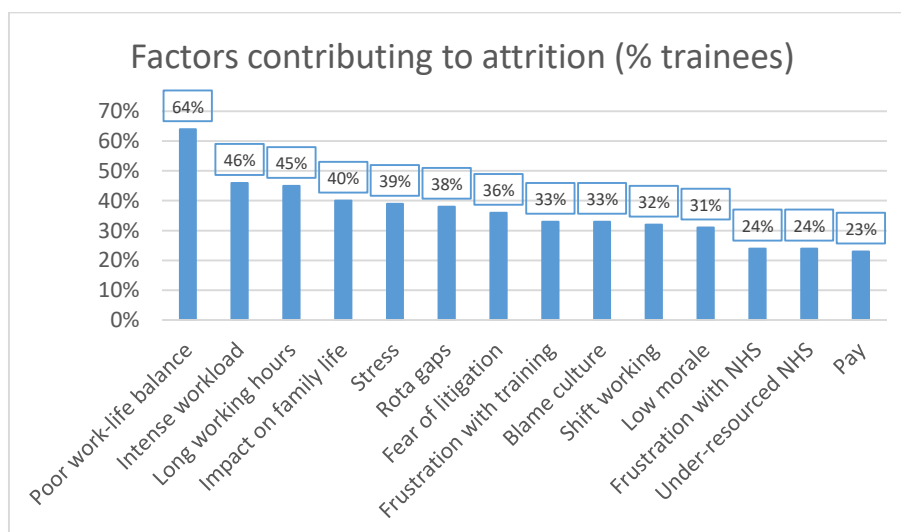
### Topic: working patterns and patient safety

#### Background

There remains 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, with a significant of trainees who start the O&G programme not finishing it. The typical attrition rate for O&G is 30% (rates range from 29% to 37%) (1). The workforce survey in 2018-2019 has also shown that around 13% of O&G trainees consider leaving the specialty either on a daily or weekly basis and a staggering 77% of trainees have considered leaving the specialty at some point in their training. The main reasons for high trainee attrition rates include poor work-life balance, intense workload, long working hours and impacts on family life.



Percentage of trainees who considered leaving O&G- taken from the workforce survey 2018-2019.



Main factors contributing to trainee attrition- taken from the workforce survey 2018-2019.

There continues to be significant rota gaps across the UK; the latest workforce survey identified that there 76% of trainees were aware of rota gaps in their current unit. 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, impacting on trainee satisfaction and burnout risk (2).

From the previous training data reports, it was evident that trainee experiences and opportunities vary considerably across different regions of the UK. This may reflect differing staffing levels, rota gaps, workload complexity and demographics and expectations of the women we care for. The need to retain and nurture our current workforce is important and it is envisaged that appropriate education and training opportunities across the UK are required to improve trainee satisfaction, which have direct impacts on patient safety.

Through focused analysis of the 2019 training evaluation survey (TEF) and the GMC survey, we examine in more detail the trends and impacts of current working patterns on our O&G trainee workforce in differing geographical locations and the impacts on patient safety.

## **Training Issues/ Questions**

Trainees' views of the following statements from the 2019 Training evaluation form (TEF) data and the 2019 GMC survey were analysed to inform this report.

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. I was given sufficient independence and clinical responsibility appropriate to my level of training (i.e. given the opportunity to practice independently)
  - d. There is little conflict between attending regional teaching and service provision
  - e. I was allowed study leave for appropriate courses (i.e. not regional teaching)

- f. This placement enabled me to make appropriate progress with my long term development needs
- 2. Patient safety
  - a. The medical staffing of my work area was adequate for patient safety during routine working hours
  - b. The medical staffing of my work area was adequate for patient safety out of hours
  - c. The rota allowed for team work and continuity of care
  - d. I felt able to voice concerns about my training if required
  - e. I knew the proper channels to direct any concerns regarding patient safety
  - f. Handover arrangements were effective and appropriate for patient safety
- 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 2019 TEF data:

- **Trainee Level:** there were 1748 trainees, of which 30% were ST1-2, 43% were ST3-5 and 21% were ST6-7 level.
- **Age:** 1% of trainees were 20-25 years, 37% were 25-30 years, 38% were 30-35 years, 19% were 35-40 years and 5% were over 40 years.
- **Gender:** 79% were females and 20% were males.
- **Ethnicity:** majority of trainees were White (68%), 20% were Asian/Asian British, 4% mixed, 3% Black/Black British, 4% African and 1%.
- **On call frequency:** Majority of trainees reported working in a '1 in 3' rota to a '1 in 8' rota. However, this question may have been misinterpreted by our trainees.

On call frequency	UK Trainees %
1 in 3	10%
1 in 4	22%
1 in 5	4%
1 in 6	7%
1 in 7	10%

1 in 8	26%
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**- Type of middle grade on call cover during the day:**

- 44% 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
- 15% Two middle grades oncall working at the same level with ST1-2 level cover
- 2% Two middle grades oncall working at the same level without ST1-2 level cover
- 31% Two tier middle grade rota with one senior and one junior middle grade with ST1-2 level cover
- 2% Two tier middle grade rota with one senior and one junior middle grade without ST1-2 level cover
- 2% Blank/other

% Trainees	Middle grade on call cover during the day			
	ST1-2	ST3-5	ST3-7	ST6-7
44%	1		1	
31%	1	1		1
15%	1		2	
4%			1	
2%			2	
2%		1		1
2%				

**- Type of middle grade on call rota during the night:**

- 42% Single middle grade oncall rota with ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)
- 6% Single middle grade oncall rota without ST1-2 level cover

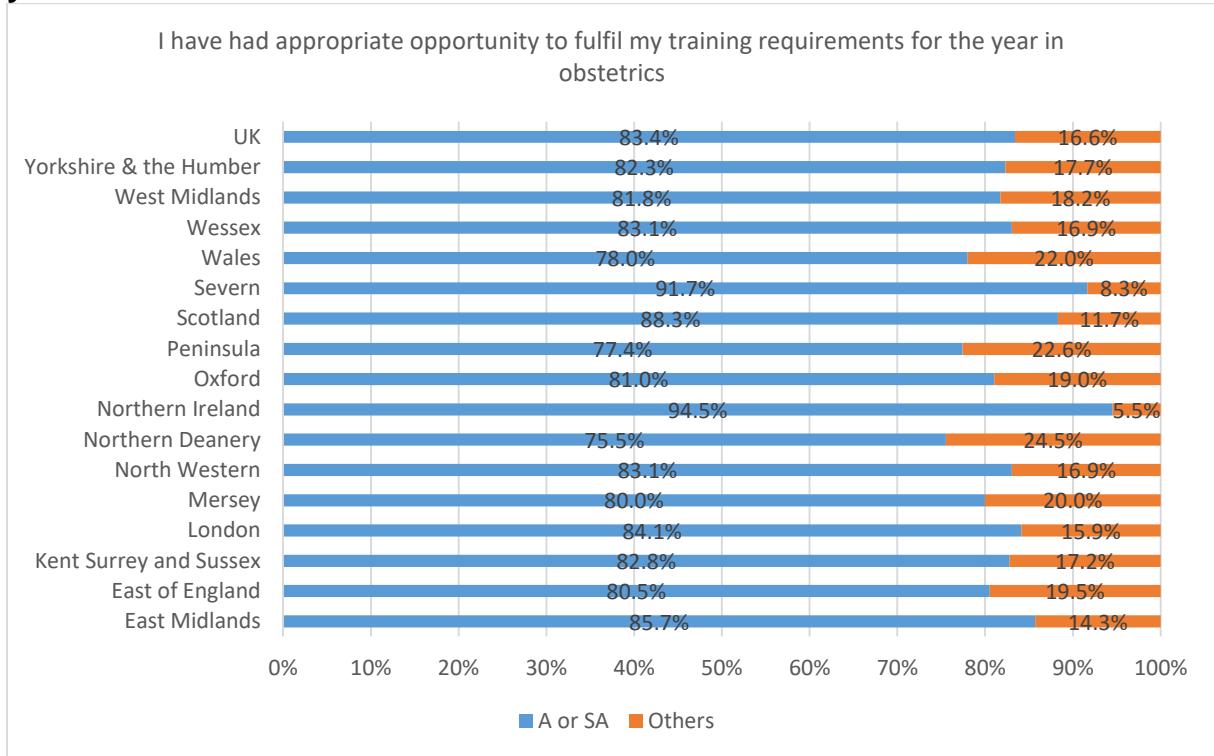
- 6% Two middle grades oncall working at the same level with ST1-2 level cover
- 2% Two middle grades oncall working at the same level without ST1-2 level cover
- 37% Two tier middle grade rota with one senior and one junior middle grade with ST1-2 level cover
- 5% Two tier middle grade rota with one senior and one junior middle grade without ST1-2 level cover
- 4% Blank/other

% Trainees	Type of middle grade on call cover during the night			
	ST1-2	ST3-5	ST3-7	ST6-7
42%	1		1	
37%	1	1		1
6%	1		2	
6%			1	
2%			2	
5%		1		1
4%				

- **Consultant resident on call (CROC):** 65% of trainees reported having no CROC cover, 3% CROC cover 1 day a week, 5% 2 days a week, 6% 3 days a week, 6% 4 days a week, 1% 5 days a week. 14% reported blank/other.

# 1. Fulfilling personal development and training requirements

## a. I have had appropriate opportunity to fulfil my training requirements for the year in obstetrics:

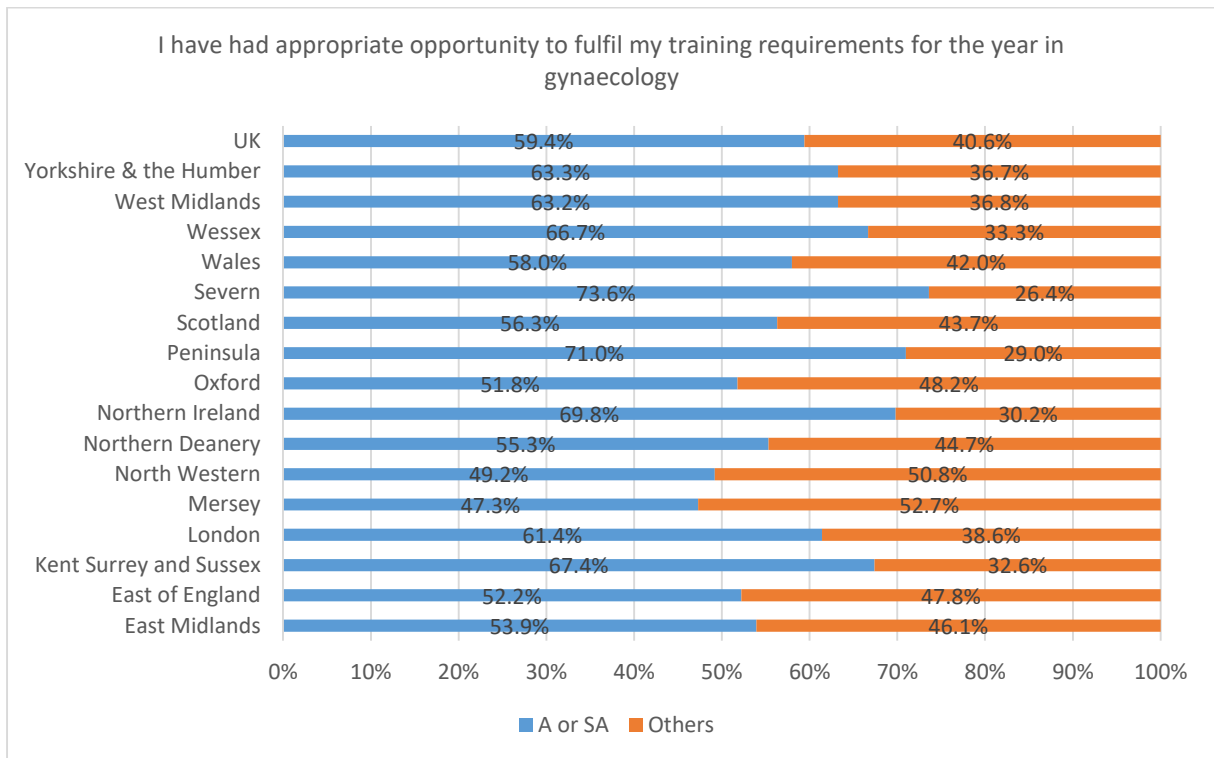


Overall, 83.4% of trainees either agreed (A) or strongly agreed (SA) that they had appropriate training opportunities to fulfil training requirements in Obstetrics (in 2018, 83% and in 2017, 86% of trainees felt that they had appropriate training opportunities in Obstetrics). The top performing deaneries were Northern Ireland (NI) (94.5% agreed) and Severn (91.7%). The deaneries performing least well were Peninsula (77.4%) and Northern Deanery (75.5%)

The deaneries that have seen an improvement in opportunities for obstetrics training include Mersey (in 2018, 72% and in 2019, 80%) and NI (in 2018, 91% and in 2019, 95%). The deaneries that have seen a fall in training opportunities in Obstetrics training since 2018 include Wessex (in 2018, 90% and in 2019, 82%), Oxford (in 2018, 87% and in 2019, 81%) and Wales (in 2018, 81% and in 2019, 78%).

From the GMC Survey data, 78% 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. This is a lower score than 2018 survey data whereby 83% felt that they had sufficient training opportunities in obstetrics. Both Wessex and NI scored highest (87% A or SA). Wales and North East deanery scored lowest (66% A or SA).

**b. I have had appropriate opportunity to fulfil my training requirements for the year in gynaecology:**

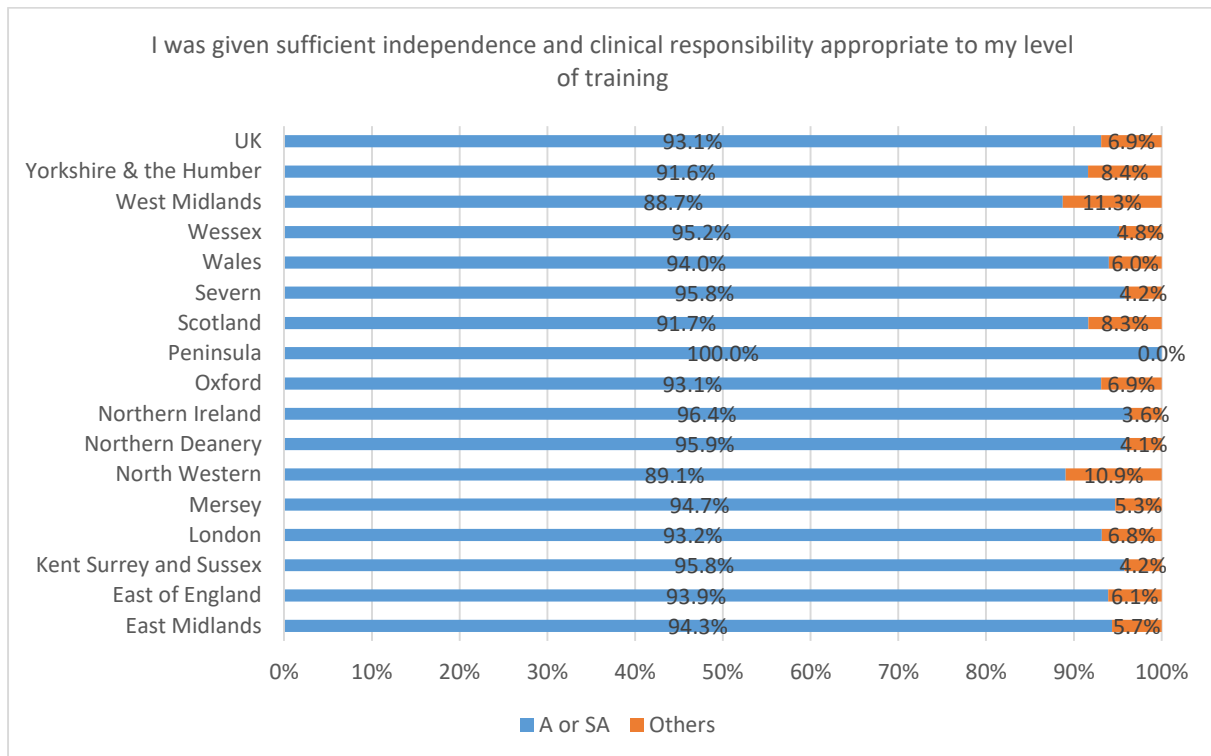


Overall gynaecology training opportunities continue to fall behind opportunities in Obstetrics. 59.4% of trainees either agreed or strongly agreed that they had the opportunity to fulfil their training requirements for their year in gynaecology (in 2018, 56% and in 2017, 59% of trainees felt that they had appropriate training opportunities within gynaecology). As with last year's data, there is considerable variation between the deaneries. The top performing deaneries were Severn (73.6% agreed) and Peninsula (71.0%). The deaneries performing least well were Mersey (47.3%) and North Western (49.2%).

The deaneries that have seen improvement in opportunities for gynaecology training include London (in 2018, 49% and in 2019, 61%), Severn (in 2018, 62% and in 2019, 73.6%) and Yorkshire and the Humber (in 2018, 53% and in 2019, 63%). The deaneries that have seen a fall in training opportunities in gynaecology training since 2018 include Wales (in 2018, 63% and in 2019, 58%) and North Western (in 2018, 55% and in 2019, 49%).

From the GMC Survey data, 57.0% of trainees either agreed or strong agreed that they had sufficient opportunities to develop their gynaecology skills to the level required by the RCOG matrix to their ST year. This is a lower score than 2018 survey data whereby 59% felt that they had sufficient training opportunities in obstetrics. Both NI and South West scored highest (76% and 68% A or SA respectively). East Midlands and North West deanery scored lowest (44% and 50% A or SA respectively).

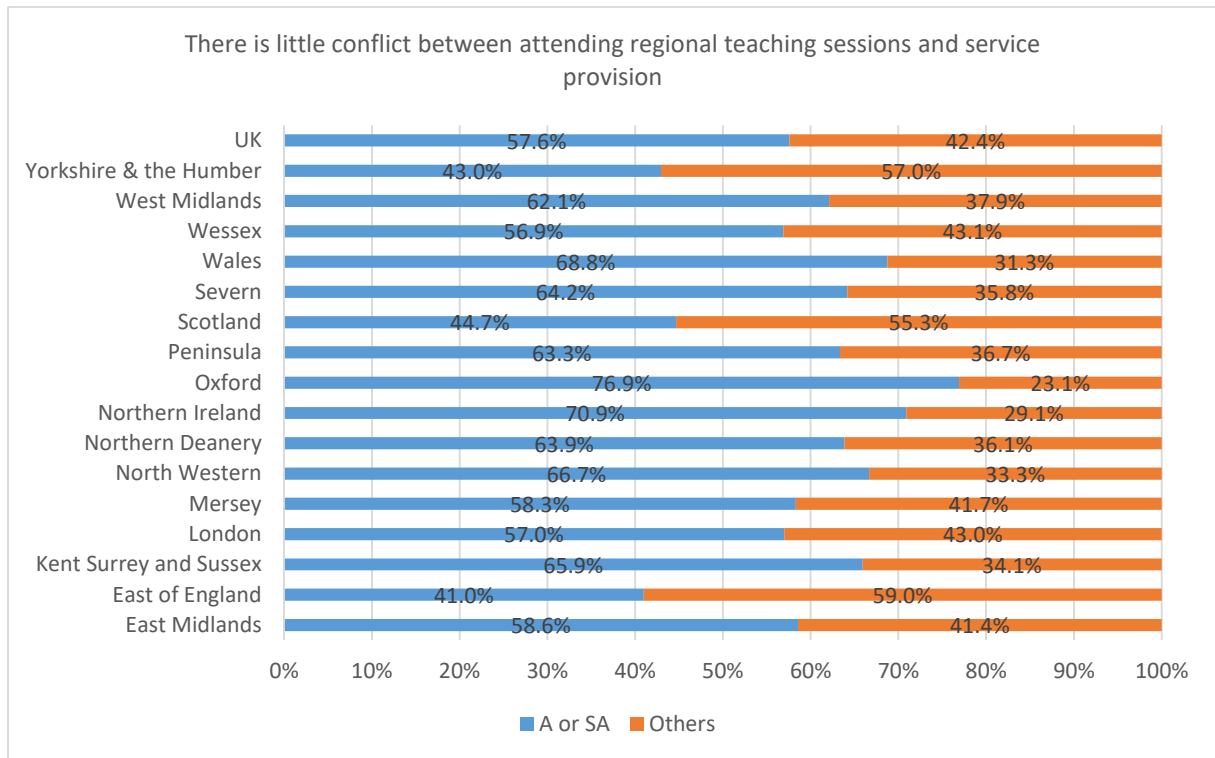
**c. I was given sufficient independence and clinical responsibility appropriate to my level of training (i.e. given the opportunity to practice independently:**



Overall 93.1% of trainees agreed or strongly agreed that they were given sufficient independence and clinical responsibility appropriate to their level of training, and this high score was consistent across all deaneries. The top scoring deanery was Peninsula (100% agreed) and the least well performing deanery was West Midlands (88.7%).

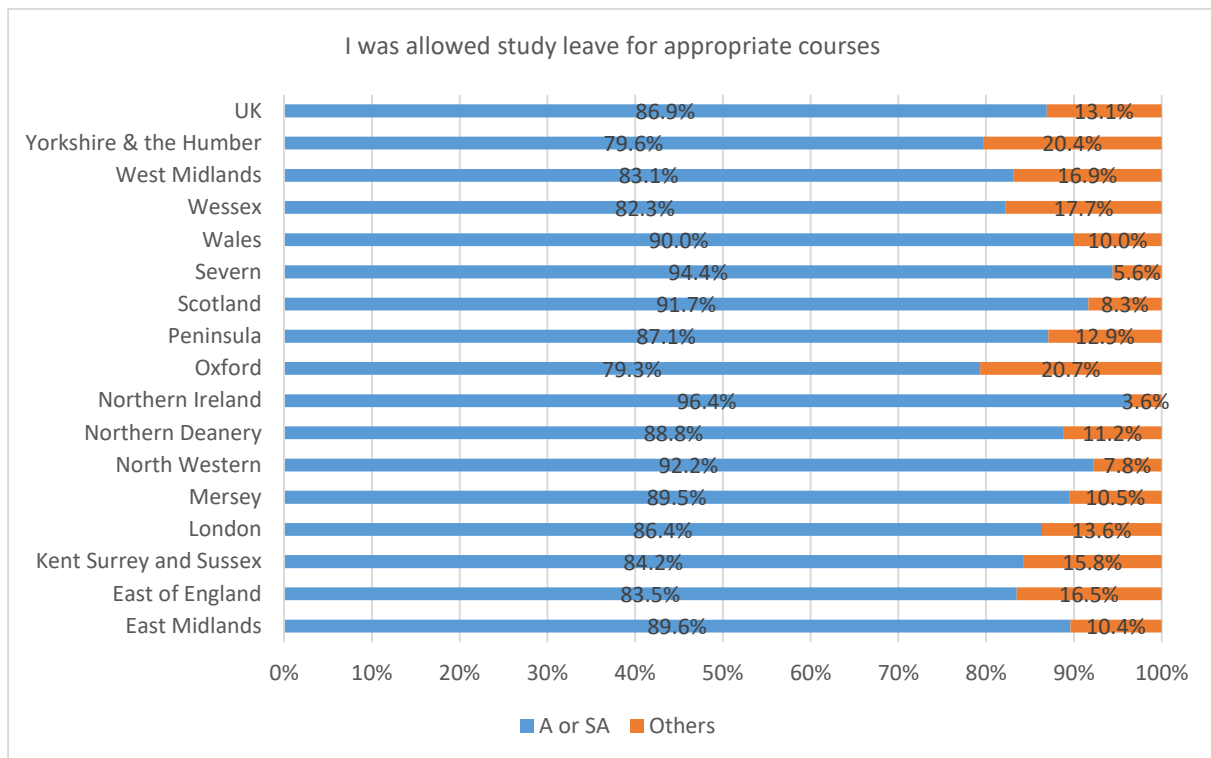


**d. There is little conflict between attending regional teaching sessions and service provision:**



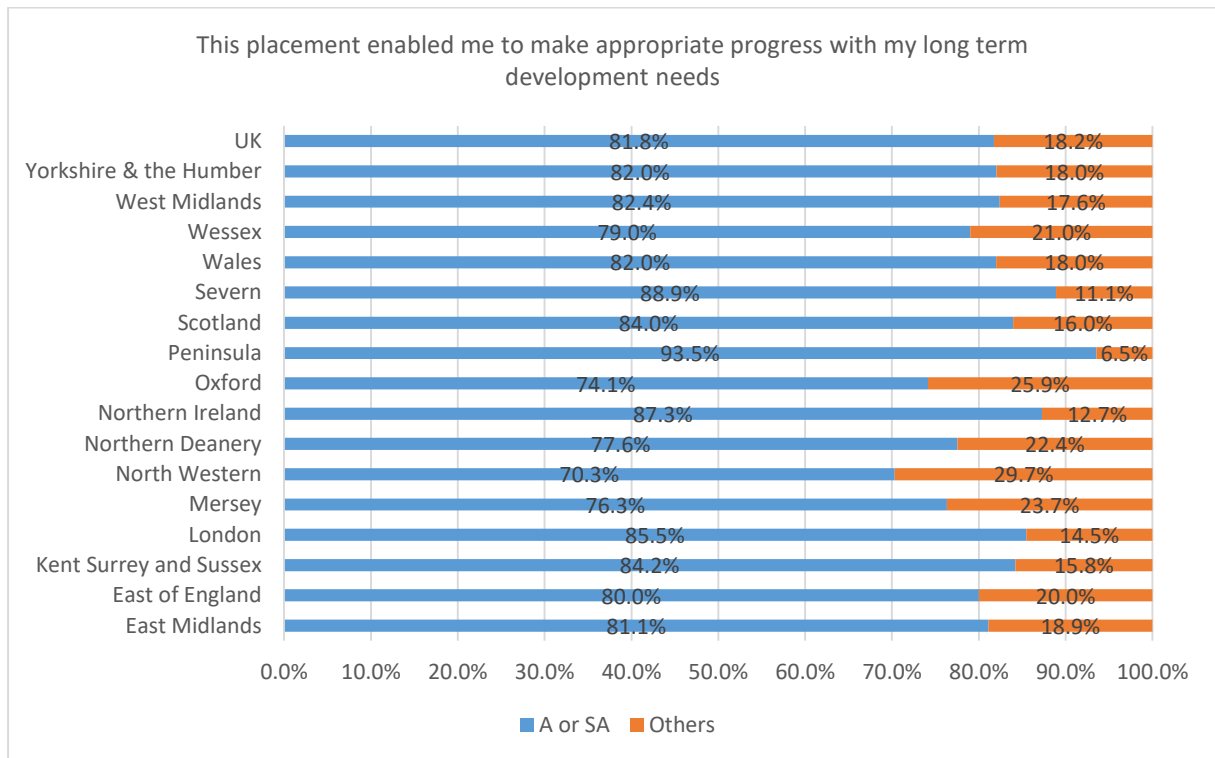
Overall, 57.6% of trainees agreed or strongly agreed that there was there was little conflict between regional teaching attendance and service provision, which is similar to 2018 (59%) and 2017 (58%) data. The top performing deaneries were Oxford (76.9% agreed) and NI (70.9% agreed). The deaneries who performed least well were East of England (41% agreed) and Yorkshire and the Humber (43%). There have been improvements in resolving conflict between regional teaching and service provision including Peninsula (38% in 2018, 63% in 2019), East Midlands (48% in 2018, 59% in 2019) and Oxford (67% in 2018, 77% in 2019) deaneries

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



Overall, 87% of the trainees agreed or strongly agreed that they were allowed study leave for appropriate courses (in 2018, 91% agreed). The top performing deaneries include NI (96.4% agreed) and Severn (94.4%). The deaneries performing least well include Oxford (79.3%) and Yorkshire and the Humber (79.6%)

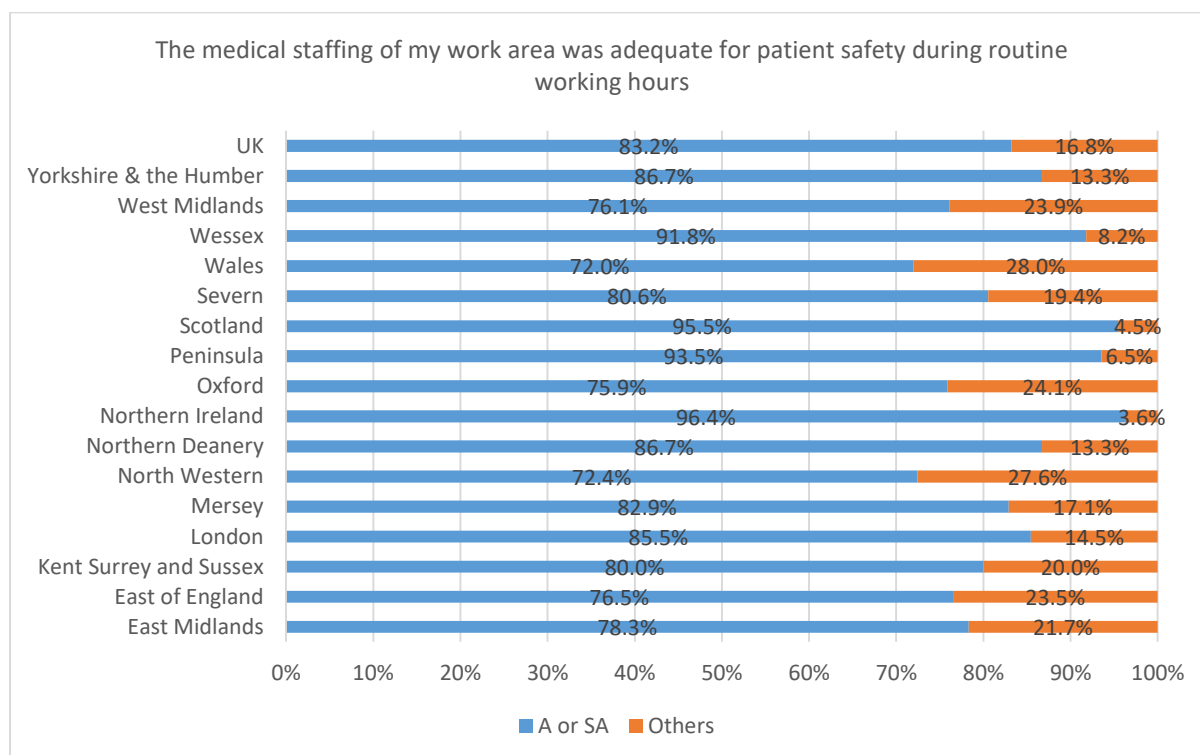
**f. This placement enabled me to make appropriate progress with my long term development needs:**



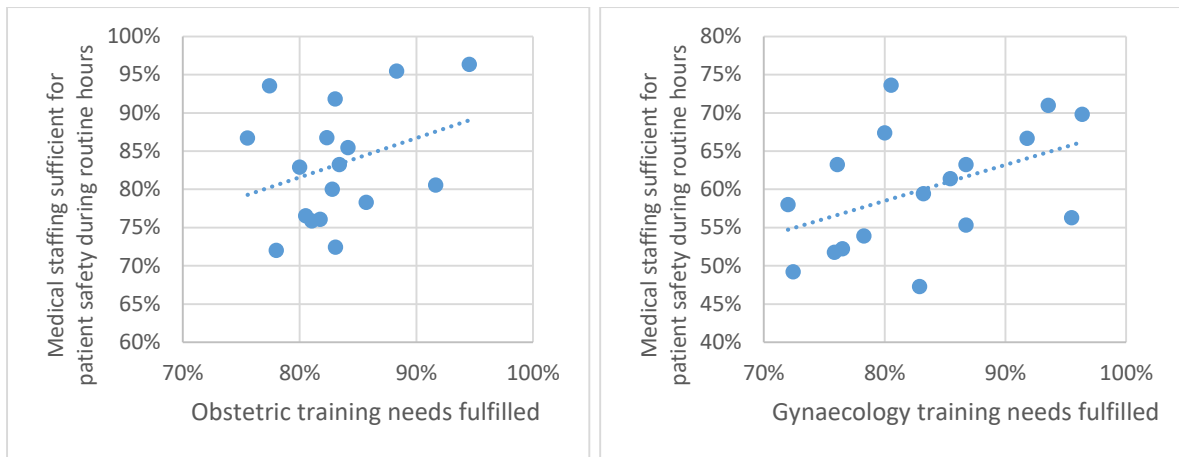
Overall, 81.8% of trainees agreed or strongly agreed that their placement enabled them to make appropriate progress with their long term development needs, which is similar to 2018 data (82%). The top performing deaneries included Peninsula (93.5% agreed) and Severn (88.9%). The deaneries performing least well were North Western (70.3%) and Oxford (74.1%). Improvements were seen in Peninsula (84% in 2018, 94% in 2018) and Yorkshire and the Humber deaneries (75% in 2018, 82% in 2019). The deaneries that have seen a fall in scores include Wessex (93% in 2018, 79% in 2019) and Oxford (84% in 2018, 74% in 2019).

## 2. Patient safety

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

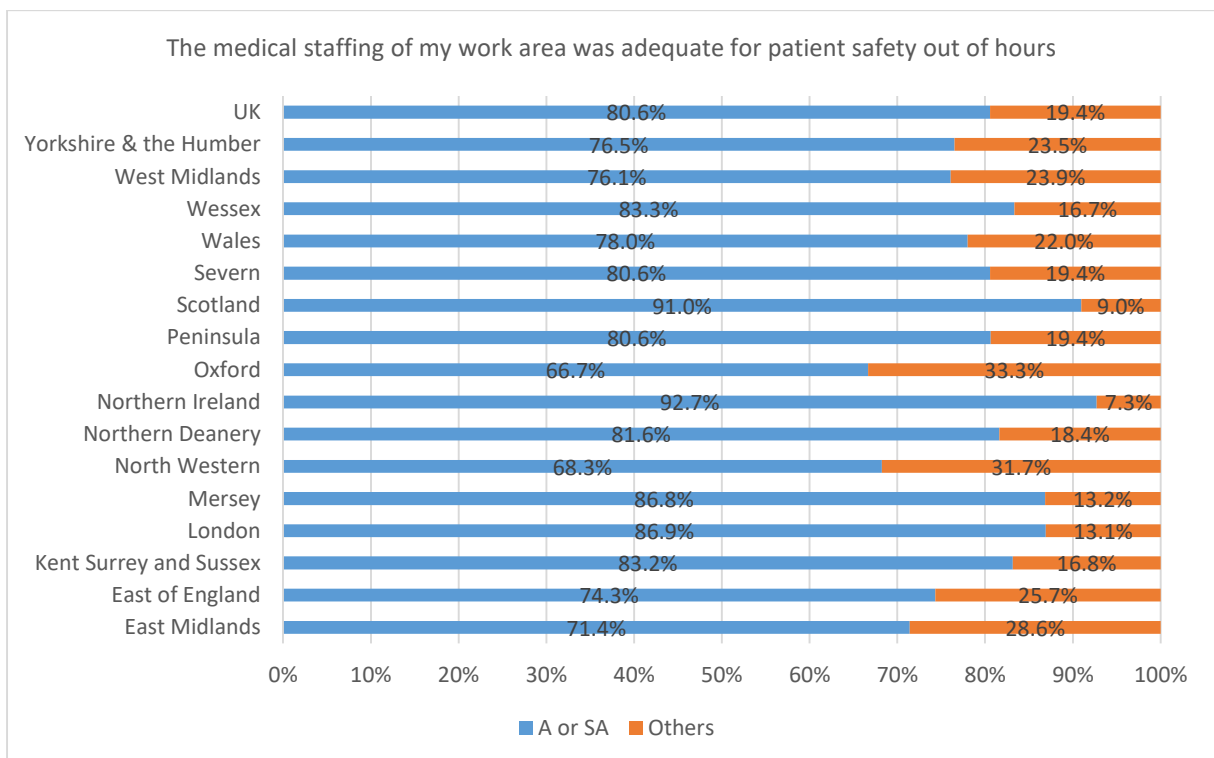


Overall, 83.2% of trainees agreed or strongly agreed that the medical staffing in their work area was adequate for patient safety during routine working hours, which is comparable to the TEF data for the past 2 years (81% in 2018, 84% in 2017). There is considerable variation in the scores for each deanery. The top performing deaneries included NI (96.4% agreed), Scotland (95.5%) and Peninsula (93.5%). The deaneries performing least well included Wales (only 72% agreed) and North Western (72.4%). North Western has remained one lowest performing deaneries, despite a gradual improvement from previous years (2017 67% agreed, 2018 70% agreed); this highlights a possible area of concern. Compared to last year's TEF data, there has been considerable improvement in Scotland (83% agreed in 2018 and 96% agreed in 2019) and Peninsula (84% agreed in 2018, 94% agreed 2019). Northern deanery has performed less well this year (94% agreed in 2018, 87% agreed in 2019).



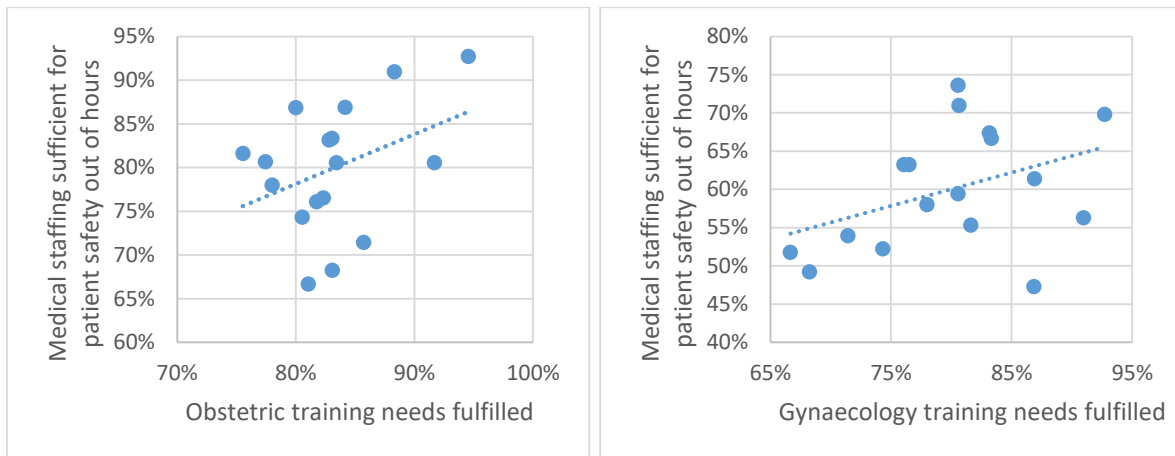
Correlation between % trainees who agreed medical staffing was sufficient for patient safety during routine hours and % trainees who agreed that obstetric/gynaecology training needs were fulfilled. In general, obstetric and gynaecology training needs are better met when medical staffing is sufficient for patient safety during routine hours.

**b. The medical staffing of my work area was adequate for patient safety out of hours:**



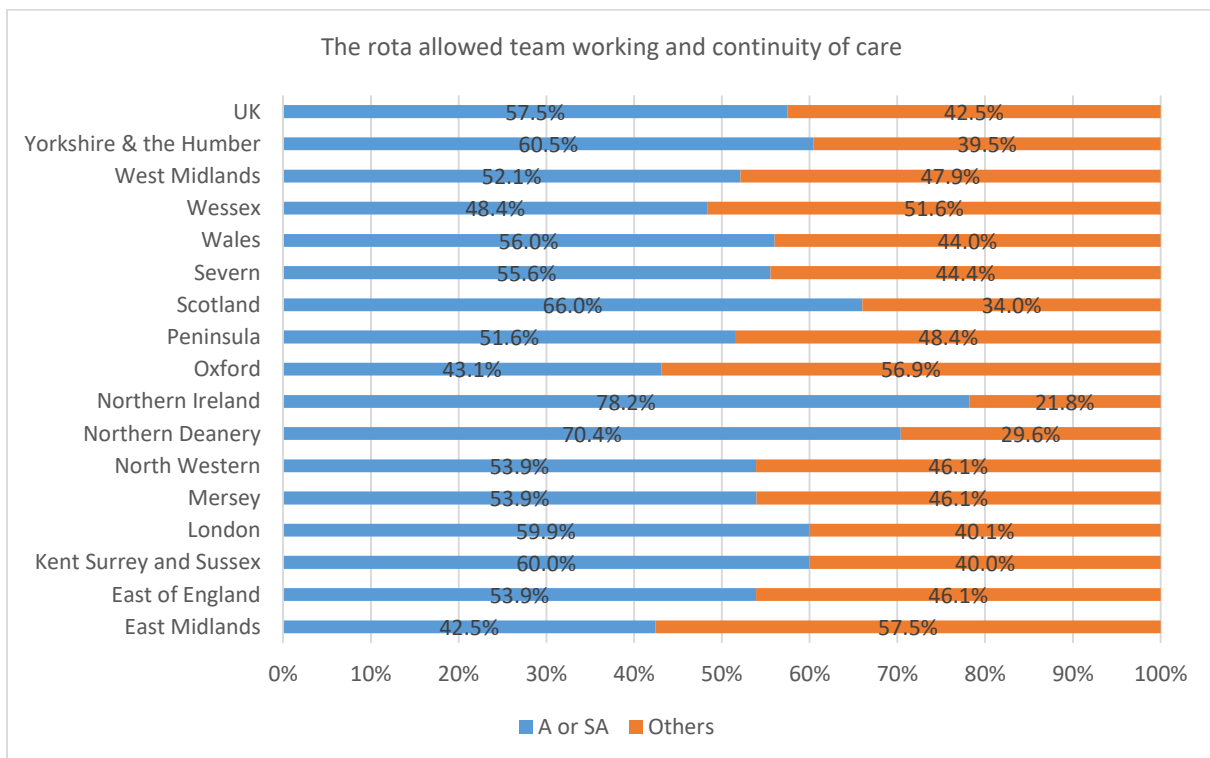
Overall, 80.6% of trainees agreed that the medical staffing of their work area was adequate for patient safety out of hours. All deaneries except for Wales, Mersey, London and KSS had better trainees scores for patient safety during routine working hours compared to out of hours. Interestingly, there was a considerable difference in trainees' views of patient safety during routine hours (93.5% agreed) and out of

hours (80.6% agreed) in Peninsula. The top performing deaneries for patient safety out of hours were NI (92.7% agreed) and Scotland (91% agreed). The deaneries performing least well were Oxford (66.7% agreed) and North Western (68.3% agreed), which followed similar trends as patient safety during routine working hours.



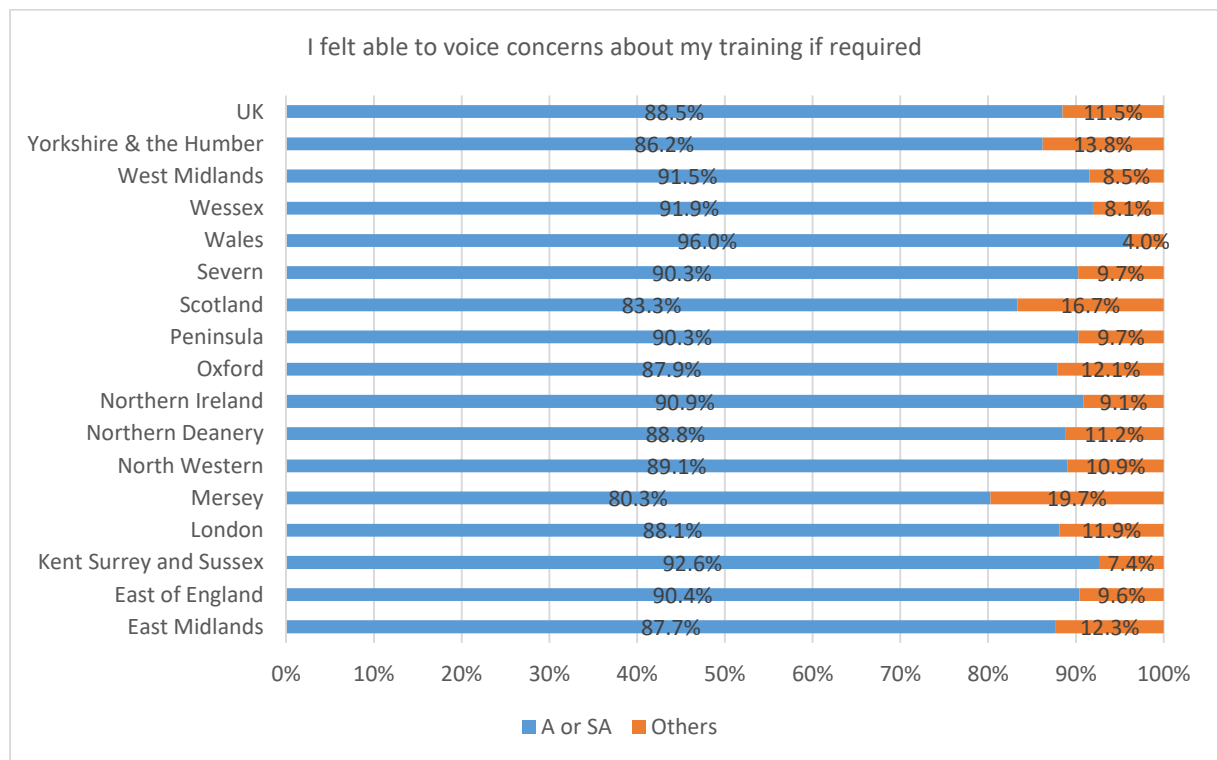
Correlation between % trainees who agreed medical staffing was sufficient for patient safety out of hours and % trainees who agreed that obstetric/gynaecology training needs were fulfilled. In general, obstetric and gynaecology training needs are better met when medical staffing is sufficient for patient safety out of hours.

### c. The rota allowed team working and continuity of care:



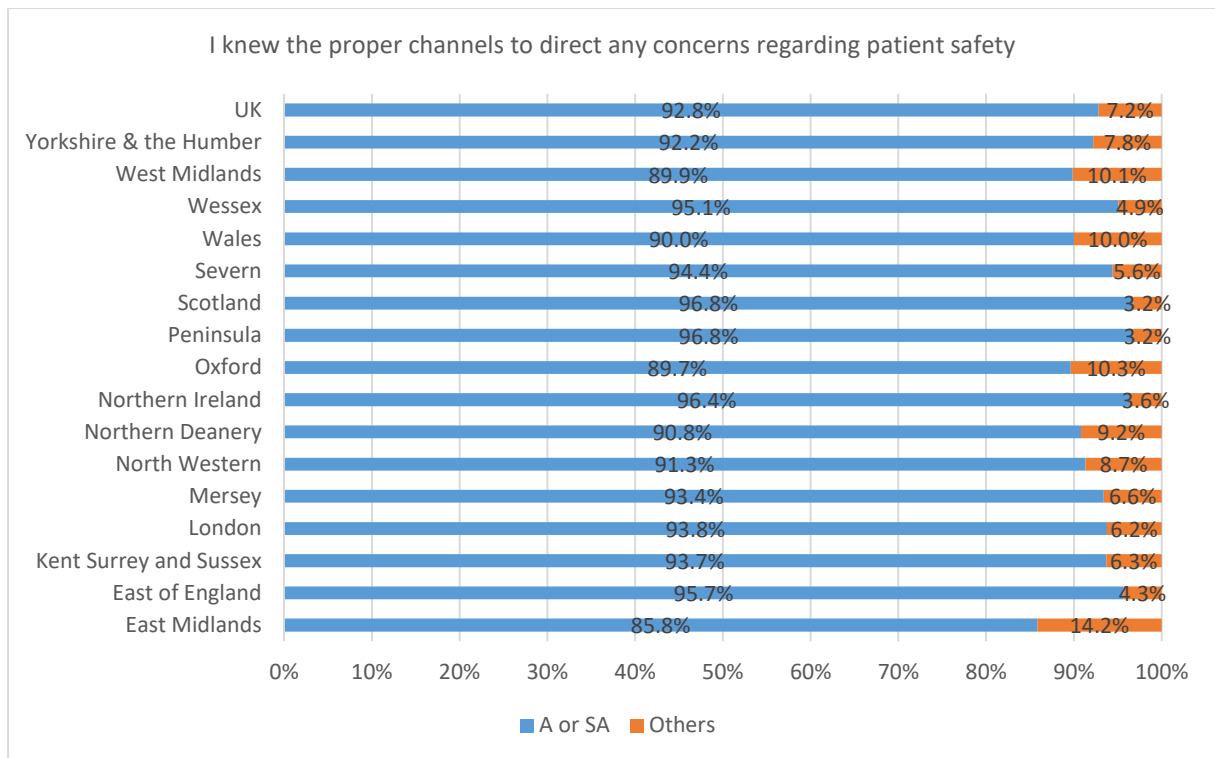
Overall, 57.5% of trainees agreed or strongly agreed that their rota allowed for team working and continuity of care (compared to 59% in 2018). There is considerable variation across deaneries. Similar to 2018 TEF data, this year NI (78.2% agreed) and Northern deanery (70.4% agreed) remain the top performing deaneries. The deaneries performing least well were East Midlands (42.5% agreed) and Oxford (43.1% agreed).

**d. I felt able to voice concerns about my training if required:**



Overall, 88.5% of trainees felt that they were able to voice their concerns about their training if required. Consistent across the deaneries, over 80% of trainees agreed. The top performing deanery was Wales (96% agreed) and the deanery performing least well was Mersey (80.3% agreed).

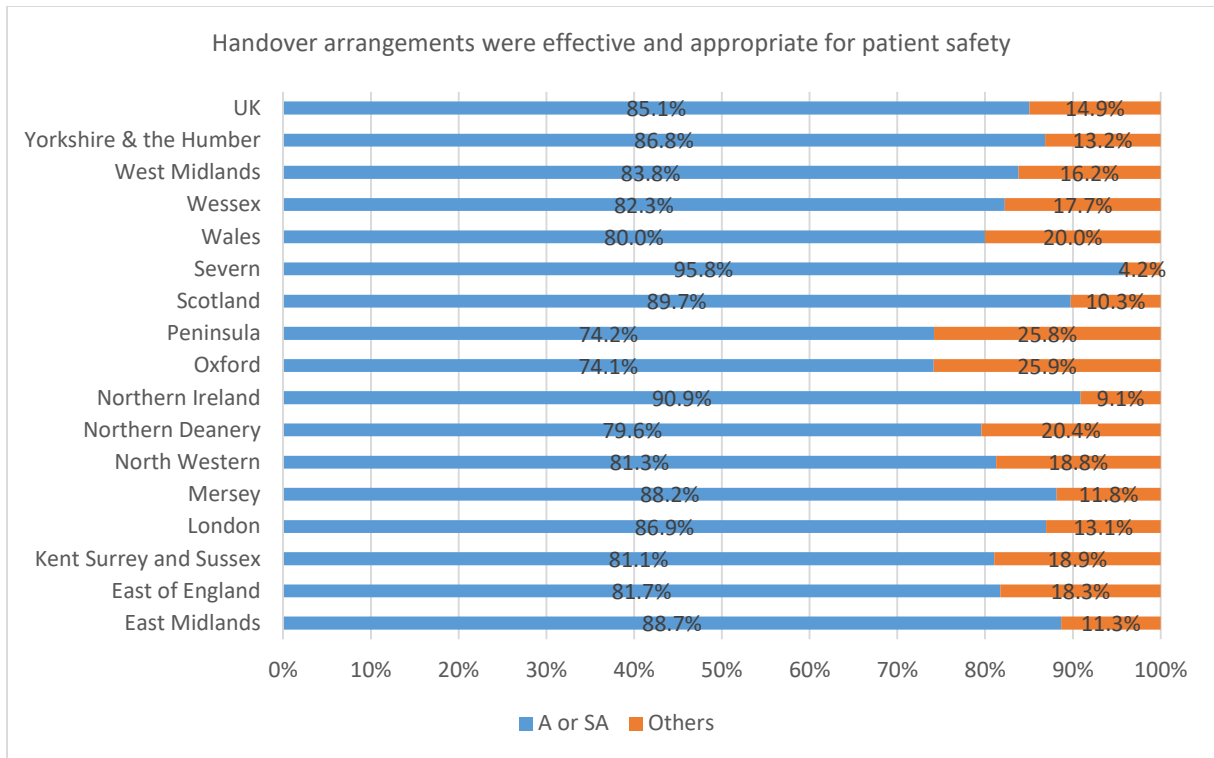
**e. I knew the proper channels to direct any concerns regarding patient safety:**



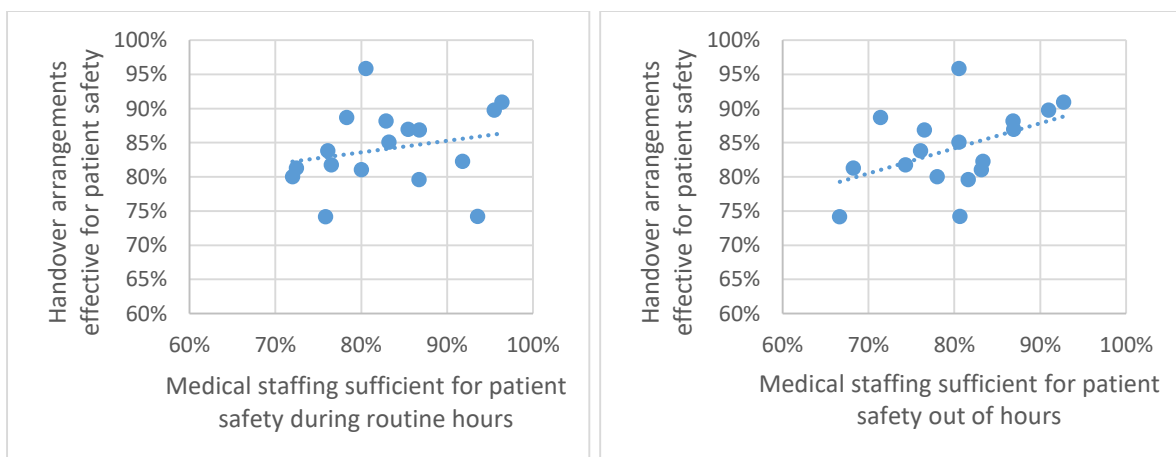
Overall, 92.8% of trainees knew the proper channels to direct any concerns regarding patient safety. All deaneries scored consistently well with over 85% of trainees agreeing that they knew how to raise concerns about patient safety. The top performing deaneries were Scotland and Peninsula (96.8% trainees agreed). East Midlands performed least well (85.8% trainees agreed).



**f. Handover arrangements were effective and appropriate for patient safety:**



Overall, 85.1% of trainees agreed to strongly agreed that handover arrangements were effective and appropriate for patient safety. The top performing deaneries were Severn (95.8% agreed) and Scotland (89.7% agreed). The deaneries performing least well included Oxford (74.1% agreed) and Peninsula (74.2% agreed).

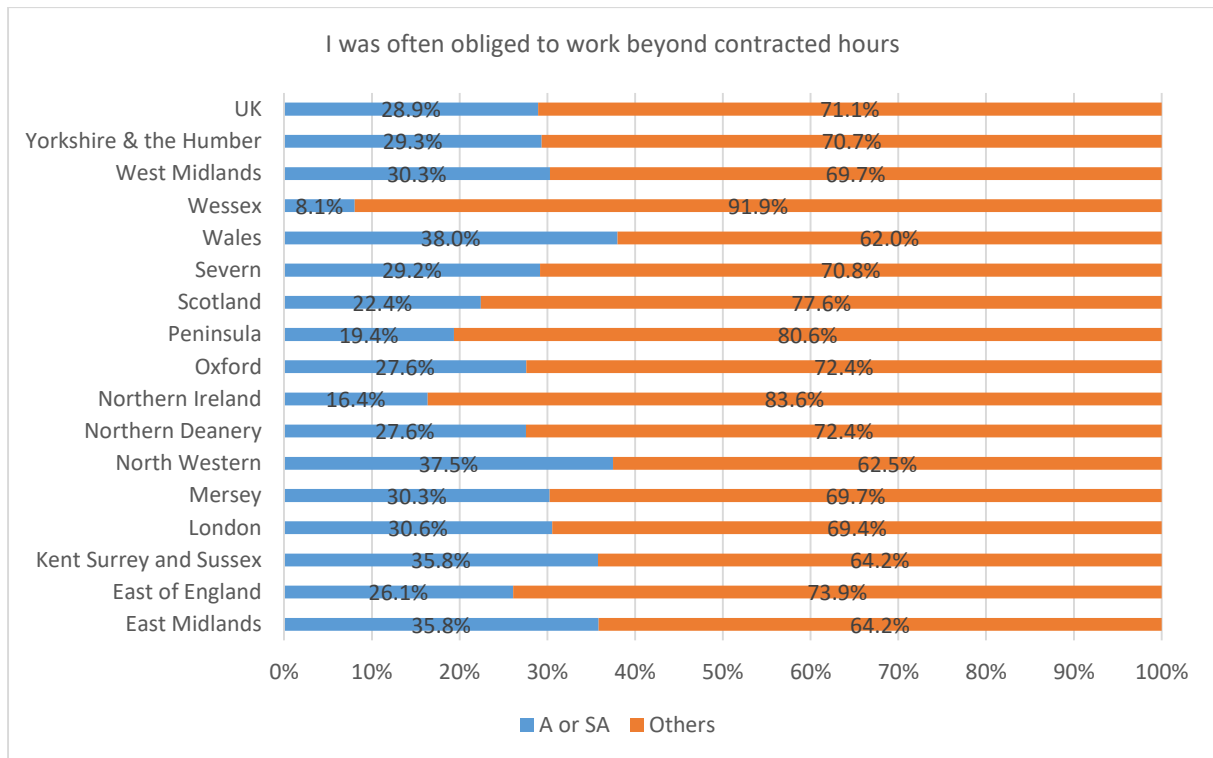


Correlation between % trainees who agreed handover arrangements were effective for patient safety and % of trainees who agreed that medical staffing was sufficient for patient safety during routine hours/ out of hours. In general, handover was more

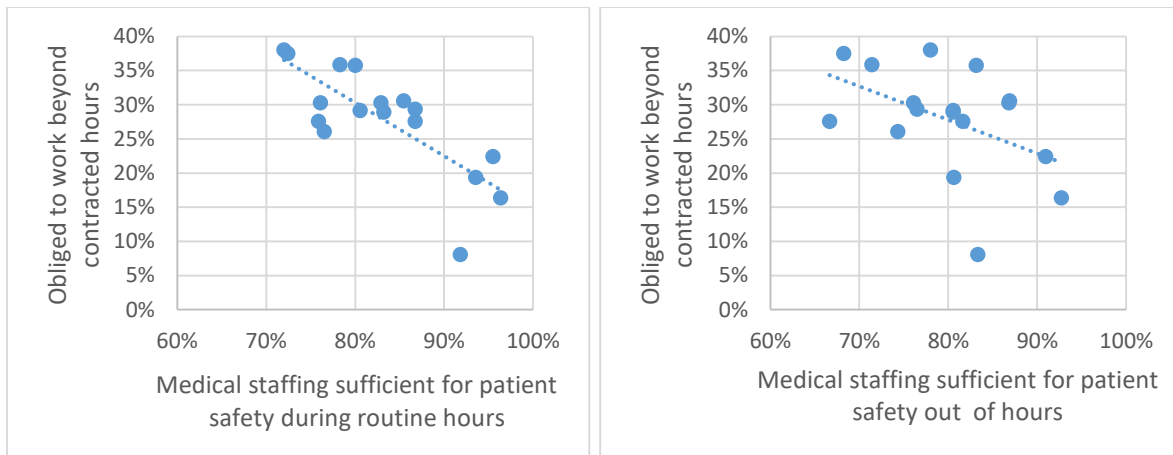
effective and safe when the unit was better staffed both during routine hours and out of hours.

### 3. Work intensity and hours

#### a. I was often obliged to work beyond contracted hours:

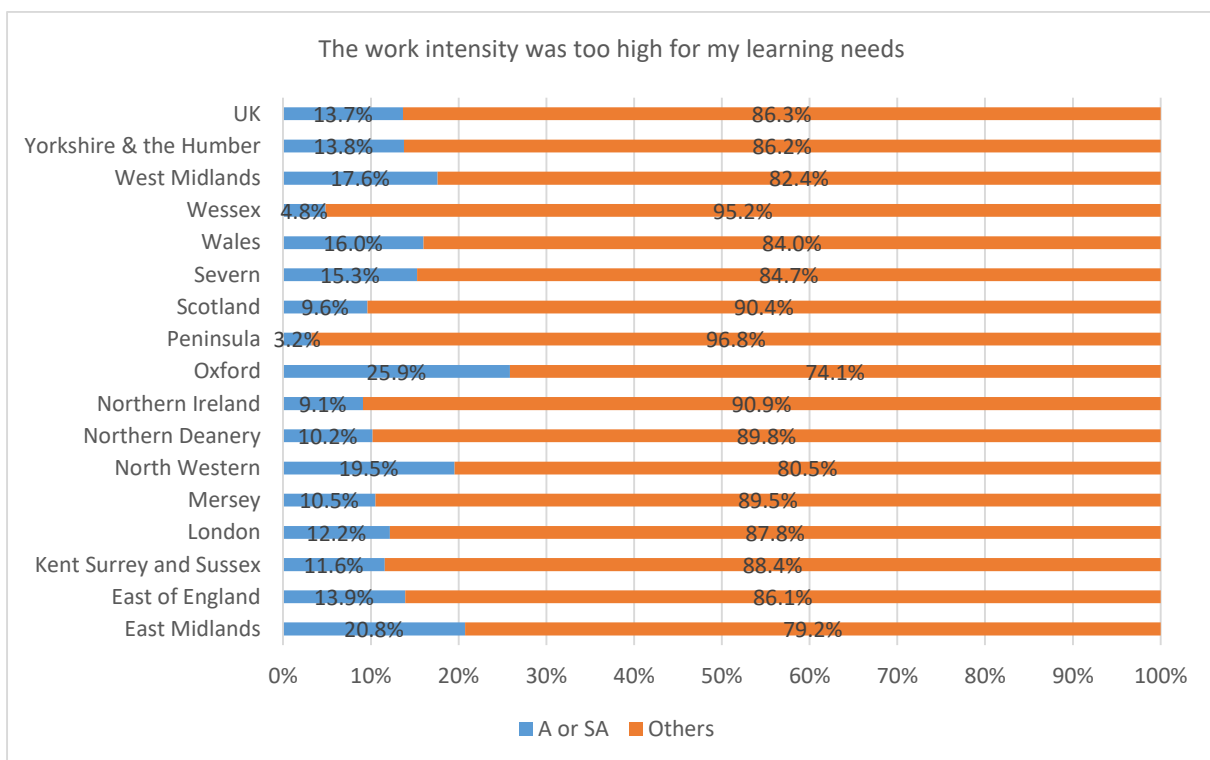


Overall, 28.9% of trainees agreed or strongly agreed that they were often obliged to work beyond contracted hours, similar to 2018 TEF data (29%). The top performing deanery was Wessex (8.1% agreed). The deaneries performing least well were Wales (38%) and North Western (37.5%) where a significant proportion of trainees felt obliged to work beyond contracted hours. There have been improvements with less proportion of trainees feeling obliged to work beyond contracted hours in Yorkshire & the Humber (36% agreed in 2018, 29% agreed in 2019) and East of England (31% agreed in 2018, 26% agreed in 2019). The deaneries performing less well this year included KSS (24% agreed in 2018, 36% in 2019), Mersey (24% in 2018, 30% in 2019) and North Western (25% agreed in 2018, 30% in 2019).



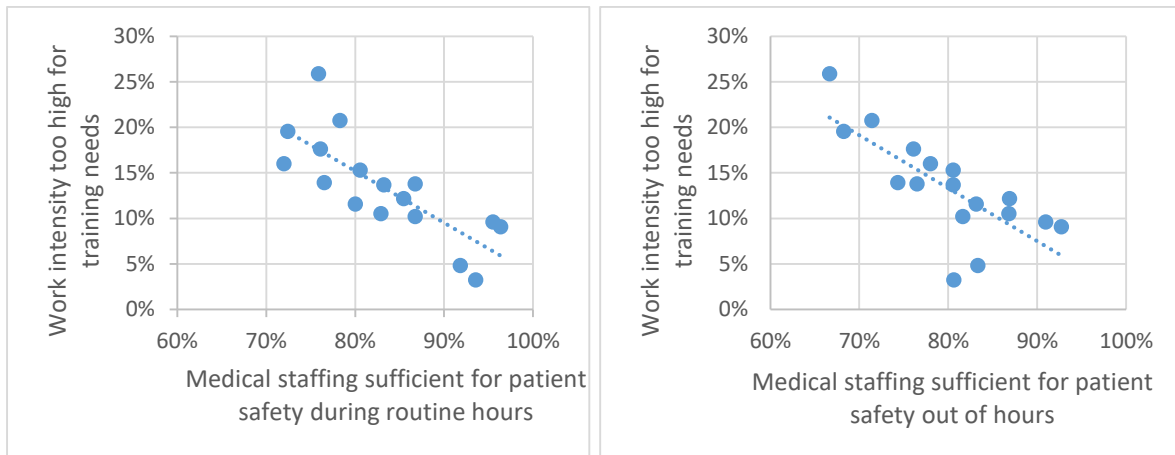
Correlation between % trainees who felt obliged to work beyond contracted hours and % of trainees who agreed that medical staffing was sufficient for patient safety during routine hours/ out of hours. In general trainees felt more obliged to work beyond contracted hours when medical staffing was insufficient for patient safety.

### b. The work intensity was too high for my learning needs:



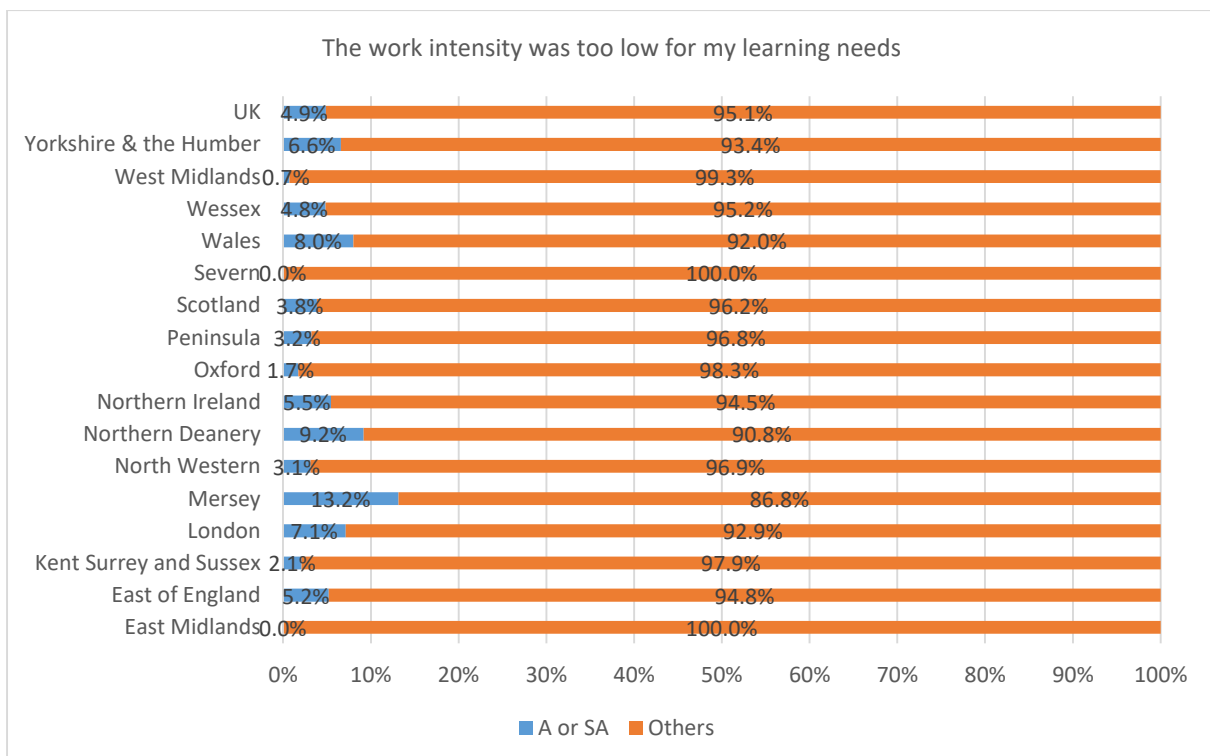
Overall 13.7% of trainees agreed or strongly agreed that the work intensity was too high for their learning needs, slightly higher than previous TEF data (12% agreed in 2018, 11% agreed in 2017). In Peninsula, 3.2% of trainees agreed and in Wessex, 4.8% of trainees agreed, compared to Oxford where 25.9% of trainees agreed. Oxford has seen an increasing proportion of trainees reporting work intensities that

are too high for the learning needs (14% agreed in 2017, 22% in 2018, and 26% in 2019).



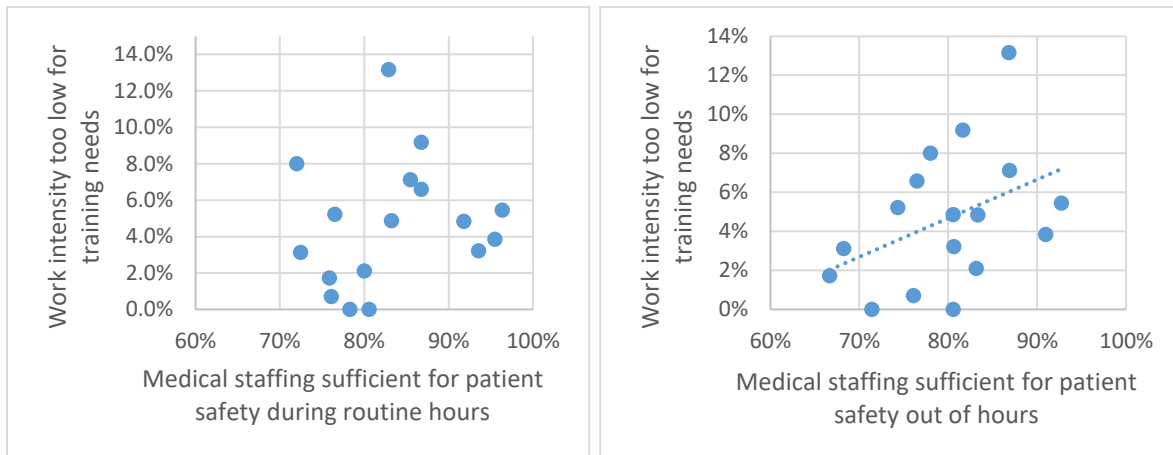
Correlation between % trainees who agreed that work intensity was too high for their training needs and % of trainees who agreed that medical staffing was sufficient for patient safety during routine hours/ out of hours. In general, trainees felt that the work intensity was higher when medical staffing was insufficient for patient safety.

**c. The work intensity was too low for my learning needs:**



Overall, 4.9% of trainees agreed or strongly agreed that the work intensity was too low for their learning needs, similar to TEF data from 2017 and 2018 (4% agreed). In Severn and East Midlands, 0% agreed, compared to Mersey where 13.2% agreed. Mersey has seen an increasing proportion of trainees reporting work intensities that are too low for their leaning needs over the years (2% agreed in 2017, 8% in 2018

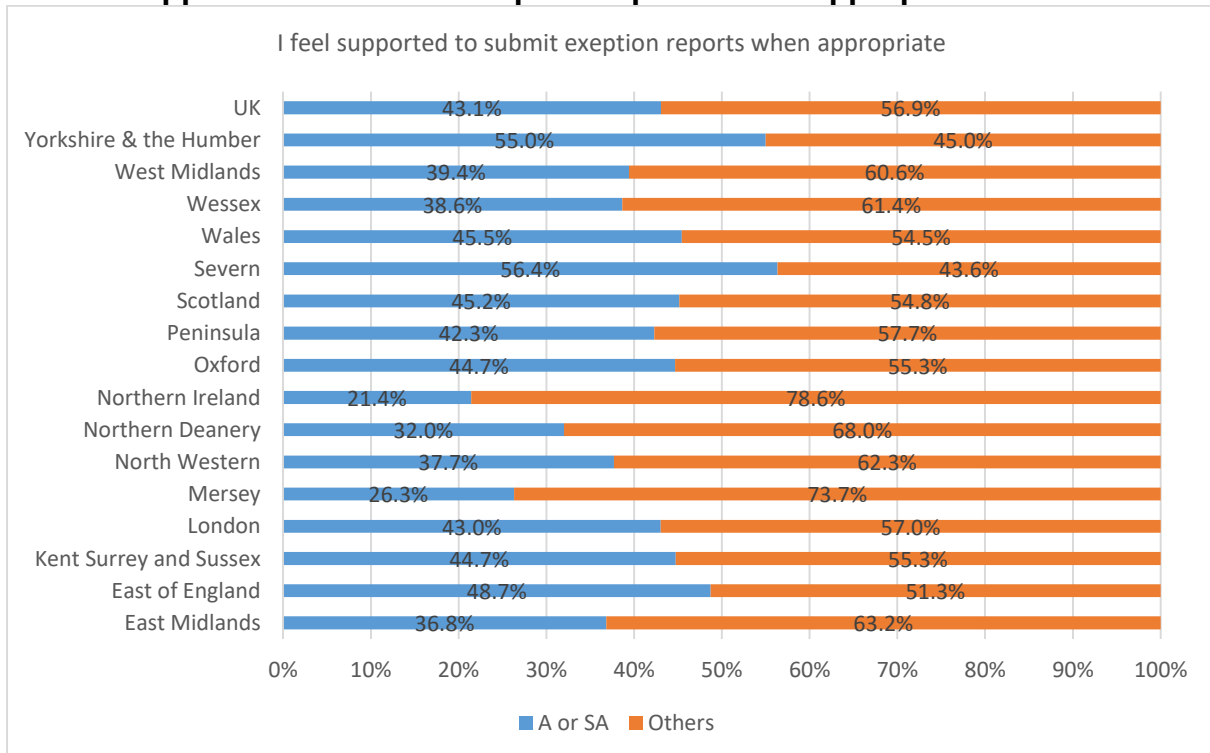
and 13% in 2019). KSS has seen a reduction in trainees reporting low work intensities (9% agreed in 2018, 2.1% in 2019).



Correlation between % trainees who agreed that work intensity was too low for their training needs and % of trainees who agreed that medical staffing was sufficient for patient safety during routine hours/ out of hours. During routine hours, there seems to be no correlation between the two. However, out of hours, there is a correlation between trainees feeling that the work intensity is too low and better medical staffing.

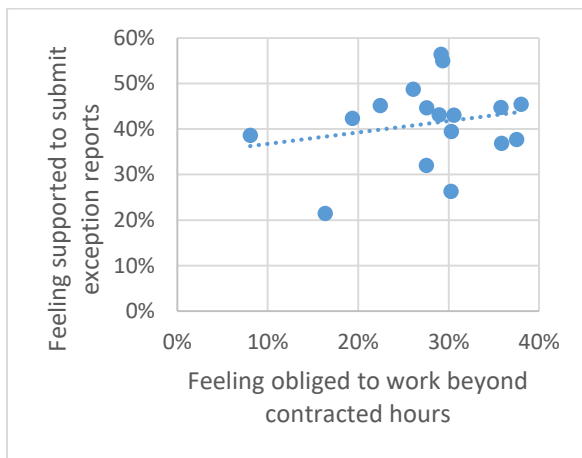
#### 4. Exception reporting

##### a. I feel supported to submit exception reports when appropriate.



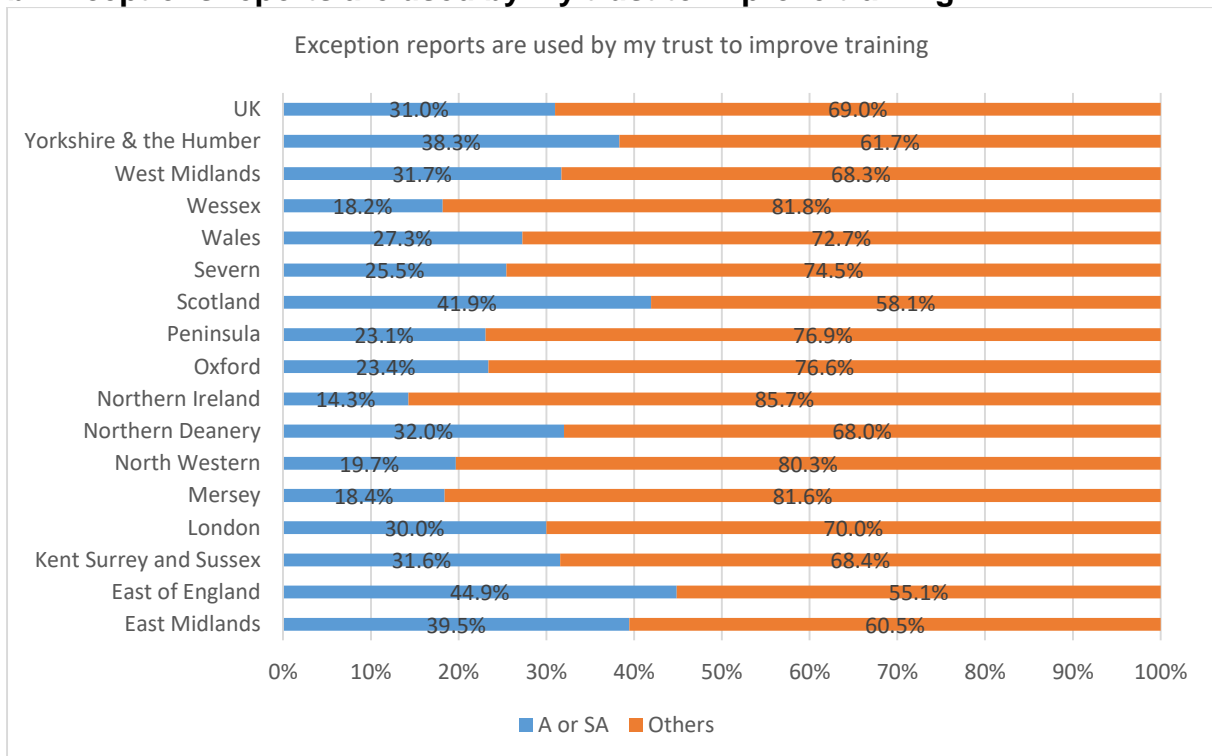
Overall, 43.1% of trainees agreed or strongly agreed that they felt supported to submit exception reports when appropriate. This is similar to 2018 TEF data (43%)

agreed). In Severn 56.4% of trainees agreed and in Yorkshire & the Humber 55% of trainees agreed, compared to NI where 21.4% agreed and Mersey where 26.3% of trainees agreed.



Correlation between % trainees who feel obliged to work beyond contracted hours and % trainees who feel supported to submit an exception report when appropriate. There is a general positive correlation between the two; trainees who work beyond contracted hours were more supported to submit an exception report.

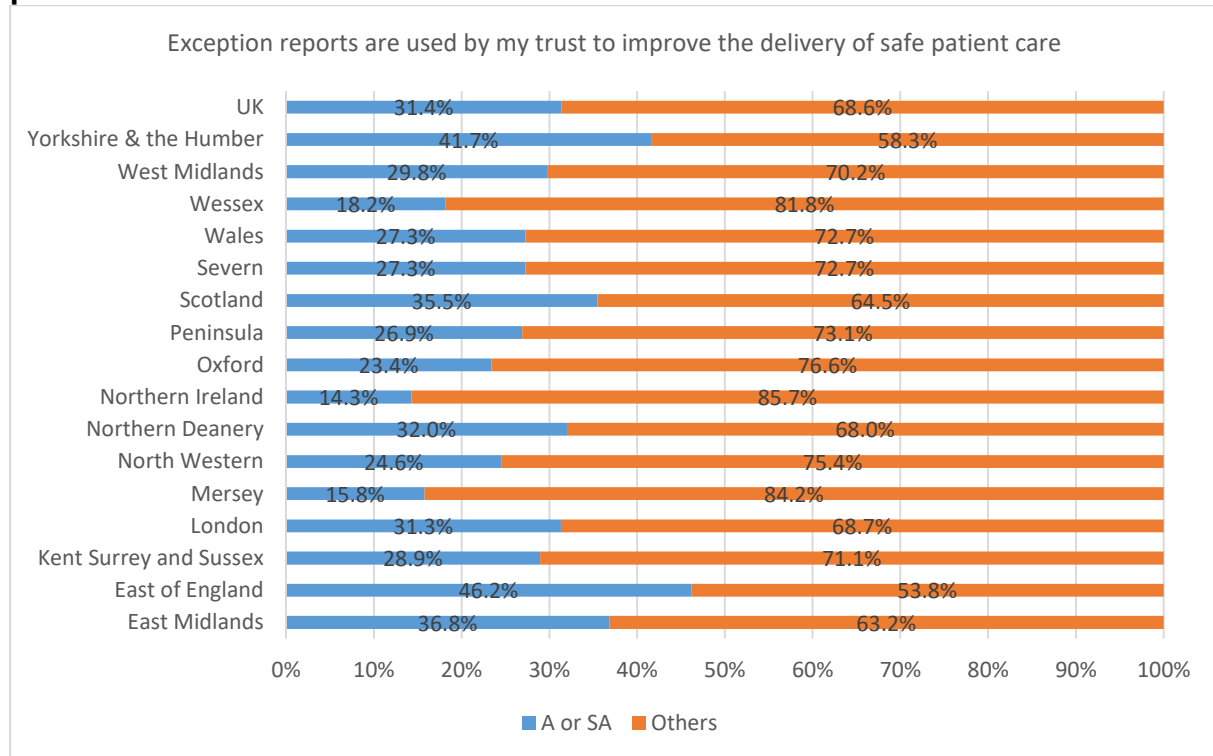
**b. Exceptions reports are used by my trust to improve training.**



Overall, 31% of trainees agreed or strongly agreed that exception reports were used by their trust to improve training, a slight improvement from 2018 TEF data (29% agreed). In East of England 44.9% agreed and in Severn 41.9% agreed whereas in

NI, 14.3% agreed and in Wessex, 18.2% agreed. Of the trainees who felt supported to exception report, a much lower proportion felt that the exception reports were used by their trust to improve their training.

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



Overall, 31.4% of trainees agreed or strongly agreed that exception reports were used by their trust to improve the delivery of safe patient care. In East of England, 46.2% agreed and in Yorkshire & the Humber, 41.7% agreed compared to NI, where 14.3% of trainees agreed and Mersey, where 15.8% of trainees agreed. Again, of the trainees who felt supported to exception report, a significantly lower proportion felt that the exception reports were used by their trust to improve patient safety.

**Discussion**

Our analysis of the 2019 TEF data has shown considerable variations in trainee’s views on training and patient safety across different deaneries

**Trainee experiences of training**

The differences in experiences of training and education for O&G trainees across the country may be the result of different rota schedules, workloads, staffing and patient expectations and demands. It is also evident that there have been changes in

trainee's experiences within a deanery compared to previous years. The opportunities for obstetric training continue to be much greater than the opportunities in gynaecology training (83% trainees felt that they had appropriate training opportunities within obstetrics versus 59% trainees felt that they had appropriate training within gynaecology). The difficulties in attending and receiving training in specialist gynaecology clinics and gynaecological theatre sessions are the main reasons for low satisfaction scores for gynaecology. However, majority of trainees (93%) felt that they were given sufficient independence and clinical responsibility for their level of training in O&G.

There continues to be conflicts between regional teaching and service provision, and these remain stable over the last few years. This is somewhat unsurprising given the increasing rota gaps across the country within the O&G specialty. It is reassuring to see that study leave is mostly supported when appropriate for courses (i.e. not regional teaching) and this is important as there are some mandatory courses set by the RCOG such as 'Basic Practical Skills', 'Obstetric Simulation Course' for ST1 level and 'ROBUST' for ST3 level.

### **Patient safety**

"Always put the patient first" and "Zero harm and patient safety" are central to the RCOG Manifesto for change (3), which emphasised the need to embed a safety culture in women's health services and ensure high quality of care is provided for all. From this year's TEF data, 83% of trainees felt that the level of staffing was adequate for patient safety during routine hours, and 81% felt that staffing was adequate for patient safety out of hours. There was considerable variation between the deaneries, ranging from 67% to 96%. NI and Scotland were amongst the top scoring deaneries. Low levels or insufficient staffing negatively impact on training, as well as patient safety. This highlights the importance of retaining our workforce to reduce rota gaps and staffing shortages.

Continuity of care throughout the woman's maternity and gynaecology care pathway is a high priority, and one key component is having a high quality and safe handover process. Handover is "a process where there is transfer of professional responsibility and accountability for all aspects of patient care to another person or professional group". 85% of trainees felt that handover in their deanery was effective and appropriate for patient safety. There is also an association between adequate staffing and better handover arrangements. However, only 58% of trainees felt that the rota allowed for team working and continuity of care; this shows that there are other contributors to continuity of care than an appropriate handover.



## **Key findings**

- Significant variations in trainee experiences and views on patient safety across the UK
- There is significant room for improvement in continuity of care and teamwork within deaneries
- Staffing levels have a significant impact on training and aspects of patient safety
- Exception reporting is not supported in over 50% of cases and in some deaneries this is as low as 14%.

## **Recommendations from this year's (2019) TEF:**

- This report should be discussed at the Joint Standing Committee for Patient Safety.
- Further study into the deaneries that have made improvements or who are performing well to identify areas of good practice. Heads of school in deaneries with most encouraging data from trainees to be contacted to share areas of good practice.
- Further exploration into deaneries with areas of concern particularly in patient safety to identify components contributing to poor scores and suggest improvements.
- Qualitative assessment with interviews or focus groups with trainees would be useful to obtain further explanations into variations in patient safety and trainee experiences.
- Exception reporting needs to be standardised and revisited in some deaneries where trainees are not feeling well supported to exception report. There remains significant variations in practice.

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