



32nd. BICOG 2010, Belfast, UK

THE ROLE OF THE
RCOG NATIONAL TRAINEES
COMMITTEE
&
EWTR TRAINEES SURVEY 2010

Dr Jay Chatterjee
Chair, RCOG Trainees Committee
Imperial College



FORMATION OF RCOG NTC

- In a meeting held in London on Training and Recruitment in November 1991-
‘It was felt that the College needs to develop a forum to obtain regular feedback from trainees’
- In November 1992- Lord Naren Patel (VP RCOG) recommended- ‘A national group representing trainees should be set up’.



RCOG NTC

- ‘After the AGM of the College on 27th May 94 the Interim Trainees’ Committee would become a standing committee of the College called the RCOG National Trainees’ Committee’.
- Dr Susan Bewley was the First elected Chair of the RCOG National Committee in 1994.
- The term of office is for 3 years



STRUCTURE

- The Chair and the Vice-Chair head a committee of 20 elected regional chairs, 1 co-opted member and 2 Trainees representing ENTOG.
- The Chair is a co-opted member of the Council
- The Committee meets twice a year (e-forum)
- The Trainees committee represents trainees views and have representation in all the committees in the college involved in training and education.
- The Chair also sits in a number of external committees.



EWTR

- Introduced as a health and safety legislation in the late nineties.
- Phased introduction and from August 2009 imposed a 48-hr working week for doctors in training
- Huge uproar in the profession about the perceived impact of this in producing an adequately trained workforce for the future



METHOD

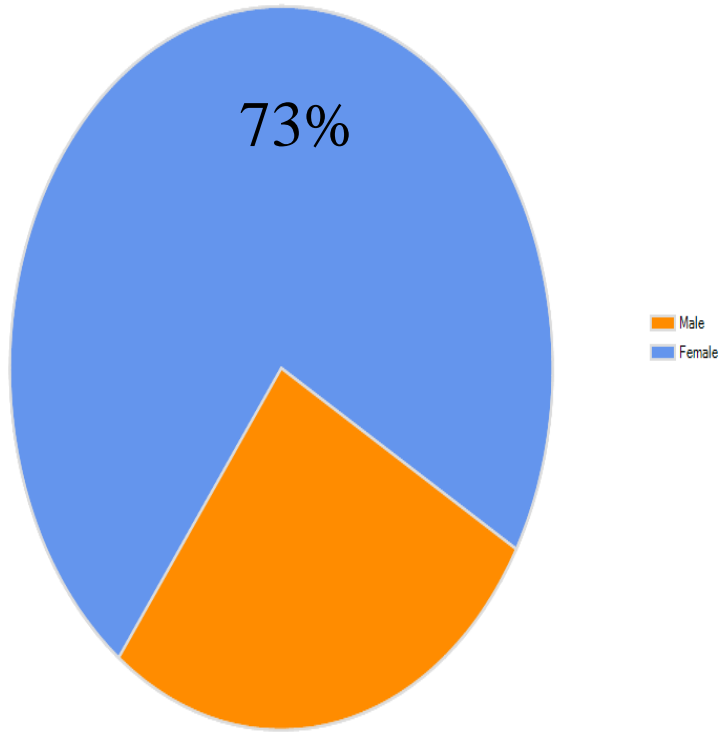
- Structured Questionnaire send to all trainees registered (78 questions)
- 5th National trainees survey
- E-survey (6 weeks)
- 964 responses (~50%)
- 10 minutes duration
- Survey completed by 80.8%
- 49.2% UK, 5.3% EU and 45.5% outside EU/UK



GENERAL INFORMATION

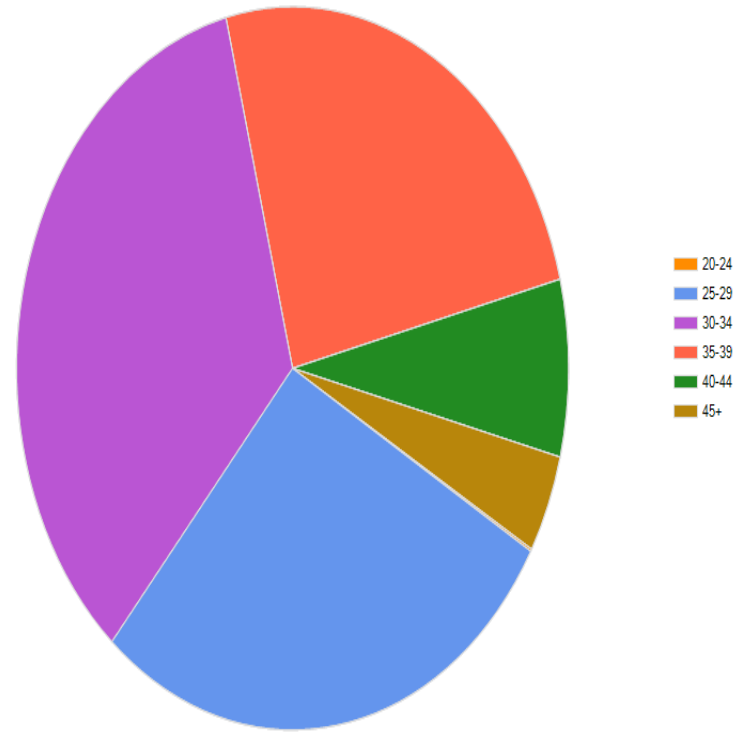
GENDER

Sex:



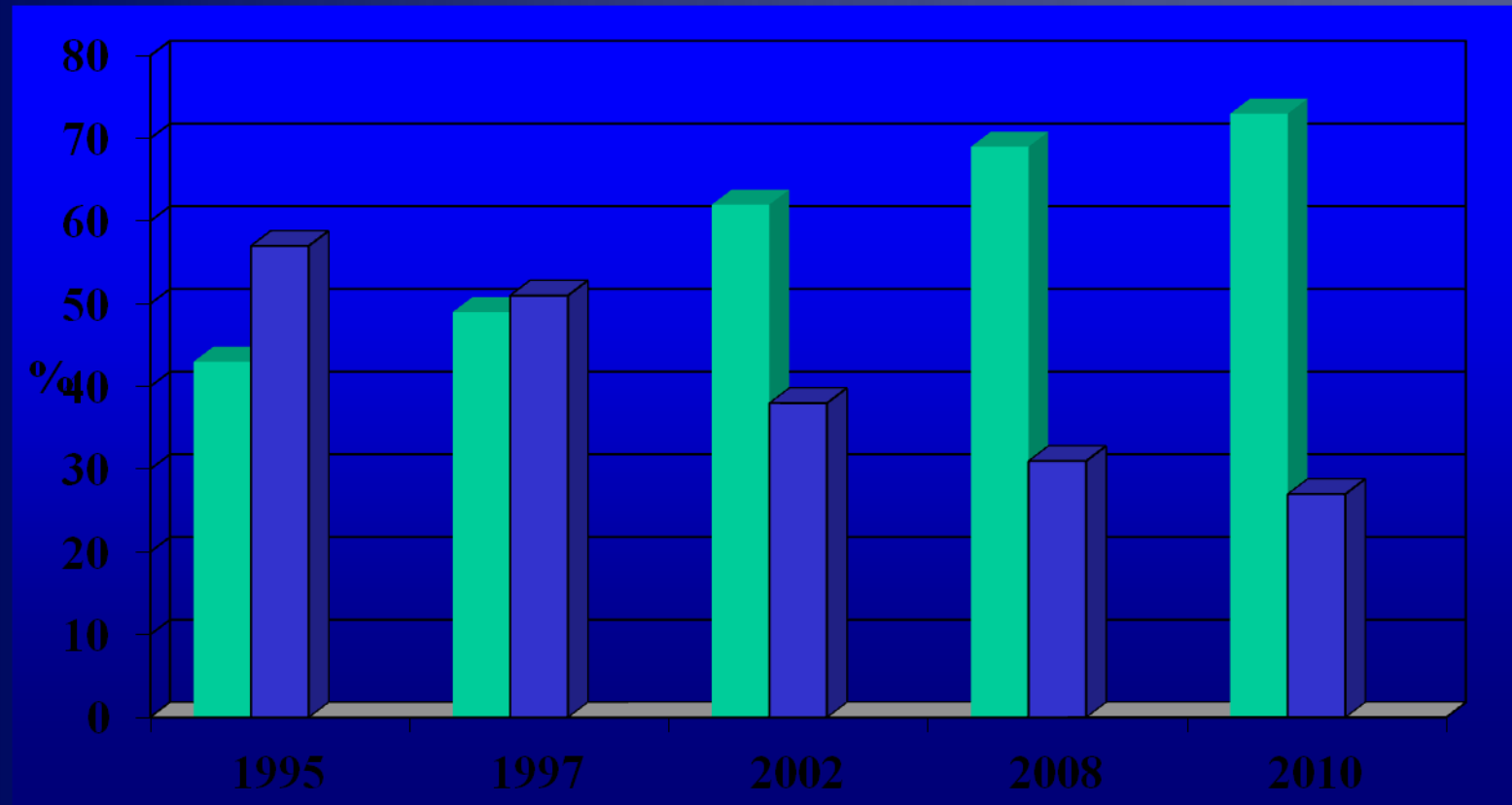
AGE

Age in years:





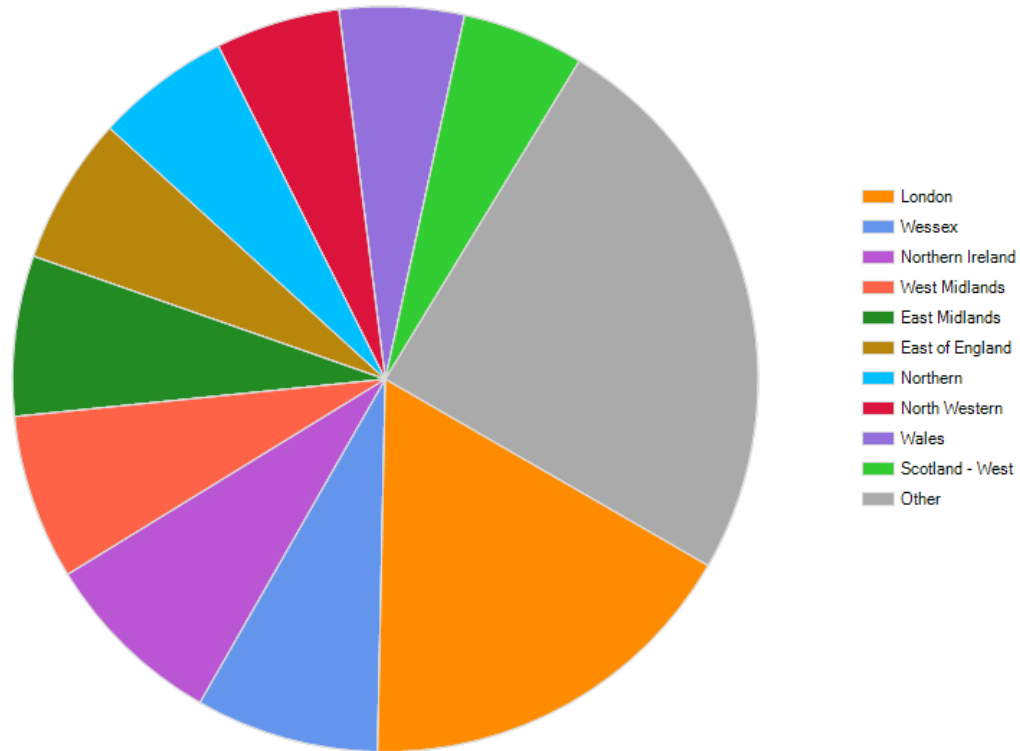
CHANGING GENDER GAP





PLACE OF WORK

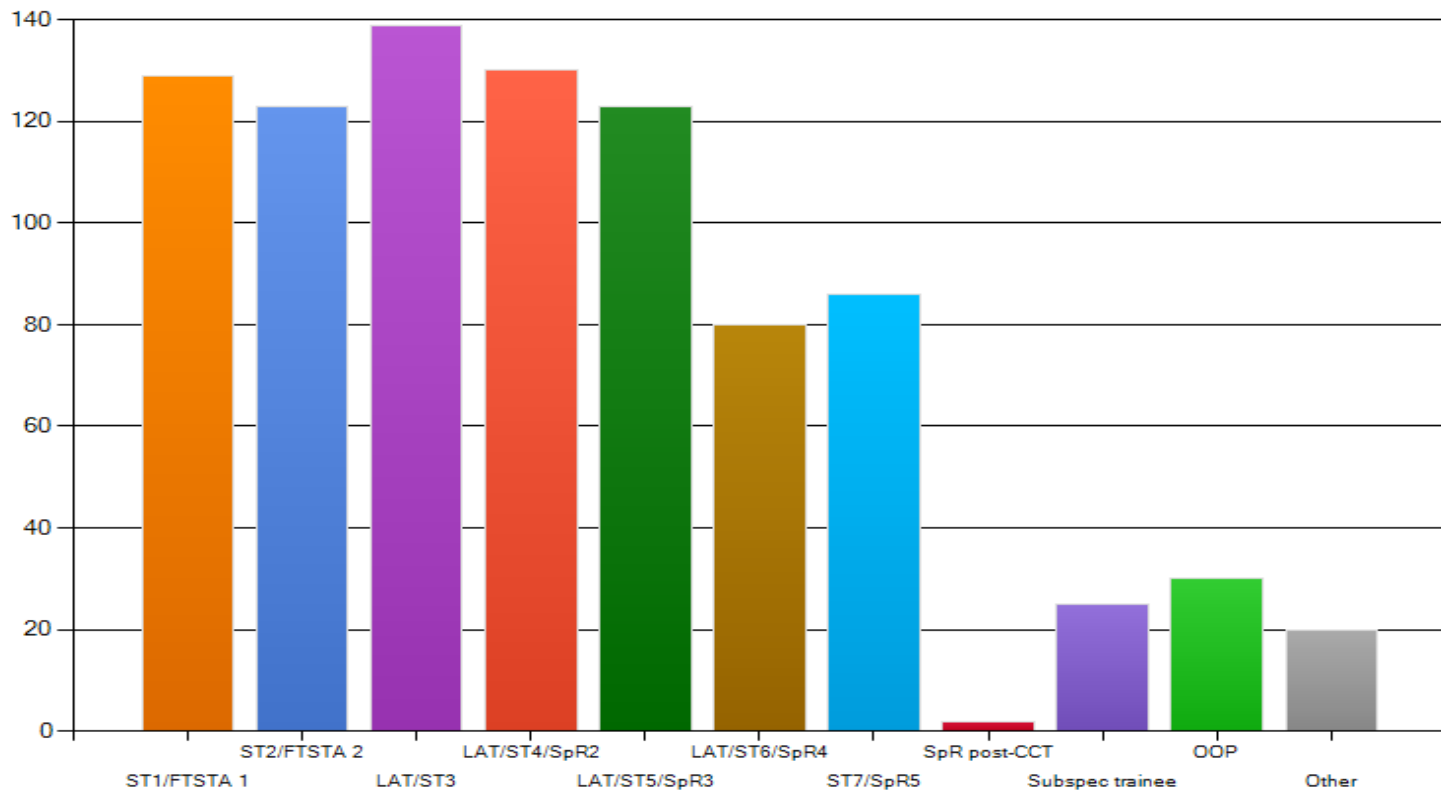
In which Deanery do you currently work?





TRAINEE GRADE

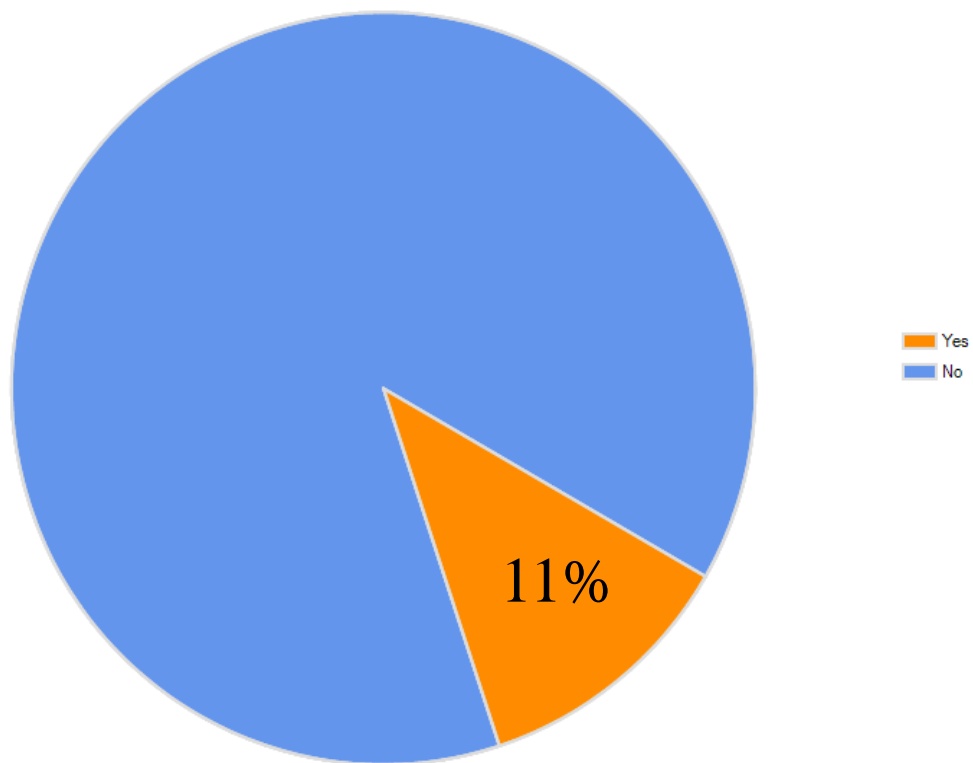
What is your present grade?





LTFTT

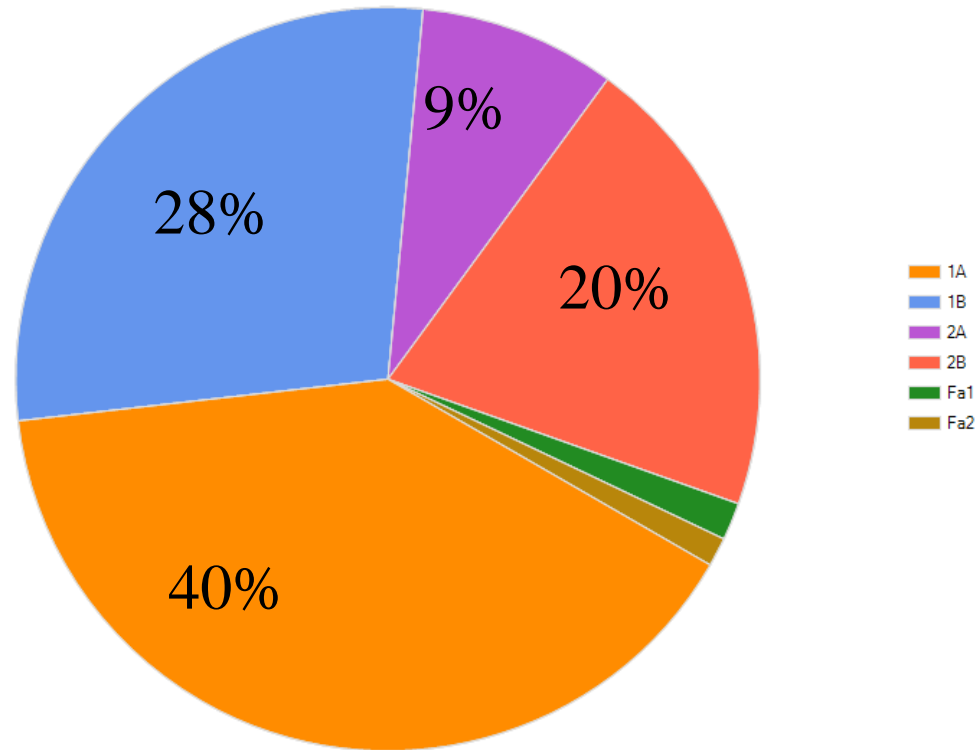
Are you a less than full time trainee?





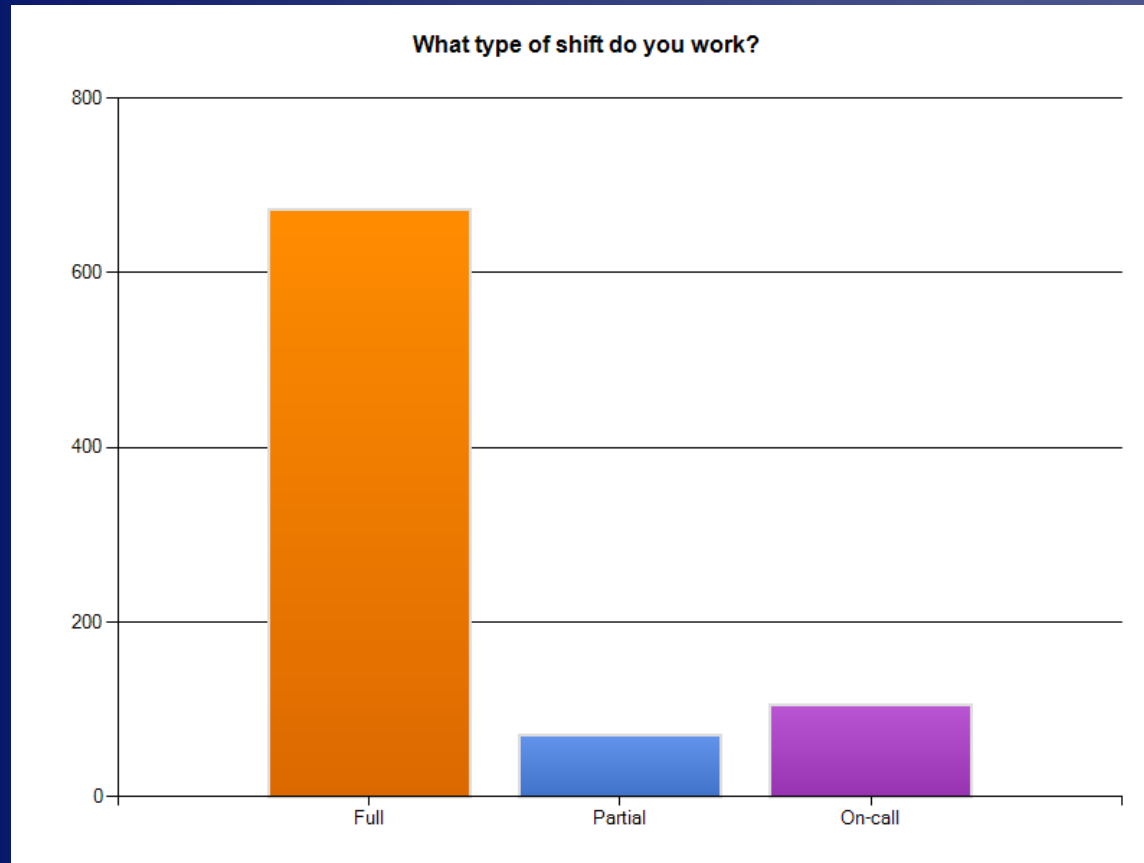
BANDING

What banding are you currently paid on?





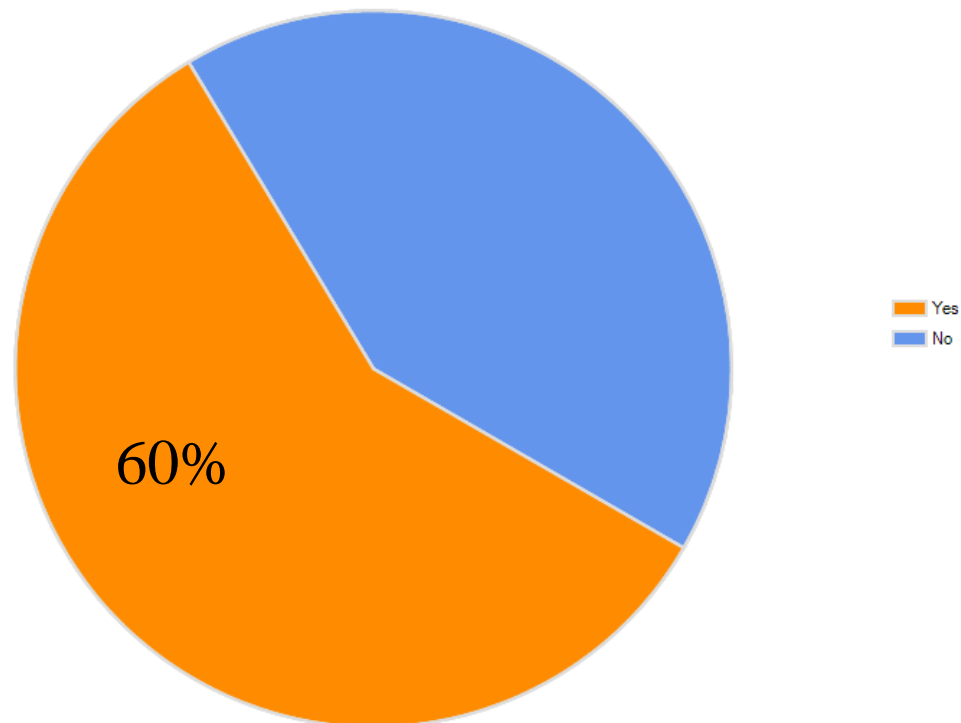
SHIFT PATTERN





ROTA GAPS

Are there any gaps in your rota now or in the last 3 months (i.e. posts unfilled)?





IMPACT OF EWTR

- 90% of trainees had to cover rota gaps during day
- 30% of trainees felt that there had been an overall decrease in training sessions.(50% were unsure)
- 49% of trainees said that trusts expected them to cover rota gaps during evening/ weekends
- 72% were paid as locums (28% were not paid)
- 36% were expected by their trusts to cover rota gaps at night
- 78% were paid as locum for doing extra night on-calls

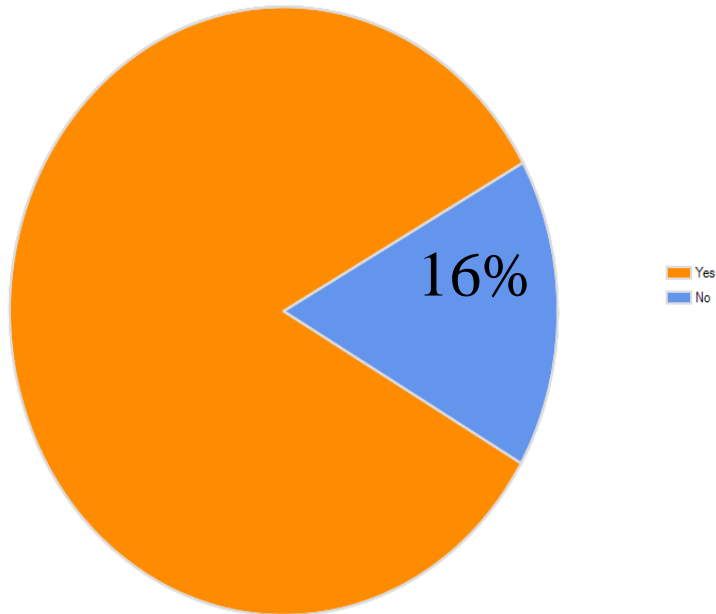


EWTR COMPLIANCE

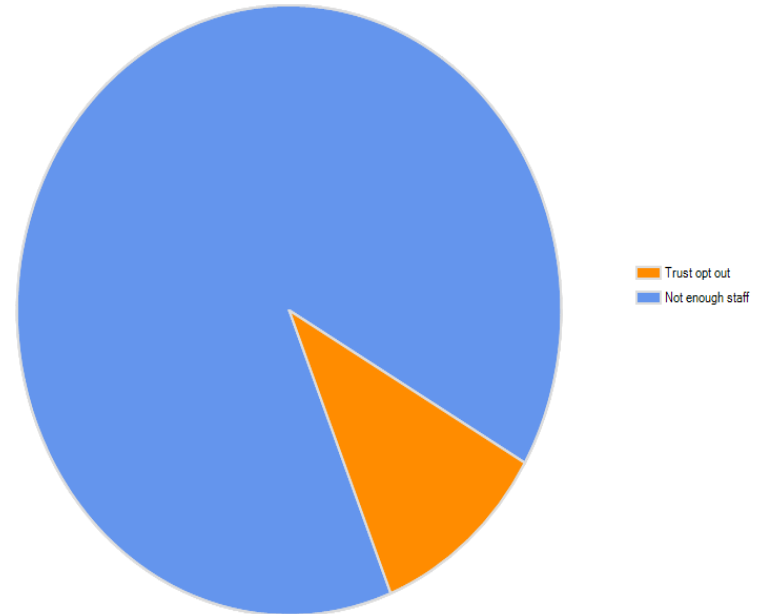
84%

89%

Is your rota EWTD compliant for 2009/2010? (48hrs/wk)



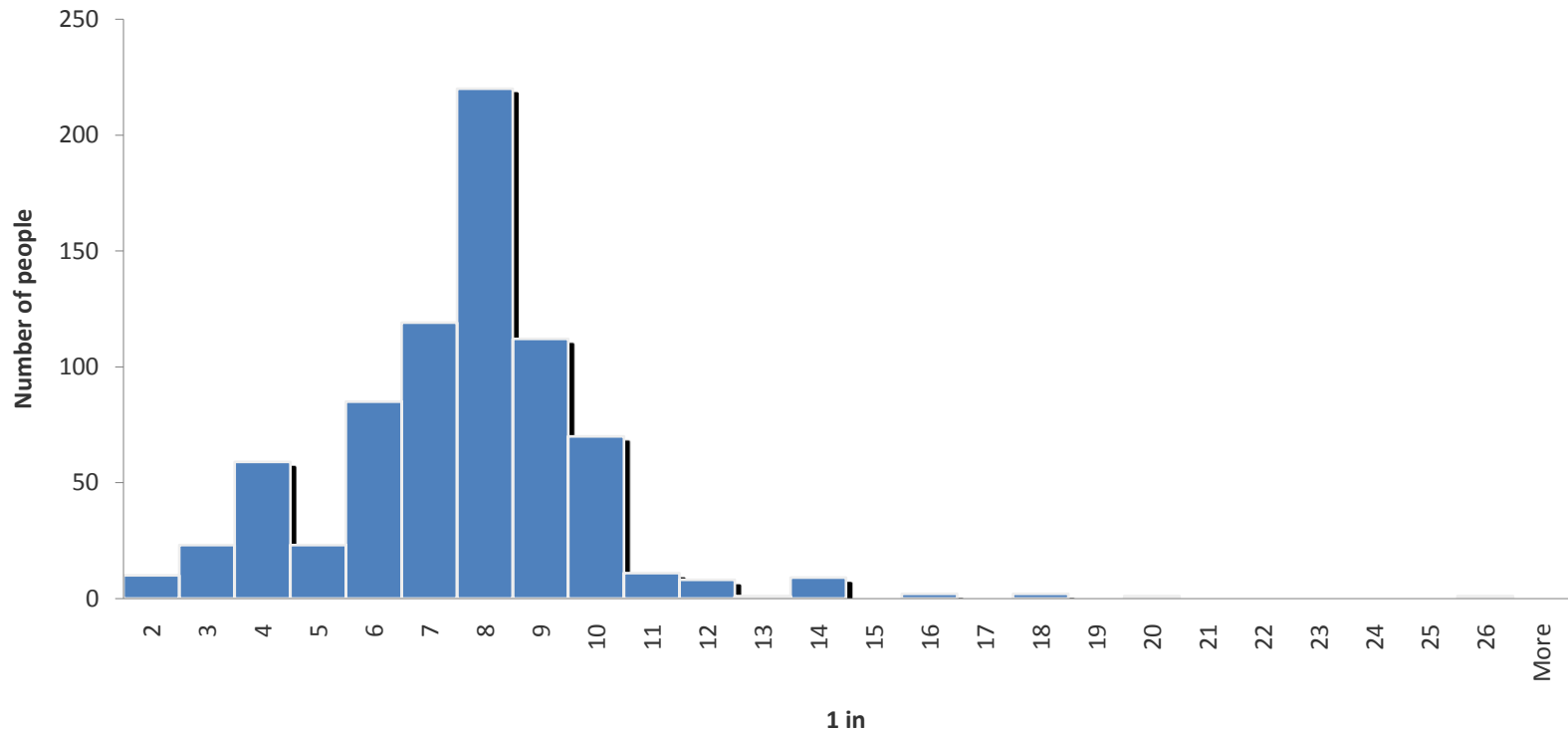
For what reason is your rota not EWTD compliant?





ROTA DESIGN

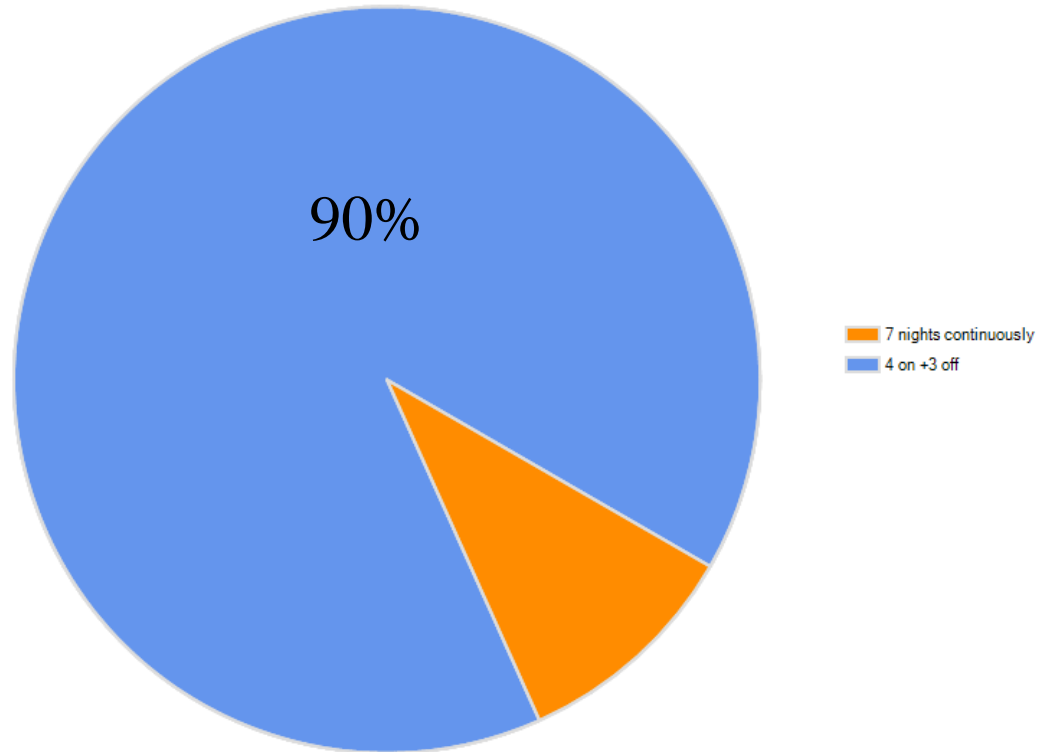
What is your current rota pattern





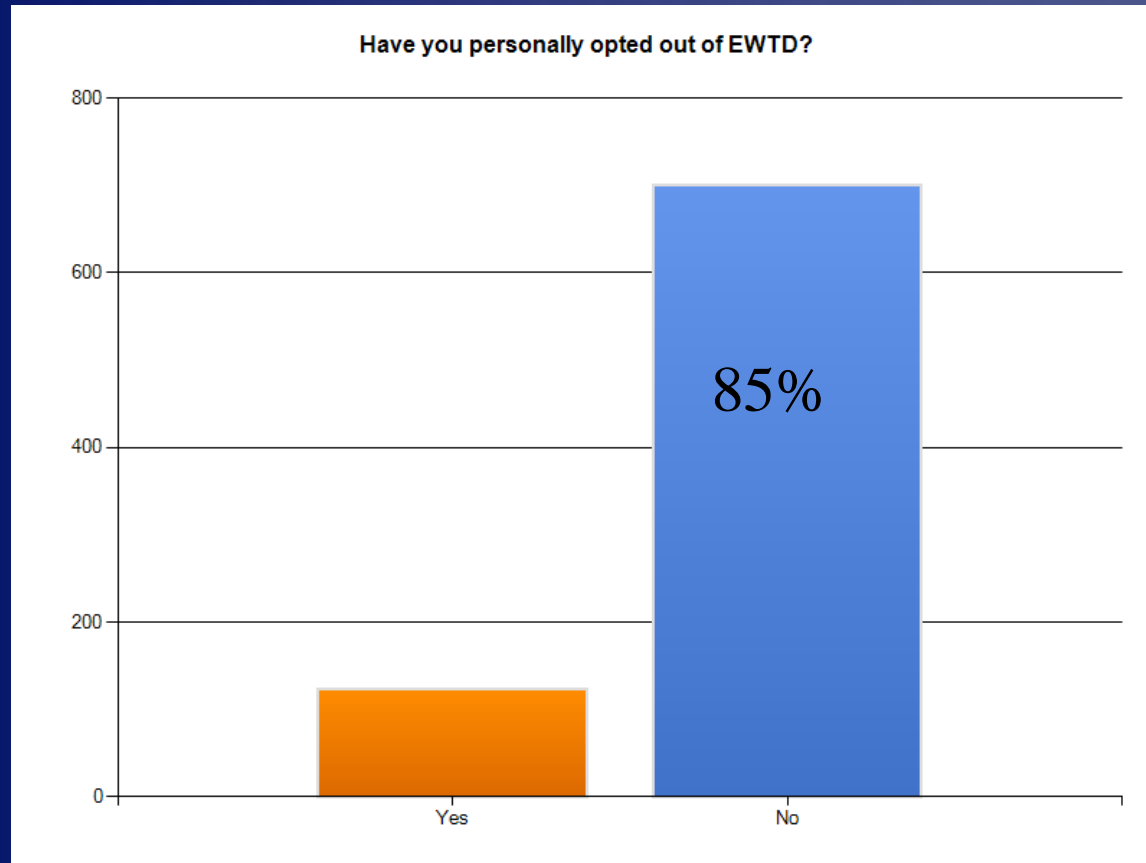
NIGHT ON-CALLS

Regarding your working pattern at night is it:





OPT- OUT



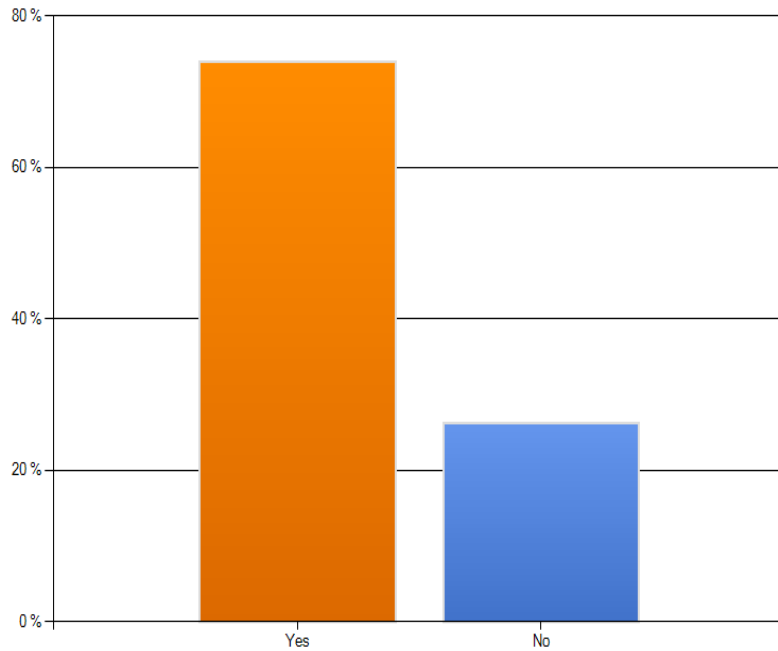


EWTR OPT OUT

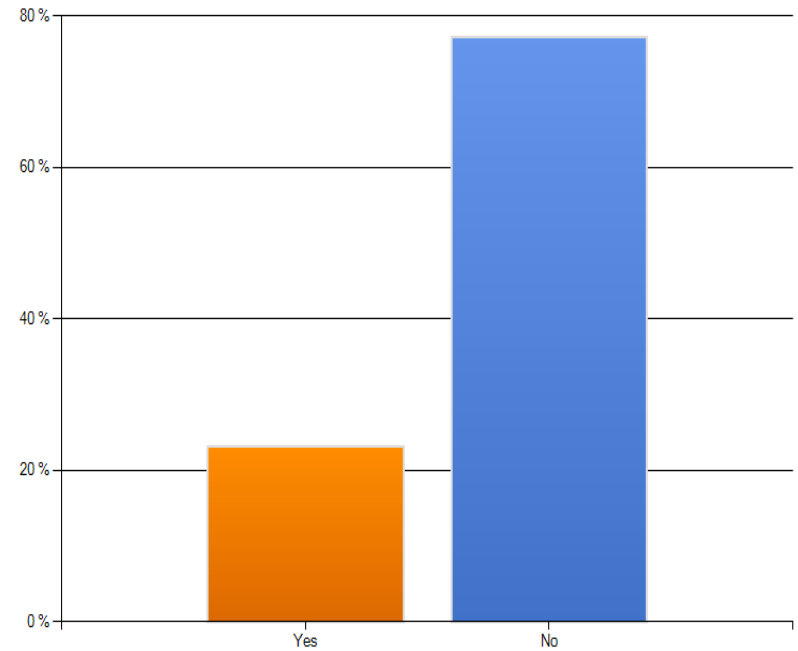
YES=74%

77%=VOLUNTARILY

Do you ever voluntarily attend work during your 'off' time in order to take advantage of training opportunities?

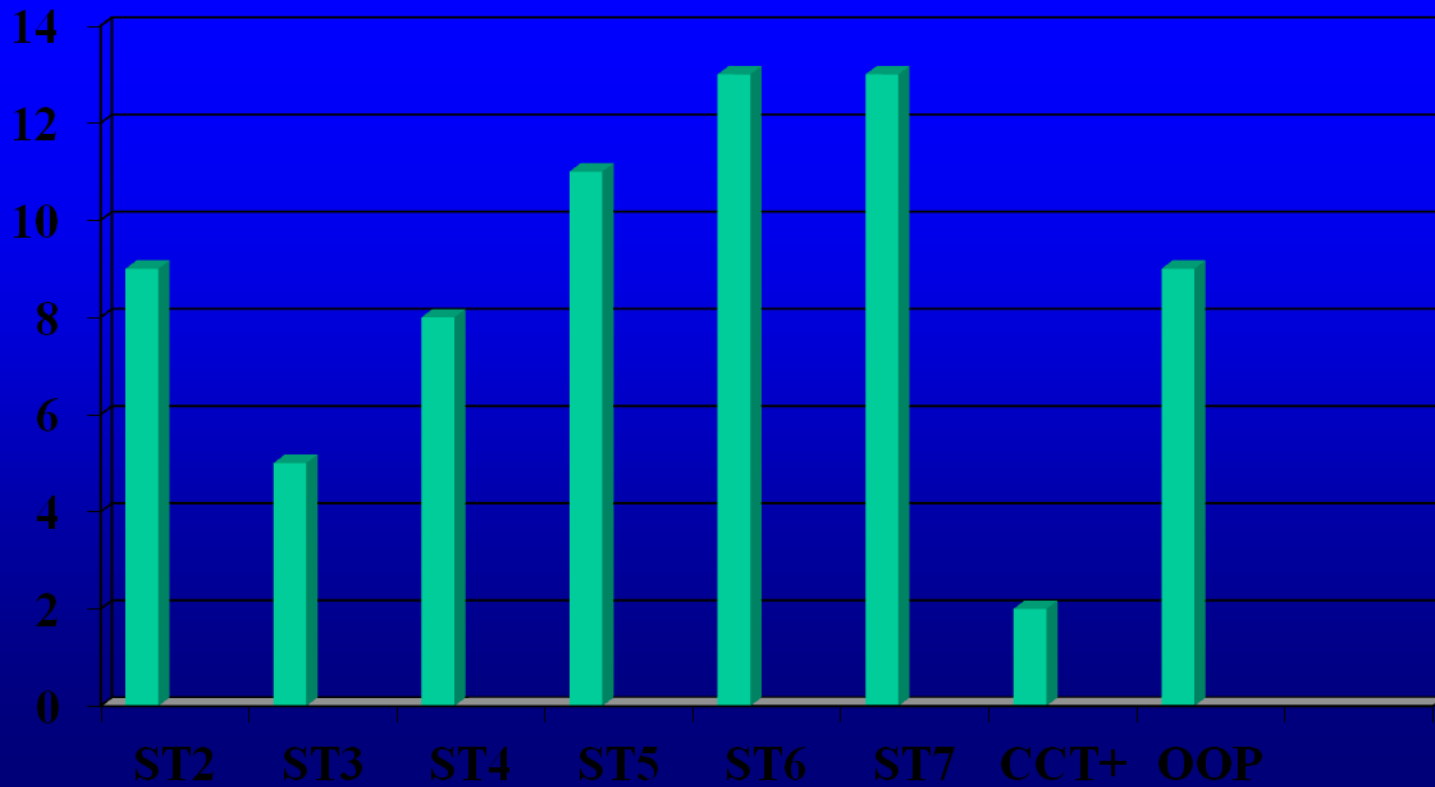


Have you ever felt under pressure from seniors to attend your duties during your 'off' time?



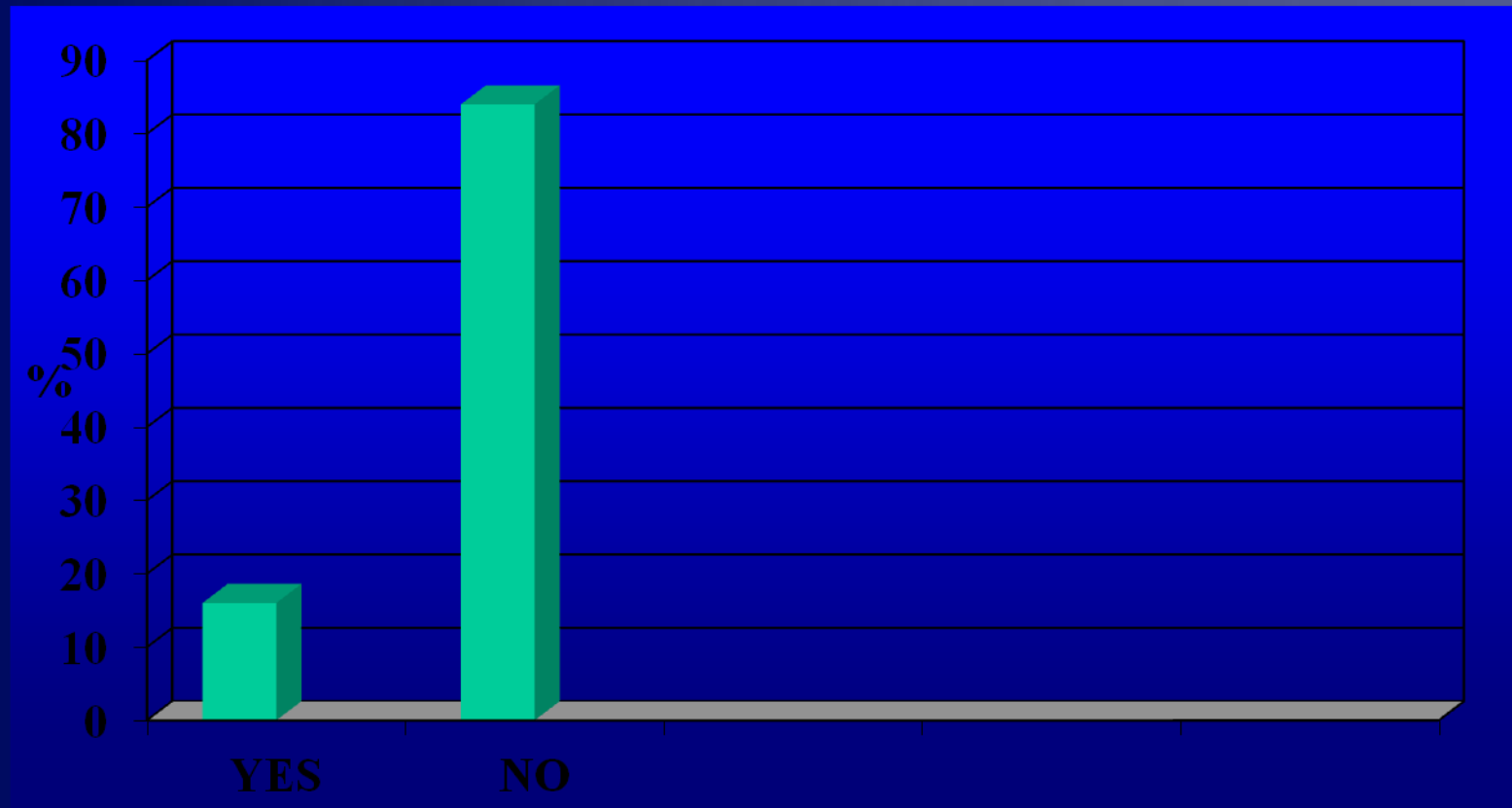


OOT/OOPE



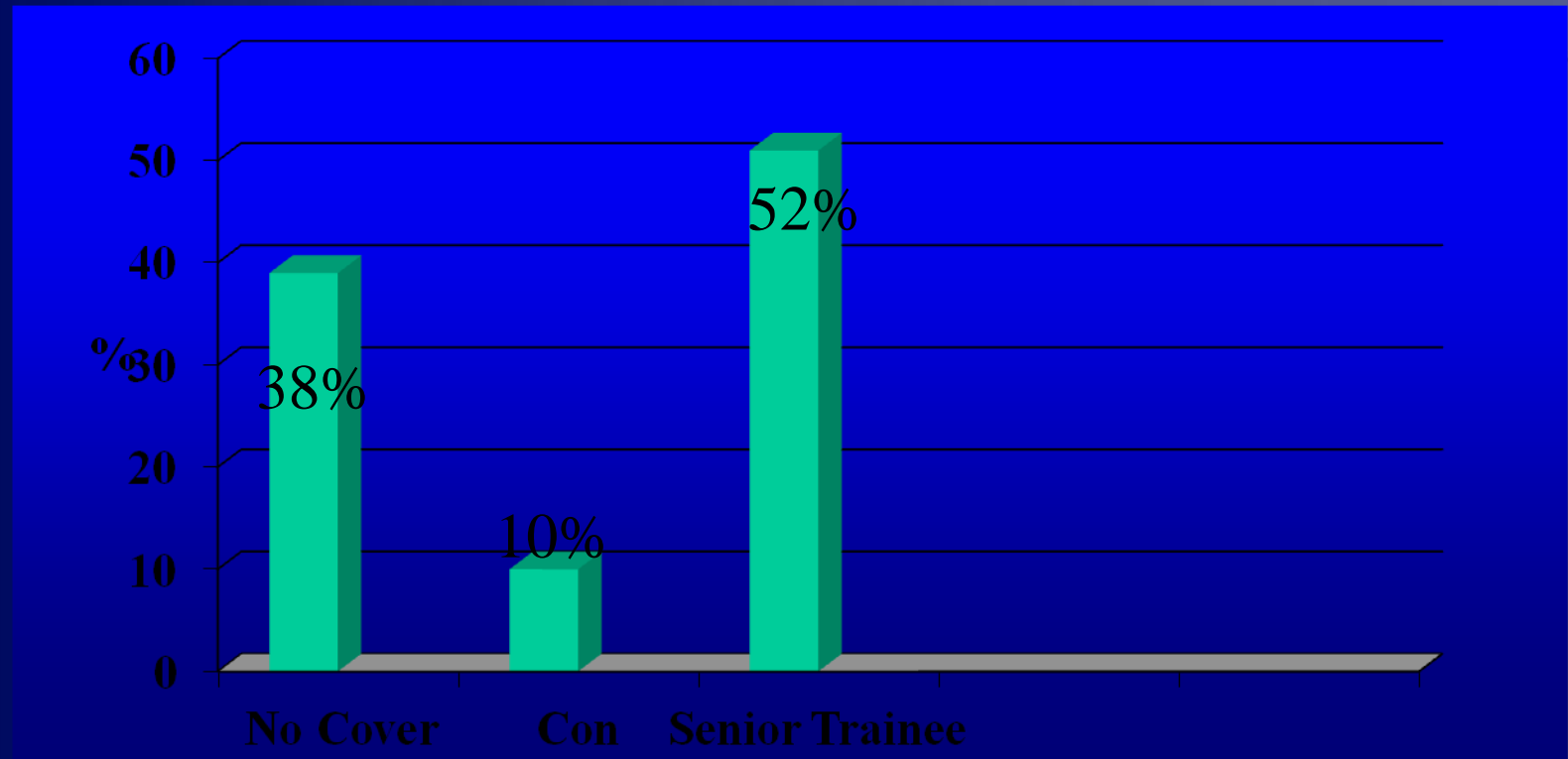


Do you feel competent to take on ST3/2nd on call duties at the end of this training year?





RESIDENT ON-CALL COVER FOR ST3

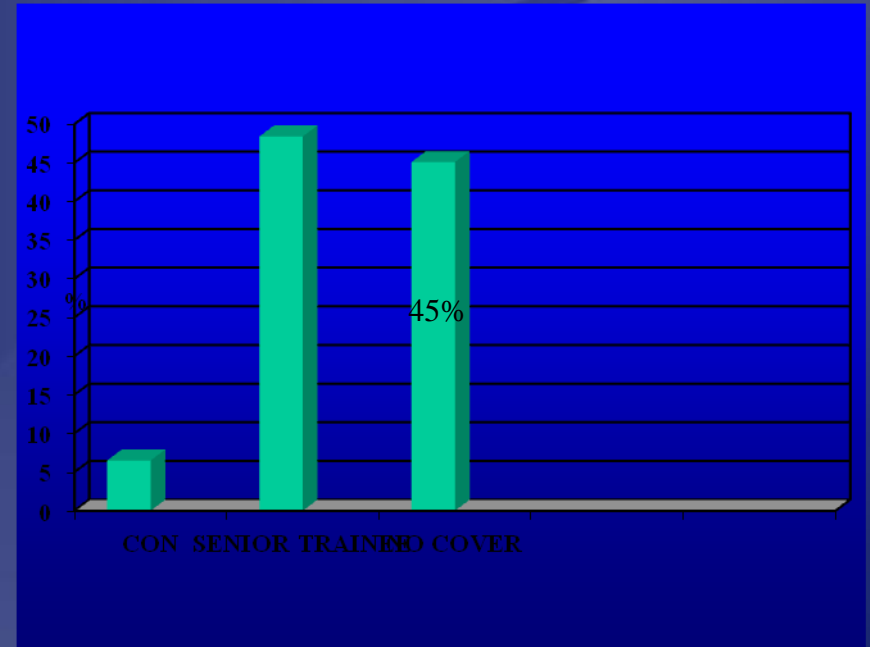
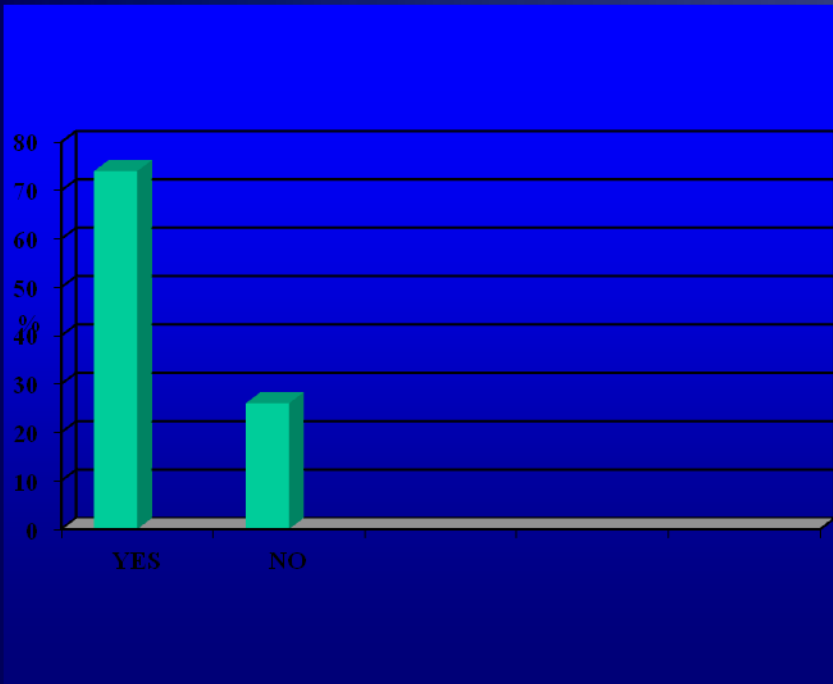




Did you commence 2nd on call duties as expected at the beginning of this training year?

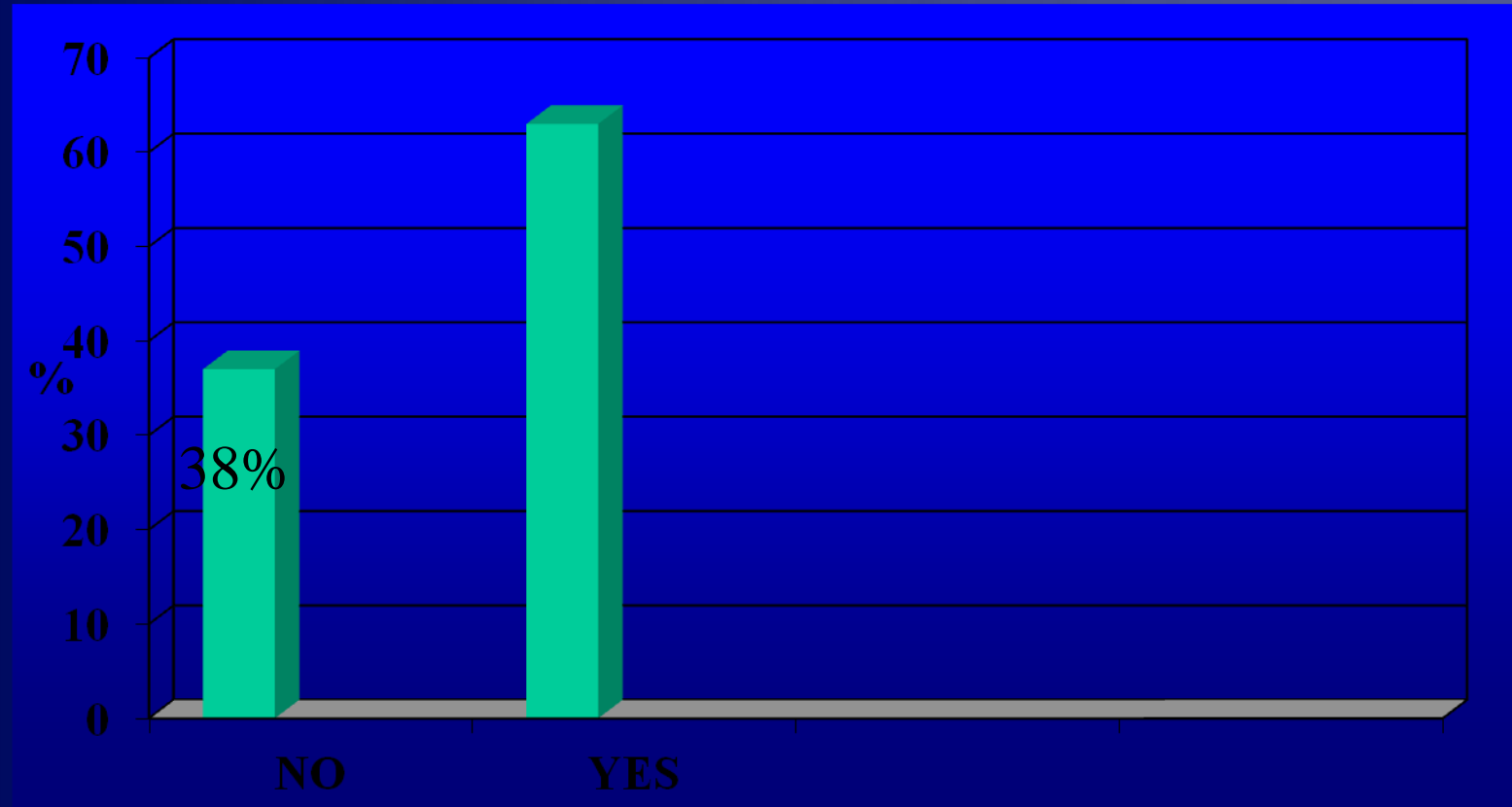
72% YES

SENIOR COVER





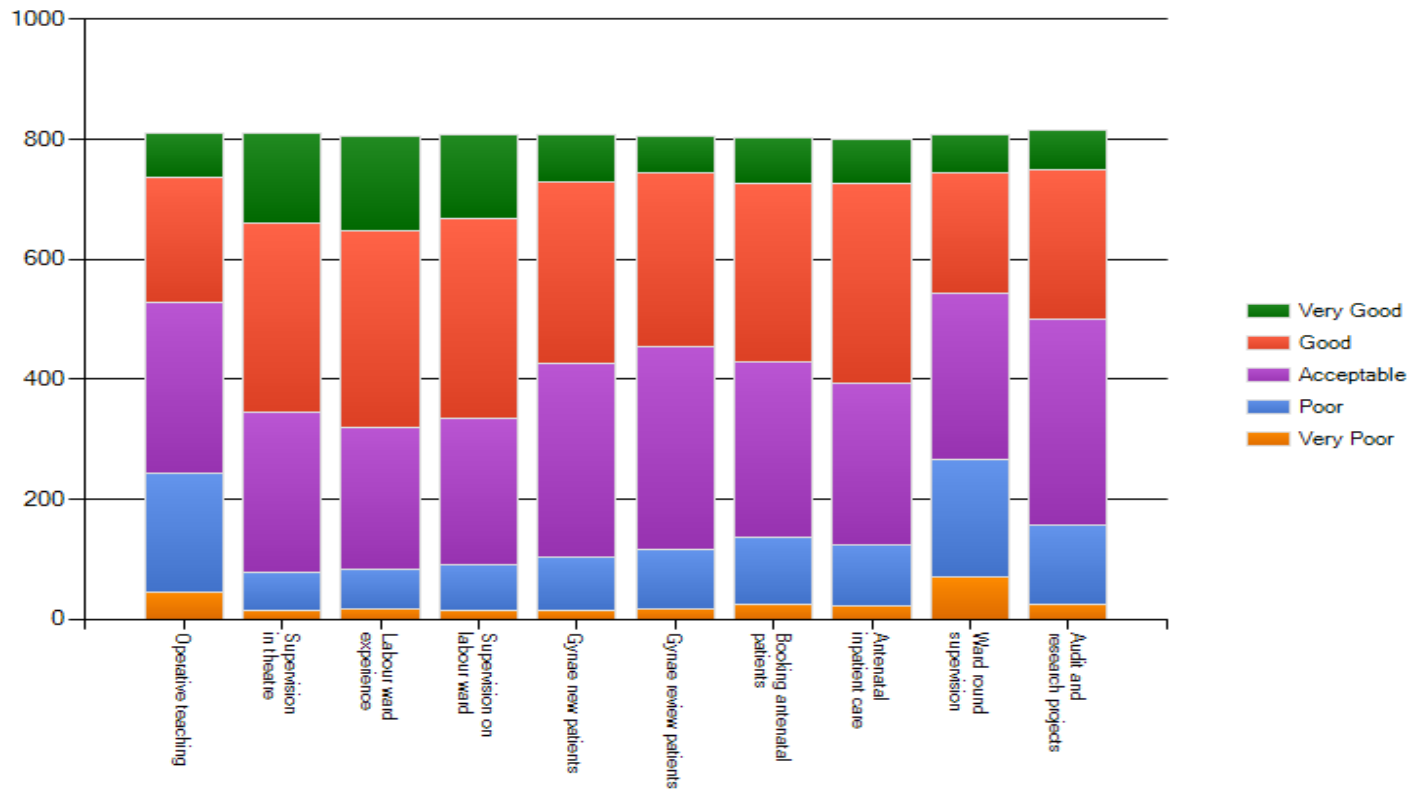
ST5 trainees: Do you feel competent to take on senior trainee (inc possible 3rd on call) duties at the end of this training year?





GENERAL TRAINING

How would you describe your training in the following areas?

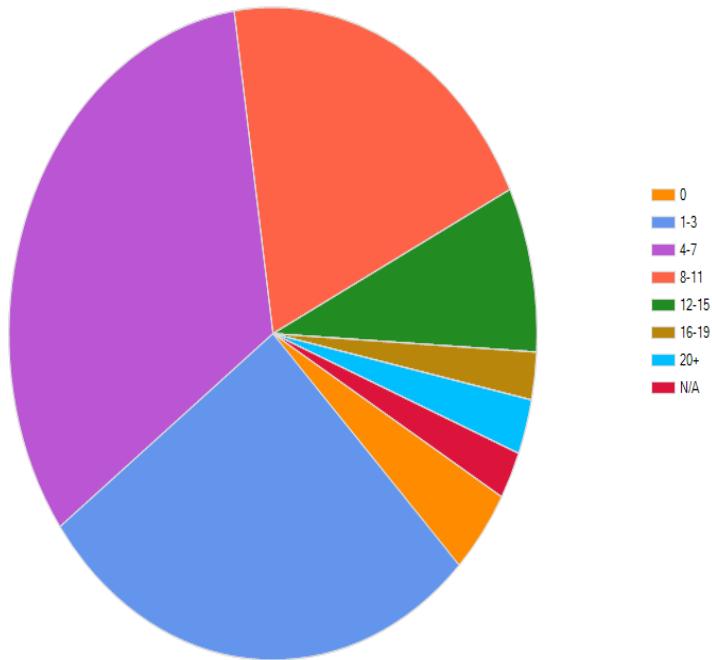




OPERATING EXPERIENCE

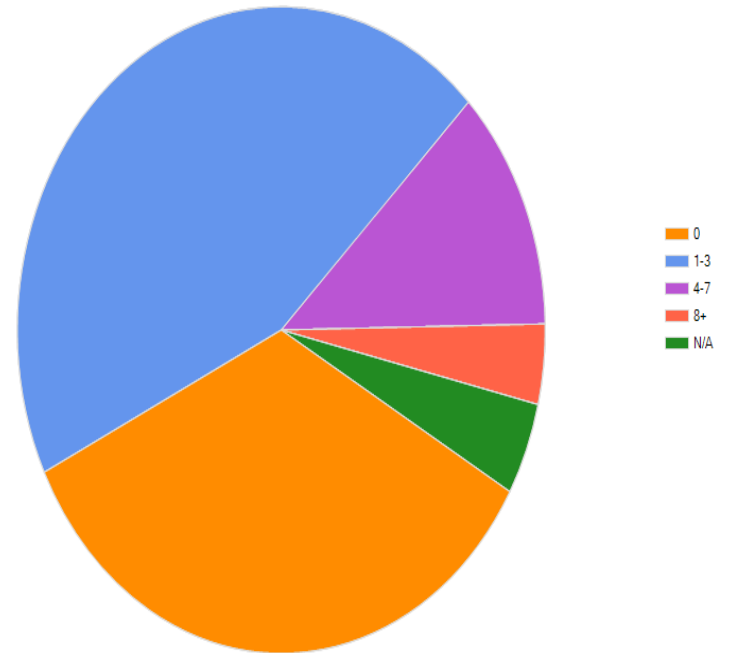
MINORS

How many minor procedures on average do you perform per month in gynae theatre?



MAJORS

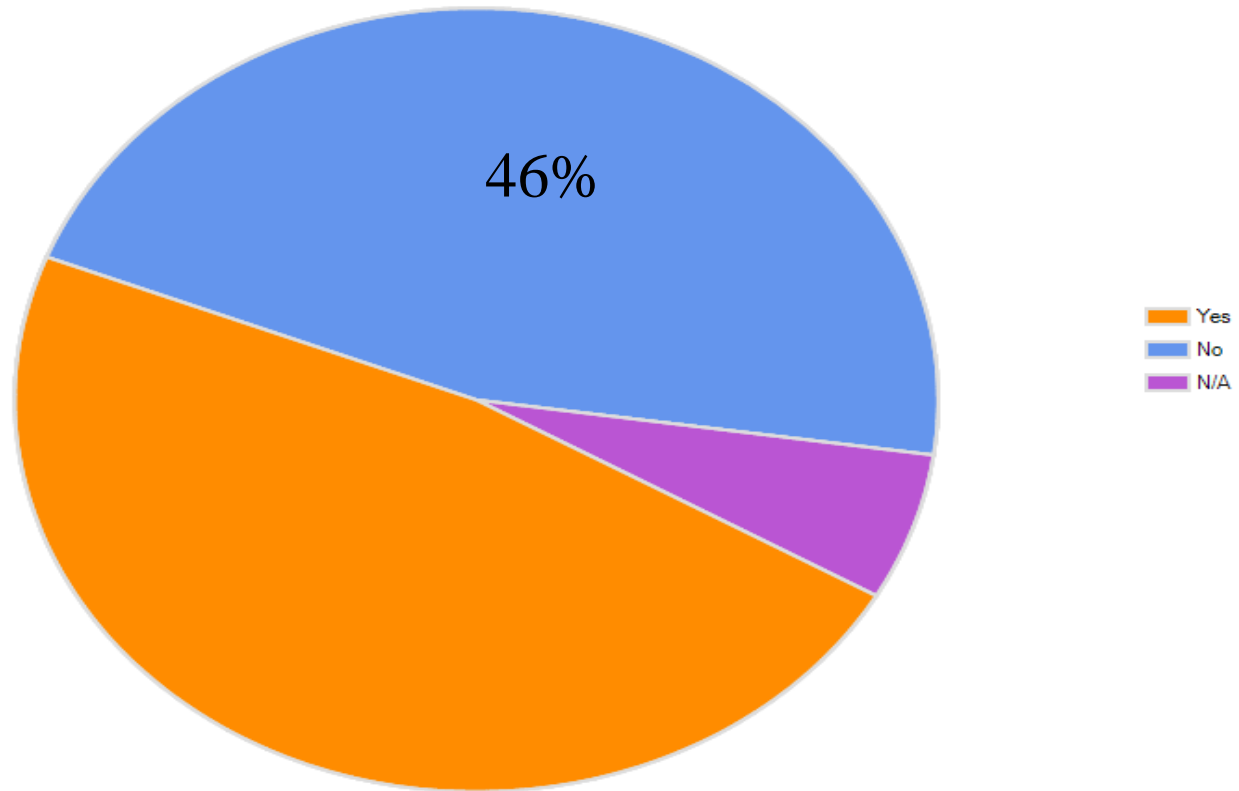
How many major procedures on average do you perform per month in gynae theatre?





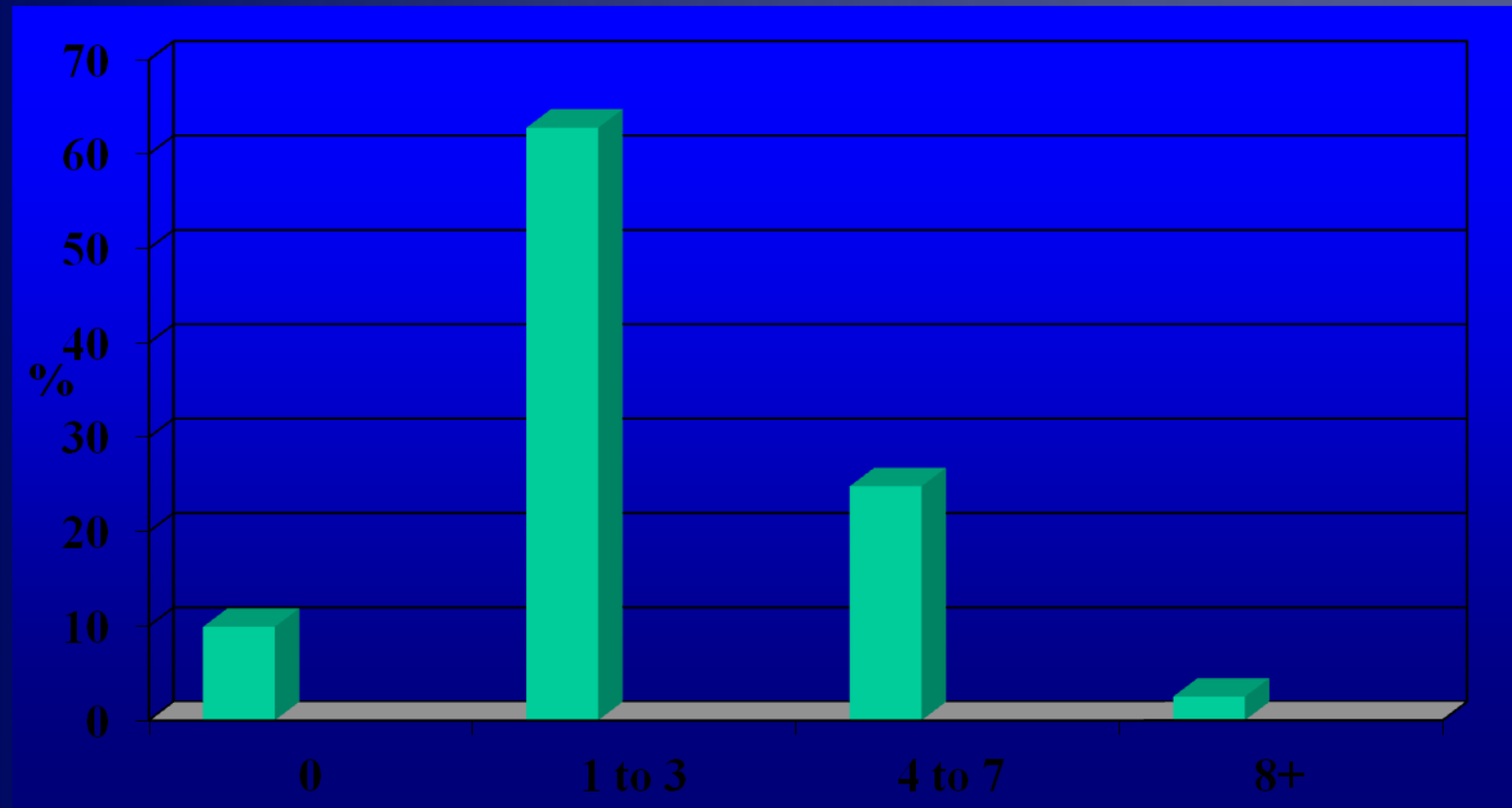
LAPAROSCOPIC ECTOPIC

Have you been or are you being trained to manage ectopic pregnancies laparoscopically?





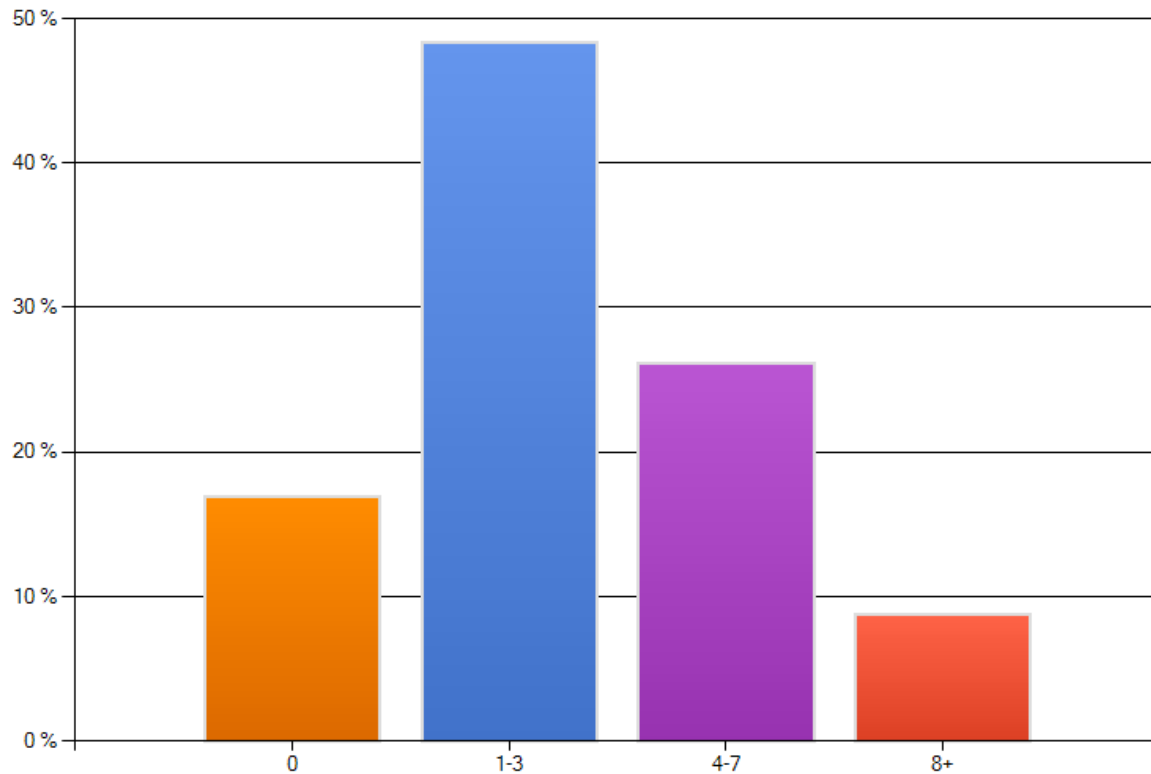
ST4/5 LEVEL





How many ectopic pregnancies did you manage in the last 12 months?

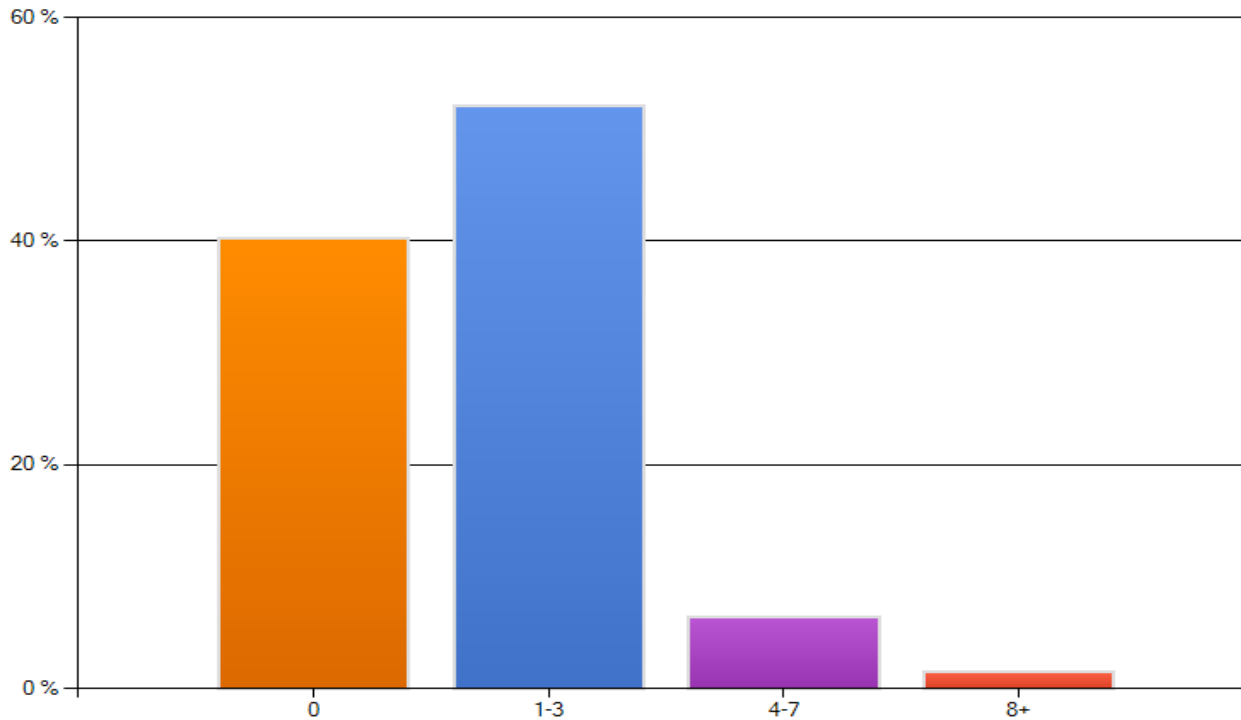
How many ectopic pregnancies laparoscopically did you manage in the last 12 months (approximately)?





OBSTETRIC EXPERIENCE

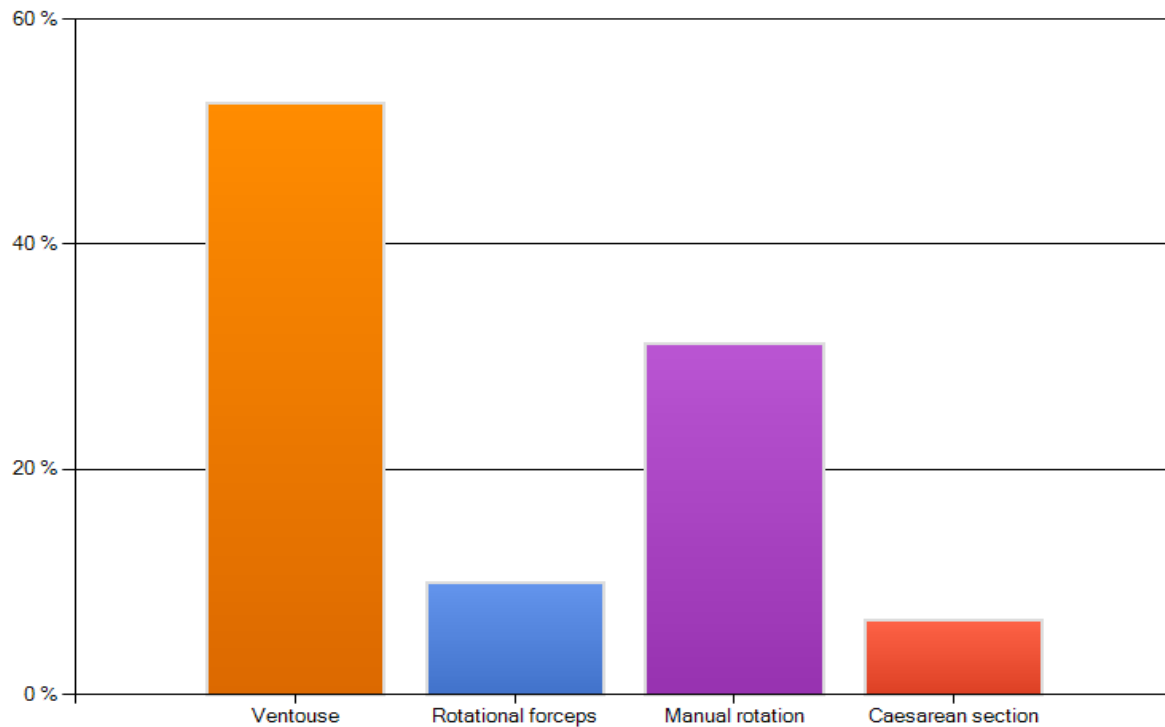
How many vaginal breech deliveries did you attend in the last 12 months (approximately)?





INSTRUMENTAL DELIVERY

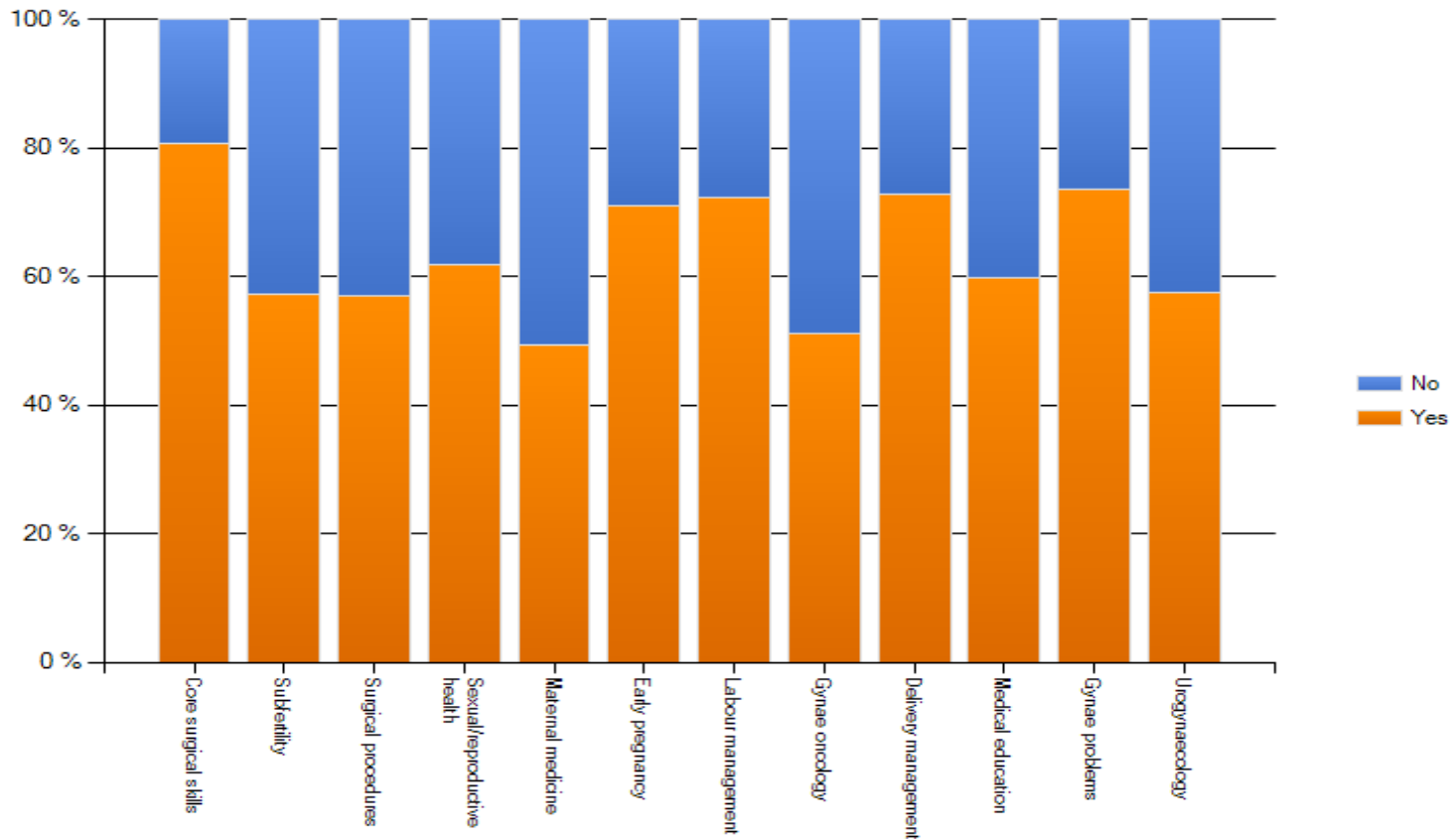
How would you deliver an OT presentation (1-2cm below the ischial spines – i.e. midcavity) based on your experience?





CORE TRAINING

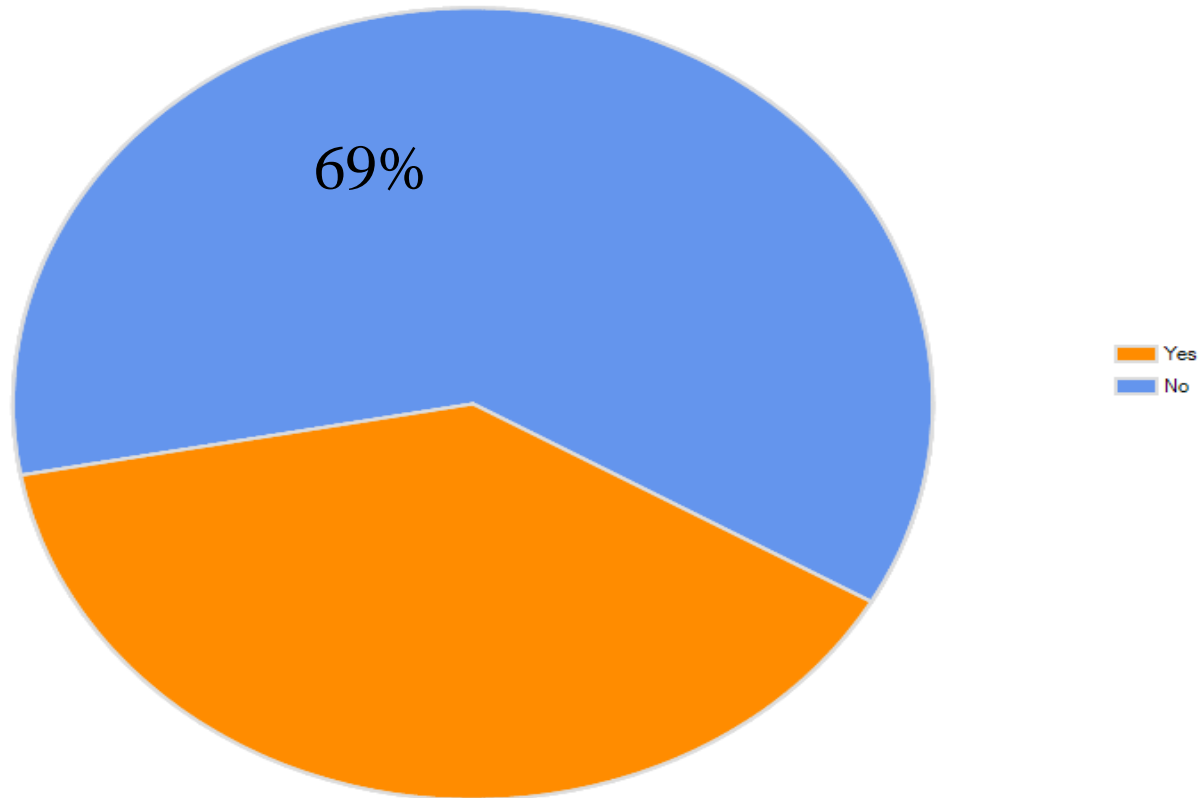
Have you achieved the required competencies for your level in the following?





ULTRASOUND TRAINING

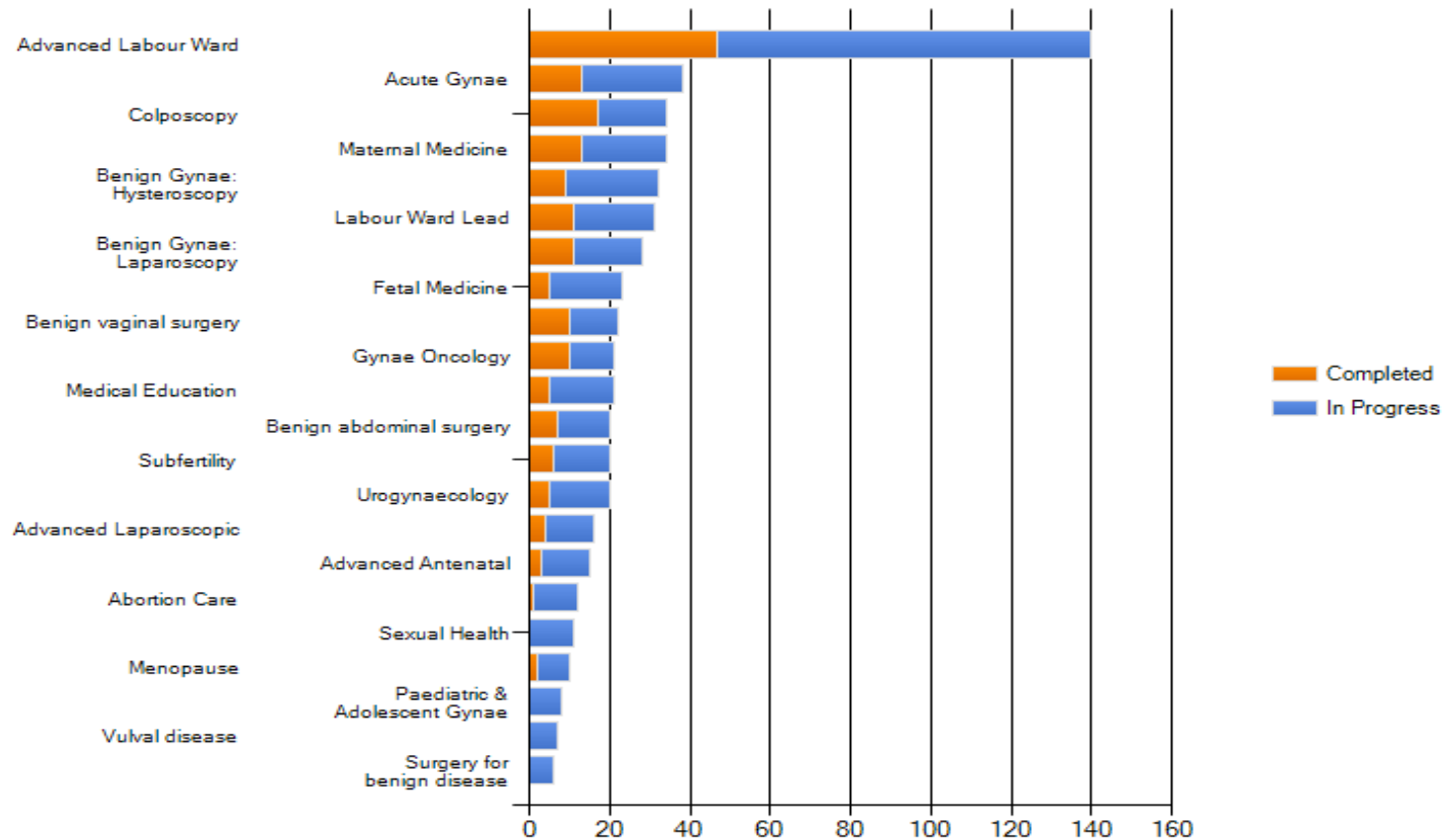
Have you completed the Basic Ultrasound modules?





ADVANCED TRAINING

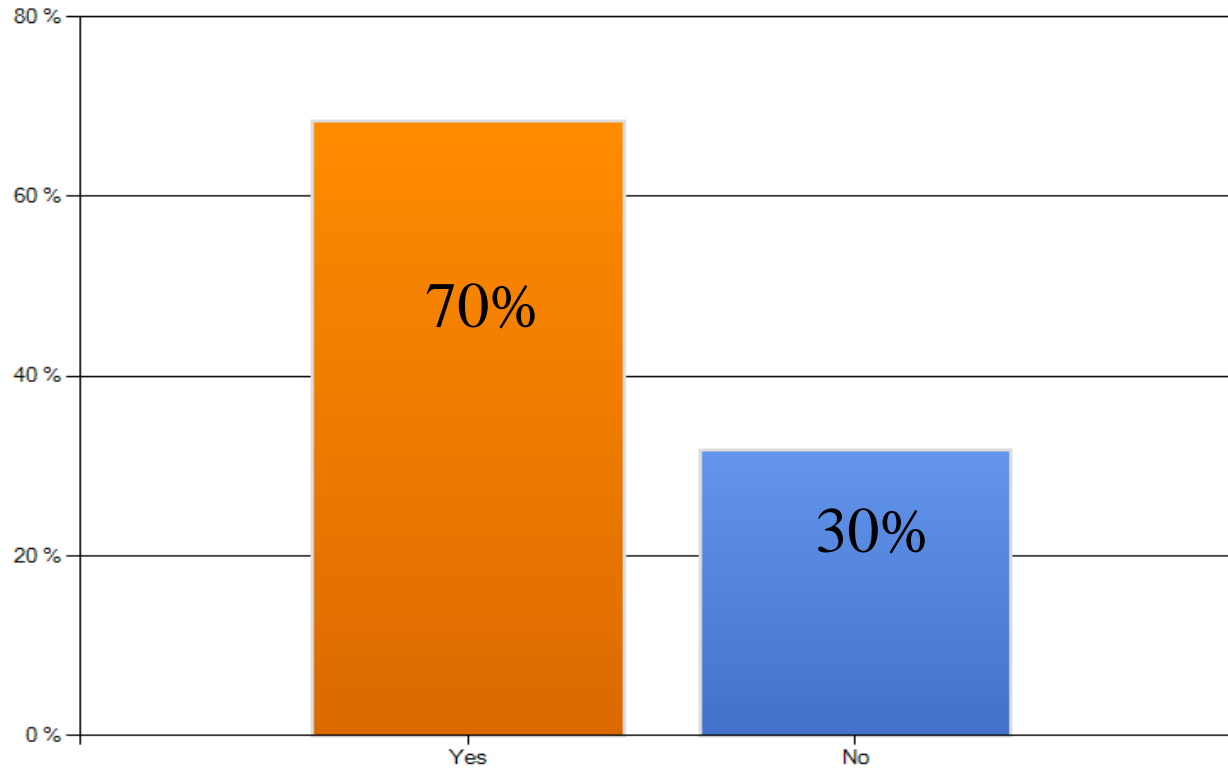
Please state which ATSMs you are currently working towards:





ATSM TRAINING

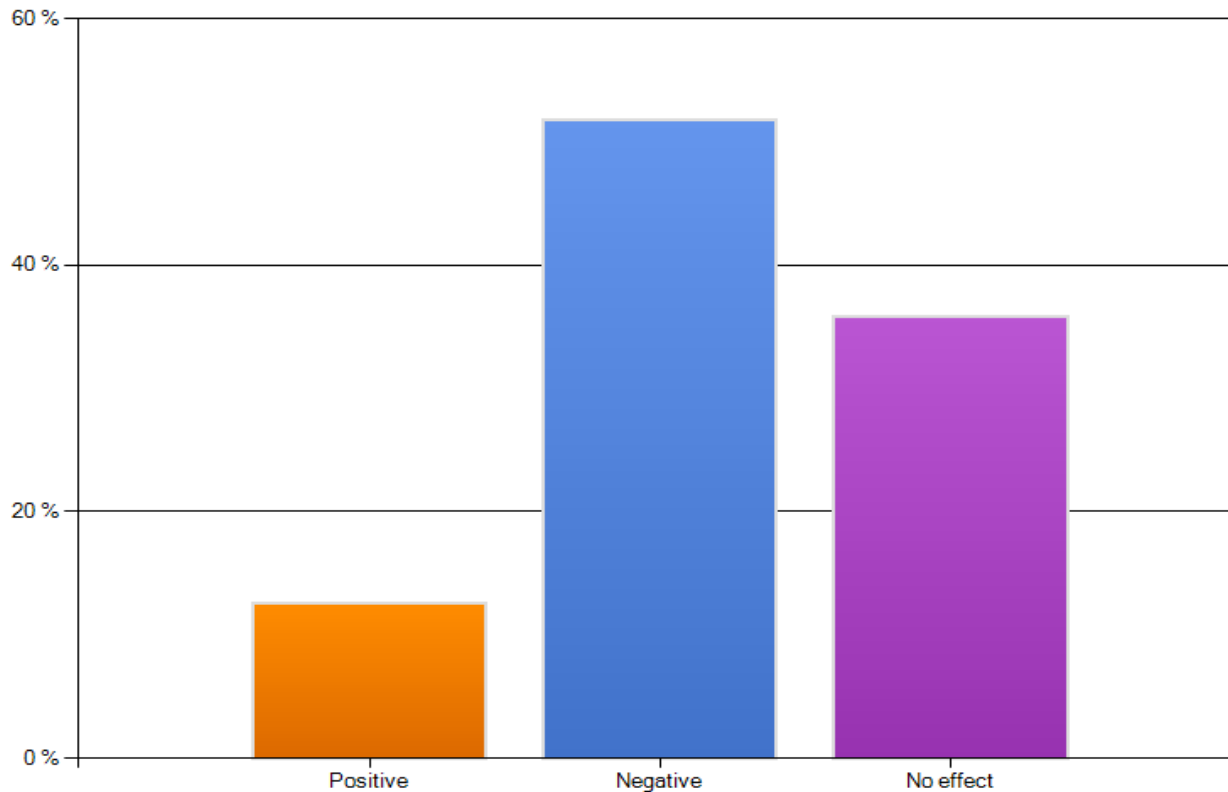
Do you feel on track to achieve your ATSM competencies?





IMPACT OF ON-CALLS ON ATSM TRAINING

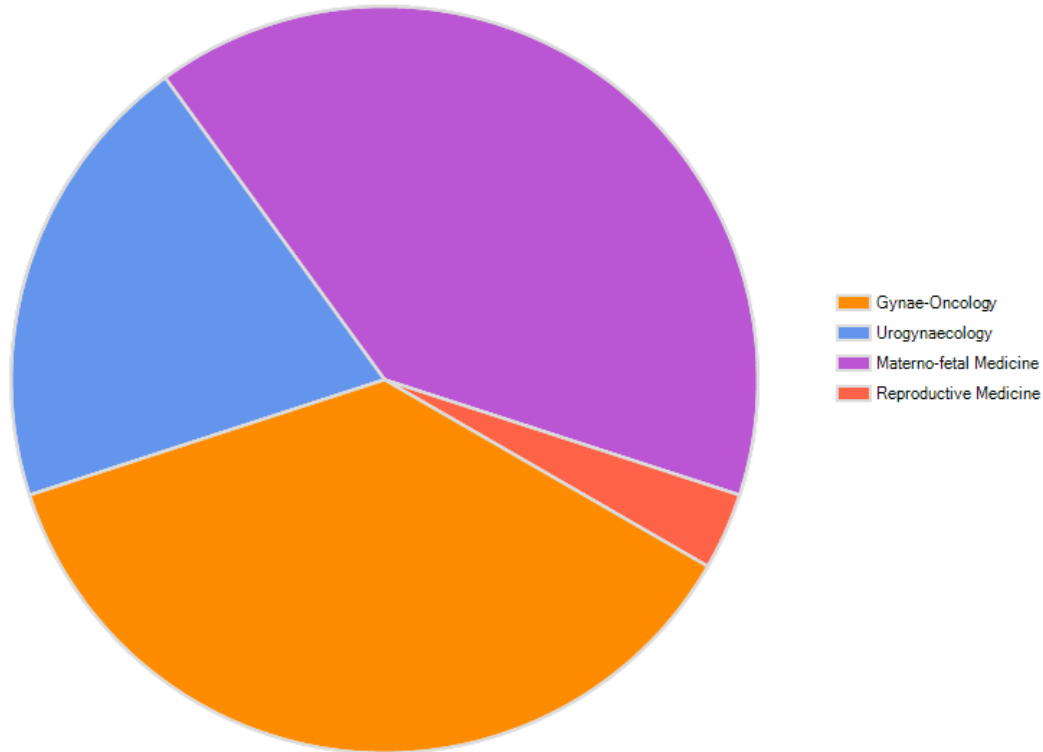
Has the on-call rota had an impact on achieving your ATSM competencies?





SUB-SPECIALTY TRAINING

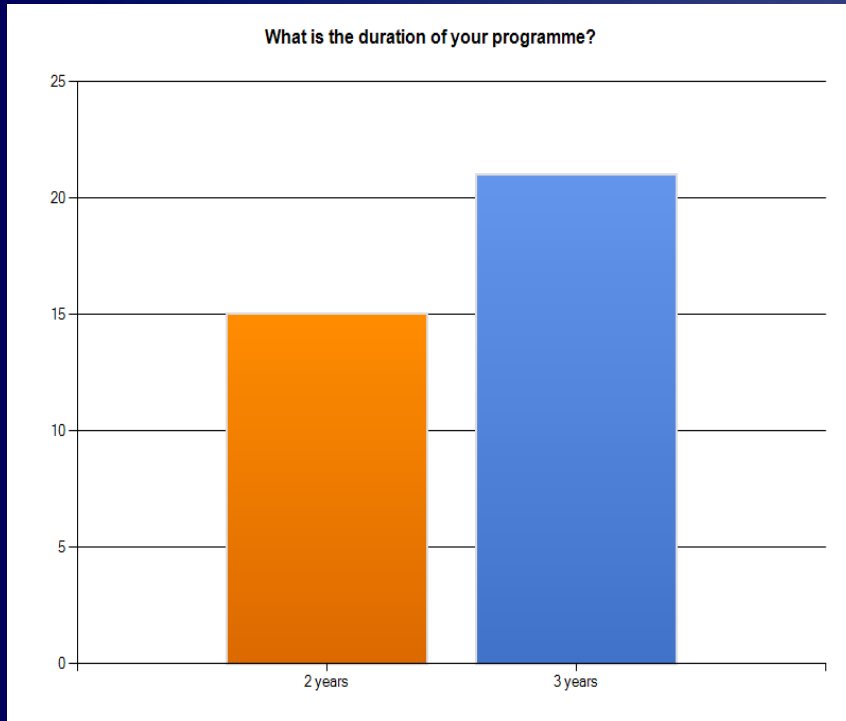
Please indicate which sub-specialty area you are training in:



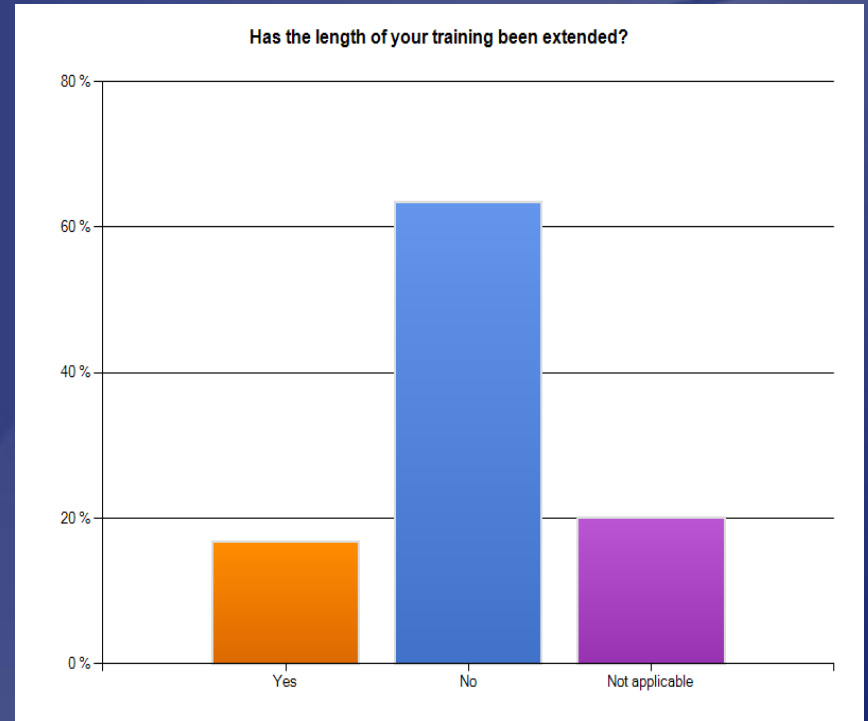


SST DURATION

DURATION OF TRAINING



EXTENSION OF TRAINING

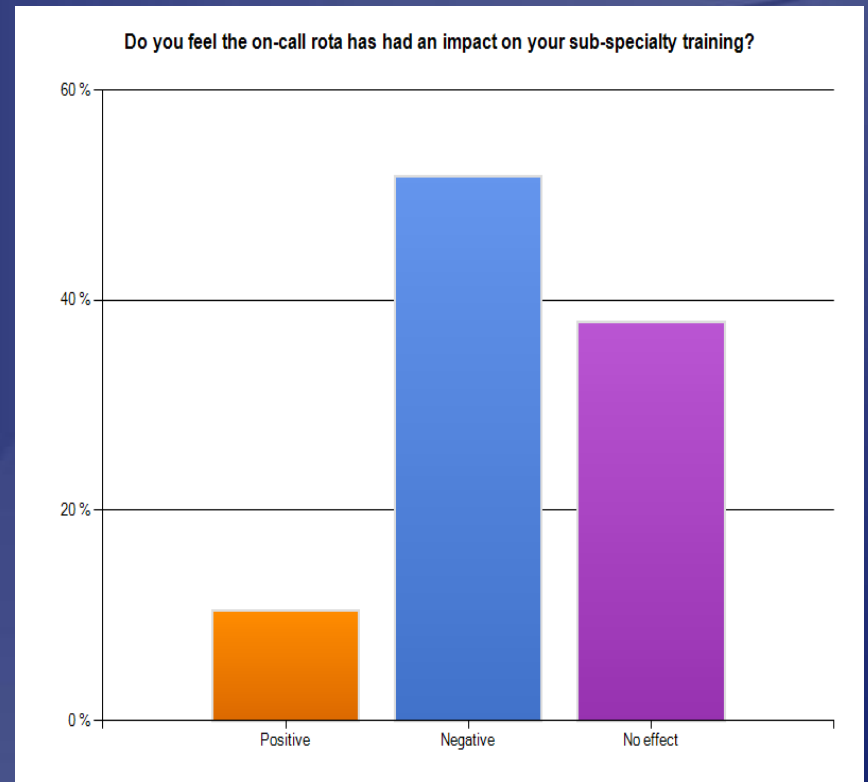
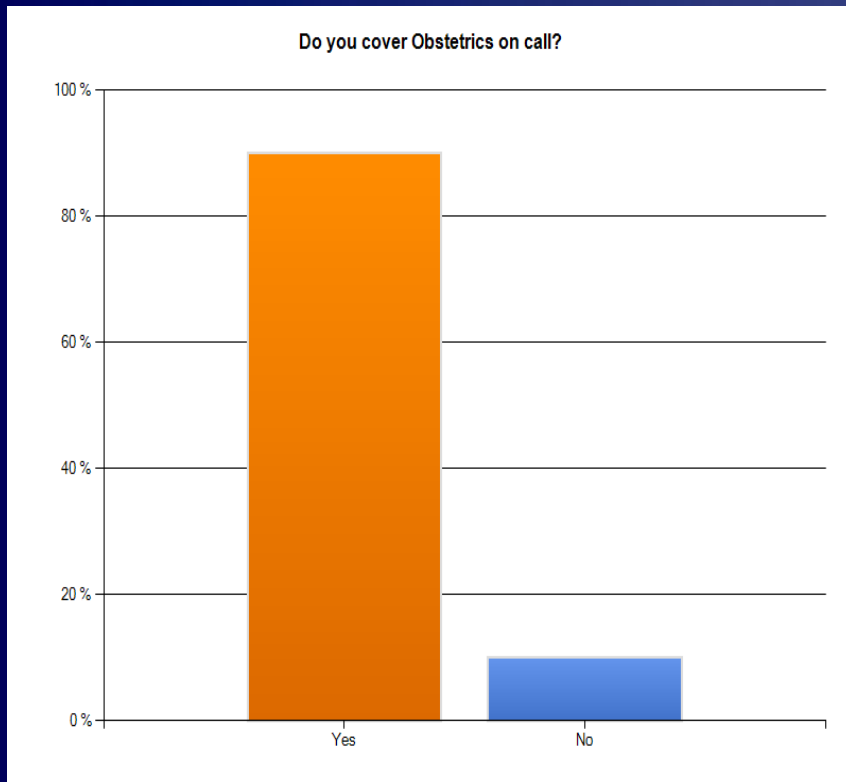




SST COVERING OBSTETRICS ON-CALL

YES=90%

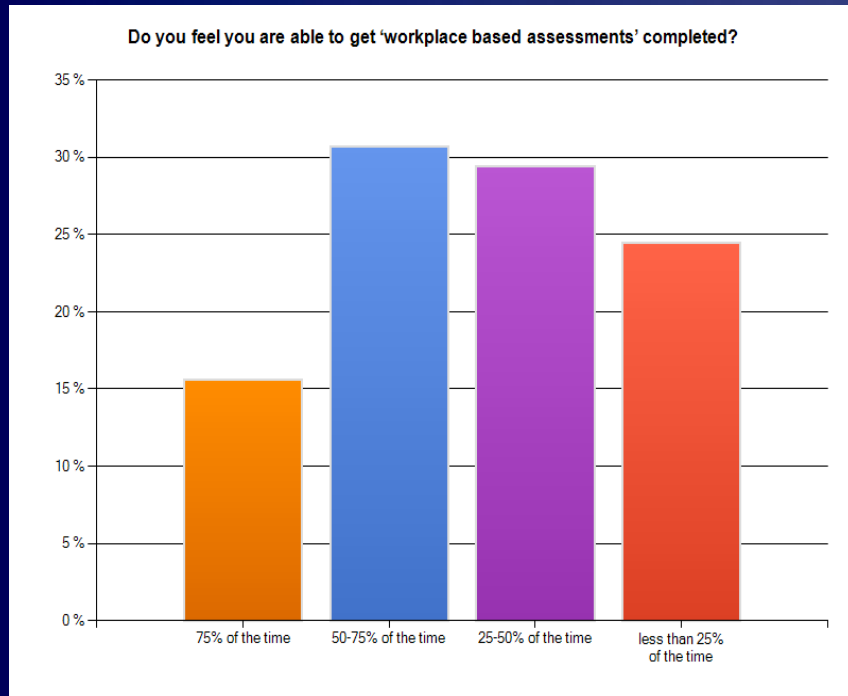
NEGATIVE=52%



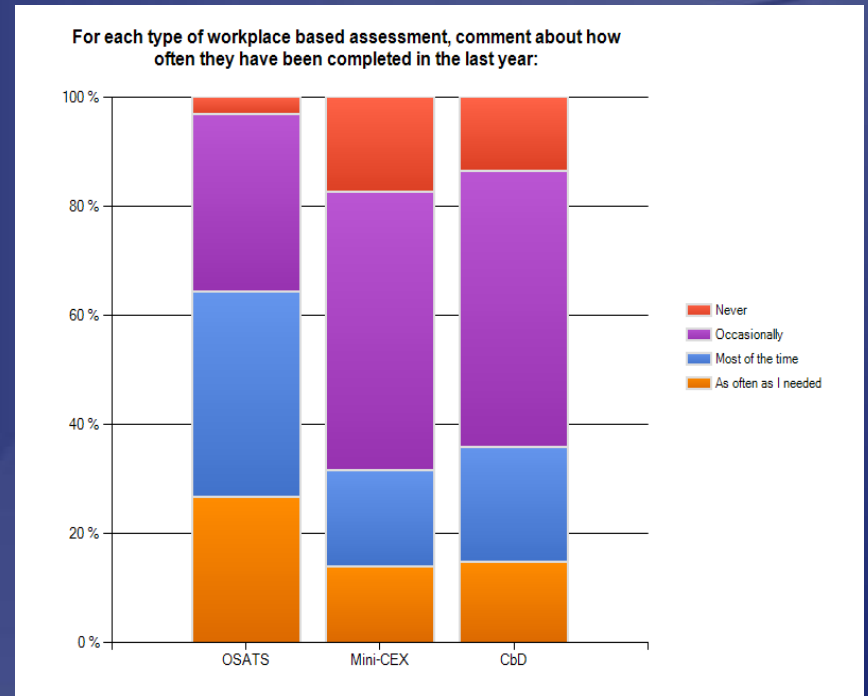


WPBA

50%-75%



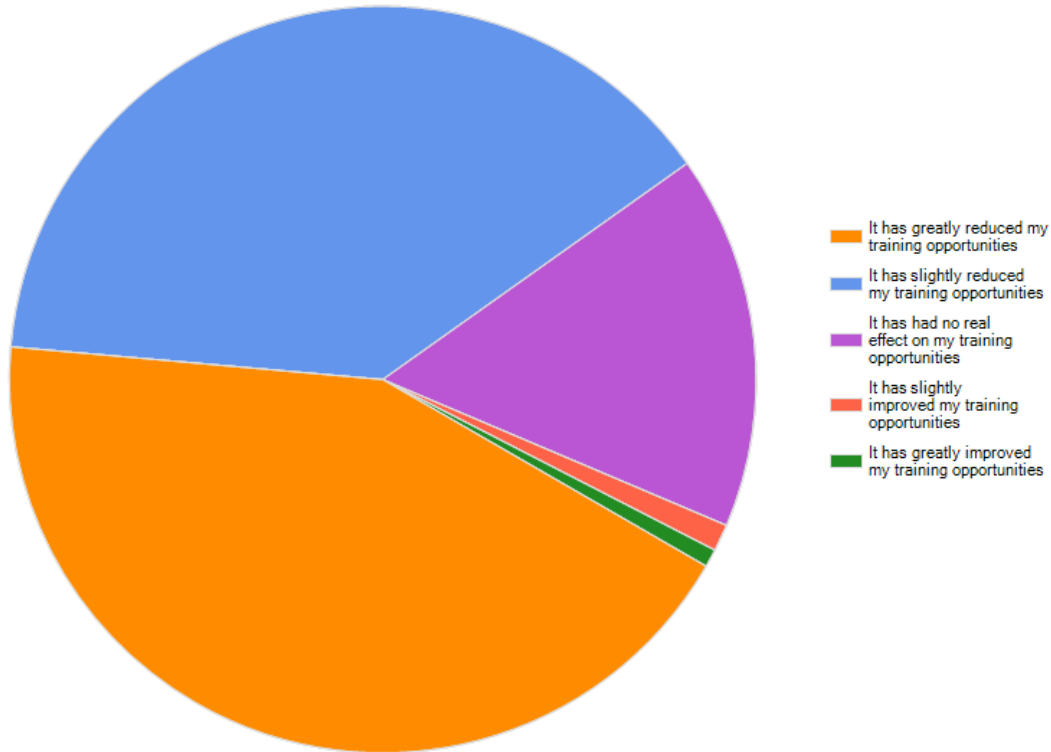
OSATS





IMPACT OF EWTR ON TRAINING OPPORTUNITIES

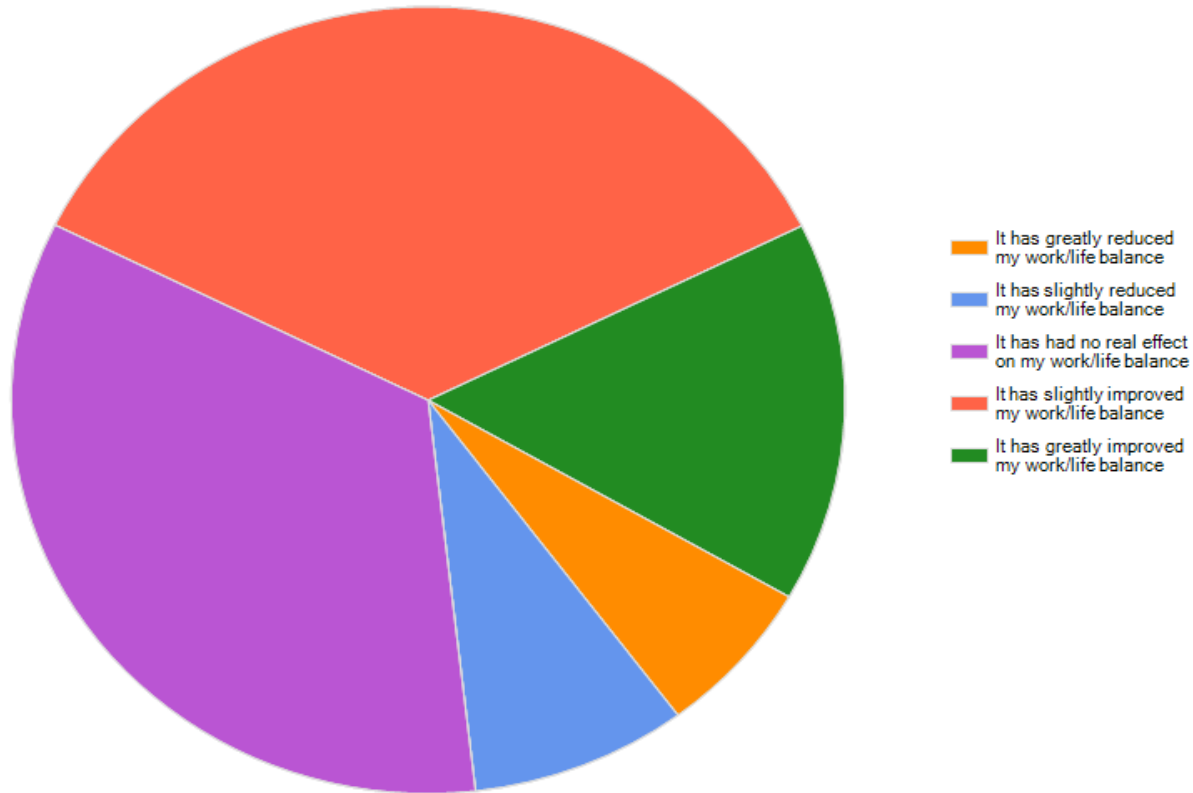
What is your opinion of EWTD & its effect of training?





EWTR & WORK/LIFE BALANCE

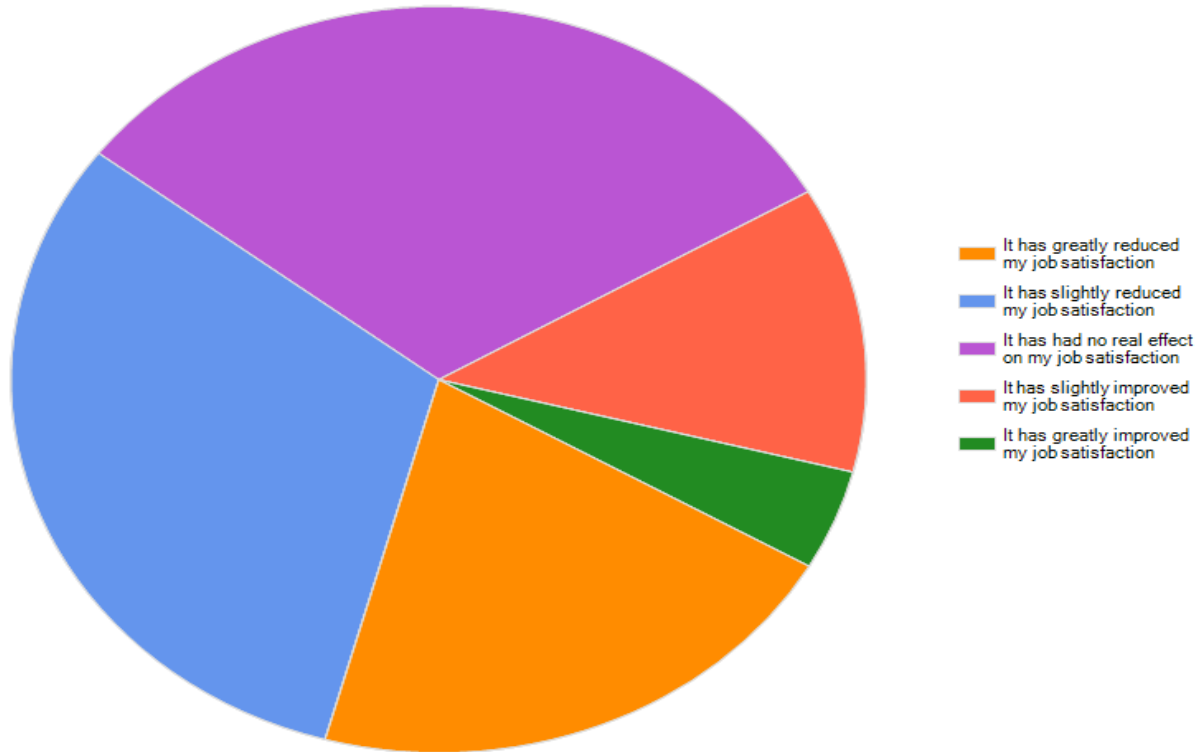
What is your opinion of EWTD & its effect of your work/life balance?





EWTR & JOB SATISFACTION

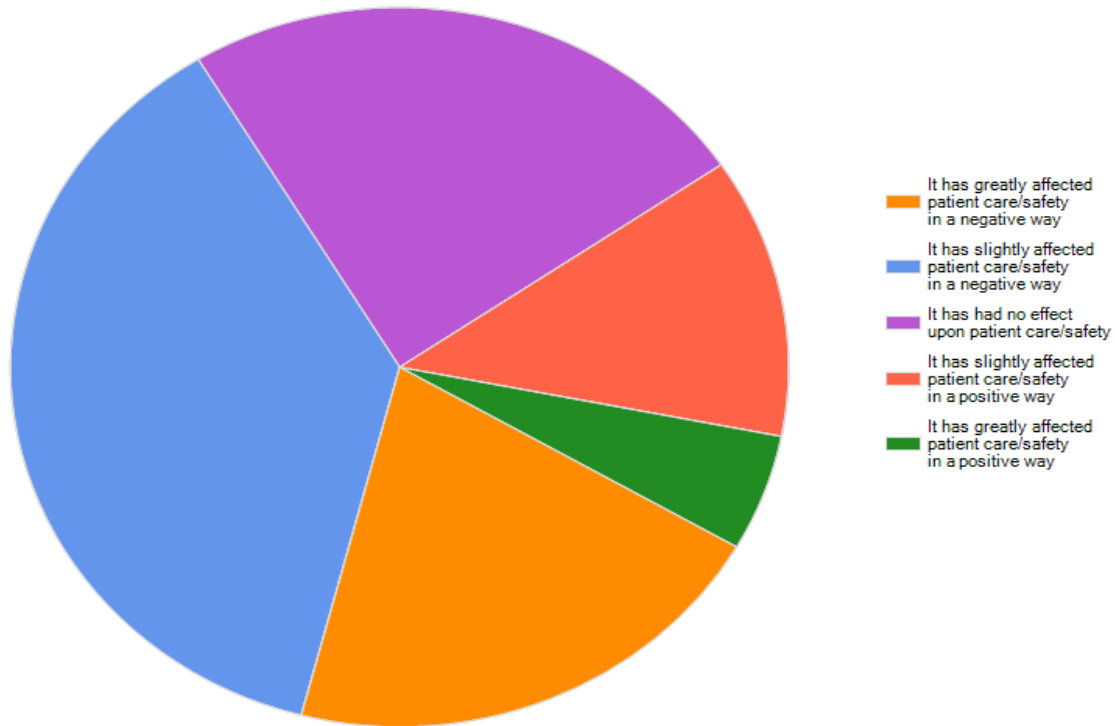
What is your opinion of EWTD & its effect of your job satisfaction?





EWTR AND PATIENT SAFETY

What is your opinion of EWTD & its effect upon patient care/safety?



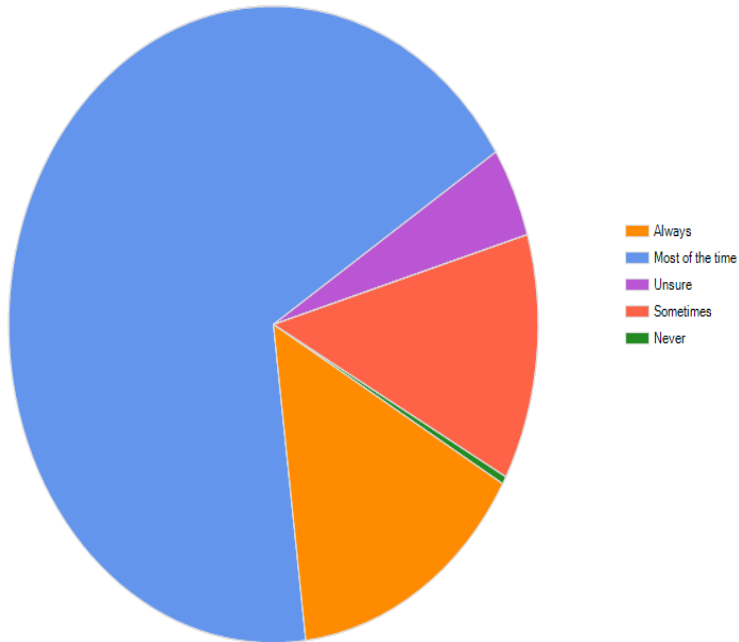


HANDOVER

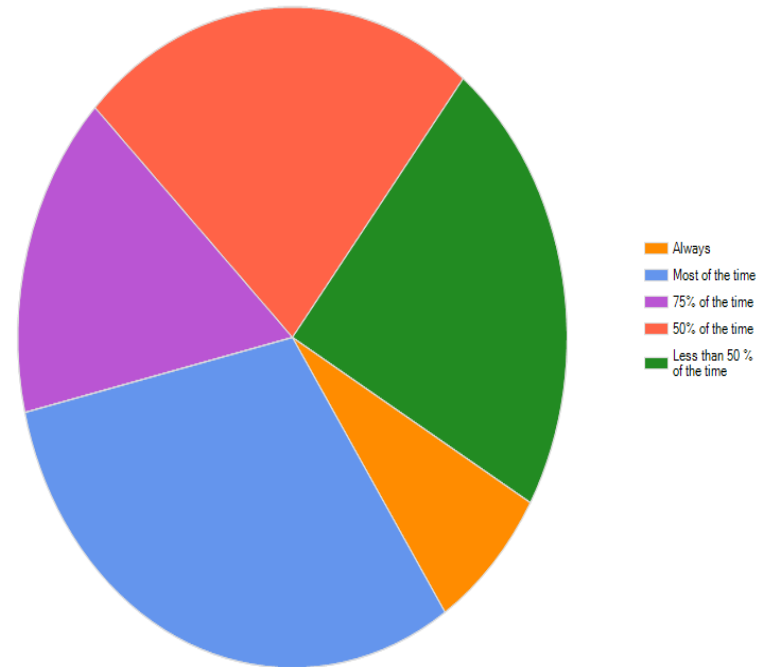
68%= Most Of the time

31%=Most of the time

In your opinion, at hand-over time, does effective hand-over of patient care occur?



Is there consultant presence at handover:





CONCLUSIONS

- Rotas compliant on paper may not be so
- Rota Gaps are having a negative impact on training
- Achieving competence/confidence to do independent 2nd. Call duties may be an issue at ST2/3 level
- ST5 trainees feel less confident to do independent out of hours acute gynaecology
- Difference in actual and perceived loss of operating opportunities



CONCLUSIONS

- On-Call rota impacting both Advanced and Sub-speciality training
- EWTR has made no real difference in patient safety/work, life balance and job satisfaction
- Need to monitor the situation as “work in progress” and re-survey in a years time



SOLUTIONS

- Need to extend training – core training or training programme
- To look at middle grade rota gaps solutions- Consultant delivered service
- Expansion in consultant numbers
- Better training opportunities with supervision directly by consultants
- Reduction in trainee numbers



ACKNOWLEDGEMENTS

- To the organisers of BICOOG, 2010
- To the President, Senior Officers of the RCOG
- To all my colleagues in the RCOG, NTC
- To Belinda Grantham-Hill, Kay Weir, Simon Kemp and others at RCOG
- To the Meeting's Committee for all their effort and help
- To my son and wife for their patience and support