Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	10 October 2019	**Level(s)**	FY2/GP/ST
Type of visit	Scheduled	**Hospital**	University Hospital Crosshouse
Specialty(s)	Obstetrics & Gynaecology	**Board**	Ayrshire & Arran

Visit panel	
Peter MacDonald	Visit Chair - Associate Postgraduate Dean – Quality
Linsey Semple	GP Representative
Karen Rose	Foundation and Specialty Representative
Hazel Stewart	Quality Improvement Manager
John Dearden	Lay Representative
In attendance	
Fiona Conville	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology
Lead Dean/Director	Alan Denison
Quality Lead(s)	Alastair Campbell and Peter MacDonald
Quality Improvement Manager(s)	Hazel Stewart

Unit/Site Information		
Non-medical staff in attendance	4	
Trainers in attendance	6	
Trainees in attendance	10 (FY2, GPST2, ST1 – ST6)	

Feedback session: Managers in attendance	Chief Executive		DME	✓	ADME	✓	Medical Director		Other	✓
Date report approved by Lead Visitor	11th December 2019									

1. Principal issues arising from pre-visit review:

A scheduled visit was undertaken to the obstetrics & gynaecology department at University Hospital Crosshouse as part of the 5-year visit cycle.

The national training survey data did not indicate any areas of concern for any cohort of trainees. There were significant improvements to the Foundation Year 2 (FY2) doctors' data which had yielded 13 negative indicators (9 red flags and 4 pink flags) the previous year.

Due to the poor FY2 data the previous year, a fact-finding meeting was undertaken to look into the potential causes of the deterioration. At that meeting, it was found that the FY2 doctors were very satisfied with the training received in the O&G post and that the likely concerns related to FY2 doctors work on the hospital at night rota within orthopaedics and otolaryngology (ENT) rather than O&G. The panel agreed that this would require discussion during the visit.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13):

Trainers: Trainers reported that there is an effective, structured induction provided. They reported that day 1 is the hospital induction and day 2 is departmental. There is a catch-up hospital induction provided for any trainees that are unable to attend due to issues such as working night shift. Trainers reported that an individual departmental induction is provided to trainees that commence in post out of sync. Staff reported that they had limited knowledge regarding the hospital at night induction provided to Foundation doctors as this is run centrally and does not involve the O&G team.

FY2/GP Trainees: Trainees reported that they all received a hospital induction which they felt worked well. Trainees also reported that the departmental induction to the obstetrics & gynaecology department was very good and could not provide any

suggested improvements. However, several concerns were reported to the panel from Foundation trainees regarding the hospital at night induction. Foundation trainees do not work in the O&G department out of hours, instead, they contribute to the hospital at night rota and work in the orthopaedic and ENT departments out of hours. Trainees reported that the hospital at night induction was a 30 minute presentation. Trainees reported concerns regarding the lack of information at the induction, this included:

- The presentation was not emailed to trainees to refer back to.
- No practical training or experience is provided to trainees.
- Trainees are not provided a tour of the departments and are not shown where the handovers are held

ST Trainees: Trainees reported they all received an effective hospital induction. All reported that the departmental induction was comprehensive, with a separate induction provided to anyone unable to attend on the day.

Non-Medical Staff: Staff reported there is a robust induction delivered to trainees. Included within the induction are email access and maternity computer systems.

2.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: Trainers reported that teaching is provided on Fridays and is open to all staff to attend. There is also Cardiotocography (CTG) teaching. Local teaching provided after CTG is consultant led. Trainers reported that there are no clinical commitments rostered to enable more trainees to be able to attend teaching. Trainers did acknowledge that although staff are made aware of teaching sessions to minimise disruption, this often deteriorates over time which may impact on the junior (FY2, GPST, ST1) trainees' ability to attend local teaching or the frequency at which they may be bleeped out. Trainers reported that as regional teaching is aimed at different levels of O&G trainees, they have not had any challenges enabling trainees to attend.

FY2/GP Trainees: Trainees reported they find it difficult to attend local teaching sessions, suggesting an average attendance of 1 session per month. Trainees reported that workload can prevent them attending teaching. They felt that they cannot

attend teaching sessions when working in the maternity assessment unit and are not aware of other teaching opportunities, such as Practical Obstetric Multi-Professional Training (PROMPT). Trainees reported that some try to address their workload ahead of the teaching session and highlight to staff that they are attending teaching. However, trainees still felt that they were bleeped out of teaching for minor, non-urgent tasks. Trainees suggested that it would be helpful if consultants would highlight to other staff of the importance of trainees attending local teaching and the timing which may reduce the frequency at which they are interrupted. GP trainees reported that they can attend regional teaching, but this is dependent on their rota and providing sufficient notice.

ST Trainees: Trainees reported that they are provided with 2 hours of local teaching each week. This consists of 1 hour of CTG teaching, which trainees find very useful and enables friendly open discussion and there is also an hour of local teaching. Trainees reported that the local teaching provided is initially at a more junior level but the teaching is very good. Trainees reported there is also PROMPT training available to them. None of the trainees reported any difficulties in attending regional teaching.

Non-Medical Staff: Staff reported that they try not to disturb trainees and would only bleep a trainee if there was a clinical need. They felt it was challenging at times for trainees to attend formal teaching due to workload demands. Staff also reported that the department is looking to gain a non-medical prescriber to reduce the frequency a trainee may be bleeped out of teaching.

2.3 Study Leave (R3.12)

Trainers & Trainees: Both trainers and trainees reported there were no issues with approving or obtaining study leave.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: Trainers reported that the college tutor allocates supervisors to trainees. The tutor allocates supervisors by matching the trainee's interests to the consultant's experience. Trainers reported that they are notified of any concerns regarding a trainee's performance from either the supervisor from the previous post or the

deanery. Trainers reported that information regarding any concerns are provided to the clinical director and a learning plan is put in place through discussion with the trainee, to ensure there is appropriate support. Trainers reported they have undertaken the NES supervisors' course to undertake their supervisory role. All have their role reviewed annually during appraisal and have protected time to undertake their role as a supervisor.

FY2/GP Trainees: Trainees reported they had met with their supervisor at least once and had a plan in place for a midpoint meeting.

ST Trainees: Trainees reported they had met with their educational supervisor and can meet regularly with their supervisor as they are often allocated to the same rota, such as undertaking antenatal clinics, as their supervisor.

Non-Medical: Staff felt that trainees can access senior support as and when required.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainers reported there are colour coded badges holders with information posters across the hospital to differentiate between the different levels of trainee. They reported that all staff are made aware of the roles of each member of staff at handover. This ensures that trainees know who to contact for support during that day and out of hours. Trainers reported that they will seek consent from patients undergoing procedures and would therefore not ask a trainee to undertake this task.

FY2/GP Trainees: Trainees reported that they know who to contact for supervision both during the day and out of hours within the O&G department. They reported that senior colleagues within O&G are approachable and accessible when support is requested. Some trainees had found themselves in a situation beyond their competence but O&G support arrived quickly when requested and they had not been left to cope with the situation. Information from foundation doctors reported that some have felt they have had to cope with situations beyond their competence when working in orthopaedics during a Hospital at Night shift.

ST Trainees: Trainees reported that they know who to contact for supervision during the day and out of hours. None of the trainees felt they have had to cope with a situation beyond their competence as senior colleagues are both accessible and approachable.

Non-Medical: Staff reported that there is a board which provides a picture and level of each trainee in the department. Staff report that although they are not informed of a trainee's experience within O&G, they will often ask. Staff reported that trainees are well supported and therefore were not aware of a trainee having to cope with a situation beyond their competence.

2.6. Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: Trainers reported that they are aware of the curriculum for the O&G trainees and discuss learning needs with GP trainees. Trainers reported that GP trainees are not rostered on to clinics and they have no way of counting the number of clinics a GP trainee may attend. However, trainers felt that the rota provided junior trainees with a fair split on the rota to provide trainees with the opportunity to attend clinics. In addition, trainers reported that they will signpost relevant clinics, such as sexual health, to GP trainees. Trainers reported that they had over-recruited a clinical development fellow to enable Foundation and GP trainees to access outpatient clinics and provide ST2 O&G trainees with acting up opportunities. Trainers felt that most competencies could be easily achieved and any which may be more difficult could be met by providing a skills scenario.

FY2/GP Trainees: Trainees reported that they can work through their required competences with the consultant team and therefore did not feel that there would be any issues achieving their required outcomes. GP trainees reported that, due to a well-staffed rota, they were exposed to a good volume of outpatient clinics. GP trainees reported that they can review patients at these clinics. Foundation trainees are mostly supernumerary in clinic. Trainees felt that the obstetrics ward was more service based work than educational work, undertaking tasks such as phlebotomy, cannula insertion and immediate discharge letters.

ST Trainees: Trainees reported it was easy to achieve their required competences. They felt there were excellent gynaecology training opportunities and good access to laparoscopy training. Trainees at ST2 level and above reported that the majority of their time is spent in clinics and theatre. ST1 trainees reported that although the majority of their time is spent undertaking ward work, they are able to get to out patient clinics. All trainees felt there's a good balance between service and educational work.

Non-Medical: Staff reported that they offer ad hoc drill training in emergency skills.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: Trainers reported that they were not aware of any issues for trainees in completing their workplace-based assessments (WPBAs). Trainers reported they had not had the opportunity to benchmark their assessments against other trainers in the department.

FY2/GP Trainees: Trainees reported that they can complete their WPBAs. However, GP trainees highlighted that it can be frustrating at times to gain access to a suitable assessor as they often work with ST3 level O&G trainees but require their assessors to be at a minimum of ST4 level. Trainees felt it was still too early into their post to comment on the fairness and consistency of their assessments but had not encountered any issues to date.

ST Trainees: Trainees reported they find it easy to complete their WPBAs, with consultants often offering to complete an assessment. Trainees felt their assessments were completed in a fair and consistent manner.

Non-Medical Staff: Staff reported that they will complete multisource feedback assessment forms for trainees.

2.8 Adequate Experience (multi-professional learning) (R1.17)

Trainers: Trainers reported that the PROMPT courses, along with meetings such as morbidity and mortality and clinical risk, provided opportunities for multi-professional

learning. Trainers however did feel that clinical pressures can often result in a lack of attendance at some the multi-professional learning opportunities.

FY2/GP Trainees: Trainees reported that the CTG teaching sessions and emergency obstetrics scenario training (skills drills) provide multi-professional learning opportunities.

ST Trainees: Trainees reported on a variety of multiprofessional learning opportunities, including:

- PROMPT,
- CTG,
- Skills drills, and
- M&M meetings.

Non-Medical Staff: Staff reported that PROMPT courses and CTG teaching sessions provide the opportunity for joint learning between non-medical staff and trainees.

2.9 Adequate Experience (quality improvement) (R1.22)

Trainers: Trainers reported there is a consultant who maintains a list of all ongoing quality improvement projects and trainees are supported to undertake one of these. There are 2 dates for audit presentation which trainers felt was useful as it can be used as a goal for trainees to work towards.

FY2/GP Trainees: Trainees reported there are always projects available to them to undertake quality improvement work, but that no time is provided to them within the rota to undertaken this and therefore it requires to be done in the trainee's own time.

ST Trainees: Trainees reported that it is easy for them to undertake quality improvement work and this is widely encouraged within the departments. They are given one session per week to undertake administrative work, which can include audit work.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that they will provide informal feedback to trainees at times during or following work undertaken within clinics and theatre. Feedback can also be provided during ward rounds. Trainers reported that they also provide formal feedback at the planned meetings such as the midpoint review where trainers will discuss with trainees what they have achieved in the post so far and what they are still looking to achieve.

FY2/GP Trainees: Trainees reported that the level of feedback they receive is variable. Trainees felt that on-call and out of hours shifts were particularly useful as they are working with senior ST trainees who were reported to be very good at providing constructive feedback.

ST Trainees: Trainees reported that they receive constructive feedback from the consultants. They felt unable to quantify the amount of feedback received but highlighted that due to have specific job plans, they often work with the same consultants which provides ample opportunities for feedback. Trainees also reported that there are some consultants that are particularly good at providing feedback and highlighting what competences they can achieve during their session.

2.11. Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that they seek feedback from trainees following some of the teaching sessions. They also felt that trainees were comfortable in highlighting their educational needs to trainers to ensure they have access to the education and training required.

FY2/GP Trainees: Trainees reported that can feedback any concerns to their supervisors regarding their training and experience within the post. Trainees sited an example of an issue they had raised which was appropriately addressed at the time. Trainees felt that the department is open to listening and acting on any issues raised by trainees.

ST Trainees: Trainees reported there was a chief resident they could approach to feedback to trainers on the quality of training received. However, they were unaware if there was still a chief resident within the department. Trainees felt that the consultants were very responsive to feedback provided to them.

2.12. Culture & undermining (R3.3)

Trainers: Trainers reported they promote an open and honest culture within the department which was felt to help create a good team culture. Trainers reported that they were aware of some friction between staff on the postnatal ward which the clinical director is reviewing to ensure it is effectively resolved. Trainers reported that no bully or undermining concerns had been raised with them from trainees.

FY2/GP Trainees: Trainees reported that they work within a good and friendly team. Trainees reported that very occasionally there can be tension between them and some midwives, particularly if the midwife does not know the level of experience of a GP trainee. Trainees reported that they have raised this with the departments and that work is in progress but overall they felt these were very minor issues.

ST Trainees: Trainees reported that they have not witnessed or experienced any bullying or undermining behaviours. They thought that if this were to happen, the department would address the issue effectively.

Non-Medical Staff: Staff reported that the department has undertaken various work, such as situational awareness training to provide and open team culture. Staff felt that having open discussions and listening to other opinions, whilst not always being in agreement, helps to minimise the risk of undermining or bullying behaviours. Staff reported that there is a clear escalation policy in place for all staff to report negative behaviours but they also felt the department worked well as a team and would be comfortable to challenge any negative behaviour if they were to witness it.

2.13. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported there is a 0.4 session gap on the rota. They did not feel there were any issues with the rota that would impact on patient or trainee safety.

Trainers reported there are designated consultants that manage the rota: college tutor for middle grade (O&G trainees at ST2 level and above) and the O&G TPD for the junior trainees (FY2, GP and ST1 O&G trainees). The college tutor develops a job plan with the trainees and creates a rota to suit this. The TPD creates a rota the provides junior trainees with a variety of educational opportunities. Trainers also reported that trainees can highlight any specific learning needs that they may have, and the rota can be reviewed to incorporate that.

FY2/GP Trainees: Trainees reported that there are no gaps in the rota and there were no issues with the rota that would impact on patient or trainee safety. They felt the rota accommodates their learning needs to meet curriculum requirements. None of the trainees could suggest any improvements to the rota with some indicating it was one of the best rotas they had experienced.

ST Trainees: Trainees felt that their rota resulted a managable and fair workload. They reported that their rota accommodates their specific learning needs, such as scanning or colposcopy. The ST1 trainees are on the same rota as FY2 and GP trainees but it was reported that they can access more clinic and theatre opportunities if requested. Trainees reported that feedback on the effectiveness of the rota is sought and actively addressed where concerns are raised. Trainees reported that they are actively encouraged to undertake basic scanning opportunities and ST2 trainees are provided with dates to attend scanning if they have not undertaken any scanning when asked.

Non-Medical Staff: Staff reported that senior colleagues would step in to cover shifts if gaps in the rota required to be filled. They were not aware of any rota or workload issues impacting on the trainees' wellbeing.

2.14. Handover (R1.14)

Trainers: Trainers reported there is a structured and effective handover twice daily for obstetrics and gynaecology. Both handovers use a handover sheet with an electronic record also being updated for gynaecology. Handover includes discussion of all patients and any outstanding tasks that require to be carried out. Trainers reported

that the handovers are used as a learning opportunity through discussion of complex cases and patient management overnight.

FY2/GP Trainees: Trainees reported there is a safe, structured handover in place on obstetrics and gynaecology and there is a written record kept of handover. Trainees reported that there is discussion of patient management between O&G ST trainees and consultants but did not feel that they had any direct learning provided to them at handover.

It was reported that there is a hospital at night handover at 9pm and in the morning for orthopaedics. However, it was unclear if there is a handover for ENT.

ST Trainees: Trainees reported there is an effective, structured handover in place which also utilises handover sheets. Trainees reported that there is mutli-disciplinary attendance at handover. They reported that there are case based discussions during handover which provide them with useful learning opportunities.

Non-Medical Staff: Staff reported there is an electronic handover for gynaecology. This follows the structured SBAR format. There is also a structured handover for obstetrics. The handovers include a safety brief which is shared with all staff and discussion of what staff are working and their role, to ensure everyone is aware of who to contact for support.

2.15 Educational Resources (R1.19)

Trainers: Trainers reported trainees have access to computers within the on-call room and a hot desk in the management room. There is also a library that trainees can use with additional computers and a laparoscopic skills room to further support trainees learning and skills.

FY2/GP Trainees: Trainees reported that they had no issues with the resources available to them to support their learning.

ST Trainees: Trainees felt there is a lack of accessible computers and that computers are slow, which reduces their effectiveness as tasks take longer to complete.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: Trainers reported any concerns of a trainee struggling in the post can be raised with the relevant training programme director to agree what additional support may be required. Trainers would also direct trainees to occupational health if they felt this was relevant. Trainers reported that career support is provided to trainees through various mechanisms, including:

- Signposting FY2 doctors to other departments and consultants where the trainee's interests lie.
- Asking trainees what they are looking to gain from this post.
- Highlighting the careers fair.

FY2/GP Trainees: Trainees reported they were not aware of what support would be available to them. However, none of the trainees thought there would be any issue in getting support if they were struggling, either personally or professionally, as their seniorsare very approachable.

ST Trainees: Trainees reported that support is available to them, including reasonable adjustments such as phased return if they are struggling, personally or professionally, or returning to work after a long period of absence.

Non-Medical Staff: Staff reported that if they had any immediate concerns about a trainee's performance, they would contact a member of the on-call team to provide support. Staff reported that if they disagreed with a trainee's patient management, they would raise their concern to a consultant but would inform the trainee of the reason that they disagree and why they have escalated their concern.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: Trainers reported that they have no formalised educational governance structures within the site. They advised that the quality of education and training is managed on an individual basis. However, trainers did report that there is a chief resident who will attend the consultant meetings to represent trainees and highlight any issues they may be experiencing.

FY2/GP Trainees: Trainees reported they were informed at induction of who the director of medical education is and what role they play in relation to education and training but could not remember this information. Trainees were aware of the chief resident and their understanding was that this role was a link between consultants and trainees.

ST Trainees: Trainees reported that they know who the DME is and their role. They reported that meeting dates are circulated to all trainees from the postgraduate centre, but as these relate to the main site at Crosshouse rather than the maternity unit, trainees did not feel a need to attend. Trainees reported that the training programme director is now based in their department with whom they can raise concerns, in addition to their supervisor. However some trainees reported that they were aware of a previous chief resident role and trainee forum, they were not aware if this was still ongoing.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported there is a strong patient safety culture within the department which encourages trainees to raise concerns. They reported that use of the Datix system to record patient safety concerns or incidents is highlighted to all trainees at induction. Trainers reported that trainees can raise concerns about their education and training through the chief resident.

FY2/GP Trainees: Trainees reported that they would raise patient safety concerns with their supervisor, unless the concern was immediate in which case they would contact the on-call team for support.

ST Trainees: Trainees reported that they would raise any patient safety concerns with the relevant member of staff (midwife or consultant). They felt that any concerns raised would be effectively addressed by the department.

Non-Medical Staff: Staff reported that they can raise patient safety concerns with a consultant or senior charge nurse. Dependent on the concern, this can be escalated to the clinical manager, head of midwifery and clinical director to take further actions.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that the department provides a safe environment for both patients and trainees. They reported that during handover, a safety brief is provided ensure patient safety is monitored. The department also undertakes audits of handover to ensure the information is being provided efficiently and effectively to staff. Trainers reported that they do not have issues with boarded patients as the gynaecology ward was moved to the maternity building and therefore does not take in medical boarders.

Trainees: Trainees reported they would have no concerns about the quality or safety of care a family member would receive if they were admitted to the department.

Non-Medical Staff: Staff felt the department provided a safe environment for both patients and trainees. They reported that the handover and safety brief, which involve trainees, enable them to routinely monitor the safety of patients.

2.20 Adverse incidents & Duty of Candour (R1.3, R1.4)

Trainers: Trainers reported adverse incidents are recorded through the Datix system. Some cases can be discussed at the Friday teaching sessions. Any adverse incidents are reviewed, and the learning summaries are sent to all staff, including trainee, following discussion at morbidity and mortality meetings and clinical risk meetings. If a trainee is involved in an adverse incident, they are asked to provide a reflective report on the incident and are supported by their supervisor when undertaking this work.

FY2/GP Trainees: Trainees reported that they would report any adverse incident through the Datix system. Trainees reported that incidents are discussed at the M&M meetings as part of Friday teaching. They also receive regular emails of learning points following the adverse event review meetings. Trainees felt that they would be supported by both senior ST trainees and consultants if they were involved in an incident where something went wrong with a patient's care.

ST Trainees: Trainees reported that if they are involved in an adverse incident they provide a statement of what had happened and are supported through this process by a consultant. Trainees reported that throughout the process they receive regularly communication as well as supportive, constructive feedback. They reported that incidents are recorded through the datix system and feedback is provided to the trainee if they initiated the datix report. Trainees reported that in addition to feedback, they receive communications about adverse event reviews which include a summary of the incident and any learning points. If something goes wrong with a patient's care, trainees reported that they would debrief the patient at the time but if it was very serious, the consultant would take the lead in discussing this with the patient. Senior trainees also reported that there is an adverse incident communication skills course available to them to further support their learning.

Non-Medical Staff: Staff reported that adverse incidents are recorded through the Datix reporting system. Where the incident has been of significant impact, positive or negative, these are reviewed in further detail via a significant adverse event review. The outcome of these reviews are shared with the wider team.

2.22 Other

Trainees were asked if there was anything else they wanted to raise to the panel that the session had not given them the opportunity to do so.

FY2/GP: Although trainees were not overly concerned, they did report that the prescribing system differences between obstetrics and gynaecology could create confusion (obstetrics uses paper-based prescribing compared with gynaecology which has an online computer based system). However, none of the trainees had

experienced any adverse incidents to date due to this difference with the recording systems.

Trainees were asked to rate their overall satisfaction with the training and education they have experienced within the post from 0 (worst) to 10 (best). The scores provided were:

FY2/GP – Range: 7 – 9, Average: 8 out of 10

ST – Range: 8 – 10, Average: 8.83 out of 10

As most trainees did not rate the post at 10 out of 10, they were asked what single change would make the most significant improvement to the post. The following suggestions were made:

- Provide more teaching related to common presentations to FY2, GP and ST1 trainees at the start of the post.
- Provide more teaching sessions with a shorter timescale e.g. 2 x 30 minute teaching sessions to increase the opportunities for FY2/GP/ST1 trainees to attend.
- Provide a teaching clinic for ST1 trainees to see a small number of patients with support from a consultant.
- Discussion of patients at end of clinic to gain more feedback such as what went well and any learning points.

3. Summary

Is a revisit required?	**Yes**	**No**	**Highly Likely**	**Highly unlikely**

This was a positive visit to a very motivated supportive team that values education and training. This was evident from the satisfaction scores given from the trainees.

Whilst not related to the experience within obstetrics and gynaecology, the panel were very concerned about the FY2 experience when working within orthopaedics (and

ENT) out of hours on the hospital at night rota. These concerns are significant and will require action but they relate to activity outside the O&G department.

A revisit is very unlikely to be required but this is subject to trainee survey data and other evidence confirming that the issues in regard to Hospital at NIght have been effectively addressed.

Positive aspects of the visit:

- All trainees reported there is a very welcoming work environment. The feedback was positive about the whole team, with good support provided from a clearly enthusiastic & committed consultant team.
- All trainees feel well supported at all times in O&G .
- There is a good teaching programme in place which offers senior trainees the opportunity to lead to meet their leadership skills competency.
- The training experience provided within O&G is relevant to all groups of trainees.
- Foundation and GP trainees have good access to outpatient clinics.
- There is a strong focus on learning from adverse incidents with trainee attendance encouraged at significant adverse event review meetings, trainee engagement with the process due to receiving feedback when a datix is raised and broader shared learning points being communicated to all levels of trainee.
- Trainees want to work in the O&G department, they look forward to working in the department with at least one trainee describing the post as the best placement they've ever had.
- The department clearly listens to trainees' suggestions for change e.g. acted upon feedback about teaching sessions and the chief resident input resulting in trainees being confident their opinions are valued

Less Positive aspects of the visit:

- Whilst access and protected time to attend teaching is good for ST trainees, the FY2 and GP trainees access to local teaching is often hindered due to

workload pressures and excessive disruption due to being bleeped out for non-urgent tasks.

- Although there is good access at present to outpatient department experience for FY2 and GP trainees, it was felt this was vulnerable when rota or workload issues arise.
- Foundation and GP trainees on a post-natal ward week spend much of their time on non-educational tasks.
- Foundation and GP trainees have no protected time to undertake non-clinical work, such as quality improvement projects, unlike ST trainees who receive 1 session admin time each week.
- The panel has major concerns regarding the hospital at night out of hours rota for the FY2 trainees in O&G as they are required to cover orthopaedics and ENT, but not O&G. This is the focus of the bulk of our visit requirements as there are multiple ways in which current practice fails to meet GMC standards. There are both patient and trainee safety concerns in regard to O&G Fy2 involvement in Hospital at Night predominantly in relation to cover of orthopaedics, due to the following reasons:
    - Fy2 trainees have no relevant experience in this specialty,
    - Fy2 trainees have no day time contact with the department to build a rapport with the team,
    - There is no on-site support from a more senior colleague with orthopaedic experience and trainees are unclear when and/or how to obtain support and who to appropriately contact for this in different clinical situations. This fails to meet the GMC requirement that “Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.”
    - It is inappropriate that Fy2 trainees are taking external calls seeking advice in a specialty in which they have no training, often from medics with more experience than them.
    - There appears to be a lack of any regular orthopaedic team involvement with the Fy2 trainees from other departments and no evidence of any training or teaching relevant to the out of hours duties.

- It is a significant concern that a foundation trainee can be due to undertake their first hospital at night shift in orthopaedics many weeks after starting post having received no training or teaching except for a 30-minute presentation at induction in August.

4. Areas of Good Practice

Ref	Item
4.1	FY2 and GP trainees have good access to outpatient clinics, relevant to their curriculum needs.
4.2	Excellent training opportunities relevant to all levels of trainee within the department.
4.3	There are very good systems in place to share learning from adverse incidents and support trainees.
4.4	The department actively seek feedback from trainees and will enact change where possible which further enables trainees to feel valued in the department.
4.5	The department provides a positive training experience which is relevant to the educational needs of all cohorts of trainee.

5. Areas for Improvement

Ref	Item	Action
5.1	Rota	The department should consider how junior trainees can continue to have good access to various relevant educational opportunities, such as outpatient clinics, when there are rota gaps.
5.2	Adequate experience	The department should review how it can improve the educational opportunities for FY2, GP and ST1 trainees when working in the postnatal ward.
5.3	Educational Governance	The department should ensure that all trainees are aware of who the chief resident is.

5.4	Rota	The department should review the junior rota to enable all levels of trainee to be given administrative time within the rota if undertaking mandatory educational, non-clinical tasks such as quality improvement projects

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.	Immediate	FY2/GP/ST1
6.2	There must be explicit mechanisms for providing out of hours supervision and support to FY2 trainees.	Immediate	FY2
6.3	FY2 Trainees must not have to deal with issues beyond their competence or comfort zone.	Immediate	FY2
6.4	FY2 Trainees must receive adequate induction to all sites they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	Next induction: April 2020	FY2
6.5	An induction or induction manual/guide must be provided to FY2 trainees who cover multiple specialties overnight	Next induction: April 2020	FY2
6.6	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	9 months	FY2