

## Appendix 1: ACTION PLAN

### Action Plan Title: GMC Survey June 2018 Obstetrics & Gynaecology action plan

#### Summary Description Action Plan

Following GMC trainees survey it has been identified there is a need for actions to improve educational opportunities for O&G trainees.

<b>Action Plan Lead:</b>	Nada Sabir Consultant O&G/College Tutor
<b>Task and Finish Group Members:</b>	John Anderson Consultant O&G, Clinical Director Women's services Hannah Ackroyd General Manager Women's Services
<b>Supporting professionals</b>	David Robinson Director of Education BTHFT

	Objective or Aim to be delivered	Actions and tasks to achieve the objective or aim	Named Individual responsible	Completion Date	Progress Update	Status R A G
1	Ensure GP curriculum delivery	College Tutor and a GP trainee have looked at training requirements and the clinical areas the trainees are assigned to. This is to ensure training curriculum covered. Auditing portfolio needs covered	College Tutor GP trainee	1/03/2019	Audit completed January 2019, has assured us that GP trainees are assigned to cover clinical area with education opportunities to cover the entire curriculum. A further audit will commence August/September 2019	
2	FY2 clinical supervision after hours	FY2 doctors are paired with senior registrars to act as mentors. New communication tool added to MDT hand over at 20:00 to ensure appropriate senior input on gynaecology wards after 20:00.	College Tutor	1/12/2018	Audit completed March 2019; assurance with the introduction of mentorship and having 4 weeks of training prior to being put on night duty on Gynaecology ward FY2 trainees are more confident covering Gynaecology on calls since. No further action.	
3	Educational governance	Introduction of monthly protected time for	College Tutor	1/07/2018	Not many trainees are able to attend due to rota	

		teaching			gaps. <ul style="list-style-type: none"> <li>• Communication from deanery with full cover of rota gaps from August 2019</li> <li>• Interviewed and in the process of two MTI doctors to avoid unexpected rota gaps</li> <li>• Advertised an additional post CCT fellow and interviewing end of June 2019 for this post</li> </ul>	
4	Educational governance	Reducing number of sessions requiring registrar cover to free trainees. 2 clinical sessions are to be consultant delivered per week.	College Tutor	1/7/2019	A prospective audit will be carried out upon the start of this change in August 2019.	
5	Clinical supervision out of hours (O&G)	Snap shot audit was carried out to assess escalation, consultant involvement and	College Tutor Assisted by an ST3	01/05/2019	Audit completed May 2019 results to be presented at governance meeting.	

		consultant review within 24 hours of admission			<p>Results show: two thirds of patients had a Consultant plan within 24 hours.</p> <p>45% of patients were physically seen by a Consultant within 24 hours of admission</p> <p>15% of patients had no documented Consultant input during their admission</p> <p>Results to be shared with Consultant body to formulate a plan for patients admitted between 22:00hrs and 08:00hrs to ensure Consultant input</p>	
6	Educational gain from MDT hand over	Dr Cawley to discuss and encourage registrar involvement in MDT hand over.	Consultant clinical lead Assisted by ST6/7 and ST3	ongoing	Work in progress to make changes to the MDT handover process	