Training unit quality criteria for Obstetrics and Gynaecology doctors in training

DOMAIN 1 – ENSURING SAFE AND EFFECTIVE CARE	
1	**Multiprofessional team-working**: There is an effective MDT which shows mutual respect, communication and support of each other, acknowledging everyone's contribution to providing good clinical care within a safe environment.
2	**Handover:** Is organised and scheduled to provide continuity of care for obstetric and gynaecology patients and involves consultants, O&G trainees and the multidisciplinary team. Handover maximises the learning opportunities for doctors training in clinical practice.
3	**Consultant contact**: Appropriate hands-on consultant supervision and support is available in obstetrics and gynaecology for trainees according to their level, both in and outside working hours.
4	**Clinics:** There is appropriate consultant supervision and support, including arrangements made for consultant leave and clear pathways for senior advice and onward referral.
5	**Responsibility for performing clinical procedures:** Processes are in place to adequately support trainees including clinical supervision, safety check lists, consent and appropriate accessible guidelines.
DOMAIN 2 – CREATING A SUPPORTIVE ENVIRONMENT	
6	**Multiprofessional team-working:** A culture of collegiality and shared learning is promoted, team members support each other, communicate and treat each other with mutual respect.
7	**Departmental induction:** Learners receive a meaningful induction that previous trainees have contributed to. This explains their responsibilities and duties, and signposts them to support and guidance.
8	**Valuing O&G doctors in training:** The contributions made by individual O&G doctors in training are valued at all levels (i.e. team, department, Trust) and there are systems in place to reward excellence. Units aim to develop a sense of community and belonging; striving for cohesion while nurturing individual identity.
9	**Maximising the effectiveness of the O&G doctor in training:** The medical team's attention to patient care is optimised by Trust / Board guidance which ensures that: - Basic administrative and clinical tasks are normally undertaken by other suitably-qualified staff - Suitable IT systems are available to support the effective and safe management of clinical care, including the interface with other specialties.
10	**College Tutor:** There is an effective RCOG College Tutor, with appropriate time in their job plan as per RCOG recommendations, who is an advocate for doctors in training, who fosters a positive learning environment and facilitates clinical and educational supervision within the unit.
11	**Workplace behaviour:** A positive, no-blame, learning culture is promoted. There is zero tolerance to bullying and undermining behaviours as they adversely affect the learning environment and patient safety. Departments adhere to good medical practice guidance and challenge themselves to consider how individuals' comments and actions may be perceived by team members.
12	**Rota design and management:** Doctors in training are involved in rota design and management with appropriate consultant and administrative support. Where possible, flexible rostering practices are used. The on-call rota is received at least 6 weeks before starting a post. Rotas are compliant, exception-reporting is encouraged and rota-gaps are minimised by effective, sustainable workforce solutions.

13	**Supportive professional Activity (SPA) time:** Doctors in training are given the half a day per week protected SPA time (for e.g. admin/audit/ePortfolio) as recommended by the RCOG.
14	**Trainee representation:** There is a clear pathway for communication and escalation of concerns between the Trainee Representatives, College Tutor, Rota Co-ordinator, Guardian of Safe Working and Trust Management, to review ongoing service or rota difficulties. The consultant team are approachable and open to feedback.
15	**Infrastructure:** There are easily accessible private spaces with secure workstations for use by doctors in training for confidential, clinical and educational activities. Adequate facilities to support basic needs such as parking, rest areas (including for sleep post-nights), kitchen facilities and access to hot and cold food/drink, are available on-site at all times.
16	**Supporting doctors in training:** a) **Returning to work** – trainees are supported through educational supervision meetings, a period of supervised practice, targeted training and review of learning needs. b) **Opportunity to work LTFT/ flexibly** –Those training Less than full time (LTFT) are supported to ensure they receive effective training that covers the requirements of the curriculum without discrimination. c) **Support following serious clinical incidents or poor outcomes** – departments culture an environment of honest, effective and transparent investigation into untoward events and near-misses. Processes exist for escalation as required to School/Director of Medical Education level. Learning is shared and reviewed. Doctors in training have easy access to counselling support services, careers advice services and Occupational Health.

DOMAIN 3 – IMPROVING EDUCATIONAL EXPERIENCE

17	**Multiprofessional team -** learning together: The organisation supports every learner to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions.
18	**Procedures training**: Training and assessment of all essential procedures specified by the relevant curriculum is provided for all Obstetric & Gynaecology doctors in training, in a simulated environment where necessary, and tailored to the individual trainees needs.
19	**Clinic Attendance:** Trainees are able to access a minimum of 12 gynaecology clinics in a year- including specialist and general clinics.
20	**Named educational supervisor** - with appropriate knowledge: Educational supervisors (ES) are appropriately trained and conversant with the curriculum and its implementation. They meet with the trainee every month, as a minimum, to assess the trainee's development in practice. Trainees will have a single ES during each year of training. Exceptions where the ES may have a more longitudinal relationship are: clinical academic trainees, less than full time trainees and trainees moving from ST2 to 3 or ST 6 and 7 in the same Trust or to facilitate ATSM/ subspecialty training and supervision.
21	**Feedback:** Doctors in training receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their training programme, and are encouraged to act on it. Feedback may come from educators, other doctors, health and social care professionals (and where possible, patients, families and carers). Tools used may include compliments and complaints and risk investigations, in addition to daily practice in the different clinical arenas. Review and update of training experience, resources and processes should be part of the continually evolving educational culture in each unit and across the organisation.

22	**Leadership/management in clinical environment:** Trainees have access to appropriate learning experiences to fulfil these aspects of curriculum, e.g. shadowing clinical and managerial leaders; attendance at MDT meetings, QI projects with protected learning time.
23	**Support for Educational Supervisors -** appropriate time and training: Trainers have enough time in their job plans to meet their educational responsibilities enabling them to carry out their role in a way that promotes safe and effective care and promote a positive learning experience. This includes time for attendance at ARCP panels at least once every 3 years and time for appropriate CPD to fulfil all aspects of their role, including provision or signposting to careers advice for the trainee.

Domain 1 references:

1.1 GMC Standards: Promoting Excellence R1:17
1.2 GMC Standards: Promoting Excellence R1:14
1.3 GMC Standards: Promoting Excellence R1.8
1.4 GMC Standards: Promoting Excellence R1.8
1.5 GMC Standards: Promoting Excellence R1.8, R1:11, R1:19

Domain 2: References:

8 High impact actions to improve working environment for junior doctors by HEE, GMC: Building a supportive environment, GMC Standards: Promoting Excellence
2.6 GMC Standards: Promoting Excellence R1:17 TEF
2.7 R1:13 GMC Standards: Promoting Excellence
2.8 (actions 4, 5, 7 8 High impact actions to improve working environment for junior doctors by HEE). Top performing units
2.10 https://www.rcog.org.uk/en/careers-training/resources-and-support-for-trainers/job-descriptions-for-rcog-educational-roles/college-tutor/
2.11 GMC Building a supportive environment; Bullying and undermining in the workplace
2.12 Attrition Report for this and Action 6 from 8 High impact actions to improve working environment for junior doctors by HEE). GMC Standards: Promoting Excellence R1.7, R1:12
2.13 top tips from highly performing units: 4/5 8 High impact actions to improve working environment for junior doctors by HEE).
2.14 (Actions 1-3 8 High impact actions to improve working environment for junior doctors by HEE).
2.15 (ref AoMC, recent HEE document; RCOG website); b)opportunity to work less than full time/flexibly c) support for SUIs/risk management cases (R1.3, 1.4, 3:2,3:10, 3:11, 3.14 GMC Standards: Promoting Excellence and Action 8 8 High impact actions to improve working environment for junior doctors by HEE). There should be appropriate processes in place for escalation to School or DME as required.

Domain 3 references:

Action: This section (no 17) needs to be compliant with the implementation criteria for the New Curriculum with regards to clinics, operating and emergency setting (see page 35 onwards in the consultation document)

3.16 GMC Standards: Promoting Excellence (R1.17)
3.18 . GMC Standards: Promoting Excellence: Supporting educators S4.1, S4.2, R4.2
3.19 GMC Standards: Promoting Excellence (R3.13)
3.21 GMC Standards: Promoting Excellence (S4.2; R4.2)