Background issues:

Busy unit (~3900 dels). Two tier rota. CNST level 1. Level 2 neonatology
New executive team, restructuring of nursing / midwifery in progress
Geographical/organisational issues. Del unit on 4th floor and obstetric theatre on 8th floor

Last School visit in 2010 identified problems with GP training, gynaecological operative training, access to regional teaching, rota design, local induction, local teaching, lack of training opportunities in clinics, difficulties with completion of CBDs WPBAs, and compliance with EWTD. The department focussed on service at the expense of training

GMC red outliers:
2010 – overall satisfaction
2011 – overall satisfaction and educational supervision.
2013 – overall satisfaction, clinical supervision, feedback, study leave and access to educational resources.


Additional areas identified by free text comments in the GMC survey include undermining, limited consultant gynaecological input, no clinical supervision of ST 1-2 / GP trainees & poor team training. The Deanery visit in March 2013 also noted a culture of undermining by consultants.

Strengths:

Busy unit with good clinical experience & many potential training opportunities
Some educational supervision excellent
Study leave available
USS training potentially good – cf below for problems with access
Training in gynaecological oncology
Trainee input into rota design
New consultant appointments planned
Recent award of RCM Maternity Service of year
Areas for development:

Many of issues identified at last School visit persist:

- Local induction programmes – no induction for GP / FY2 trainees or locums starting out-with August
- Clinical supervision by consultants patchy – no regular consultant gynaecological ward rounds and consultant presence on delivery unit during working hours limited to morning ward round
- A minority of consultants do not provide appropriate clinical support of trainees at night
- Handover suboptimal - fragmented
- Educational supervision patchy; mid-term appraisals often missed
- Feedback often confrontational rather than constructive particularly in context of CS review meetings
- Continuing issues with undermining
- Perceived lack of professionalism and confidentiality towards trainees in / with difficulty – is role modelling normalising unprofessional behaviour?
- Local teaching occurs weekly – but limited consultant input and no specific CTG teaching sessions
- Limited study leave for regional teaching
- Gynaecological operative experience limited (except gynaecological oncology)
- Attendance at ATSM sessions limited by service load
- Different learning needs of GP trainees not recognised
- Access to USS training limited
- No admin support for rota
- Trainees only have bleeps when on call – limits communication between team members

Requirements:

- Address cultural issues – including undermining and professionalism, feedback should be constructive
- Improve clinical supervision and training:
  - daily consultant led gynaecology ward rounds
  - “Hot week” consultant presence on delivery unit
  - Consistent consultant clinical support at night
- Local induction mandatory for all trainees / locums
- Improve handover especially in gynaecology

Recommendations:

- Appoint additional consultants as planned
- Additional training for educational supervisors
- Establish training committee / faculty group: encourage trainers and trainees to meet once a month to discuss training issues
- Local CTG teaching (multi-professional)
- Facilitate trainee attendance at outpatient clinics (especially ST1/2 & GP trainees)
- Improve access to USS training; consider timetabling sessions for trainees
- Facilitate attendance of trainees at regional teaching sessions
- Bleeps (or use of mobile phones) for all trainees
- Administrative support for rota

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<th>Timeframes:</th>
<th>Action Plan to Deanery by:</th>
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