

Learner/Educator Meeting Findings Form

Section 1: Details of the meeting

Trust/Site:	Harrogate & District NHS Foundation Trust
Speciality Reviewed:	Obstetrics & Gynaecology
Date of Meeting:	6 December 2017

Section 2: Findings from the meeting

Summary
<p>The meeting was arranged to obtain feedback from the trainees and trainers within obstetrics and gynaecology. Concerns had previously been raised by the new cohort of GP trainees about the lack of support especially when on call, poor induction, communication issues and rota concerns. The 2017 NTS results showed positive outliers for the previous cohort of GP trainees however negative outliers for speciality and foundation trainees regarding overall satisfaction, clinical supervision, adequate experience, curriculum coverage and educational governance. There were also 3 conditions from previous visits where progress has been limited.</p> <p>The meeting was well organised with good engagement from trainees and trainers. Unfortunately, no Foundation trainees were able to attend as it was changeover day.</p> <p>A considerable amount of work has been undertaken by one of the O&G consultants since the feedback from the GP trainees was received. Engagement sessions have been held giving all trainees the opportunity to meet and address their concerns. Actions have been implemented and the feedback at this meeting reflected this.</p> <p>Findings</p> <p>The majority of trainees felt that the post offered a generally good training experience with supportive consultants who were always willing to come in when on call.</p> <p>The GP trainees had concerns regarding the lack of comprehensive Induction at the August intake. The trainers agreed that this is a fair assessment, there were staffing issues and service pressures and the decision was taken to undertake half of the induction on the first day and then spread it out over a period of time. The trainers acknowledge that this could have been handled and communicated better. A plan has been implemented for induction for the next February intake to reduce the likelihood of this recurring.</p>

The GPs also had previous concerns about the rota, there are several different rotas and there can be times when a trainee has started early and is then in theatre and the case runs over. They do not want to say anything and recognise that there may be value in staying late and they do have the flexibility to take time off in lieu.

There were concerns regarding the current working arrangements of '3 consultants of the day' model, with one consultant in the morning, one in the afternoon and another one in the evening, with trainees reporting inconsistencies in practice and training. This can also result in potentially 3 different handovers being undertaken, impacting on workload. The workload is perceived by both trainees and trainers as being busy, but with only ~1900/deliveries per year this does not seem like an intense workload compared to most other training units. The trainers also undertake outreach work/clinics, but consideration could be given to review job plans to identify what is impacting on the workload.

Implementing one consultant of the week (or initially day) could improve feedback for trainees, giving more consistency and the opportunities to discuss cases. Trainers may have reservations about introducing this model with there currently being 6 consultants, one of which is on restricted duties and another about to go on long-term leave, and also being short staffed on the middle grade rota. If consideration was given to adopt the consultant of the day/week model this would also free up time for the consultants giving an opportunity to test new working practices. Some greater sharing of outpatient duties would be needed to minimise disruption of other parts of the service.

It is apparent that the expectations of patients at Harrogate Trust are high, and this does take up more of the trainees' time than elsewhere, impacting on their workload. Whilst the midwives do undertake a debrief with patients many patients then expect a more formal debrief from a doctor which can be time consuming - and actually not necessary for straightforward cases if this has previously been done by a midwife. There was concern expressed that if patients' demands are not met complaints will be made. Is there a patient representative group where this tension could be raised and discussed?

The trainees reported that the multi-professional Professional Advisory Panels (risk management meeting) are found to be useful learning opportunities. These meetings are not structured into the timetable and when it gets busy this meeting gets rearranged. If the consultant of the week/day model was implemented this meeting could be more fixed and trainees could use it as a training opportunity. If there was one consultant doing a hot week, then this meeting would fall into these duties and there would be an element of consistency and structure.

There was lack of cohesion around the way in which the different grades require different aspects of curriculum delivery, the consultants were not able to detail the way in which they deliver the different curriculums. The on-call rota is currently undertaken by the ST2 trainee who has control over allocation of trainees to different areas, the consultants felt that it was good for the trainees to be given autonomy in arranging this. However, the trainees do not seem to be identifying where they need to go eg. GP trainees did not necessarily identify that theatre training would be relevant to their role/learning as a GP and there is some learning in theatre that would be beneficial to their future GP role. It may be worth discussing this at induction and giving the trainees more direction, stipulating the expectations of each trainee group.

The Trust run a Physician Associate's (PA) programme and as part of this consideration could be given to utilise the PA role in theatre, giving them a broad spectrum of exposure. Some of the midwives do have advanced skills, however these could be supported by the PAs.

Most of the trainees would now recommend their jobs, but there were still concerns from an advanced training point of view. It was not felt to be a particularly useful placement for ST5 and upwards, due to the relative lack of advanced training requirements.

Previous Conditions

Progress has been made regarding the previous condition 15/0055 relating to the nature of feedback and undermining. There had been some instances of differing of opinions occurring, but the trainees reported that these had all been dealt with well. The consultants acknowledge that differences of opinion do occur and they are keen to discuss these as a group. They are intending to highlight this at induction so that trainees are aware. The DME confirmed that they had also received a portfolio of positive comments relating to this condition. It was agreed that this condition could be closed

Clinic results condition (17/0006) – Trainees did not raise any concerns with the procedure of checking patient results. The DME confirmed that there is an electronic system in place and the details of the process were not communicated at the August induction which subsequently resulted in concerns being raised, the GP trainees felt that this is a missed learning opportunity. Consideration to be given on trainees undertaking this with a consultant, discussing any abnormal results and what action should be taken as this would then be used as a valuable training opportunity. This condition can be closed.

Condition 17/007 relates to theatre efficiency and the DME confirmed that the order of the theatre lists have been changed. Previously theatres started with elective caesareans however this impacted on theatre start times whilst waiting for spinal blocks to take affect which can take up to 45 mins. Theatres now start with gynae procedures first whilst the caesarean patients are being pre-assessed. The concern regarding trainees' previous experience not necessarily being accepted as competent by all consultants has also been addressed. Trainees are allocated to lists and for the longer cases an SAS grade is allocated. No concerns were raised by trainees at the meeting. This condition can be closed.

Areas of strength

- The majority of trainees reported that they would recommend their post to colleagues.
- Supportive consultants who are always happy to come in when on call.
- Good working relationships between the trainees and the midwives.
- A good training post for ST5 and below.

Section 3: Outcome (please detail what action is required following the meeting)

No further action required – no issues identified	
Conditions Set (see appendix A):	X

Section 4: Approval

Name:	Dr David Eadington
Title:	Deputy Dean
Date:	15 January 2018

Disclaimer:

Any issues that have been escalated to a condition will be included on the Quality Database and managed by the Quality Manager through the Monitoring the Learning Environment meetings.

Conditions

HEE Domain	5
HEE Standard	5.1
Condition Number	1
Trainee Level	Core & Higher
GMC Theme	DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT
Requirement (R5.9b Experience)	Postgraduate training programmes must give DiT sufficient practical experience to achieve and maintain the clinical or medical competencies (or both) required by the curriculum.
Concern	Whilst the post offers the potential for a broad experience in O&G, trainees are unable to take advantage of them by their clinical duties
Evidence for Concern	<p>There are concerns regarding missed training opportunities on the middle grade rota. A recently appointed staff grade is being given training as they are new to the role and training opportunities are being affected. Trainees are not getting the required theatre exposure eg. ventouse, forceps lift out, they need to achieve a successful training outcome.</p> <p>The post for the higher obstetric trainees does not offer some procedures eg. 28-week section, that is required in order to complete their training. Trainees will usually obtain this experience on their next rotation. However the previous rotation for one trainee had also held limited training opportunities and this could cause potential problems for trainees in achieving their outcomes.</p>
Action 1	<p>All trainees must have the minimum training requirements of the curriculum met in the placement. Training needs of other staff members must not interfere with trainee requirements.</p> <p>31 March 2018</p>
Action 2	<p>TPDs/HEE need to be mindful of the availability of training opportunities when arranging the rotations.</p> <p>31 March 2018</p>
Evidence for Action 1	<p>Copy of new timetables identifying educational opportunities.</p> <p>30 June 2018</p>
Evidence for Action 2	<p>Communication with TPD/HEE confirming placements will be arranged on training opportunities available.</p> <p>30 June 2018</p>
RAG Rating	
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed, and changes confirmed with the HEE YH Quality Team